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Getting a Grip on Arthritis[©]: A National Community-Based Educational Intervention to Improve Primary Health Care (PHC) Management of Arthritis

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Background: A taskforce of primary health care (PHC) providers, adults with arthritis, health services researchers and government representatives designed this evidence-based workshop (WS).

Purpose: To implement and evaluate a pan-Canadian community-based educational program to improve the diagnosis and management of rheumatoid arthritis (RA) and osteoarthritis (OA) in PHC.

Methods: 30 WSs were conducted to address: pharmacological and non-pharmacological management of OA and RA and were delivered by local arthritis specialists and community partners. Surveys mailed to providers and patients at baseline and 6 months post-WS determined program impact. Primary outcome analysis compared provider recommendations to patients' arthritis best practices at 0 and 6 months. Provider outcomes included: use of arthritis best practices in standardized case scenarios; confidence in arthritis assessment and management; barriers to arthritis care delivery; and impact of the program.

Results: Rural and urban PHC facilities (n=219) participated; 900 PHC providers attended 1 of 30 WS. Participants: physicians (20%), nurses (37%), rehabilitation therapists (29%) and other providers (14%). Providers (765/789) and patients (970/3419) completed baseline surveys and were resurveyed at 6 months (384 providers; 567 patients). Patients: female (73%); average age 66.5 ±13.4 years. Most frequent diagnosis was OA (65%). At follow-up, patients reported more recommendations for arthritis best practices from their providers including information on arthritis community resources, treatment choices, arthritis self-management strategies and healthy weight (in OA) [Chi-Square; p<0.05]. Provider confidence in the musculoskeletal exam and initiating disease modifying anti-rheumatic drugs significantly increased at follow-up (Paired t-test; p<0.01). Providers indicated the greatest impact in arthritis collaborative care (75%), patient self-management (74%), early detection (65%), access to specialty care (59%) and prevention (53%).

Discussion: This intervention increased PHC providers' ability to deliver collaborative arthritis care and patient self-management. Strong partnerships between the patient, PHC teams, local specialists and the community have potential to improve patient care and support.