



Guideline for the management of knee and hip osteoarthritis

Communication, implementation and dissemination plan



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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.



RACGP

Royal Australian College of General Practitioners

*Guideline for the
management of knee
and hip osteoarthritis*

**Communication, implementation
and dissemination plan**

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Situation analysis

Osteoarthritis (OA) is a leading cause of pain and disability affecting nearly two million Australians. It has been projected the number of people with this musculoskeletal condition will increase by 58% by 2032.¹ OA is the eleventh-highest contributor to global disability² and the eighth-most-managed problem by Australian general practitioners (GPs).³ Health expenditure on OA in Australia was \$3.75 billion in 2012.¹ With increasing age and obesity in the population, demand for OA health services will also increase.

Recent guidelines emphasise non-surgical, non-drug treatment as core OA management,⁴ in particular, providing education/advice and recommending exercise and weight loss. However, current clinical practice does not reflect the existing core recommendations for management of OA.⁵ In Australia, 57% of people with OA were not receiving appropriate care.³ Data from the Australian Bettering the Evaluation and Care of Health (BEACH) program have shown that for patients with OA in GP consultations, rates of drug prescription were three times higher than rates of referral for lifestyle management, and more referrals went to orthopaedic surgeons (68%) than to physiotherapists (18%).⁶

Such divergence from best practice care is significant, as inadequate access to information about OA, poor perceived quality of care and poor perceived GP knowledge about treatment options are associated with worse patient outcomes.⁷

Objective

The *Guideline for the management of knee and hip osteoarthritis* (OA guideline) is primarily intended for use by GPs in primary care settings in metropolitan, regional, rural and remote areas of Australia. It is also applicable to other settings in which patients with OA may be treated, including physiotherapy and specialist rheumatologist and orthopaedic practices.

The OA guideline can also be used as a reference for healthcare professionals managing patients waiting for joint replacement surgery when multidisciplinary management of these patients is required.

Aim of the communication, implementation and dissemination plan

The aim of this communication, implementation and dissemination plan is to map activities to be undertaken by The Royal Australian College of General Practitioners (RACGP) in partnership with key stakeholders during the development, launch and promotion of the guideline.

This document:

- identifies the key stakeholders for engagement
- defines the communication activities at different stages of the project
- defines the measures of success.

Project planning and development stage:

1. Build awareness of project development
2. Engage identified stakeholders through consultation and review

Guideline launch stage:

3. Promote awareness of guideline availability and key recommendations

Guideline dissemination and implementation stage:

4. Increase awareness of guideline availability to all stakeholders
5. Increase awareness of key recommendations to RACGP members
6. Encourage uptake of key recommendations by RACGP members

What is known

With or without a clinical practice guideline, it is well known that change in effective practice is often slow and inconsistent.⁸

An Australian study into Australian GP attitudes to guidelines highlighted some key challenges and implications for translating OA care into practice.

The study found:⁹

- shorter clinical practice guideline formats were preferred – for example, summaries of 2–3 pages, flow charts, algorithms and single-page checklists
- accessibility is important and electronic formats were popular
- most GPs were unaware of the RACGP's existing OA guideline
- awareness and uptake of guidelines can be improved through active educational interventions such as workshops for GPs and other healthcare providers.

The study suggested guidelines should include sections that address the impact of multiple comorbidities on management recommendations. As OA is commonly associated with comorbidities, providing guidance, for example, to reduce the risk of polypharmacy would be helpful for GPs.

Key opportunities

There are several key opportunities to promote the guideline at launch and during the proposed 12-month implementation phase.

Media interest from consultation

The draft OA guideline was released for consultation in November 2017, and was consequently reported on by medical and mainstream media outlets, including Nine News Sydney, *Australian Doctor*, *6minutes*, *Pharmacy News*, Medibank Private and Occupational Therapy Australia.

This indicates a high level of interest in the guideline in the media and in the general public, and provides an opportunity for the RACGP communications and media team to liaise with these media outlets to ascertain interest in running follow-up stories to cover the official release of the guideline.

