

# Whose Problem Is It Anyway?

## **The Voice of GPs on Arthritis**

Companion to The Voice of Arthritis  
consumer survey

Qualitative and Quantitative Marketing  
Research Arthritis Australia March 2012

# Background

A 2011 Arthritis Australia survey of people suffering from arthritis showed that those who were not faring well with their arthritis considered it was due to their perceived standards of care and access to care and information, rather than the severity of their arthritis, how long they'd had it, their age, their income, private health insurance cover nor other illnesses.

Since these findings implied criticism of medical care and in particular of General Practitioners (GPs), it was necessary to survey GPs' views in order to 'hear the other side' and formulate a collaborative strategy for action.

The research for this report was focussed on treatment of Australians with osteoarthritis and rheumatoid arthritis. The research was conducted through a combination of qualitative group discussions, individual in-depth interviews and a quantitative survey across a nationally representative sample of GPs.

## Headline findings

The findings were most pronounced for osteoarthritis (OA) and concluded that:

- OA is one of the most common conditions GPs treat
- Compared to other types of arthritis, including rheumatoid arthritis, OA is by far the major form of arthritis managed by GPs – comprising more than 80% of arthritis patients
- Whilst rheumatoid arthritis (RA) is also managed by GPs, they see far fewer RA patients – and also rely heavily on specialists to make most treatment decisions in this patient population. As such, RA and OA represent quite different conditions for GPs – with GPs primarily responsible for most aspects of OA patient management and treatment
- OA is viewed by GPs as an inevitable, degenerative condition that "can only get worse with age"; treatments, they say, are limited in usefulness, have short-lived benefits and can be subject to significant safety and side-effect issues
- This produces a 'defeatist' attitude among some GPs. Around one in five considers OA to be an emotionally draining condition to treat but accept OA is 'bread and butter' general practice
- GPs recognise that osteoarthritis significantly affects people's lives and is the primary reason for affected people seeing a GP in three out of four visits
- 90% of patients with OA have at least one other chronic condition such as high blood pressure or diabetes and many have multiple morbidities. This means each person needs highly individualised and constant care. So while OA is common, it isn't 'cookie cutter' medicine, GPs claim
- GPs estimate that about half their patients with OA are less than satisfied with their care. They put this down to a variety of reasons, mostly external to themselves, such as care options available, patient attitude, access to lifestyle support and remuneration for practice nurse interventions

- GPs want to do more for these patients but – again - feel hamstrung by lack of effective treatments and poor access to support for lifestyle changes and non-drug management
- Only a minority of GPs are using their practice nurses to help patients deal with their OA. 80% of the GPs believed that an MBS item number would facilitate greater involvement
- Most were not aware of The Royal Australian College of General Practitioners (RACGP) guidelines on the management of OA and in general had a poor level of knowledge of available support and information
- The GPs wanted better tools to measure and relieve pain
- Over half the GPs believed that patients with OA quite commonly have unrealistic expectations of their likely response to drug treatment
- The vast majority of GPs believed that patient self management and lifestyle counselling play a critically important role in achieving successful outcomes in arthritis. Most GPs would like to be upskilled in this kind of counselling
- GPs considered that access to specialists and allied health professionals, the associated costs and the availability of effective treatments represented major barriers to improving care
- In contrast, GPs generally did not believe access to GPs, cost of seeing a GP and adequacy of GPs' knowledge about arthritis treatments to be barriers to successful outcomes.

## Takeaway messages

1. The findings of the Voice of Arthritis consumer survey of 2011 are largely explained by these results.
2. The burden of OA in the community is reflected in the load GPs carry.
3. There's a degree of 'heart sink' among GPs about OA.
4. They know OA is important and want to do more for their patients but feel somewhat isolated and helpless and, consequently, a significant proportion develop therapeutic defeatism.
5. A proportion of GPs identified people with OA as having complex issues and perceive them often to be 'difficult' patients with unrealistic expectations.
6. There is poor awareness among GPs of the resources available to them, including non-drug treatment options that they might be routinely using.
7. GPs are underutilising their practice nurses in the care of people with OA.
8. GPs want more skills and tools to assess and manage pain and disability better.
9. Given the above, a strategy to improve the care of people with OA would include:
  - Giving GPs concise, quick to assimilate guidance on primary and secondary prevention and management

- Providing financial incentives to support practice nurses in assisting GPs in assessing and managing arthritis
- Re-assessing the Chronic Disease Management Scheme arrangements to better provide for the needs of Australians with arthritis. The current arrangements of five subsidised allied health visits per year are insufficient for the multidisciplinary care required for arthritis management, especially considering the common occurrence of co- and multi-morbidities
- Improving models of primary care for Australians with arthritis and providing for clinical pathways and networks (e.g. Arthritis Australia) for assisting with lifestyle changes and management
- Advocating for financial incentives to better integrate OA into chronic disease management, since OA is a burden in its own right as well as a significant barrier to the secondary prevention of other conditions such as diabetes, coronary heart disease and post stroke rehabilitation
- A public information campaign to create demand for evidence-informed care.

## More detail

### Why the survey was done

The driver for this study was the Voice of Arthritis consumer survey in 2011.

This was a community based survey which recruited a representative sample of over 1000 people with arthritis across Australia. The purpose was to find out how arthritis affected people at home and at work and what factors were associated with good or poor outcomes.

