PARTNER
Optimising primary care management of knee osteoarthritis

The PARTNER Study CARE SUPPORT TEAM for Knee Osteoarthritis

The PARTNER study is a multi-site NHMRC funded study that aims to evaluate the effectiveness of a model of service to deliver evidence-based treatment for people with knee osteoarthritis in primary care.

In the new model, patients who are diagnosed by GPs with knee osteoarthritis are provided optimal primary care management by a centralised, multi-disciplinary service providing patient-centred management remotely (predominantly via telephone).

We are currently seeking suitable allied health clinicians to be this CARE SUPPORT TEAM for the life of the study.
We require:

- ✓ *People with clinical backgrounds and an interest in supporting chronic disease self-management through improving patient health literacy and facilitating health behaviour change. Experience in exercise, weight loss, pain management and/or health coaching preferred.*
- ✓ *People who are comfortable with working casual hours that will vary week to week. It is hard to predict the exact workload but we expect it to vary between zero and eight hours in a week (although we will consider applicants who can only work up to a maximum of 4 hours per week).*
- ✓ *People who are comfortable with remote delivery of care (predominantly telephone-based) and can work from home (you will be provided with a phone to make the calls).*
- ✓ *People who are comfortable with following research protocols. Lots of training and support will be provided but in a research study there is not the flexibility you normally get as an autonomous clinician. There are frameworks to guide what and how treatment is delivered.*
- ✓ *People who have good organisation skills and attention to detail. It is essential for the success of the project that records are kept correctly and study procedures are followed.*

Further information

We require health professionals with an interest in health coaching and behavioural change to work on the project (the PARTNER study), which is designed to improve the long-term health of people with knee osteoarthritis. These clinicians will become the 'Knee Osteoarthritis Care Support Team' and provide our remotely-delivered, patient-centred holistic intervention focussing on lifestyle treatments. Here are some of the features of the positions:

- You would be conducting assessment and treatment consultations and follow-up activities with our participants. Some of the calls are likely to occur outside of normal working hours.
- You would be trained in health coaching with the HealthChange Australia™ methodology (3 full days + practice sessions), and knee osteoarthritis management and the study procedures (1 day). You would be expected to do some practice between training and starting with patients.
- You would be provided with scripts, decision tools and other resource materials to assist.

- You would need to commit to the project from July 2017 through to the end of 2018 and we would hope you would continue to provide the service until the final patient has completed the intervention which is expected to be some time during 2019. July – September 2017 is for training, patient recruitment is expected to start in October 2017 and will go until end of 2018.
- We estimate you would be responsible for making an average of 5 telephone calls per week although in any given week the number could vary between zero and 12 (estimation). Our research staff will work closely with you to ensure your workload suits your needs and other commitments.
- The duration of calls should range between 10-70 mins. We will know a bit more about what to expect after the pilot phase of the trial which will run from June – September 2017.
- Since it is part of a research project you would need to be committed to delivering the care for patients as per the intervention protocol and diligently fulfilling the other requirements of the trial.
- Your adherence to the intervention protocol would need to be monitored via documentation and fidelity checks by audio recording your calls. But don't be put off by this, as many others have been through something similar and generally they do a great job and do not feel intimidated by the fidelity checking.
- As part of the intervention you would have an important role in coordinating the care of each patient for up to 12 months, including communicating with their GP, and be allocated 30 - 60 patients over the course of the study (depending on how many people we recruit and train).
- You would be contracted as a casual employee to the University of Sydney and paid an hourly rate.
- There would be regular meetings for the whole care support team staff to ensure you feel supported and part of a team.
- You would be expected to provide some cover for each other for leave etc.

If you are interested in becoming part of the PARTNER Care Support Team, and/or would like further details, please get in touch with either:
Thorlene at University of Melbourne (in person, by phone 03 8344 1233, or by email thorlene.egerton@unimelb.edu.au), or,
Jocelyn at University of Sydney (in person, by phone 02 9463 1898, or by email Jocelyn.bowden@sydney.edu.au)

Selection Criteria

1. **Essential**

- Health-related qualification with at least 2 years of clinical experience and current Australian registration
- An interest in health promotion or health behaviour change
- Ability to commit to the project at least until December 2018
- Ability to commit to all the training
- Ability to adhere to a study protocol
- High level of written and oral communication skills including confidence with communicating via telephone

- Reliability, attention to detail and commitment to providing a high quality service
- Discretion, consideration to privacy, confidentiality and ethics

2. Desirable

- Prior experience with, or interest in, exercise and physical activity or weight loss
- Prior experience with, or interest in, evidence-based practice and research
- Prior experience with, or interest in, the treatment and management of osteoarthritis or chronic pain

How to apply

Send your CV (maximum 2 pages) and a cover letter (briefly addressing the selection criteria, your ability to commit to the project, and your availability including preferred times/'opening hours' and maximum hours/week) to Thorlene Egerton via email (thorlene.egerton@unimelb.edu.au).

Closing date for applications **Thursday June 8, 2017, 5.00pm.**

Specific tasks and requirements

Training and skills development requirements

You must be able to attend ALL the following training and undertake appropriate skills development:

1. Attend 2-day HCA workshop in Sydney on June 29-30, 2017 (course fees and travel will be paid).
2. Revise and reflect on the HCA methodology in the following 3-month training period, before the trial starts. This includes self-directed informal practice.
3. Participate in 8 formal practice sessions with chronic knee pain patients. You will be allocated 4 unique patients and you will need to call them all twice. The two calls should be roughly two weeks apart. You will need to document the treatment using the specially developed treatment recording forms and will complete a self-audit tool for each call. You will need to audio record all 8 calls and at least two of these will be assessed by a HCA facilitator. You will be given individual feedback on your performance.
4. Attend the final 1-day workshop in Melbourne on 20 September, 2017 (course fees and travel will be paid).
5. Complete training in evidence-based OA treatment which will include pre-reading of online material followed by a 1-hour webinar to discuss the content of the reading and implications for care delivery via the CST. This will be conducted wholly online.
6. Complete training in the PARTNER project procedures (approx. 2 hours), again delivered wholly online, in your own time and at your own pace.

