

Our Mission

To improve the evidence-based treatment of patients with severe osteoarthritis.

OPUS is a Centre for Research Excellence with a focus on revolutionising osteoarthritis care to improve patient outcomes. We are a multidisciplinary group of surgeons, general practitioners, health economists, physiotherapists and more, spread globally to tackle the issues in OA care. OPUS looks at all stages of health care: from referral through to rehabilitation, to determine the *'real-world' patient journey*.

Our research provides the evidence and tools to drive practical changes that will:

- improve *cost-effectiveness*
- promote *safe* joint replacement surgery
- *educate* both patients and practitioners



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SUPPORTED BY



Australian Government
National Health and Medical Research Council



N H M R C
**CENTRE FOR RESEARCH
EXCELLENCE**

IN TOTAL JOINT REPLACEMENT

OPtimising patient **oU**tcomes by
improving equity, cost effectiveness
and patient **S**election. **OPUS.**

Total Joint Replacement

End-stage osteoarthritis (OA) is often treated by total joint replacement, but is it the most appropriate option for sufferers?

Almost 2 million Australians will undergo total joint replacement (TJR) surgery in the next 15 years at a cost of almost \$70 billion. Yet evidence has shown that one third of patients may not meet the criteria for surgery and one fifth will be dissatisfied with the result.

People who are not going to benefit from surgery are receiving it and unnecessarily exposing themselves to risk while extending the waiting time for those who would benefit from surgery.

With an aging population and increasing co-morbidity, the community burden of OA is growing more rapidly than for any other health condition.



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Total joint replacement is a revolutionary treatment, but **operative costs, increasing demand and post-operation dissatisfaction** is unsustainable within Australia.

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Our Objectives

To drive changes in policy and practice, our objectives are to:

- **Optimise patient selection and outcomes**

Some patients will not benefit from surgery and we need to be able to identify these patients reliably before they are placed on the surgery wait list.

- **Empower patients in decision making**

Health professionals need to ensure that patients are fully aware of the risks involved and what to realistically expect post-surgery. Educating both professionals and patients alike in available treatment options may improve outcomes for patients.

- **Identify non-surgical alternatives**

For those who won't benefit from TJR, alternatives such as weight management and appropriate exercises should be considered before electing for a procedure to produce immediate outcomes.

- **Refine delivery and cost effectiveness of care**

Where there are unnecessary or inefficient processes, we are looking to streamline procedures and recovery to contain post-operative complications and wasteful spending.

Our Research

OPUS addresses the core issues of osteoarthritis care by focusing on six key areas to streamline and personalise the OA journey for each patient.

Q STREAM ONE

Developing a tool to identify the most appropriate OA patients for TJR. Which patients would benefit the most out of a procedure and who will not?

▮ STREAM TWO

Identifying patient and surgeon perceptions of risk and decision-making. How can we align patient expectations with patient satisfaction?

👤 STREAM THREE

Developing non-surgical alternatives for OA patients who aren't likely to benefit from surgery. What are the most effective alternatives for patients?

⊕ STREAM FOUR

Redesigning a recovery program for TJR. Can we reduce readmissions, complications, length of stay? Can we accelerate recovery while satisfying patient safety and meeting expectations?

💰 STREAM FIVE

Identifying cost efficiencies and eliminating waste in the patient OA journey. Will our interventions cut costs to drive meaningful policy changes?

👏 ECCO

Enhancing equity, Collaboration and Culturally secure Osteoarthritis care for Aboriginal Australians. How do we develop a culturally secure model of healthcare to suit different communities?