About a third were coping quite well with their arthritis, while over two thirds (68%) were experiencing significantly more pain, disability which reduced their work capacity, and increased financial strain and social isolation. One in six people with arthritis were not doing well at all.

A large proportion of people with arthritis (79%) also had another condition such as heart disease, high blood pressure, diabetes or depression, and in over half the cases, these conditions followed the diagnosis of arthritis.

The survey identified that the main reasons arthritis patients felt they were not coping well were due to their perceived standards of care and access to care and information, rather than the severity of their arthritis, how long they'd had it, their age, their income, private health insurance cover or other illnesses.

Specifically, what counted was:

- Poorer access to GPs and specialists and allied health professionals such as physiotherapists (77% of those in the most affected group found it hard to get an appointment with their GP compared to 24% in the least affected group and 95% of the most affected found it hard to get an appointment with a specialist compared to 34% in the least affected group)

- Poorer access to adequate information about arthritis
- Poorer care from their clinicians – only 26% in the two groups more seriously affected by their arthritis were satisfied with their treatment. Even pharmacists were rated as less helpful in the most affected (27% compared to 83%)
- Poor access to rehabilitation
- Poor support from government – only 7% in the two groups more seriously affected by their arthritis felt it was adequate
- Perceived poor community understanding of the impact of arthritis – only 3% in the two groups more seriously affected by their arthritis felt the community had sufficient knowledge
- Only one in five of the most affected felt their GP's knowledge of arthritis was adequate, compared to 94% in those who were the least affected by their arthritis
- Only 8% of those in the most affected group felt they had adequate access to effective pain relieving medications, compared to 85% of those least affected
- Only 1% of those in the most affected group had access to rehabilitation compared to 40% in the least affected group.

## The consequences

Twice as many in the most affected group were experiencing increasing pain, lack of mobility, poor sleep and being forced to stop work or study compared to the least affected.

- 64% of those most affected felt that arthritis had put a strain on their finances compared to 25% of those least affected
- 83% of those most affected feared for their future because of their arthritis compared to 48% of those least affected
- 51% of those most affected felt arthritis caused stress in personal relationships with family and friends compared to 20% in those least affected, with similar figures for social isolation and impact on the people around them
- 30% of those most affected had experienced discrimination at work because of their arthritis compared to those least affected
- None of the most affected group who happened to have rheumatoid arthritis, were in remission.

# This survey

In order to 'complete the picture' and to understand GPs' perspective on standard of care for arthritis patients and the factors that contribute to good or bad outcomes in these patients, qualitative and quantitative research was conducted among fairly busy GPs across the nation in a variety of practice types. The qualitative study was performed in focus groups and one on one in-depth interviews and the quantitative research was conducted through a questionnaire to a national sample of 229 GPs, 24% of whom were in rural or regional locations. The survey also asked GPs to recall and discuss the last patient they saw with arthritis.

## **The overall objective of the research was to:**

Explore and measure GP perceptions of the elements associated with high quality of care for patients living with arthritis and the barriers preventing better outcomes for arthritis patients

In meeting this overall objective, the research aimed to uncover:

- GPs' attitudes and approach to the management and treatment of arthritis and their views on the role of different treatments in the continuum of care
- GPs' perceptions of the model of high quality care of arthritis patients and the barriers that exist to such high quality care
- The role of specialists and allied health professionals in the model of high quality care and the factors limiting their role in this model
- GPs' views on the role of patient information and support in delivering high quality care and the current gaps and shortfalls in the information and support currently available.
- The dynamics of the GP-patient relationship

## **The specific aims of the quantitative stage of the research were:**

- To measure the frequency and nature of GP involvement in treating arthritis
- To determine the relative roles and responsibilities of GPs and specialists in the management of osteoarthritis and rheumatoid arthritis
- To gain insight into recent arthritis patient management through an evaluation of the 'last' arthritis patient seen by GPs – including an assessment of the level of satisfaction with their care
- To describe GPs' attitudes towards arthritis management and measure their perceptions of osteoarthritis and rheumatoid arthritis relative to other conditions
- To measure GPs' level of satisfaction with the management of arthritis and to identify the major barriers to improved outcomes for patients
- To calibrate use of management plans, non-drug measures, RACGP Guidelines, MBS Items, practice nurses and awareness and use of Arthritis Australia resources

# Findings

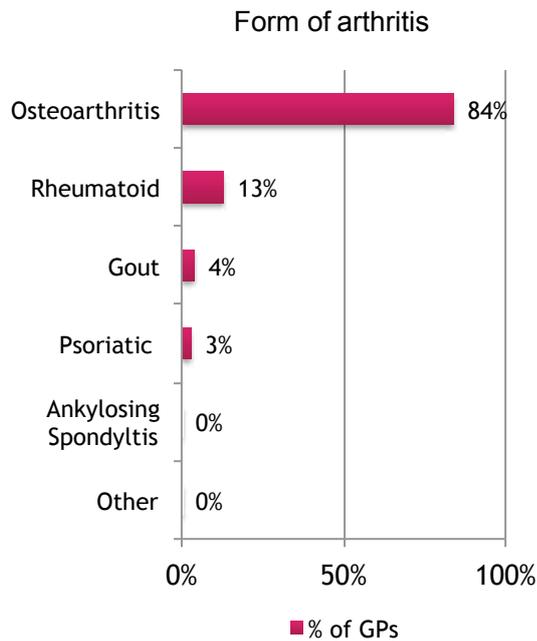
## **Nature and frequency of GP involvement in managing and treating arthritis**

