Background of identified service need
One in five Australians complain of foot problems and the incidence of debilitating foot pain in our aging population is increasing [1,2]. At Western Health (WH), low priority referrals (category 3) wait up to 2-3 years for an orthopaedic specialist appointment. A large proportion of referrals are for foot and ankle related issues. Research estimates that the number of foot and ankle surgical procedures undertaken will increase by around 62% by 2050 [3].

We identified that many patients referred for surgical consultation, neither need or want surgery. Referrals increase patient waiting times and are an inefficient use of specialist services. Furthermore, best practice guidelines suggest that conservative treatment options should always be considered before surgery and that interventional conservative treatment is often being beneficial for patients waiting for surgery.

The WH’s successfully established advance practice orthopaedic physiotherapy led service did not include an advance practice orthopaedic podiatrist. We aimed to extend the current model of care, improve access and strengthen our ability to address foot and ankle problems to enable positive patient outcomes.

Acknowledgment: With the support of the 2015/16 advance practice in allied health workforce grant – 6 month project

Development of model of care
The project commenced in July 2015 and we rapidly completed a number of essential steps as part of the development of this APDP service.

Table 1: Development of model of care

Table 2: Demographics

Results and outcomes
The APOP clinic commenced in November 2015 and ceased further patient additions January 2016 given the project funding short time frame of the project period. Outstanding patient referrals to orthopaedic clinic between 2013-2015 were reviewed. A large proportion of the referrals dated from 2013.

We contacted relevant patients to arrange for review in the APOP clinic. A total of 103 patients were assessed. We determined that 70% (n=72) of patients did not require orthopaedic opinion for their presenting musculoskeletal pathology and were managed effectively conservatively during the project period.

We were able to discharge 66% (n=67) of the total APOP patients to our community partners and independent sector providers who routinely provide ongoing conservative management support. They continued to report improvement or resolution in their musculoskeletal condition with a follow up telephone consult. Table 1: Development of model of care

Discussion
The APOP clinic rapidly addressed a road block in current care with significant benefits shown in table 4 below. The aim of this model, shifts the resources into prevention and self-management; provides patients with real choices about their treatment options, empowering patients to make informed decisions, whilst providing them with support, education and tools to improve their understanding of their journey through the health care system.

Ongoing collaborative inter-professional working should be promoted as the gold standard practice for musculoskeletal presentations. With ongoing integration of community partners and independent providers to develop a robust sustainable musculoskeletal model of care.

Table 4: Benefits to the role

References