Timeline: At launch

Existing relationships with stakeholders

The RACGP has existing relationships with stakeholders who will be able to assist in the promotion and implementation of the guideline by providing education and training. These stakeholders include Medibank Better Health Foundation and NPS MedicineWise.

Timeline: At launch/during 12-month implementation phase

Ageing population

Given Australia's ageing population, there is an increased level of interest from GPs and other health practitioners for guidelines on conditions commonly seen in this particular patient cohort, including OA.

Timeline: At launch/during 12-month implementation phase/ongoing

Integration of recommendations into existing RACGP resources

The RACGP has existing resources relevant to OA management. These include the *Handbook of non-drug interventions* (HANDI) and the *gplearning* OA education module. There is also an opportunity to integrate the recommendations into RACGP resources currently under review, including *Medical care of older persons in residential aged care facilities* (Silver Book). In addition, relevant recommendations can be integrated into the RACGP *Guidelines for preventive activities in general practice* (Red Book) when this is updated.

The RACGP project team will also encourage integration of the recommendations into RACGP education, the RACGP curriculum and RACGP submissions, where appropriate.

A number of existing resources (external to the RACGP) are also used to facilitate evidence-based care. These include:

- *Victorian model of care for osteoporosis of the hip and knee*
- New South Wales Osteoarthritis Chronic Care Program
- *Osteoarthritis of the knee clinical care standard*
- Arthritis Australia *MyJointPain*
- health pathways through Primary Health Networks (PHNs) and Painaustralia
- NPS MedicineWise education program on OA.

Consumer information resources and services are also offered by Arthritis Australia, MOVE muscle, bone & joint health, and painHEALTH.

Timeline: Ongoing

Existing health promotion days

Throughout 2018 and 2019, there are a number of national and international health promotion days and weeks that can be used to promote the guideline via marketing and social media. A list of identified days and weeks is listed in Appendix 1.

Timeline: During 12-month implementation phase

Addressing challenges

The project team has identified key challenges to be addressed in undertaking an implementation plan.

Ensuring delivery of key messages across a range of audience communication channels

- **Plan key messages ahead of time** – meet with RACGP media staff to ensure key messages are planned, drafted and agreed upon prior to launch.
- **Brief internal teams and departments** – brief internal teams (Communications, Publications, Education, Member Services, RACGP faculties, Advocacy and Funding) prior to launch to ensure consistent messaging.
- **Provide pre-drafted content, linking back to the RACGP website** – provide drafted newsletter content to external organisations with a link back to the RACGP website to ensure consistency of message.
- **Provide a summary of recommendations** – a summary of recommendations and the treatment algorithm is provided at the beginning of the guideline for easy access.

Resourcing and budget limitations

- **Seek external opportunities** – seek opportunities with RACGP state faculties, Primary Health Networks (PHNs) and external stakeholders (NPS MedicineWise, Medibank Better Health Foundation) to run education sessions (dependent on funding).

- **National Health and Medical Research Council (NHMRC) approval** – promotion through NHMRC approval (if successful).
- **Marketing opportunities** – use distress marketing where possible, in addition to budgeted promotion activities.

Target audience

Guideline launch and promotion

The guideline will be promoted and disseminated to RACGP members, and to targeted internal and external stakeholders. A detailed draft action plan for promotion and dissemination, and outcomes or measures of success, is presented in Table 1.

A list of stakeholders to be notified of the launch by the RACGP project team is listed in Appendix 2. These include:

- GPs and their teams
- PHNs
- other primary healthcare organisations and healthcare providers
- medical and health media and mainstream media outlets
- research and academic groups/organisations
- consumer organisations
- NHMRC
- external project sponsor
- other relevant stakeholders and medical colleges in Australia and internationally.

Key messages

The following key messages will help the RACGP project and media teams form the content of media releases, news articles and other promotional material.

Why we need this guide

OA is placing an increasing health burden on individuals, societies and healthcare systems. As the population continues to age, it is expected that OA will only increase in prevalence. For someone with OA, their GP is often the first point of contact with the healthcare system. Therefore, this guideline has been revised and is targeted primarily at Australian GPs in primary care settings in metropolitan, regional, rural and remote areas of Australia. This guideline can also be used by other healthcare professionals.

