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Family Health Team

Summerville Arthritis Program:

An Innovative Approach to Local Partnerships for Osteoarthritis Care

AFHTO CONFERENCE OCTOBER 2011

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Ontario

Summerville FHT

- 5 sites (1 teaching site)
- ~50 000 patients

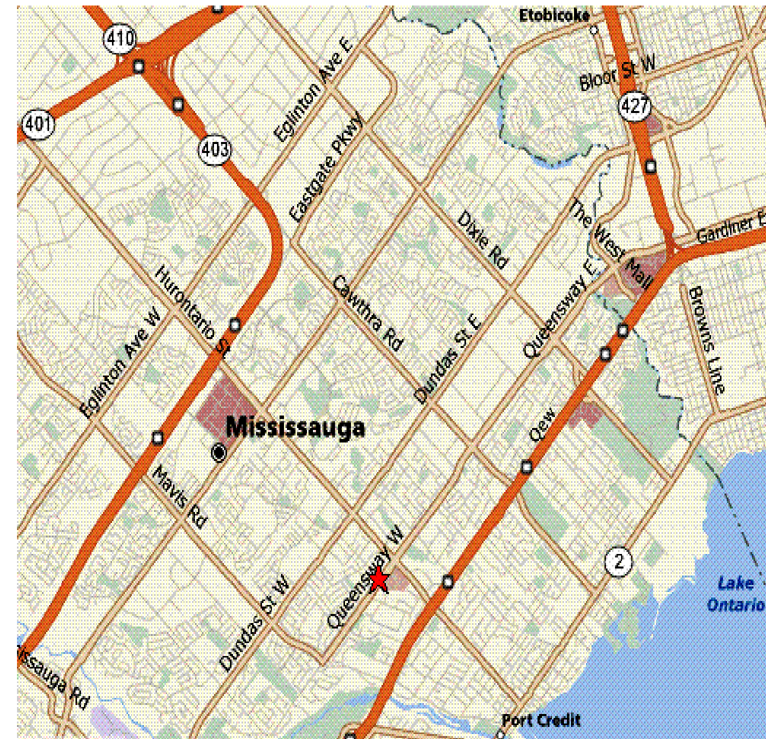
- 33 physicians,

  14 residents and

  36.40 allied clinical health staff

  (Clinical Pharmacist, Social Worker, Dietitian, Registered Nurses, Nurse Practitioners, Child and Teen Psychologist, Health Promotion Specialist)

- Largest FHT in our LHIN (Mississauga Halton LHIN)



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Summerville FHT

In 2002, Commissioner Roy J. Romanow challenged us to move towards "**teamwork and interdisciplinary collaboration**."

In his final report, *"Building on Values: The Future of Health Care in Canada*".

- Interdisciplinary collaboration has been promoted for a long time in Canadian healthcare.
- It is something that primary care has struggled with for a long time and this is also the story at Summerville FHT
- Changing health care in Ontario – it will take time.

Summerville FHT – Programming

- Use Ontario's Chronic Disease Prevention and Management Framework
- Inventory EMR for prevalence
- Formed a Chronic Disease Management Steering Committee
- Pilot program in one site before implementing FHT-wide
- Develop program plan and patient care maps for each program

- Formed in October 2009
- Composition: 3 Physicians, 1-2 Allied Health representative from each site (Social Worker, Health Promotion Specialist, Nurse, Nurse Practitioner, Pharmacist)
- Executive Director
- Formal meetings every 5 weeks
- Ability to share ideas/ suggestions between sites

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Summerville Arthritis Program

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Background/Rational

Mississauga/Halton LHIN

- Osteoarthritis (OA) is the 2nd most frequently reported chronic condition for residents at 13.7 %
- ↑ in the senior population, by 2020, the # of people aged 65-74 years is expected to ↑ by 60%.

(MH LHIN Environmental Scan, 2011)

Summerville FHT

- 8.9% (n=3571) patients are diagnosed with OA

[Canadian Institute for Health Information, Primary Health Care Voluntary Reporting System (PHC VRS) (Ottawa, Ont.; CIHI, 2011)].

