

Election priorities statement 2021



Time to Move: Improving Care for Tasmanians with Arthritis

Arthritis is one of the most common, costly and disabling of all chronic conditions.ⁱ In its many forms arthritis affects nearly 1 in 4 Tasmanians, including children and young people. By 2030 (less than a decade away) the number of Tasmanians with the most disabling types of arthritis – osteoarthritis and rheumatoid arthritis – is expected to significantly increase (20.5% to 149,600 and the cost to the Tasmanian economy will increase by \$35 million to \$197.7 million).ⁱⁱ

Currently, in Tasmania there is a mismatch between the burden of disease and its prioritisation in policy and resourcing. A strategic, cohesive and appropriately resourced musculoskeletal model of care is desperately needed for Tasmania. Instead, we have an ad hoc array of underfunded and siloed services; inconsistent patient pathways; unacceptably long waiting lists; and multiple and confusing entry points. Without purposeful action, elective surgery and outpatient clinic waiting times will continue to grow, and the public health system will struggle to cope with the growing burden of disease resulting from arthritis.

Tasmanians with arthritis deserve better. The time has come to act.

Arthritis & Osteoporosis Tasmania is calling for the next elected Tasmanian Government to act to improve the level of arthritis awareness, education, treatment and support services available to Tasmanians. In particular, calling for an immediate commitment to support:

- ▶ **Development of a strategic, cohesive and appropriately resourced musculoskeletal model of care for Tasmania as an immediate priority. Central to this model will be the establishment of a State-wide Musculoskeletal Triaging and Assessment Service (MTAS) – a single point of entry for rheumatology referrals, assessment and treatment pathways.**
- ▶ **Establishment of an appropriately resourced multi-disciplinary specialist rheumatology and persistent pain service (1FTE rheumatologist, with allied health service support) based in Launceston to improve access and health outcomes for those living in the north and north west regions of Tasmania.**
- ▶ **Additional resourcing of Arthritis & Osteoporosis Tasmania to extend its evidence-based community education and self-management programs to the north and north west regions.**

The rationale for action is evidence-based, comprehensive and widely supported by key stakeholders (clinical services, allied health, GPs and the community sector) as evidenced by their commitment to the development of a Musculoskeletal Services Business Caseⁱⁱⁱ led by the MSK Clinical Advisory Group as part of the *One State, One Health System, Better Outcomes*^{iv} reform. A thorough and well researched document which I believe has never been properly considered by the Tasmanian Health Service.

A musculoskeletal model of care for Tasmania is vital and will provide a pathway to improved early diagnosis and effective management of arthritis. A single entry point for all musculoskeletal services (rheumatology, persistent pain, orthopaedic and neurosurgery specialist services) will address current fragmentation and improve patient equity, access, flow, safety and outcomes.

There are currently NO public rheumatology specialist services available to Tasmanians living in the north or north-west. Services are currently centralised in Hobart and provided through RHH outpatient clinics (which are unable to cope with demand nor are funded to deliver state-wide services). Early diagnosis and access to specialty services is critical to avoid or limit irreversible joint damage, deformity and disability.

Arthritis & Osteoporosis Tasmania's current funding level provides for outreach services to north, north west and regional communities, equating to a meagre two weeks per year (0.8FTE Community Educator). A modest amount of additional funding would provide an additional 0.8FTE position, dedicated to deliver and coordinate services to these rural and regional communities.

These initiatives do not call for significant additional funding – in fact, an investment of \$4.1 million was detailed in the draft MSK Business Case for a 3 year staged implementation of the MSK Model of Care. This investment would be offset by savings achieved through reduction in elective surgery waiting lists (due to less inappropriate referrals for surgery and better triage and management of people before surgery) as well as efficiencies through less duplication/triplication in administration and diagnostic testing.

ⁱ Arthritis Australia for the Australian Government Department of Health, 2019. *The National Strategic Action Plan for Arthritis*.

ⁱⁱ Arthritis Australia, 2016. *Counting the Cost: Part 1 Healthcare Costs*.

ⁱⁱⁱ MSK Clinical Advisory Group Business Case DRAFT, August 2018.

^{iv} http://www.onehealthsystem.tas.gov.au/_data/assets/pdf_file/0007/374767/implementation-plan.pdf (pages 62 and 76) viewed April 2021.

Arthritis & Osteoporosis Tasmania

ABN 77 080 908 252

Registered Training Provider No 60108

Address: PO Box 780 MOONAH TAS 7009 | 19A Main Road MOONAH TAS 7009

Phone: 03 6228 4824 | Fax: 03 6228 3486 | Arthritis InfoLine: 1800 011 041

Email: jslyp@arthritistas.org.au | Web: www.arthritistas.org.au