Robust and trustworthy, produced to the highest evidence-based standards

The Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach was used in developing the recommendations in the guideline. GRADE considers the quality of evidence, balance between benefits and harms, values, preferences and resources used, and other relevant considerations. This is a rigorous and thorough process, and the recommendations are made according to the strength of the above considerations.

A practical, usable, well-presented resource for GPs and their teams

This guideline includes a summary of recommendations and algorithms for the assessment and diagnosis of knee and hip OA. The guideline itself is presented in a format that is easy to navigate, clear and concise.

Accessible and available in several formats

At launch, this guideline will be available in a searchable and interactive format as well as a downloadable PDF.

Provides new recommendations based on current evidence

This update of the 2009 RACGP *Guideline for the non-surgical management of hip and knee osteoarthritis*:

- incorporates a review of the evidence of the safety and efficacy of new therapies for the management of hip and knee OA
- revisits established therapies in light of more recent evidence.

Supports a core component of general practice activity

The 2014–15 National Health Survey shows that 2.1 million Australians (9% of the population) at all ages have OA.¹⁰ For those aged >55 years, the prevalence of OA increases to >60%.¹⁰ For someone with OA, their GP is often the first point of contact with the healthcare system.

Who should refer to the guideline?

Key audience:

- GPs
- general practice teams and primary health professionals
- PHNs.

Other audiences:

- academic researchers
- other relevant health professionals.

What are the key recommendations?

Key recommendations will be highlighted as part of the launch and promotion strategy.

Recommended interventions

The OA guideline presents **strong recommendations for** the following interventions for knee and hip OA:

- land-based exercise
- weight management.

These recommendations can be inexpensive, less invasive, take many forms and be delivered in a group setting or individually.

Non-recommended treatments

The OA guideline presents **strong recommendations against** the following interventions for knee and/or hip OA:

- oral and transdermal opioids
- doxycycline
- strontium ranelate
- interleukin-1 (IL-1)
- fibroblast growth factor (FGF)
- viscosupplementation injection
- stem cell therapy
- arthroscopic lavage and debridement, meniscectomy and cartilage repair (knee).

These treatments can be invasive and can have both short-term and long-term effects, including medication dependence and misuse. The success of these recommendations can be measured by data received about Medicare Benefits Schedule (MBS) items and Medicare.

Key activities

The key activities to be undertaken as part of this implementation plan are outlined below. These activities address the format and accessibility of the guideline; education and learning opportunities; and building awareness and encouraging uptake of the key recommendations.

Pre-launch

- **Undertake planning with the RACGP Communications and Publications teams**
 - Plan key messages ahead of time to ensure consistency.
 - Develop a media plan (coverage, health promotion days, news articles).
 - Brief communications and media staff on potentially contentious recommendations.
 - Film video content at launch to be used by the Communications and Publications teams on *newsGP* and social media.
- **Brief internal RACGP teams and departments**
 - Advise internal teams (Communications, Publications, Education, Member Services, RACGP faculties, Marketing, Advocacy and Funding) of the launch to ensure consistent messaging.
- **Seek NHMRC approval of the guideline**

Launch

- **RACGP web team**
 - Launch the guideline on the RACGP website in interactive and PDF formats with summary resources and algorithm.
- **RACGP project team**
 - Contact stakeholders to inform of launch and encourage dissemination within their networks. Provide pre-drafted content linking back to the RACGP guideline to ensure consistent messaging.
 - Notify RACGP representatives of the guideline launch to be communicated within their networks and committees.
- **RACGP Communications and Publications teams**
 - Send out a media release, write an article in *newsGP* and promote via social media channels with agreed content and pre-filmed videos.
 - Contact media outlets that previously covered the OA consultation for follow-up stories.

Twelve-month implementation phase

- **Development and delivery of RACGP education**
 - Seek opportunities for the development of education via RACGP *gplearning*. Quality Improvement and Continuing Professional Development (QI&CPD) points will be available for GPs; the course will be available on an ongoing basis at times convenient for GPs to complete.
 - Develop and deliver a webinar.
 - Develop a *check* activity.