- Osteoarthritis (OA) is the main form of arthritis managed by GPs. Whilst they are also involved in managing rheumatoid arthritis (RA), the average GP has around 260 OA patients in their care compared to around 20 RA patients.
- GPs estimate that during a typical week they would see around 25 OA patients and three RA patients
- The nature of GP involvement also varied significantly between OA and RA with GPs responsible for most decisions in OA. However for RA, specialists make most treatment decisions while GPs play a more significant role in the ongoing monitoring of these patients. More specifically, in OA, GPs claimed they did 90% of the diagnosis, treatment, monitoring and referral for support and ancillary services, while in RA GPs claimed they did about 40% diagnosis, 16% initiation of treatment, 7% changes to treatment, 40% monitoring and 60% of the referrals to ancillary services.

## **The 'last arthritis patient seen' by GPs**

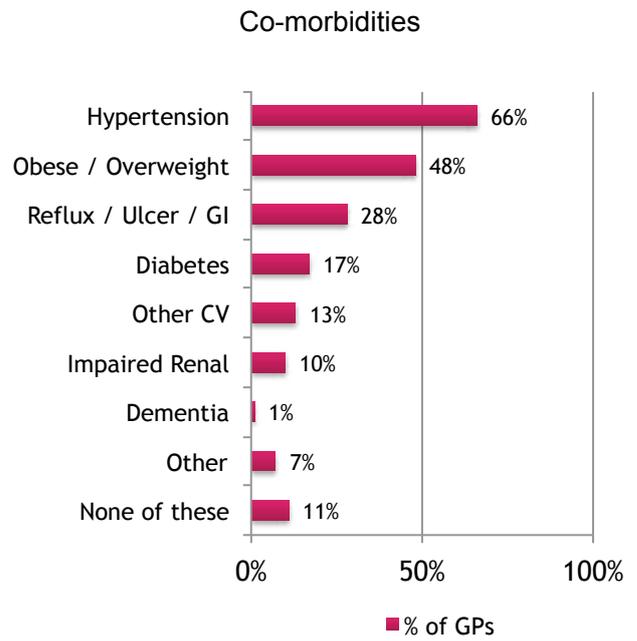
- The vast majority were OA patients (84%)
- Most were previously diagnosed patients
- Most presented with arthritis as the primary reason for their visit to the GP
- Almost all (approximately 9 out of 10) had one or more co-morbidities – and many had more than one co-morbidity
- A large proportion of the GPs rated the patient's arthritis management as 'somewhat', 'not very' or 'not at all' satisfactory – while approximately one third held positive attitudes about how their patient was being managed and treated.

# Last arthritis patient



Base: n = 229 (All GPs)

3.2: What form of arthritis does that patient have?

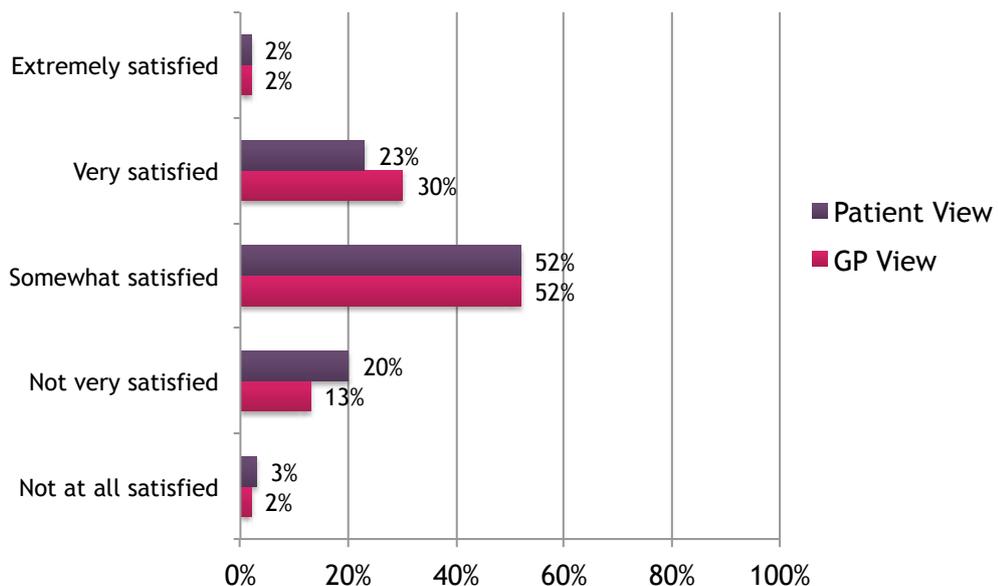


Base: n = 229 (All GPs)

3.3: What co-morbidities – if any – does that patient have?

# Last arthritis patient

## Satisfaction with how arthritis is being managed



Base: n = 229 (All GPs)

3.5: In overall terms, how satisfied are you with how their arthritis is being managed? And how satisfied do you think they are with how their arthritis is being managed?

