

22nd December 2021

Committee Secretary
Health and Environment Committee
Parliament House
George Street
Brisbane QLD 4000

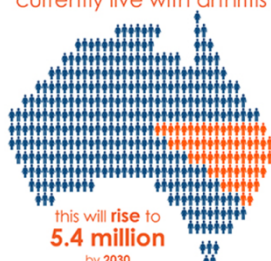
Via Email: hec@parliament.qld.gov.au

Dear Committee Members,

Re: Inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact of the Queensland public health system

About Arthritis In Queensland

4 million Australians
currently live with arthritis



Arthritis is an umbrella term for over 120 conditions that primarily affect the joints, causing pain, stiffness and swelling. Arthritis is one of the most common, costly and disabling chronic conditions in Australia.ⁱ

Currently, **14.1% of the Queensland population, 730,000 people, have a form of arthritisⁱⁱ**. This is expected to increase to over 900,000 Queenslanders by 2030.

Although arthritis has a higher prevalence among people aged 45 years and over, it affects people of all ages. 2 million people living with arthritis in Australia are of working age (15-64 years) and at least 6,000 children in Australia have juvenile arthritis.ⁱⁱⁱ

Arthritis and other musculoskeletal conditions are **Australia's second most burdensome disease group, accounting for 13% of disability adjusted life years (DALY).**^{iv} This level of burden is equal to the burden from cardiovascular disease and mental illness/ substance abuse.

Osteoarthritis is the most common type of arthritis in Queensland. Osteoarthritis affects people of all ages, however the risk increases in older age groups and is a common cause of joint replacement surgery. In Queensland these Hip and Knee replacement surgeries have increased by 60% since 2009.

Rheumatoid arthritis is a form of inflammatory arthritis and is the second most common type of arthritis in Queensland. It is an autoimmune disease which requires specialist care and life-long treatment with expensive medication. Approximately 2% of the population live with rheumatoid arthritis.



All types of arthritis cause chronic pain and if untreated or poorly managed can lead to physical disability. Some forms of arthritis can result in a reduced life expectancy or lead to complications which result in death. Three in every four people living with arthritis have at least one other chronic condition and people living with arthritis are also two times more likely to experience high levels of psychological distress than those without arthritis^v.

There is no cure for arthritis, but there are some effective treatments that help ease symptoms. With prompt treatment, disease progression can be slowed or halted, and in some forms of arthritis, remission can be achieved.

About Arthritis Queensland

Established in 1978, Arthritis Queensland provides free-to-access support, information and exercise programs to allow people to better manage their condition.

Arthritis Queensland advocates for systems level changes to improve health outcomes through prevention, awareness and increased access to health care for people with arthritis. We fund leading research into new treatments and cures for arthritis. Our vision is freedom from the burden of arthritis.

More information is available at www.arthritis.org.au

Key Issues

Arthritis Queensland has collaborated with other health not-for-profit organisations to provide a separate submission to this inquiry which focuses on the vital need to:

1. Increase investment in preventive health measures
2. Take action to address health inequities in the community, and
3. Commit to a coordinated, person-centred approach to the delivery of healthcare.

In this submission we expand on two additional issues, specific to arthritis, which are increasing pressure on the public health system in Queensland and negatively impacting the health outcomes of Queenslanders living with arthritis

1. The need to improve access to NDIS support for people living with arthritis related disability.

Musculoskeletal conditions are the leading causes of disability in Australia^{vi}. However, people living with arthritis related disability in Queensland continue to face challenges accessing disability support through the NDIS.

Only two types of arthritis are listed as conditions resulting in physical impairment on List B section 24 of the NDIS Act ("Permanent Conditions for which functional capacity are variable and further assessment of functional capacity is generally required"). These are Juvenile Arthritis and Rheumatoid Arthritis. However, many other inflammatory forms of arthritis can also result in permanent disability if untreated or poorly managed.

Despite the high prevalence of disability caused by musculoskeletal conditions people accessing regularly report extremely difficulty and delay in accessing NDIS packages. Anecdotal evidence shows that the NDIS system is not meeting the needs of Queenslanders who experience disability due to arthritis. This includes reports of:

- Inconstant evaluation process being applied by NDIS local area coordinator assessors – with some consumers being approved and other rejected despite similar needs and disability.
- A time consuming and complex process to apply for funding with multiple rejections requiring multiple appeals being a common experience.
- Consumers incurring costs to obtain medical reports required to support their application or appeal.
- Clinical consultation time being taken up by NDIS applications paperwork rather than on treatment.
- Assessor's lack of understanding of the impacts of lesser known, invisible illnesses such as inflammatory arthritis.