- **Development and delivery of external education**
 - Contact external stakeholders to ascertain educational opportunities. This education will be available for GPs, as well as practice staff and other relevant health professionals who treat patients with OA. These opportunities will be sought with external stakeholders including PHNs, NPS MedicineWise and Medibank Better Health Foundation.
- **Ongoing promotional activities**
 - Activities include relevant conferences (particularly the RACGP GP18 conference), presentations, an insert summary of recommendations, marketing and distress marketing.
 - Working group members will be encouraged to promote and disseminate the guideline within their networks and at conferences.
- **The development of consumer resources**
 - Dependent on securing funding, develop consumer resources that will help explain the recommendations in a patient-friendly and concise way, accessible via the RACGP website.
- **Ongoing ‘horizon scan’ to identify internal opportunities for integration**
 - Opportunities to link and integrate the recommendations to existing (and updated) RACGP guidelines, resources, education, submissions and the RACGP curriculum.
- **Ongoing horizon scan to identify external opportunities**
 - This will include links to other guidelines, resources, education and promotional activities external to the RACGP. Dependent on available funding, this could include presentations by opinion leaders, national conferences, and facilitated workshops and/or practice visits.

Table 1. Draft action plan

Aim	Responsibility	Activity	Outcome/ measure of success	Timing
Project planning and development				
Make resource useful and accessible to general practitioners (GPs)	Working group/The Royal Australian College of General Practitioners (RACGP) project team	Agree to develop: <ul style="list-style-type: none"> • Summary resources • Online format of guideline • Content relevant to GPs at the point of care 	Consultation feedback Development of summary resources Development of online format Online feedback received Reporting on web activity (hits, downloads, time spent, user geography) over a 12-month period	Content development period Publication period Implementation period
Seek National Health and Medical Research Council (NHMRC) guideline approval	RACGP project team	Undertake process to meet requirements for formal NHMRC approval	Develop a guideline that meets NHMRC standards If successful, promote NHMRC approval	May–July 2018
Promote awareness of project initiation with members Seek input on baseline survey	RACGP project team Andrew Briggs/Kim Bennell for survey	Invitation to participate in survey in RACGP <i>In Practice</i> newsletter	Short-term awareness of project initiation Receive input from GPs on baseline survey	April 2017

Table 1. Draft action plan

Aim	Responsibility	Activity	Outcome/ measure of success	Timing
Engage identified stakeholders through consultation and review	RACGP project team	Invite key stakeholders to review guideline and provide feedback	At least 20% of invited stakeholders provide feedback	November 2017
Undertake planning with the RACGP Communications and Publications teams	RACGP project team RACGP Communications and Publications teams	Plan key messages ahead of time to ensure consistency Develop a media plan (planned coverage, health promotion days, news articles) Brief the Communications and Publications teams on contentious recommendations Film video content	Awareness of new guideline – measured via data report on page views, click-throughs, downloads, and by media coverage	June 2018
Launch				
Launch the guideline on the RACGP website	RACGP web team	Launch PDF of the OA guideline on the RACGP website, along with summary resources and algorithm	Member and stakeholder awareness of new guideline – measured via data report on page views, click-throughs, downloads, and by additional media coverage	July–August 2018
Promote guideline availability and key recommendations to target audience	RACGP project team RACGP Communications and Publications teams OA guideline expert working group members	RACGP media release and social media Media to target media outlets previously interested in the OA guideline consultation <i>newsGP</i> and RACGP newsletters Emails to stakeholders (eg Primary Health Networks [PHNs]) to raise awareness and encourage linkage to website Disseminated by expert working group members through their respective distribution channels and networks	Stakeholder awareness of new guideline Data report on page views, click-throughs, downloads, additional media coverage	July–August 2018
Twelve-month implementation phase				
Education – promote awareness and encourage uptake of key recommendations to members and key stakeholders	RACGP project team and expert working group	Presentation – ‘What’s new?’ Develop a presentation package to highlight key changes and new recommendations. Distribute presentation and encourage use by GPs, GP training providers, PHNs, subject matter experts and other key healthcare providers	Increased awareness of availability of guideline and key recommendations Distribution of presentations and feedback from presentations. Project team will monitor changes to the online guideline downloads/views during these periods	July 2018 – June 2019