# Attitudes towards arthritis

When considering GPs' attitudes towards and involvement in the management of arthritis it is probably best to focus on their needs in relation to the management of osteoarthritis as it clearly represents the significant majority of their involvement in managing arthritic conditions generally.

OA can present a significant challenge in some patients and the vast majority of GPs believe that, even when treated, arthritis has a significant impact on patients' quality of life.

OA is (broadly) viewed as a degenerative condition that "can only get worse with age".

OA represents an area of significant unmet medical need. Treatments are limited in usefulness – even though many in number – and subject to significant safety and side-effect issues (with no guarantee of treatment success).

From the GPs' perspective, key issues that appear to impact adversely on treatment satisfaction are:

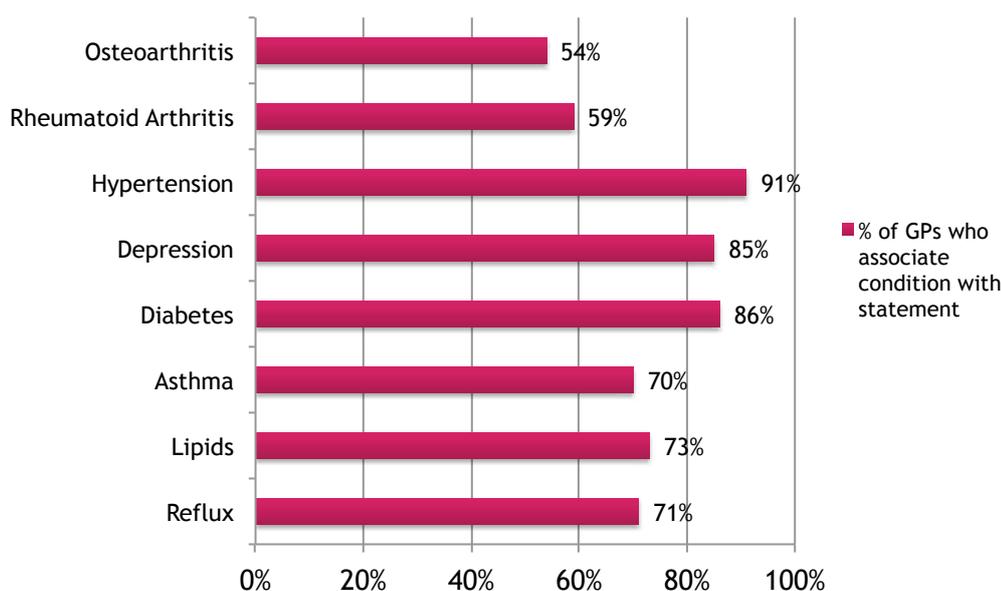
- The lack of effective treatment options – with fewer patients likely to respond very well to treatment compared to most other chronic conditions that present in general practice
- Safety and side-effect issues that limit the value of available treatments in many patients
- Patient expectations regarding drug treatment – with over half of the GP sample of the belief that patients with OA quite commonly have unrealistic expectations of their likely response to drug treatment

- The need for non-drug approaches – but a lack of readily available and cost effective options
- The qualitative research highlighted that OA patients can also be difficult to manage given the common co-morbidities they are diagnosed with and chronic pain as a major presenting symptom. Furthermore, there was also some evidence of potentially negative attitudes towards some patients, some of whom are considered quite demanding and time consuming to manage.
- The chronic nature of the condition, the relatively large patient numbers involved and the potential for some patients to be demanding all appear to be factors likely to contribute to the finding that around one in five GPs considers OA to be an emotionally draining condition to treat
- Given GPs' views on the lack of effective treatment options and the absence of any significant medical advances in recent years that may have improved treatment outcomes – it was not surprising to note that the vast majority of GPs believe that patient self management and lifestyle counselling play a critically important role in achieving successful outcomes in arthritis
- GPs express belief in the usefulness of non-drug measures in the successful management of arthritis. Importantly, a large proportion of GPs indicated they would like to improve their ability to counsel arthritis patients with regards to lifestyle measures to assist their condition.

## Comparison between conditions

### Attitudes towards drug treatment

*"A wide range of products is available to treat this condition"*



Base: n= 229 (All GPs)

5: Please indicate which of the listed conditions you associate with each statement. You may nominate all, some or none of the listed conditions

# Overall success in managing arthritis

- Relatively low levels of satisfaction with how patients were being managed were common and GPs recognised their lack of success with these patients
- GPs estimate that around 20% of OA patients and 24% of RA patients are 'Not at all satisfied' or 'Not very satisfied' with their treatment while 31% of OA and 34% of RA patients are 'Somewhat satisfied' with their treatment
- Similar results were found across most types of GPs e.g. type of practice, gender, year of graduation, location
- In addition, more than three quarters of GPs (76%) believe that OA – even when treated – has a significant impact on patients' quality of life (86% for RA).

"Osteoarthritis is part and parcel of being a GP whether we like it or not"

"It's a 'time consuming' patient group"

"OA isn't just 'chronic' – it requires constant attention"

"We know things can only get worse..."

