



'A Problem Worth Solving'

Arthritis and Osteoporosis Victoria  
State Budget Submission  
2014-2015

## **Arthritis and Osteoporosis Victoria – a Victorian Icon**

Arthritis and Osteoporosis Victoria was established in 1968 by a rheumatologist named Dr Les Koadlow, to support consumers to take control of their health and wellbeing through information, self-management and peer support.

Arthritis and Osteoporosis Victoria's purpose has expanded in recent years to incorporate a musculoskeletal population health focus. The organisation's research, advocacy and strategy activities cover the suite of musculoskeletal health conditions, thus extending far beyond just arthritis and osteoporosis. Arthritis and Osteoporosis Victoria represents 4,500 members and 2,500 members of peer support groups.

The purpose of Arthritis and Osteoporosis Victoria is to improve the quality of life of people who have, or are at risk of developing, musculoskeletal conditions.

Arthritis and Osteoporosis Victoria seeks to:

- Be a leader in developing and advocating for health and well being policies that acknowledge and address the needs of people with musculoskeletal conditions
- Be a leader in implementing strategies to minimise the incidence and impact of chronic musculoskeletal conditions and be a strong voice for all stakeholders in the musculoskeletal health sector
- Increase the understanding of the impact of musculoskeletal conditions by providing and improving access to evidence-based knowledge and skills, increasing community awareness and providing education for consumers, the community, health professionals and other stakeholders
- Lead and partner in research and advocacy activities that impacts positively upon the lives of people who have, or are at risk of developing, musculoskeletal conditions
- Work collaboratively with people who have, or are at risk of developing, musculoskeletal conditions, their families and communities and with relevant people and organisations including government and other chronic disease advocacy groups , academic and research institutions, policy developers and service organisations



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## Summary

The State Health Budget needs to address musculoskeletal health issues to control rapidly escalating systemic health and productivity costs. The Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan states that current service planning does not take into account the current and projected uneven distribution of growth in particular health conditions<sup>1</sup>. Consequently, services will not be provided where they are most needed if future planning does not take these projections into account.

Musculoskeletal health conditions (e.g. osteoarthritis, rheumatoid arthritis, osteoporosis) and pain of musculoskeletal origin (e.g. back and neck pain) impart a profound morbidity and socioeconomic burden in Australia and globally<sup>2,3</sup>. Conservative modelling suggests that 1.5 million Victorians currently live with a chronic musculoskeletal condition (25% of the national prevalence)<sup>2</sup>.

In Australia, the burden of disease attributed to musculoskeletal conditions now exceeds that of all other chronic health conditions in terms of years lived with disability (a morbidity-only index), and is second only to cancer when considering disability-adjusted life years (a composite index of morbidity and mortality). More Australians live with a chronic musculoskeletal condition than any other state health priority area condition<sup>2</sup>.

The prevalence in cases of chronic musculoskeletal conditions is conservatively projected to soar by 43% over the next two decades, driven most sharply by projected increases in the prevalence of osteoarthritis: 58%<sup>2</sup>.

A large percentage of the Victorian population has and will have these conditions, and most live for decades with the associated pain and disability, many rating the experience equivalent to or worse than death<sup>4</sup>. It is therefore critical for the State Government to address musculoskeletal health in Victoria now. There is substantive evidence that health practitioners are not following evidence based guidelines and that there is a huge evidence-practice gap<sup>5</sup>.

In 2013 the Hon David Davis, the Minister for Health; held a Roundtable on Musculoskeletal Health, launched the Arthritis and Osteoporosis Victoria report called 'A Problem Worth Solving' and established a Musculoskeletal Clinical Leadership Group.

Many solutions to meet the needs of people living with musculoskeletal conditions are known and the health system needs urgent refocusing to reduce the burden of disease for this population. People with musculoskeletal conditions need secondary prevention and early intervention. Not only does obesity and lack of physical activity contribute to these conditions, the conditions lead to obesity and make exercise challenging. It's time to "move it or lose it".

## 'A Problem Worth Solving'

The Minister for Health recently launched a Report called 'A Problem Worth Solving', developed by Arthritis and Osteoporosis Victoria <sup>2</sup>. The statistical analysis in the Report undertaken by Deloitte Access Economics highlighted the following:

- Musculoskeletal conditions affect more people than any other Victorian Health Priority Area
  - Conservatively, 26.9% of the population are affected by the major 4 conditions; back problems, osteoarthritis, osteoporosis and rheumatoid arthritis – 1.5 million Victorians
  - 38% of people with these conditions are 65 years and over; 3.6 under 25 years and staggeringly, 58.4% are 25-64 years – of prime working age
  - The cost of musculoskeletal conditions for the Australian economy as at 2012 was \$55.1 billion
    - \$9.2 billion in health costs
    - \$11.7 billion in Productivity Costs (\$7.4 billion) and other Financial Costs (\$4.3 billion)
    - \$34.2 billion in Burden of Disease
- This has a very big impact on the Victorian economy, now and into the future
- The size of the problem is growing rapidly with an estimated 43% increase in cases between 2012 and 2032. Predictably, there will be a surge in older people affected
  - The extensive burden of back pain and chronic pain from osteoarthritis exacerbates the disability impact
  - Findings from this landmark Australian study mirror those from other disease-specific Australian reports <sup>6,7</sup> and the international data such as from the United States <sup>8</sup> and global projections informed by the most recent Global Burden of Disease Study <sup>3</sup>.