(Summerville FHT Electronic Medical Records, August 2011)

Background/Rational con't.

Treatment goal is to *delay the onset or manage the pain and prevent disability*

Best Practice Guidelines:

- ✓ Education about self-management strategies
- ✓ A recommendation for exercise and/or a referral to a physiotherapist.
- ✓ Information on joint protection and energy conservation techniques (e.g. splints, assistive devices).
- ✓ Social support and coping strategies
- ✓ Joint injections for a painful joint due to OA is taken into consideration.

(Arthritis Family Health Team Manual: The Arthritis Society Primary Care Guide for Community Arthritis Care)

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Osteoarthritis Program:

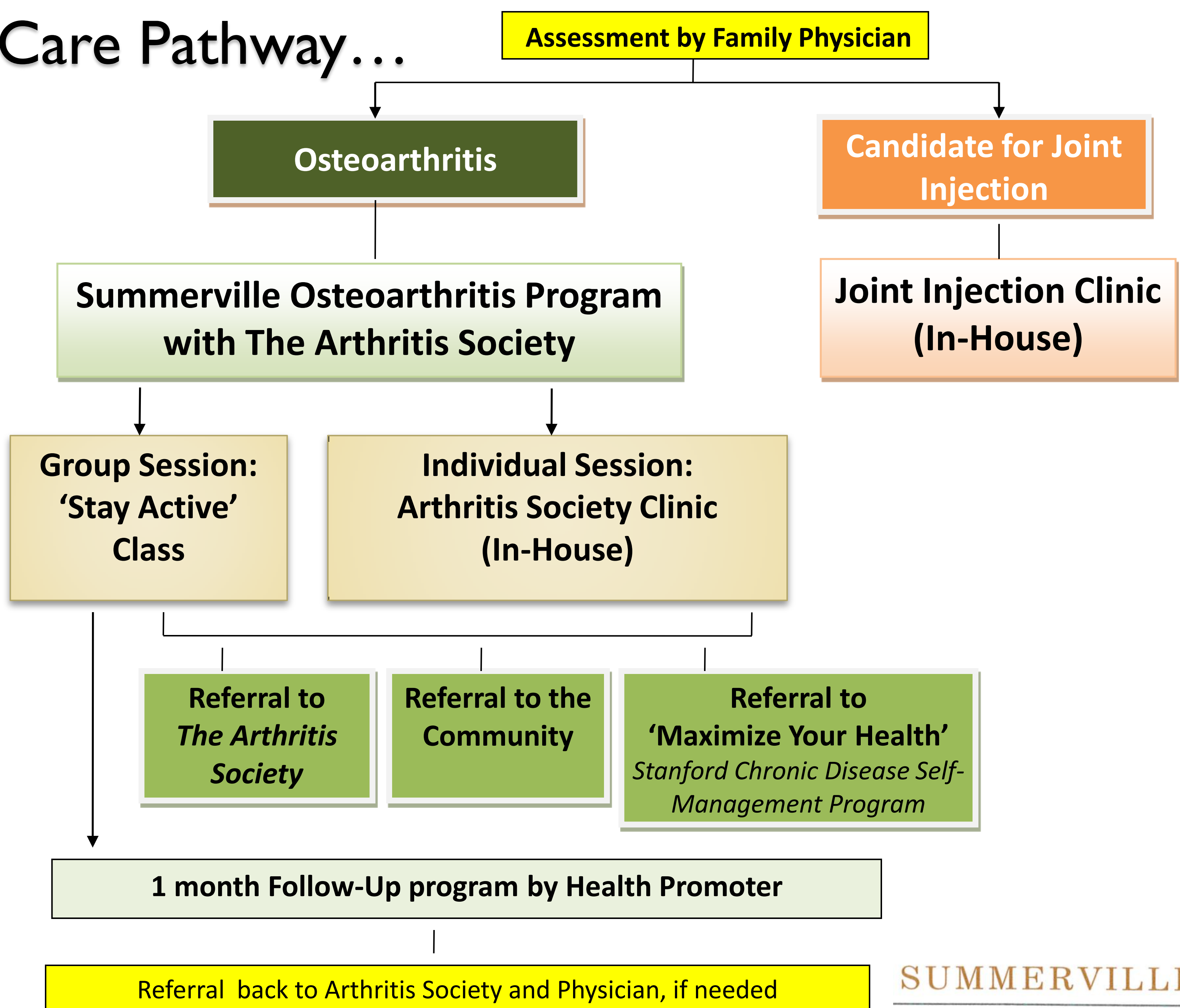
Objectives:

Disease Management

- To improve patient knowledge and skills for self-management of OA
- To improve patient knowledge and awareness of community resources for OA management

Community Mobilization

- To increase access to physiotherapy services from the Arthritis Society
- To incorporate existing community resources tools/services into the program.


Care Pathway…
Assessment by Family Physician
Osteoarthritis
Candidate for Joint Injection
Summerville Osteoarthritis Program with The Arthritis Society
Joint Injection Clinic (In-House)
Group Session: 'Stay Active' Class
Individual Session: Arthritis Society Clinic (In-House)
Referral to The Arthritis Society
Referral to the Community
Referral to 'Maximize Your Health' Stanford Chronic Disease Self-Management Program
1 month Follow-Up program by Health Promoter
Referral back to Arthritis Society and Physician, if needed
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Group Education Session – *'Stay Active' Class*

2 hrs - Led by The Arthritis Society & FHT Pharmacist

- 'What is OA'
- Exercise for pain management
- Nutrition
- Medication Review & Goal-setting

Individual Counseling Session

1 hr + follow-up (if necessary)

- Joint Assessment
- Education
- Assessment of specific needs for splints, orthotics, assistive devices
- Personalized home exercise plan
- Referral to community resources

Pilot

- Piloted with 3 physicians
- Program offered for 10 months
- 44 referrals to program
- 25 participants
  - 25 – Group 'Stay Active' Class
  - 24 – Individual Counseling
  - 14 – Both group & Individual Sessions

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Disease Management Outcomes

Patient Knowledge

- A majority of patients **agreed or strongly agreed** that their knowledge of OA, benefits physical activity, joint protection and community resources has **increased**

Patient Satisfaction

- 100% of patients would recommend this workshop to other individuals affected by arthritis

Self-management Strategies *(1month follow-up)*

- Using pacing techniques given by the physiotherapist
- Increased physical activity

Objective Outcomes

- Pain Scale & HAQ (disability score)

"I really enjoyed the class and learned a bunch of new strategies. Thanks!"

– Summerville patient

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Community Mobilization Outcomes

External Community:

- ↑ access to services from The Arthritis Society (*1-2 days/ month*)
- ↑ awareness, linkages and referrals to community programs, information, and resources.
- ↑ access to community exercise programs (local therapy pool with Parks & Rec.)
- Physicians more informed about the care of patients

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Community Mobilization cont.

Internally at SFHT:

- Established communication pathways from IHPs to physician regarding patient follow-up
- ↑ collaboration between SFHT health care providers (Eg. injection clinic, referrals to other SFHT programs)
- ↑ access and ↓ wait time for joint injection services

Ontario's Chronic Disease Management & Prevention Framework

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Lessons Learned…

Lessons Learned:

Planning & Implementation:

- ✓ Pilot the program first
- ✓ Evaluate both Processes and Outcomes
- ✓ Qualitative & Quantitative data is important
- ✓ Ensure Logistics in Pilot will work FHT wide
- ✓ Establish clear, documented processes

Lessons Learned con't:

Community collaboration:

- ✓ Can lead to more comprehensive programs
- ✓ Benefits from the expertise of several different professionals and perspectives
- ✓ Provides mutual benefits to partnering organizations to achieve their respective mission and goals
- ✓ Can include mobilizing of internal resources and expertise
- ✓ Provides access to many additional resources for the patient

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Questions

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