## Barriers to successful treatment

- From a structured list of potential barriers to the delivery of successful treatment outcomes, GPs rated the following as major barriers:
  - Cost of seeing and access to allied health professionals
  - Cost of seeing and access to specialists
  - Lack of Government support for patients
  - Satisfaction with public sector rehabilitation services
  - Patients adoption of lifestyle modification / non-drug measures
  - Unrealistic patient expectations
  - Availability of effective treatments.

In contrast, GPs generally did not believe access to GPs, cost of seeing a GP and adequacy of GPs knowledge about arthritis treatments to be barriers to successful outcomes.

"There don't seem to have been many treatment advances in recent years. All you hear about are OA drugs being taken off the market or that we shouldn't use them"

"What I want for my OA patients are treatments that work, are well tolerated, and simple to use. Hypertension and asthma are much easier to treat."

"I know that non-drug measures are important – but getting people to exercise and lose weight is hard to do."

## Use of consumer information materials

- It was very evident that GPs did not have significant access to patient support materials and information
- However, it was also evident that GPs did not seem to feel that this inhibited the extent to which they were able to deliver improved treatment outcomes
- Rather – GPs reflected on their own approach to this – some provided patient leaflets, others used Google for searching information on specific topics etc

Support services such as those offered by Arthritis Australia were underutilised, despite most GPs claiming to be aware of the organisation.

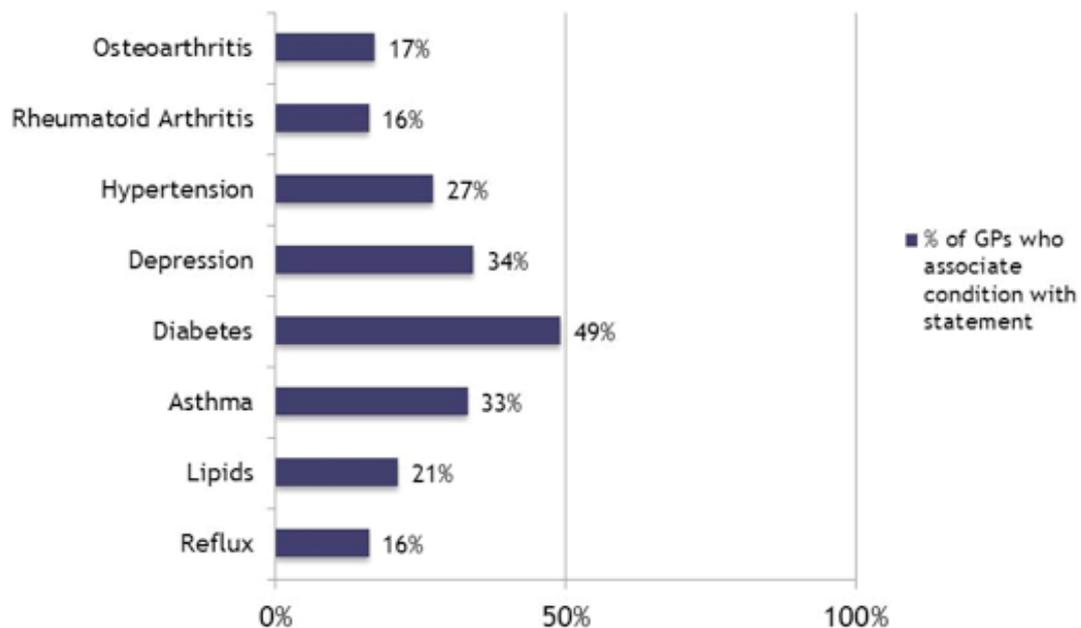
# Awareness of Arthritis Australia services

	Aware of	Have used	Likely to use in future
Arthritis Australia website (www.arthritisaustralia.com.au)	59%	30%	55%
Consumer education / self management programs	32%	19%	50%
Physical activity / healthy lifestyle programs (e.g. warm water exercise, tai chi...)	31%	21%	52%
Arthritis Infoline (1800 011 041 national toll free number)	31%	11%	42%
Consumer support groups/services	29%	17%	39%

## Comparison between conditions

### Attitudes towards support & services

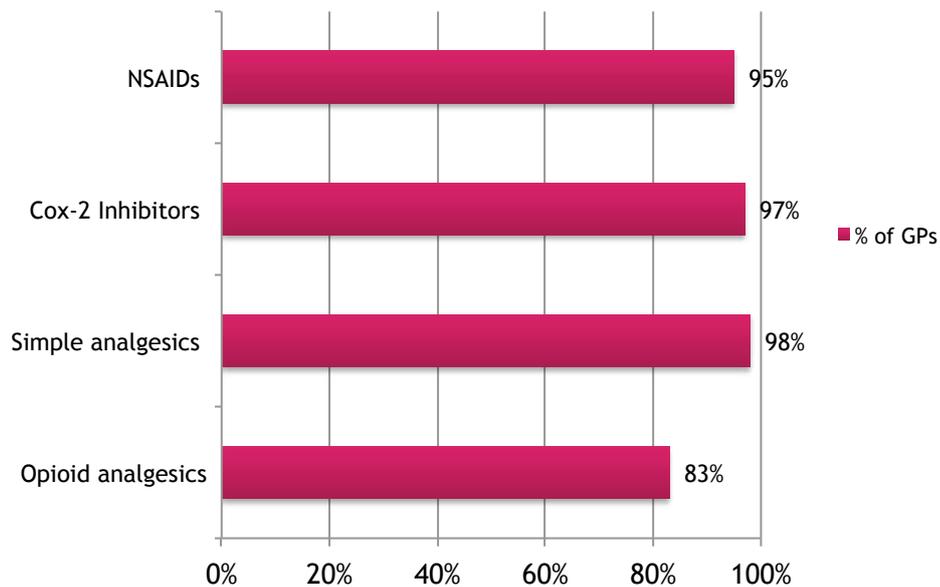
*"Obtains adequate government funding and support"*