## Important Considerations

- The health system requires a major, fundamental overhaul to ensure the Victorian and Federal Governments can work together more efficiently and maintain standards and reduce expenditure. On current trends the system is not sustainable
- People with chronic musculoskeletal conditions have limited productivity during peak income earning years and the substantial implication for retirement wealth have been reported <sup>9</sup>
- Older people will need to be able to work longer and therefore must be able to manage their health and afford to pay for health costs
- Older people generally have several chronic diseases and inevitably one will be a musculoskeletal condition
- The personal and economic cost of musculoskeletal conditions is currently addressed in an *ad hoc* way with limited translation of research evidence into practice
- Musculoskeletal conditions are the biggest cause of disability and pain of all health conditions
- The Victorian Government has not prioritised the “morbidity” issues associated with musculoskeletal health in any policy or budgets to date
- The State Budget needs to consider the huge economic and social impact. Interestingly, even the Chief Health Officer’s report does not profile the enormity of the health issues associated with musculoskeletal conditions

- The NSW and WA State Governments are leading the way with health policies and musculoskeletal networks. The Victorian and Australian Governments have fallen way behind in this Health priority

### **Steps to the Future**

- Victoria has the capability and commitment to lead the way in musculoskeletal health through the Musculoskeletal Clinical Leadership Group established in November 2013
- Victoria needs a cohesive and comprehensive reform Strategy to respond to musculoskeletal as a Health Priority
- There is huge potential for return on investment to the Victorian Government and the community, if the problem is addressed by new models of care and new and progressive service systems
- This requires that the musculoskeletal health industry has access to a fair share of existing and new State Government funds for health priorities in all areas including research; prevention; early intervention; treatment/ management – this is a social and economic imperative
- Traditional approaches to funding conditions with high mortality rates and powerful emotional marketing strategies have led to gross inequity in the distribution and targeting of health industry resources. There is little or no funding directly available for people with musculoskeletal conditions, through Health, Disability or Aged Care systems. This includes funding through Government, Philanthropy and Corporate giving

“Health is important in itself, but it is also crucial for a strong economy. Healthy people mean a healthy workforce, and a healthy workforce combined with a strong health and medical research sector will increase Victoria’s long-term productivity and economic growth.”

Department of Health, *Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan*, Victorian Government, Melbourne, May 2011

### **In Order To Address This Critical Issue Arthritis and Osteoporosis Victoria Calls On The Victorian Government to:**

- Provide financial support to the Musculoskeletal Clinical Leadership Group through Arthritis and Osteoporosis Victoria to advise on urgent State Government Strategy and Policy and musculoskeletal health priorities
- Provide financial support to Arthritis and Osteoporosis Victoria to continue to provide a suite of customised, evidence based programs and information for consumers and health professionals. The recurrent allocation of \$32,000 per annum is grossly inequitable for the impact of musculoskeletal conditions; the role we play and size of the community we represent
- Provide funding to progressively address evidence based priorities, such as those identified below

## **Immediate Evidence-based Strategies**

Several early intervention/prevention initiatives may be undertaken immediately in Victoria to address the burden of musculoskeletal disease:

1. Establishment of nurse-led osteoporotic fracture liaison services (either in hospitals or community-based primary care organisations) to identify people with low trauma fractures and initiate investigation and treatment for osteoporosis and to link consumers with appropriate community supports
2. Integrate and expand allied health-led conservative management programs for osteoarthritis to establish an integrated network of multidisciplinary osteoarthritis management sites across Victoria
3. Work with community-based clinicians (e.g. community pharmacists) to expand the capability of these clinicians to provide evidence-based information to consumers about management of musculoskeletal diseases and safe use of medicines, particularly opioids for musculoskeletal pain
4. Establish a “knowledge hub” for musculoskeletal health in Victoria – a central repository of evidence, policy and sector resources accessible to consumers, clinicians and health decision-makers
5. Support the Musculoskeletal Helpline – established for consumers and health professionals with a focus on rural areas. This service addresses the discrepancy between evidence and practice for both health professionals and consumers

## **Condition-specific fast facts**

### **Musculoskeletal pain (e.g. back pain, neck pain)**

- Primary driver for disability and lost productivity related to musculoskeletal health
- Less than 10% of Australians have access to effective pain management interventions <sup>6</sup>
- Low back pain imposes the single greatest burden of disease globally <sup>3</sup>
- Direct healthcare expenditure in Australia is greatest for low back pain (52.3%) <sup>2</sup>
- A seven-fold increase in prescription of highly addictive opioids for management of musculoskeletal pain has been observed in Australia with profound negative health outcomes including death and hospitalisation <sup>10,11</sup>

### **Osteoarthritis**

- Leading cause of chronic pain in general practice patients <sup>12</sup>
- Cases projected to soar by 58% by 2032 <sup>2</sup>
- Primary driver for hip and knee replacement surgery, which is increasing at a rate of 10% per annum. By 2018, the number of joint replacements being performed will double <sup>13</sup>

## Osteoporosis and osteopenia

- Up to 56% of women and 33% of men aged over 60 years will have an osteoporotic fracture in their lifetime
- A fracture due to osteoporosis occurs every 3.6 minutes in Australia and by 2022 there will be one every 2.9 minutes (501 per day and 3,521 per week) <sup>7</sup>
- An initial fracture substantially increases the risk of re-fracture, in the order of 2-7 fold
- Australians presenting to emergency departments or general practice with low trauma fractures are not being investigated and treated for osteoporosis
- While the rate of fractures is decreasing due to strategies addressing falls risk, the absolute number of fractures will continue to rise

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# Arthritis

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