The PARTNER project
Optimising primary care management of knee osteoarthritis

Investigators: Professor David Hunter, Professor Kim Bennell, Professor Rana Hinman, Associate Professor Marie Pirotta, Professor Nicholas Zwar, Professor Deborah Schofield, Professor Andrew Forbes, Professor Andrew Briggs, Associate Professor Simon French, Dr Stephen Bunker, Dr Thorlene Egerton, Dr Jocelyn Bowden, Dr Jessica Kasza.

Background

Osteoarthritis (OA) is a leading cause of pain and disability in Australia, with the knee most commonly affected. OA is the 11th highest contributor to global disability, and the 6th most frequently managed problem by Australian general practitioners (GPs). In 2012, 1.9 million Australians had OA, with a 58% increase expected by 2032. Health expenditure on OA in Australia in 2012 was $3.75 billion with total economic costs estimated to be $22 billion.

Previous research shows Australians with arthritis are "doing badly" or "fairly badly" with respect to the impact of arthritis on their daily life. While there is much evidence available about what lifestyle changes can improve OA outcomes, research found that GPs like you are hampered in managing OA by lack of access to multi-disciplinary services to support these behaviour changes and non-drug self-management for their OA patients.

The **PARTNER project** is a well-designed trial aimed to test the effectiveness and cost-effectiveness of a new model to deliver key evidenced-based OA clinical guideline recommendations about non-surgical management of patients with symptomatic knee OA. The PARTNER model of health service delivery, described in further detail on page 4, is a centralised remotely-delivered multi-disciplinary care support team, embedded within primary care, to supplement GP OA management.

We seek your participation in the PARTNER project

If you agree to participate your practice will be randomised to either the intervention group to receive the *PARTNER model* of care for your patients with knee OA, or the control group – usual care. It is not possible to select the group to which your practice is allocated.

Benefits of participation in the PARTNER project

For general practices:

- $500 reimbursement for time allocated to the PARTNER project
- Installation of cdm-Net (electronic medical record chronic disease and preventive care management decision support tool) on the practice clinical software if randomised to the PARTNER intervention

For GPs:

- Education and training to upskill in OA treatment and management
- Training in using cdm-Net and on the *PARTNER model* of OA management if randomised to the PARTNER intervention

- The opportunity to gain 40 category 1 QA&CPD points. This will be available to control group GPs at the end of their participation.

For patients:

- All patients meeting criteria of pain and disability due to knee OA will be encouraged to have a dedicated consultation with their GP to focus on optimising management for their knee OA.
- In addition, patients in receipt of the *PARTNER model* may receive up to 12 months support from the Care Support Team* (CST) to assist behaviour change and increase the uptake of exercise, weight loss and self-management.

Is my practice eligible?

- At least one GPs within your practice must consent to participate
- Your general practice must use a clinical software (Medical Director, Best Practice, ZedMed, Monet, Communicare and MedTech) compatible with cdm-Net
- It is anticipated that each practice will have at approximately 13 patients in the trial.

What participation in the PARTNER project will involve for you

This research project has been designed to have minimal impact on the day-to-day routine of your practice. Our research staff will visit your general practice to explain every aspect of the project. Our research staff will work with your practice staff to identify current patients over 45 years of age, with activity related knee pain and invite them to participate in the trial. After being screened by research staff, eligible patients wanting to participate will be asked to make a dedicated bulk-billed GP appointment with you to discuss their knee pain. If appropriate, you will be asked to complete a chronic disease management plan with your patient, focusing on evidence-based strategies to help manage OA. GPs allocated to the PARTNER model may then refer the patient to CST for more support in their self-care.

Your practice has an equal chance of randomisation into either the *PARTNER model* group or to the usual care group. GPs allocated to the *PARTNER model* group will be asked to complete additional training before seeing any patients. This training will take approximately 4-5 hours to complete. We are testing the training as part of the study intervention and completion of the modules is very important for us to measure the effectiveness of the study.

What is my patients' involvement in the PARTNER project?

Patients enrolled in the trial will be asked to complete online surveys relating to their health and wellbeing and knee pain at baseline, 6 and 12 months after enrolment. If your general practice is randomised into the PARTNER model group your patients will receive the CST support package of care for 12 months, at no additional cost to themselves.

How can I participate?

Please read this information and talk to research staff about any questions arising. If you would like to participate, please email your expression of interest to [insert GP Coordinator name] on [insert GP coordinator email] and phone no.] and we will contact you, or alternatively ring the trial coordinator Jocelyn Bowden on 02 9463 1898.

