What did we do?

- Completed semi-structured individual interviews with people with knee OA and potential referrers (GPs, surgeons, rheumatologists) to physiotherapy.
- Interviews explored barriers and enablers to participation in a specific 8-week OA education and exercise-therapy program – Good Life with osteoArthritis from Denmark (GLA:D®), as well as other non-surgical and surgical care for knee OA.
- Thematic analysis was conducted using an inductive and grounded approach, supported by NVivo software.

Why did we do it?

- >2.1 million Australians have OA, a number expected increase to 3 million by 2030.
- The cost of joint replacement surgery in Australia is estimated to increase to > $5 billion by 2030.
- Clinical practice guidelines recommend exercise-therapy, education and weight management as first line care.
- Most (57%) Australians with OA don’t receive appropriate non-surgical care.
- Referral of people with OA to physiotherapy or exercise-therapy in a GP setting is rare (<4%).
- Our GLA:D® Australia feasibility work indicates the program ↓s pain (35%), improves joint-related quality of life, and physical function (strength + walking speed).

What did we find?

20 people with knee OA (10 who had completed/commenced, and 10 who had not commenced GLA:D®)

- I think that you must always consider the cost of it, I think that’s the first one, but the ability to attend which is not always clear cut as far as driving and trams and whatever is concerned. - P19

15 doctors (5 GPs, 5 surgeons, 5 Rheumatologists)

- I think the biggest barrier is ignorance …. There was no understanding of the benefit of exercise on osteoarthritic needs. And within three months, I had such a major improvement and I’ve seen it with other participants who complete the program. But it’s ignorance. - P1

1. Improved funding for participation
2. Increased service availability – greater number of times and geographical locations
3. Educational resources and initiatives for patients and doctors to highlight the value of education and exercise-therapy.

KEY THEMES

- Key barriers to participation in education and exercise-therapy programs like GLA:D® perceived by both patients and referrers included financial and physical access, time to attend and beliefs that other treatments would be more beneficial or accessible (pharmaceuticals, surgery).

Patients also highlighted that understanding OA and the potential benefits of exercise would be key enablers.

Uptake of evidence-based knee OA programs like GLA:D® may ↑ through:

- Key enablers perceived by both patients and referrers included a doctors’ recommendation, enhanced program availability, and improved funding.

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We would like to thank the Cabrini Foundation for all their financial support of this project, and all participants (people with knee OA and doctors) for their time and insight with interviews.

Barton CJ, Sherwood J, Ackerman I, Brusco NK, Jennings S, Young K, Crossley KM, Kemp JL, Wallis JA.

The projected burden of primary total knee and hip replacement: a medical and economic analysis. Arthritis Care Res 2016; 68:551-560. doi:10.1002/acr.22276. Key enablers perceived by both patients and referrers included a doctors’ recommendation, enhanced program availability, and improved funding. Patients also highlighted that understanding OA and the potential benefits of exercise would be key enablers.

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