Contact with Patients referred to the CST

You will be responsible for contacting your allocated patients at a mutually agreed time and adhering to the study protocol. Whilst there is some choice within the protocol for you to discuss issues that you think are appropriate for the participant, you will be required to prioritise exercise, physical activity weight loss and pain management interventions. This is important to allow replication of the treatment protocol and to ensure the 'active ingredients' in our study rationale are delivered. Treatment calls conducted for the trial will be audio-recorded for training and evaluation purposes.

1. **Introductory Phone Call (5 minutes):**

    - Receive the referral from the patient's GP
    - Phone the patient and confirm their contact details
    - Give a general introduction to the role of the Care Support Team, its roles and responsibilities, and your 'opening hours' (the hours you are available to provide the support service).
    - Arrange a mutually convenient time for a first telephone counselling call
    - Send out the Introduction letter and general OA consumer information.

2. **First consultation phone call (45-60 minutes)**: The CST member allocated to the patient will:

    - Prior to the call, revise baseline assessment data (provided by the Site Coordinator) and 'pre-consultation survey' data if available.

    - Ring the patient to undertake further assessment and commence education on knee OA (understanding of OA processes and progression, chronic pain mechanisms, impact of OA on whole person and evidence-based recommendations for management).

    - Explore outcome goals with the patient, discuss intervention options and behaviours to target. Discuss what aspects related to their OA can be modified or controlled, e.g. BMI, strength, physical activity etc, including:
        - Any issues that the patient feels are most important for them to address
        - The issues that the patient feels most confident in addressing

    - Verbally undertake the *ESSA exercise screening tool*.
    - Discuss prioritising the study's core interventions; muscle strengthening exercises, general physical activity and weight loss (if BMI ≥27), medication review, other pain management options and OA education.

    - Determine if the patient is eligible for, and wishes to undertake the HWFL program. If yes, refer the patient to the HWFL stream for the next 18 weeks of the intervention. Patient must have a BMI ≥27 to be eligible.

    - If the patient does not meet the HWFL criteria, or are not willing to undertake the HWFL program, you will continue their management which may or may not include support for losing weight.

    - Identify and prioritise any second line treatments that may need addressing (e.g. mood, sleep, work productivity) and suggest appropriate management options as per the protocol.

- Agree on patient priorities and complete the *Agreed Action Plan* that the patient will follow during the trial. The Agreed Action Plan can be revised as needed. Summarise the priority activities and the patient expectations for undertaking that activity.

- Agree and arrange follow-up contact with either HWFL or yourself as required.

- Prepare a preliminary report to the patient's GP on the patient's plans and agreed actions.

3. Intervention phase (approximately 18-weeks, 1-11 calls, 10-30mins, recommend contact with patient is approximately every 2 weeks):

- Support patients not referred to HWFL to undertake their priority actions. Revise goals and activities if necessary.

- Ongoing patient education

- Assist patients with enrolling in, and completing third party activities such as online depression or pain coping skills training if needed.

- Hopefully transition the patient to a maintenance phase and prepare a 2nd report to the patient's GP on their progress.

4. Maintenance period (approximately 26 weeks, 1-4 calls, 10-30 mins, recommend contact with patients approximately every 4-6 weeks):

- Continue to support patients not referred to HWFL until their 12-month anniversary. Further encourage patient to self-manage their condition, including maintaining a healthy weight, and maintaining their strengthening and physical activity programs, and secondary treatments. Revise goals and activities if necessary.
- Support patients referred back from HWFL until their 12-month anniversary. Revise goals and activities with them if necessary.

- Priorities for this phase include:
    - Identify any unaddressed or new problems.
    - Check for changes to goals, target behaviours, interventions or adherence strategies (discussion of barriers).

- Prepare 3rd report to the patient's GP on their progress and any ongoing issues for the GP to manage.

5. Administrative tasks:

- You will be responsible for the timely completion of an action plan and treatment notes for each telephone call/contact on forms that we will provide. You will be required to upload the audio recordings to our management system on completion of the phone calls.

- Send information to patient if required.

- You will be responsible for the timely reporting of any problems or breaches of the study protocol to the trial co-ordinator. It is essential you inform the study trial co-ordinator within 24 hours if the participant cancels, fails to answer or reschedules their telephone call. A system needs to be in place to ensure that all participants who fail to attend the call or cancel are identified and brought to the attention of the trial co-ordinator.

- Participation in study meetings as required (these can be done via skype or teleconference).

- You will let the trial coordinator know of any periods of planned or unplanned absence so that arrangements can be made for calling any new patients.

Important considerations

- The training that you undertake will need to be implemented for a period of 8-12 weeks before you beginning the trial. It is imperative that you allow time to practice the skills with the pilot patients, and any of your own appropriate patients, in order to be able to deliver the intervention effectively.

- Accurate and timely record keeping, including procedures for communication with the research team, is important for the success of the program and integrity of the study.

- Providing a health coaching interview for the purpose of research means following set procedures and completing required paperwork. You do not have the same autonomy and ability to add additional treatment options that you normally do in clinical practice. You need to be comfortable with this aspect of your involvement. You will, however, gain research experience, learn more about health behaviour change, be contributing to our knowledge about optimal management for people with knee osteoarthritis, and more broadly be contributing to the evidence base for osteoarthritis management.