Table 1. Draft action plan

Aim	Responsibility	Activity	Outcome/ measure of success	Timing
RACGP Education – promote awareness of new guideline and encourage uptake of key recommendations by RACGP members through the RACGP's online education resources (pending access and securing funding)	RACGP project team RACGP Publications team RACGP Education team RACGP Marketing team	Online educational activities (Quality Improvement and Continuing Professional Development [QI&CPD] points are available for accredited activities) Develop <i>check</i> activity Update <i>gplearning</i> educational activities Include summary of recommendations in <i>Australian Journal of General Practice</i> (<i>AJGP</i>) (as an insert) Produce a webinar Opportunistic news Publishing monthly or bi-monthly news items highlighting single recommendations, linkages to national or international awareness days, weeks and months	Develop, promote and publicise online learning activities The <i>check</i> activity will also be distributed in hard copy Monitor registration and completion of online activities Seek feedback from members completing online modules Monitor changes to the online guideline downloads/views during these periods Project team will monitor changes to the online guideline downloads/views when opportunistic news is published	TBC 2018–19
Advertising – increase awareness of guideline availability to RACGP members (pending access to funding)	RACGP project team RACGP Marketing team	Advertising through RACGP networks including faculty news, national news, the RACGP website (including an advertisement in the footer of <i>newsGP</i>) and publications such as <i>AJGP</i> and the RACGP phone line 'on hold' message	Online news and advertising will generate click-through to the guideline. This will be reported on	Develop a plan to support ongoing and continued promotion throughout 2018 and 2019
Awareness – increase awareness of the guideline and encourage uptake of key recommendations by RACGP members through presentations and workshops (pending access to funding)	RACGP project team and expert working group RACGP Marketing team (for conference attendance) Internal/external stakeholders	Face-to-face education Approach NPS MedicineWise about face-to-face educational activities The RACGP (or in partnership with identified external organisation) sponsors and attends professional conferences throughout the year – for example, RACGP's annual conference for general practitioners, the Australia-wide General Practice Conference & Exhibition (GPCE), and conferences for General Practice Registrars Australia (GPRRA), Australian Medical Students' Association (AMSA) and General Practice Training and Education (GPTEC) If resources and funding budgets are available, consider: <ul style="list-style-type: none">• undertaking a facilitated workshop• distributing a summary of recommendations from RACGP booths at conferences	Evaluation questionnaires Attendance records Distribution data	TBC 2018–19

Table 1. Draft action plan

Aim	Responsibility	Activity	Outcome/ measure of success	Timing
Implementation – support by encouraging internal staff and stakeholders to cross-reference the guideline and key recommendations in RACGP position statements, policy statements, clinical papers or resources and during education activities	RACGP project team with various teams across the RACGP pillars	Undertake internal activities to promote and encourage awareness of the new recommendations and cross-referencing, when appropriate – for example, <i>Handbook of non-drug interventions</i> (HANDI) interventions, submissions or RACGP advocacy on the role of GPs in secondary risk of fracture	Increase awareness of key recommendations and encourage uptake of key recommendations by RACGP members Report on horizontal promotional activities	TBC 2018–19
Ongoing 'horizon scan' for internal and external opportunities	RACGP project team	Undertake a regular horizon scan for internal and external opportunities for recommendation integration, education and promotional activities	Evaluate opportunities that have been taken throughout the implementation period, and ongoing	Ongoing 2018–19

Measures of success

There are a number of measures that the RACGP project team will undertake to determine how successfully the OA guideline has been promoted and implemented.

Consultation/pre-launch

A baseline survey will be developed and distributed to determine the initial extent to which key guideline recommendations are disseminated and implemented. Specific measures (eg knowledge and use of the guideline by GPs and other health professionals, web statistics) will be assessed in this survey. These will be reassessed following the 12-month implementation phase.

Information from the consultation period – for example, percentage of stakeholders providing feedback, the feedback received, web statistics and media coverage – will also be recorded.

Launch

At launch, website and social media statistics will be closely monitored. These statistics will include:

- page views
- guideline views
- PDF downloads
- social media statistics, including interactions, retweets and comments.

