

## **Executive Summary**

### **Objectives**

The purpose of the report is to lay the foundation for the development of comprehensive interdisciplinary care models for arthritis using existing research and knowledge of experts in the field.

The specific objectives of the report are:

1. To examine models of care and promising approaches to arthritis management from the current literature
2. To explore the perspectives of health care providers, educators, and administrators related to models of care for arthritis in Ontario

### **Methodology**

Two methods were used in the development of this report:

- A review of the academic and gray literature (e.g. organizational reports and websites) related to models of care for arthritis
- Key informant interviews with health care providers, administrators and educators

### **Results**

#### **Literature Review**

Five different models of care that address the delivery of services for individuals with arthritis were examined in the literature. These models of care are at varying stages of development and evaluation.

Team care has been extensively evaluated. The more common members of the team described in the literature include rheumatologists, physiotherapists, occupational therapists, registered nurses, dietitians, and social workers. Although team composition varies, the client and his or her family have been identified as the most important members of the multidisciplinary team. The literature demonstrates several positive outcomes with a team approach to care of patients with arthritis including decreased pain, increased function, and improved overall health.

The results from studies on the use of allied health professionals in extended clinical roles suggest that an alternative model of care using specially trained health providers in arthritis management is promising. The evidence supports the implementation of nurse-led clinics for rheumatology. Although the research evaluating physical or occupational therapists in the role of the trained arthritis specialist in the literature is scarce, the current evidence suggests that these professional groups could also act in this capacity with advanced training. More research is required to evaluate the outcomes of patient care in arthritis management using occupational and physical therapists in this model as well as the professional implications in terms of scope of practice and standardization of training.

The primary therapist model, a case management model of service delivery in which the case managers play a key role in coordination of services and linking clients to their communities, has been recently evaluated for effectiveness and cost-effectiveness. The results suggest that patients referred to receive treatment from a primary therapist might receive better outcomes from those who were referred to receive traditional therapy.

Telemedicine is an emerging model of care to service rural and remote communities. Findings from the literature review suggest that telehealth rheumatology is a viable model to promote equitable access to care. More research into the benefits, costs and delivery of these programs may be needed.

Finally, patient-initiated care has been evaluated in recent literature demonstrating positive long-term outcomes. This model has the potential to empower patients in the management of their own care and reduce hospital visits. This model warrants further investigation in terms of acceptability of patients and providers in other settings.

### **Key Informant Study**

Twenty-five key informant interviews were conducted. The models of care delivery being utilized to care for individuals with arthritis in Ontario vary widely. These include group programs for people with arthritis, as well as individual professionals working in solo practice. The three models of care for arthritis most commonly identified as feasible options were multidisciplinary team care (collaboratives), allied health professionals in extended clinical roles, and telemedicine.

The following 10 issues relating to models of care for arthritis were identified as important in any model of care for arthritis:

1. Multidisciplinary Collaboratives
2. Provider skill, education, and awareness; client/public education and awareness
3. Stable and predictable funding
4. Continuity of care across the health care system and community
5. Regulation to support expansion of clinical roles of allied health professionals
6. Conceptual approaches/frameworks (e.g. self-management and client-centredness)
7. Primary and secondary prevention strategies
8. Timely access to services
9. Community action
10. Methods for evaluation

### **Conclusion**

To facilitate improved access to care for Ontarians with arthritis across the continuum of care, it is important to make the best use of current health care resources and maximize the utilization of skills of health care professionals. This may necessitate further evaluation of emerging models of care, such as the use of allied health professionals in extended clinical roles and telemedicine, to determine the outcomes of implementation of

these models of care and the circumstances under which they are best implemented. It is likely that there is not one model of care that is feasible for all environments.