Base: n= 229 (All GPs)

5: Please indicate which of the listed conditions you associate with each statement. You may nominate all, some or none of the listed conditions

# Drug treatments used

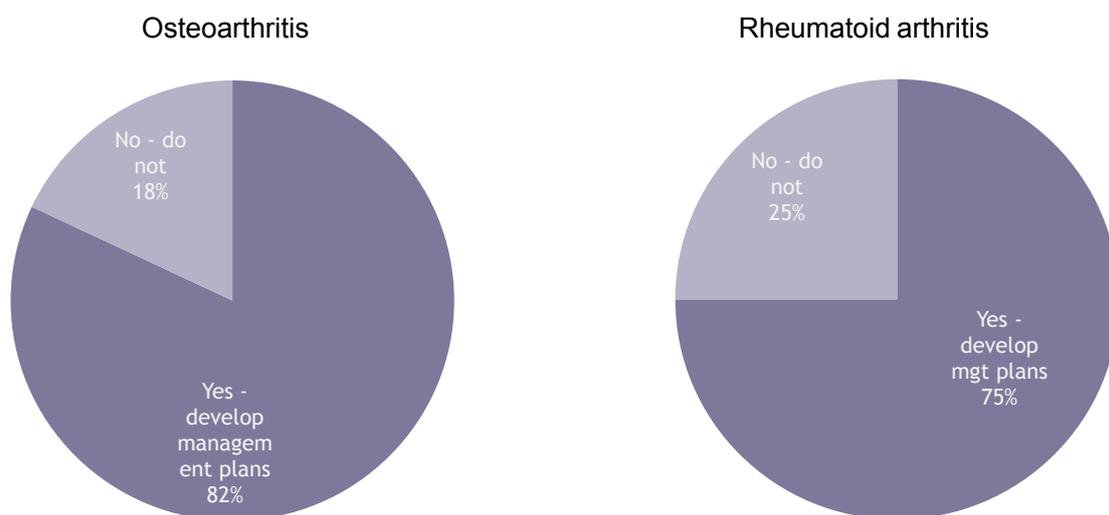


Base: n= 200 (All GPs)

10.2: Which of the following treatments have you personally used for treating osteoarthritis in the last 12 months?

# Management plans

## Extent of use



Estimated that structured management plans are developed for **46%** of OA patients

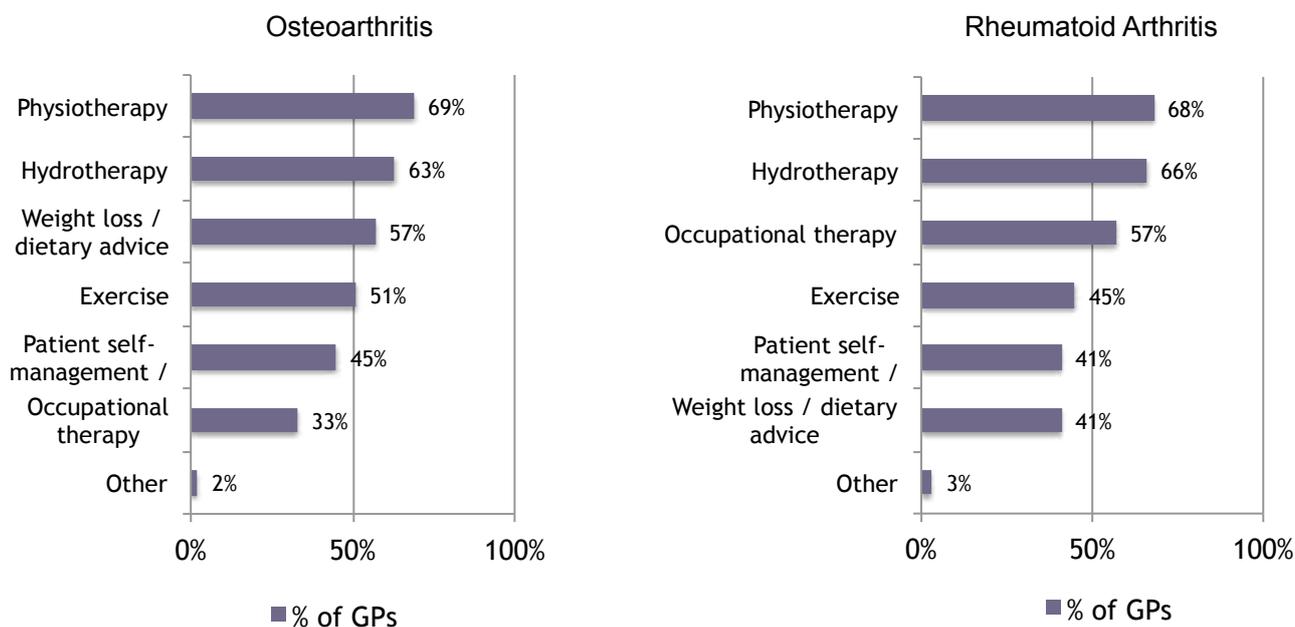
Estimated that structured management plans are developed for **49%** of RA patients

Base: n= 229 (All GPs)

6.1: When managing osteoarthritis and rheumatoid arthritis, do you develop overall management plans for them which may include drug treatment as well as other strategies such as exercise , weight loss, stress management etc?