Any external media coverage will also be monitored and reported on.

Twelve-month implementation phase

Project governance stakeholders will be informed of communication activities at six and 12 months, reporting against the measures described in the action plan (Table 1). At 12 months, a final report will document the activities against the measures of success. A subsequent survey will be distributed to determine if activities have led to changes in awareness, use of the guideline, knowledge and practice.

The following will be reported on:

- ongoing web statistics (as above) – particularly monitoring against any planned promotion, events, opportunistic news and social media
- advertising click-throughs
- education uptake for any *gplearning* activity developed
- check activity registration and completion
- webinar attendance and feedback
- external face-to-face education – evaluation questionnaires and attendance records.

Ongoing

Web statistics as well as MBS item data for items relevant to the recommendations will be monitored.

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Appendix 1. Health promotion days

The following upcoming health promotion days can be used to promote the OA guideline.

2018

23–29 July 2018 (TBC) – National Pain Week (Chronic Pain Australia)

18–26 August 2018 – Queensland Seniors Week (Council on the Ageing [COTA] Queensland)

1 October 2018 – International Day of Older Persons (United Nations)

12 October 2018 – World Arthritis Day (Arthritis and Rheumatism International)

2019

8–14 April 2019 (TBC) – NSW Seniors Festival

Appendix 2. Stakeholders

The following is an alphabetical list of stakeholders who will be informed of the OA guideline launch, and encouraged to promote the guideline through their networks.

Media organisations will be notified through a press release from the RACGP Communications team.

- ACT Health
- Adelaide PHN
- American Academy of Family Physicians (AAFP)
- Arthritis Australia
- Australasian College of Sports and Exercise Medicine Physicians
- Australian Association of Gerontology
- Australian Capital Territory PHN
- Australian Chronic Disease Prevention Alliance
- Australian College of Rural and Remote Medicine
- Australian Commission on Safety and Quality in Health Care
- *Australian Medicines Handbook*
- Australian Orthopaedic Association
- Australian Pain Society
- Australian Physiotherapy Association
- Australian Podiatry Association
- Australian Primary Care Nurses Association
- Australian Psychological Society
- Australian Rheumatology Association
- BodyInMind
- Brisbane North PHN
- Brisbane South PHN
- Central and Eastern Sydney PHN
- Central Queensland and Sunshine Coast PHN
- Chiropractic Association of Australia
- Chronic Illness Alliance
- College of Family Physicians, Canada
- Commonwealth Department of Health
- Consumers Health Forum of Australia
- Country SA PHN
- Country WA PHN
- Darling Downs and West Moreton PHN
- Department of Health and Human Services Tasmania
- Department of Health and Human Services Victoria
- Department of Health Western Australia
- Dietitians Association of Australia
- Eastern Melbourne PHN
- Exercise and Sports Science Australia
- General Practice Registrars Australia

- Gippsland PHN
- Gold Coast PHN
- Hunter New England and Central Coast PHN
- Medibank Private
- Medical Services Advisory Committee
- MOVE muscle, bone & joint health
- Murray PHN
- Murrumbidgee PHN
- National Health and Medical Research Council
- Nepean Blue Mountains PHN
- North Coast PHN
- North Western Melbourne PHN
- Northern Queensland PHN
- Northern Sydney PHN
- Northern Territory PHN
- NPS MedicineWise
- NSW Agency for Clinical Innovation
- NSW Health
- Occupational Therapy Australia
- Osteopathy Australia
- Painaustralia
- Perth North PHN
- Perth South PHN
- Pharmaceutical Benefits Advisory Committee
- Queensland Health
- Royal Australasian College of Physicians – Faculty of Rehabilitation Medicine
- Royal Australasian College of Physicians – Faculty of Occupational and Environmental Medicine
- Royal College of General Practitioners (RCGP UK)
- Royal New Zealand College of General Practitioners (RNZCGP)
- SA Health
- South Western Sydney PHN
- South Eastern Melbourne PHN
- South Eastern NSW PHN
- Tasmania PHN
- Therapeutic Goods Administration
- Western NSW PHN
- Western Queensland PHN
- Western Sydney PHN
- Western Victoria PHN

