Osteoarthritis of the knee clinical care standard indicators: 3-Proportion of patients newly diagnosed with knee osteoarthritis who have an individualised self-management plan

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# Osteoarthritis of the knee clinical care standard indicators: 3-Proportion of patients newly diagnosed with knee osteoarthritis who have an individualised self-management plan

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| Identifying and definitional attributes |
| Metadata item type: | Indicator |
| Indicator type: | Indicator |
| Short name: | Indicator 3-Proportion of patients newly diagnosed with knee osteoarthritis who have an individualised self-management plan |
| METEOR identifier: | 644285 |
| Registration status: | [Health!](https://meteor-uat.aihw.gov.au/RegistrationAuthority/14), Standard 02/08/2017 |
| Description: | Proportion of patients newly diagnosed with knee [**osteoarthritis**](https://meteor-uat.aihw.gov.au/content/644538) who have an individualised self-management plan. |
| Rationale: | Self-management of osteoarthritis can improve patient outcomes, including better pain control and better physical function (Hurley et al. 2012; Ravaud et al. 2009). |
| Indicator set: | [Clinical care standard indicators: osteoarthritis of the knee](https://meteor-uat.aihw.gov.au/content/644256)[Health!](https://meteor-uat.aihw.gov.au/RegistrationAuthority/14), Standard 02/08/2017 |

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| Collection and usage attributes |
| Population group age from: | 45 years |
| Computation description: | Both the numerator and denominator include patients newly diagnosed with knee osteoarthritis. ‘Newly diagnosed’ means the patient was diagnosed or referred with knee osteoarthritis in the last three months.For the numerator, an ‘individualised self-management’ plan is a mutually agreed plan between the patient and the clinician that reflects the patient’s preferences, and includes agreed decisions for care. The plan should contain information about the nature and progression of the patient’s condition (i.e. considering their knee osteoarthritis and any comorbidities), treatment goals, exercises specific to their condition, pacing activities, management of painful episodes, management of medicines, strategies for protecting knee joints, the need to maintain a healthy weight and/or weight loss guidance, and where to find further information and support groups.Both the numerator and the denominator exclude patients who have been clinically assessed as being unable to self-manage their condition (e.g. cognitively impaired patients).Presented as a percentage. |
| Computation: | (Numerator ÷ denominator) x 100 |
| Numerator: | Number of patients newly diagnosed with knee osteoarthritis who have an individualised self-management plan. |
| Denominator: | Number of patients newly diagnosed with knee osteoarthritis. |
| Comments: | This indicator has been adapted from the *Osteoarthritis chronic care program model of care* (ACI 2012). |
| Representational attributes |
| Representation class: | Percentage |
| Data type: | Real |
| Unit of measure: | Service event |
| Format: | N[NN] |
| Accountability attributes |
| Other issues caveats: | Applicable setting: all healthcare settings where care is provided to patients with knee osteoarthritis, including primary care, specialist care, hospitals and community settings. |
| Source and reference attributes |
| Submitting organisation: | Australian Commission on Safety and Quality in Health Care |
| Reference documents: | ACI (Agency for Clinical Innovation) 2012. Osteoarthritis Chronic Care Program Model of Care. Sydney: ACI.Hurley MV, Walsh NE, Mitchell H, Nicholas J & Patel A. 2012. Long-term outcomes and costs of an integrated rehabilitation program for chronic knee pain: a pragmatic, cluster randomized, controlled trial. Arthritis Care Research 64(2): 238-247.Ravaud P et al. 2009. ARTIST (osteoarthritis intervention standardized) study of standardised consultation versus usual care for patients with osteoarthritis of the knee in primary care in France: pragmatic randomised controlled trial. BMJ 338: b421. |