6.2: And for approximately what percentage of your osteoarthritis and rheumatoid arthritis patients would you actively develop a relatively structured management plan (rather than just general advice about drug and non-drug approaches treatment)?

## Non-drug measures - desired



Base: n = 229 (All GPs)

6.6: Which of the following – if any – would you like to be able to access more readily when treating osteoarthritis and rheumatoid arthritis patients?

## GP sources of information

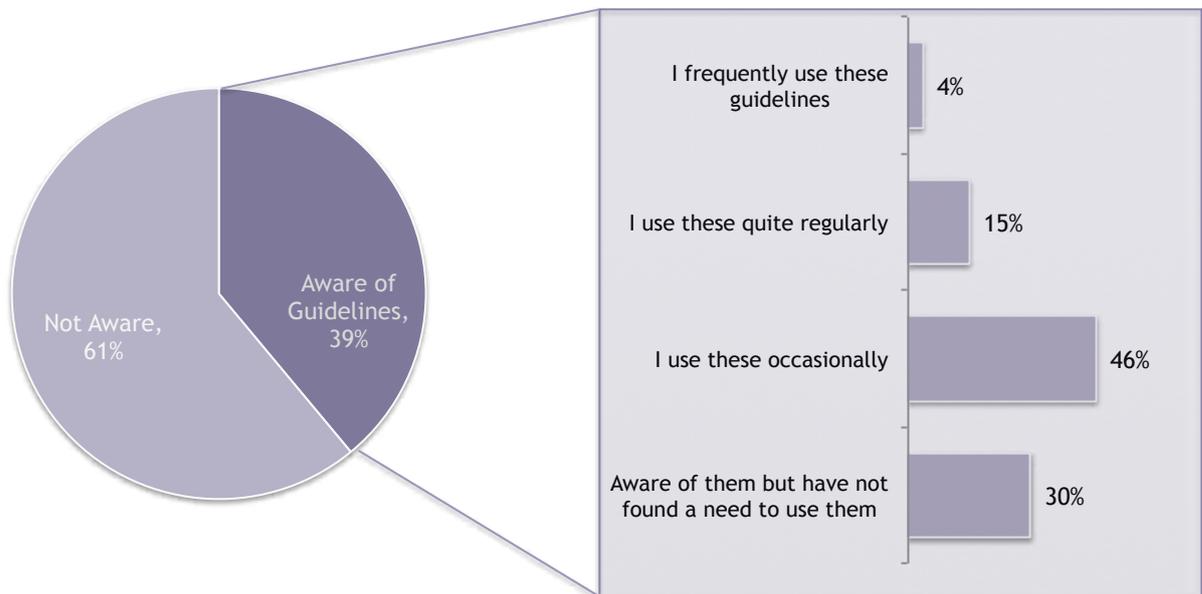
	Osteoarthritis	Rheumatoid Arthritis
Medical newspapers	70%	67%
Clinical journals	69%	69%
Pharmaceutical company representatives	69%	47%
Discussion with/information from relevant medical specialists	45%	53%
Discussion with/information from other GPs	40%	65%
Brochures or other material left by company representatives	38%	25%
Non pharmaceutical company conferences and events (including RACGP, AMA and ADGP)	36%	28%
Discussion with/information from patients	29%	19%
Online CPD programs e.g. MD Briefcase, Think GP	27%	22%
Pharmaceutical company direct mail (electronic/print)	21%	39%
Pharmaceutical company web sites	18%	5%
Non pharmaceutical company CPD programs (including RACGP, AMA and ADGP)	16%	13%
Online information sites for patients	16%	7%
Pharmaceutical company audio CD/tapes	9%	7%
Non pharmaceutical company web sites	7%	7%

Base: n = 229  
(All GPs)

11.1: From which of the following information sources have you accessed information on the treatment of osteoarthritis and rheumatoid arthritis during the last 12 months?

There also appeared to be poor utilisation of the RACGP musculoskeletal clinical guidelines for GPs.

## RACGP guidelines



Base: n= 229 (All GPs)

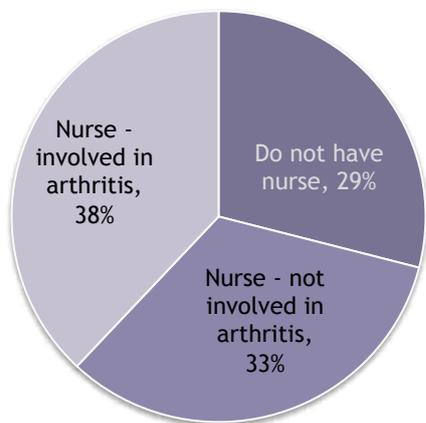
11.4: The RACGP has developed national musculoskeletal clinical guidelines for general practitioners and other primary care health professionals for osteoarthritis, rheumatoid arthritis, juvenile idiopathic arthritis and osteoporosis. Before today were you aware of these guidelines?