The failure to provide appropriate support via the NDIS is creating barriers to access around key services such as allied health interventions. Allied health care, such as physiotherapy, dietetics and podiatry, is vital in helping people create positive behavioural changes which can help reduce the burden of their disability and reduce the risk of developing additional co-morbidities such as heart disease and diabetes. Appropriate access to NDIS support is not only necessary to support people living with arthritis related disability but is also a preventive health measure which would reduce the burden on the health system.

Arthritis Queensland is in the process of requesting information from the NDIA on the number of applications that they have received from Queenslanders living with arthritis; the number of those applications that have been approved, declined and appealed; the average size of the support packages provided and the average amount of those packages that are being spent.

We hope to be able to provide this additional information to the committee as supplemental information in early 2022.

Recommendations

- 1.1 Review the NDIS eligibility requirements to ensure that arthritis related disability is properly recognised.
- 1.2 Increased training for NDIS assessors to understand the impacts and disease progression of arthritis to support well informed decision making.
- 1.3 Increased funding to consumer organisations, such as Arthritis Queensland, to provide independent consumer advocacy and NDIS navigation services.

2. Improve access to appropriate health care for people living with arthritis.

Queenslanders living with arthritis are facing many barriers in accessing the appropriate health care and as result are experiencing worse health outcomes and placing added burden on the public health system.

Two thirds of people living with arthritis report that they are fairing badly with their condition. Issues around inadequate pain management, lack of information and support to help people self-manage their conditions, high costs of care, lack of access to allied and specialist care (particularly in rural and remote settings) and fragmentation of the health service are all commonly reported.^{vii}

Changes are required across all areas of our health care system in order to ensure every Queenslanders with arthritis can access the most appropriate health care.

Lack of Specialist Services

Rheumatology workforce shortages are a major issue in Queensland. Every person with a form of inflammatory arthritis, should receive care from a rheumatologist. Rheumatologists are the only doctors with the skills required to diagnose and treat inflammatory arthritis, and with the authority to prescribe the medications that are necessary for managing disease activity. Untreated inflammatory arthritis causes deformity and decreased life expectancy in adults and children.

Currently, Queensland's public health system only has 28% of the Rheumatologist services required to care for people living with inflammatory arthritis. Access to rheumatology services is particularly scarce in regional and remote regions. In one Queensland HHS region, there are no public rheumatologists, and another three have negligible services (10% or less than recommended for the population size).^{viii}

The lack of local specialist rheumatology care for Queenslanders means that many patients are either referred to general physicians rather than specialist rheumatologists which can result in a reduced standard of care. In other situations, patients are forced to travel long distances to access the care they require, at a cost to both the health system and patients. Overall, many patients are experiencing significant delays in receiving a diagnosis and subsequent commencement on suitable treatment. These delays compound the impacts of arthritis on patients and on the health system.

Barriers to accessing multidisciplinary care

Access to broader multidisciplinary care is also crucial for people living with arthritis. However, the allied health and nursing workforce capable of providing support to people living with arthritis is poorly distributed and insufficient to meet needs. There are limited pathways for increased education and increased scopes of practise are underutilised.

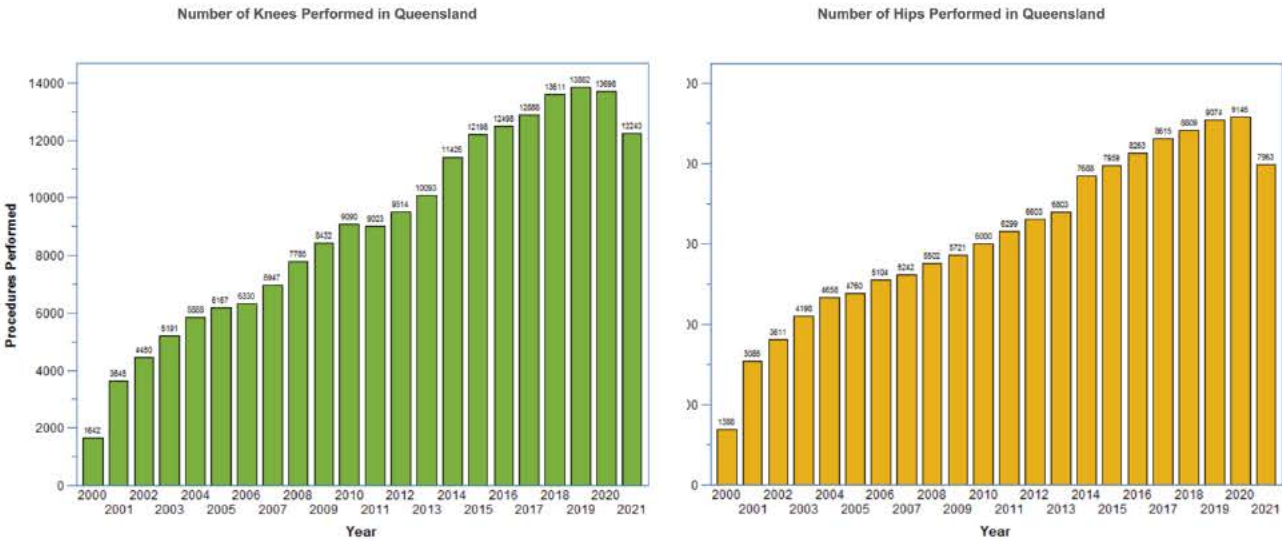
Even where allied health services can be accessed, cost is an issue for many patients. The MBS currently provides 5 funded allied health interventions for patients receiving care through a Chronic Disease Management Plan. However, this is insufficient for people living with chronic health conditions who require the ongoing support of multiple allied health professionals.

