Executive Summary

Musculoskeletal conditions are a major burden on individuals, the health care system, and society at large. In order to deliver comprehensive health care for musculoskeletal conditions, including arthritis and related conditions, it is critical to understand the current volume of health care services provided to Ontarians and area variation in services across the province. This report examines the volume of health care provided to people with musculoskeletal conditions (arthritis and related conditions, bone and joint conditions, and trauma and related conditions) by physicians across Local Health Integration Networks (LHIN) in Ontario. Care for persons with musculoskeletal conditions by rehabilitation professionals in Ontario was integrated where data were available.

- Just over a quarter of Ontario’s population saw a physician for a musculoskeletal condition in 2006/07 in ambulatory settings, and slightly more than one in ten had a visit for an arthritis and related condition. Overall 3.3 million persons made 9.6 million visits for musculoskeletal conditions in 2006/07, representing 32% of the total number of people with physician visits. The majority of these visits were to primary care physicians, with more than 78% of those with arthritis visits seeing a primary care physician at least once, 88% of those with bone and joint conditions and 82% of those with trauma and related conditions. These findings highlight the central role of Ontario’s primary care physicians in the management of musculoskeletal conditions including arthritis and related conditions.

- Overall, 31.5% of people with a physician visit for all musculoskeletal conditions saw a specialist: 35.1% of people with arthritis and related conditions, 19% of those with bone and joint conditions, and 26% of those with trauma and related conditions. Among specialists, orthopaedic surgeons were the most frequently seen, followed by rheumatologists. There was significant regional variation in arthritis specialist care, with differences three-fold and higher for rheumatology, internal medicine and orthopaedic surgery.

- There appeared to be a trade-off in the LHINs between seeing a medical and surgical specialist for arthritis and related conditions, particularly for osteoarthritis.

- In hospital settings, person visit rates for musculoskeletal conditions were highest in the emergency department (3,131 per 100,000 population) followed by same day surgeries (458 per 100,000 population) and inpatient hospitalizations (415 per 100,000 population).

- There was considerable area variation in the rate of emergency department visits across the province. Northern LHINs had higher rates of emergency department visits. There was an inverse relationship between the person-visit rates in ambulatory and emergency department settings; LHINs with higher ambulatory visit rates tended to have lower emergency department visit rates for the three major diagnostic groups studied.

- The findings clearly show that care for musculoskeletal conditions place a significant burden on Ontario’s health care system, and that access to care for these disorders varies by LHIN. As the baby boom generation ages and the number of persons affected by these conditions increases, there will be an escalating demand for care. Service providers will have to plan carefully to ensure that those affected have access to the primary and specialist care they require, and that there is equity in access across the province.