11.5: Which of the following statements best reflects your use of the RACGP musculoskeletal guidelines in your day to day practice?

And when it came to the model of care they used in their practices, and given the acknowledgement of the importance of non-drug measures, the practice nurse appeared to be under used as a resource:

## Practice nurse

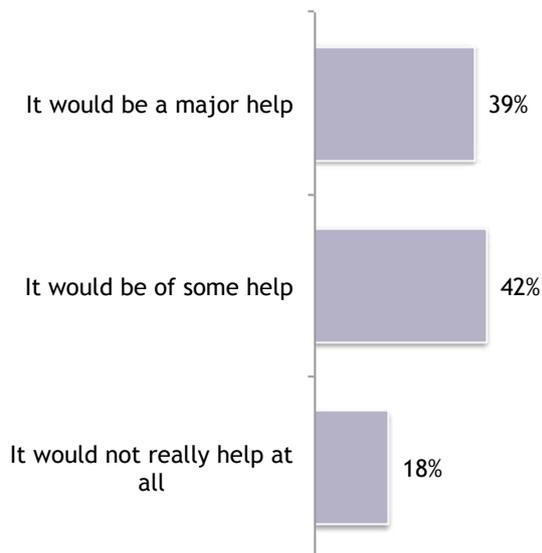
Role of practice nurse



Base: n= 229 (All GPs)

12.1: Do you currently have a practice nurse supporting your practice?  
 12.2: And does that practice nurse assist with the care of arthritis patients?

Appeal of MBS Item for nurse help

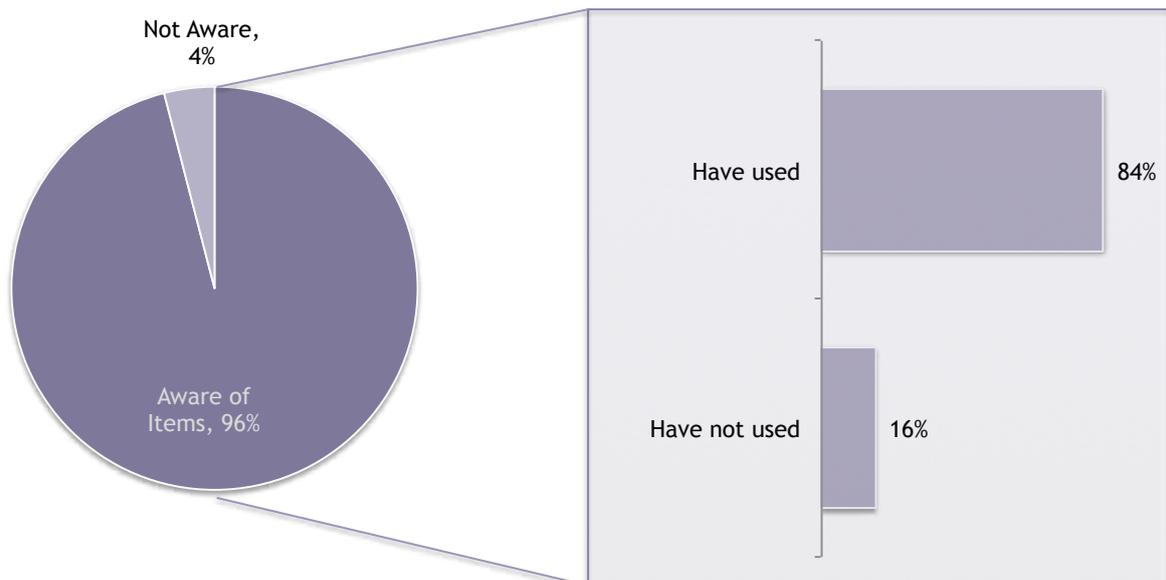


Base: n= 229 (All GPs)

12.3: To what extent would the introduction of a MBS item for arthritis and musculoskeletal conditions management by a practice nurse help in delivering educational and case management services for patients with arthritis and related conditions?

There was high utilisation of chronic disease MBS items – although it was evident in the qualitative research that GPs did not consider these adequate to address the needs of many arthritis patients:

## Chronic Disease Management MBS Items



Base: n= 229 (All GPs)

12.4: Were you aware of these item numbers before today?  
 12.5: And have you ever used these item numbers for your arthritis patients?

# Funding

This project has been funded by an untied grant from The Medicines Australia Community Chest (MACC). MACC represents a strategic collaboration between Arthritis Australia and the participating Medicines Australia member companies.

By bringing together members of leading pharmaceutical companies, the MACC supports projects aimed at improving the health outcomes of Australians through evidence-based management of arthritis.

Since its inception in 2006, MACC initiatives have included:

- The Voice of Arthritis (social impact study 2011)
- Development of 10 Steps for Living Well with Arthritis booklet
- Painful Realities: The economic impact of arthritis in Australia (Access Economics study 2007)
- Arthritis: The Bottom Line (Access Economics study 2005)
- The Voice of Arthritis (social impact study 2004)

## **The Voice of General Practitioners on Arthritis survey:**

METIS Healthcare Research

## **Research analysis and reporting:**

GSB Consulting & Communications Pty Ltd

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