New Models of Care are needed

Osteoarthritis is a growing issue in Queensland and joint replacement is a common treatment option. Between 2009 and 2019 knee and hip replacement surgeries performed in Queensland hospitals increased by a staggering 60% as shown by the graphs below.

Nationally, the annual cost of these surgeries for osteoarthritis treatment are projected to reach \$5.4 billion by 2030, and associated health system cost will rise to \$7.6 billion.^{ix} While many of

these surgeries are undertaken in the private sector, the public health sector still bears a heavy burden.



Surgery can be an effective treatment option, however, in some jurisdictions models of care that focus on non-surgical treatment of osteoarthritis have succeeded in achieving significant systems gains and positive outcomes for patients.

An example of this is the New South Wales Osteoarthritis Chronic Care Program (OACCP) which provides assessment and non-surgical management for people on the wait list for joint replacement surgery. Evaluation of the model found that it improved clinical outcomes, facilitated earlier access to surgery where clinical indicated and reduced demand for surgery. After participating in the OACCP 11% of patients waiting for knee replacements and 4% of patients waiting for hip replacements decided that they no longer wanted surgery. ^x

In Queensland in 2020 similar results would have removed 1,900 people from hospital waiting lists.

Recommendations

- 2.1 Establishment of a Statewide Clinical Network for musculoskeletal health to oversee workforce mapping and planning for specialist, nursing and allied health professionals.
- 2.2 Adoption of a statewide model of care for the non-surgical treatment of osteoarthritis.
- 2.3 Increased funding of training positions for rheumatologists in both public and private health settings to begin to address the current shortage of specialist care.
- 2.4 Increased funding of MBS items numbers to support patient access to sufficient allied health interventions.

Arthritis is placing a great strain on the health system and on the population of Queensland. However, there is much that can be done to improve health outcomes for Queenslanders and to reduce the burden on our public health system.

Yours Sincerely



Emma Thompson
 CEO, Arthritis Queensland

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- ⁱ National Strategic Action Plan for Arthritis
https://www.health.gov.au/sites/default/files/documents/2020/08/national-strategic-action-plan-for-arthritis_0.pdf
- ⁱⁱ The Report of the Chief Health Officer - The Health of Queensland 2020
https://www.health.qld.gov.au/_data/assets/pdf_file/0019/1011286/cho-report-2020-full.pdf
- ⁱⁱⁱ National Strategic Action Plan for Arthritis
https://www.health.gov.au/sites/default/files/documents/2020/08/national-strategic-action-plan-for-arthritis_0.pdf
- ^{iv} AIHW Australian Burden of Disease Study 2018 <https://www.aihw.gov.au/getmedia/5ef18dc9-414f-4899-bb35-08e239417694/aihw-bod-29.pdf.aspx?inline=true>
- ^v National Strategic Action Plan for Arthritis
https://www.health.gov.au/sites/default/files/documents/2020/08/national-strategic-action-plan-for-arthritis_0.pdf
- ^{vi} Australian Bureau of Statistics 2016 4430.0 – Disability Ageing and Carer, Australia, Summary of Findings 2015
- ^{vii} National Strategic Action Plan for Arthritis
https://www.health.gov.au/sites/default/files/documents/2020/08/national-strategic-action-plan-for-arthritis_0.pdf
- ^{viii} Data collected by Arthritis Queensland, 2021
- ^{ix} National Strategic Action Plan for Arthritis
https://www.health.gov.au/sites/default/files/documents/2020/08/national-strategic-action-plan-for-arthritis_0.pdf
- ^x Deloitte Access Economics 2014. Osteoarthritis Chronic Care Program evaluation.
https://aci.health.nsw.gov.au/_data/assets/pdf_file/0008/570869/OACCP-evaluation-feb-2015.pdf