

# Management of Osteoarthritis in the NZ Public Health System

Management of Osteoarthritis  
Programme Policy Brief N°1.1

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**The Problem:** Osteoarthritis (OA) is a leading cause of health losses and costs in NZ. The burden of OA is rising as a result of population ageing, rising obesity, increasing injury rates, and earlier onset of disease.

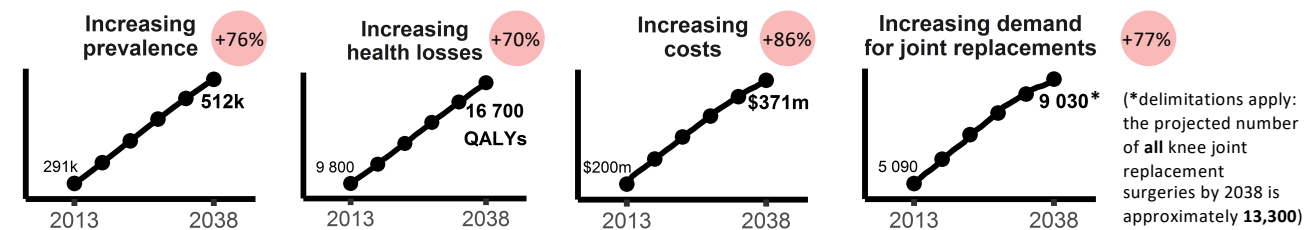
The New Zealand health system, already struggling to meet demand for joint replacement surgeries, will be placed under greater pressure by rising rates of OA.

## What is known?

- 1✓ Clinical practice guidelines agree on the optimal core (1<sup>st</sup>-line) treatment for OA:
    - Exercise therapy and physical activity
    - Weight loss (where appropriate)
    - Patient education and self-management
  - 2 Second-line therapies, such as mood and sleep management, topical medications and heat therapy, and walking aids and assistive devices, can be useful adjuncts to core treatment.
  - 3 Joint replacement surgery is effective and cost-effective for end-stage OA
- ✗ Recommended core treatments are not routinely reaching New Zealanders with OA.
  - ⊘ Many treatments that are not recommended are routinely funded and being delivered excessively (e.g. opioids, long-term use of anti-inflammatory medications, repeat injections of corticosteroids)
  - 1✓ 5-year follow-up of a NZ randomized trial of exercise therapy showed significant cost savings and QALY gains compared with usual care.
    - Net monetary benefit of national provision (at 1xGDP, lifetime, societal perspective) was estimated to be \$10,700 per capita, and \$24.1b at the population level.

## Research Findings:

Without changes to current health delivery, the burden of osteoarthritis will continue to rise.



- 📊 Delivering the #1 most-recommended treatment (exercise therapy) would result in large health gains at relatively low cost to the health system (\$25m per year)
- ✓ Delivering all core recommended interventions would result in significant health gains (> 10,000 QALYs per year) and would be highly cost-effective.
- 📈 Marginal health gains can be achieved by delivering other recommended treatments, at varying costs and net monetary benefits
- 📉 Adequate delivery of core (1<sup>st</sup>-line) treatments will reduce demand for less cost-effective treatments, reaping potential cost savings for the public healthcare system.
- 🧠 Stakeholders (people with OA, healthcare providers, Māori health advocates, healthcare delivery decision-makers and policy-makers, and OA experts) value the recommended treatments.

Policy Options:	Marginal cost: Health system perspective	Health Gain:	Net Monetary Benefit:
1. Deliver the #1 most-recommended treatment (exercise therapy) within the public health system	\$25m/yr	9000 QALYs/yr	\$450+m / yr
2. Deliver all core 1 <sup>st</sup> -line treatments through co-ordinated programmes	\$150m/yr	11,000 QALYs/yr	\$400+m / yr
3. Deliver all recommended treatment through co-ordinated programmes	\$140m/yr	20,000+ QALYs/yr	\$1,000+m / yr

- Recommendations:**
- 1: Deliver the most recommended treatment(s) equitably, nationwide, via the public health system, through coordinated OA management programmes.
  - 2: Develop a national Model of Care (MoC) for the management of osteoarthritis
  - 3: Remove funding silo barriers that impede delivery of the most recommended treatments within the public healthcare system.
  - 4: Establish programmes for de-implementation of harmful and wasteful care delivery.