

A non-surgical osteoarthritis (OA) programme increased health-related quality of life and was cost-saving:

Real-world evidence from the New Zealand Government Mobility Action Programme (MAP)

Background:

The NZ Ministry of Health commissioned the MAP to investigate the benefits of delivering early-intervention, community-based programmes for people with musculoskeletal health conditions.

From observed real-world data, we used simulation modelling to conduct an economic evaluation of the MAP for people with OA.

We estimated the incremental health and economic impacts of the MAP in addition to usual medical care for people with OA using a validated computer simulation model (the NZ-MOA Model)

Methods:

Population:

People with OA in NZ primary healthcare

Sample:
N = 3922

Intervention:

Non-surgical OA care programmes

Providers:
17 contracted private physiotherapy clinics

Comparison:

Usual medical care

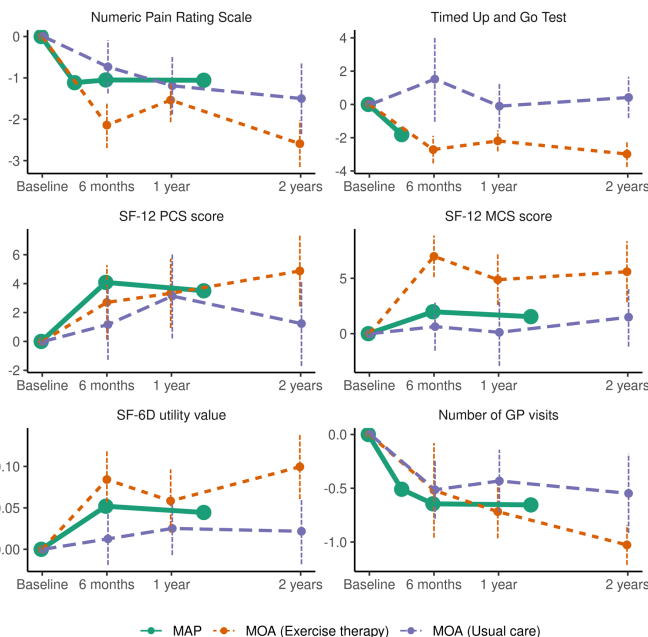
Observed in an earlier randomised controlled trial: N = 51

Outcomes:

- Net health system costs
- Quality-Adjusted Life-Years (QALYs)
- Expressed as Incremental Net Monetary Benefit (INMB)
- Observed over 1 year
- Modelled over 15 years

Observed Outcomes

- **Observed outcomes from MAP participants with OA (●)**
- compared with MOA Trial Usual Care group (●)
- and MOA Trial Exercise Therapy group (●)



Addressing Health Inequalities

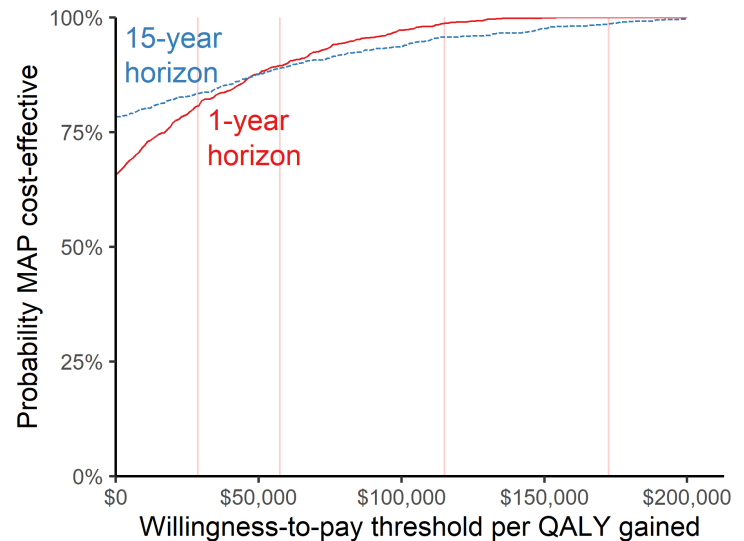
features associated with MAP effectiveness included incorporating an equity focus into the programme design, and implementing specific strategies to target priority groups and to meet their specific health, social and cultural needs

MAP participants who identified as Māori were:

- **1.9 times more likely** to report learning how to manage their weight than non-Māori,
- **3.6 times more likely** to report health improvements and
- **3 times more likely** to report an improved ability to seek or return to working following MAP

Modeled Outcomes

- **The incremental net monetary benefit** (at WTP of \$57,500 per QALY), was:
- **\$2 341** (–\$944 to \$5 658) per participant over observed 1-year horizon, and
- **\$22 441** (–\$9 227 to \$54 729) per participant over modelled 15-year horizon



Implementation / Translation of Evidence to Policy

National implementation of a non-surgical osteoarthritis (OA) management programme is highly cost-effective and can decrease inequities of access and outcome

Delimitations: All MAP programmes were:

- required to fit a well-defined brief at EoI
- subject to peer review prior to approval (many rejected)
- evaluated re. process and outcome

Fidelity to these features, and fidelity of implementation, is likely to be pivotal to success