Privacy, confidentiality and disclosure of information
Your participation in this project is completely voluntary. You are free to withdraw at any stage by notifying the researchers. The confidentiality of the information collected as part of this project will be safeguarded subject to any legal limitations. Data collected will be re-identifiable. This is necessary for accurate data entry and communication with the participants. Any data collected will only be identifiable by the participant's code. A master list of participant's codes will be password protected and stored on a secure University of Sydney network server. The code file will be separate from any other data collected. Individual names or other identifying information of the participants will not be considered in the data analysis and will not be identified in published data.

All electronic files containing trial data will be password protected with only the trial research team and statistician having access to these data. Consent forms and general practice data will be stored separately from questionnaire and other study data, at the University responsible for collecting the data. In accordance with University regulations, the data will be retained for a period of 15 years. At the end of this time the data will be destroyed.

Who is undertaking this study?
This study is being undertaken by researchers from the University of Sydney, the University of Melbourne, UNSW, Monash University, Macquarie University, Curtin University, Queens University Canada, and our partner organisations.

Ethics
The PARTNER project has been approved by The University of Sydney (2016/959), the University of Melbourne (1749340) and the University of New South Wales (2016/959) Human Research Ethics Committees. This project will be carried out according to the National Statement on Ethical Conduct in Research involving Humans produced by the National Health and Medical Research Council of Australia. This statement has been developed to protect the interests of people who agree to participate in human research studies.

Feedback and trial results
A summary of the project results will be made available to you at the completion of the trial. The results of this project will be published in academic journals and presented at academic conferences.

Further information
If you require further information or you have queries about this trial please contact the GP Coordinator Carin Pratt on carin.pratt@sydney.edu.au and 0407 051 641.

Thank you for taking the time to read this information

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What is the *PARTNER model?

The PARTNER model is a health service intervention designed to assist GPs in the management of OA. In addition to education for all GPs, GPs in the PARTNER intervention group can refer patients to the Care Support Team (CST) to support patient behaviour change and increase uptake of exercise, weight loss and self-management. The CST will keep the referring GP informed about the patient's progress at key timepoints, and refer the patient back to the GP if additional referrals or new health problems emerge.

The CST is a multidisciplinary allied health team. The CST is trained in behaviour change support for this study by another of our partners, HealthChange Australia. Most out of pocket costs for the majority of the CST's services will be paid for by the study. Some patients may be eligible to have a Team Care Arrangement (TCAs) with you for visits to an allied health provider at your discretion. The CST intervention will be delivered remotely via phone, email, post and SMS contact over a 12 month period. The amount and type of contact will be determined in consultation with the patient. The CST service has been designed to help you provide ongoing support for your patients with knee OA, and the CST will provide you with regular feedback on your patient's decisions for management and their progress.

At the first contact session, the CST will undertake an initial biopsychosocial assessment of the patient and provide further education about OA management options. Patients will then be offered a range of services to help manage their OA. The CST will regularly monitor the progress of the patient by asking them to report their body weight, and to undertake self-reported health questionnaires or answer questions over the phone. This provides the CST with current information on pain, knee function and other symptoms on which to base their advice.

The PARTNER model of service delivery has been developed to be delivered in Australian primary settings. The model is designed to offer patients remote service delivery models to improve access to care on a population-level and can reduce cultural, language, socioeconomic and geographical inequities. Our health insurer partners already provide telephone services including chronic disease programs that we will utilise for this study. Importantly, outcomes are equivalent between remotely and conventionally-delivered services but with additional cost benefits.

We have drawn on several theories to develop this model, including chronic disease management principles, the Behaviour Change Wheel and the Theoretical Domains Framework (TDF). We have incorporated recommendations from clinical guidelines (NHMRC, Osteoarthritis Research Society International, American College of Rheumatology, European League Against Rheumatism and the American Academy of Orthopaedic Surgeons), white papers and reports (Arthritis Australia Time to Move Strategy and the National Service Improvement Framework for Osteoarthritis, Rheumatoid Arthritis and Osteoporosis), and existing OA service delivery models from Australia and overseas (Osteoarthritis Chronic Care Program Model of Care NSW, Service model for community-based musculoskeletal health in Western Australia, the USA Chronic Osteoarthritis Management Initiative (COAMI) and the Arthritis Alliance of Canada Osteoarthritis Models of Care). This model has been informed by broad stakeholder input (consumers, GPs, physiotherapists, rheumatologists, nurses, behaviour change experts, policy makers, health insurers and consumer advocates).