OA in Primary Care:

A practice innovation pilot project funded by the AFP at WCH

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WOMEN'S COLLEGE HOSPITAL
Health care for women | REVOLUTIONIZED

Disclosures

- None

The Question

- How do we improve management of knee OA in primary care?
  - Multiple guidelines for management of knee OA
  - Current care is suboptimal
  - Primary care physicians have competing demands
    - Complex patients with multiple co-morbidities
    - Limited time and resources
    - Lack of belief/knowledge of benefits of treatments
    - Access to rheumatology is difficult

Approach

- Patient audit and feedback regarding management of knee OA to guide future care
- Quality improvement approach

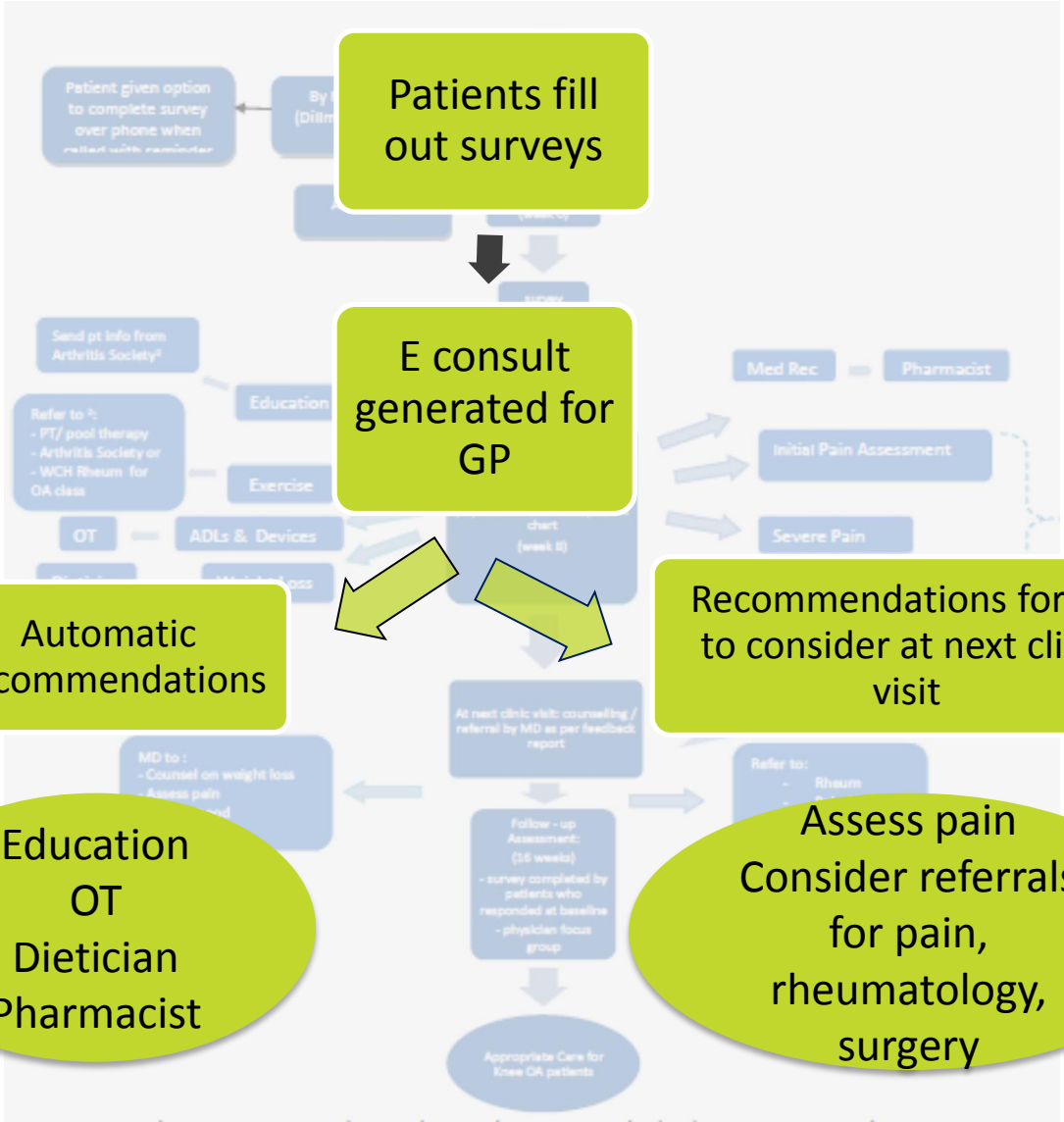
- Implement an intervention
- Real time
- Real patients
- Typical clinical situation

=> ability to *assess* implementation and *change* in a ***rapid manner***

Approach

- Identified all patients with knee OA in the family practice (approx. 800 patients among 30 family physicians)
- Patients completed 3 surveys:
  - OA care that they have received to date
  - Their pain (ICOAP)
  - Their impact on function (WOMAC)

  - Surveys were completed at t= 0 months and t= 4 months


Patients fill out surveys
E consult generated for GP
Automatic Recommendations
Recommendations for GP to consider at next clinic visit
Education
OT
Dietician
Pharmacist
Assess pain
Consider referrals for pain, rheumatology, surgery

OA Quality Indicator Questionnaire

provided.

	Yes	No	Don't remember
1. Have you been given information about how the disease usually develops over time?	☐	☐	☐

	Yes	No	Not Overweight
5. If you are overweight, have you been advised to lose weight?	☐	☐	☐

	Yes	No	No Such Problems
7. If you have had problems related to daily activities, have these problems been assessed by health personnel in the past year?	☐	☐	☐
8. If you have problems with walking, has your need for a walking aid been assessed? (e.g. cane, crutch or walker)	☐	☐	☐

	Yes	No	No pain/ discomfort
10. If you have pain, has it been assessed in the past year?	☐	☐	☐

Osteras, N et al. Arthrits Care Res (Hoboken) 2013 Jul; 65 (7):

E- consult to GP

A) ACTIONS TO BE COMPLETED BY THE OA TEAM *WITH YOUR APPROVAL*

☐ Referred to Arthritis Society for education about OA, disease progression, treatment options

☐ Referred to dietician for counselling on weight loss

☐ Referred to OT for assessment of ADLs and need for aid devices

☐ Referred to pharmacist for review of NSAIDs and perform medication reconciliation

B) ACTIONS TO BE COMPLETED AT THE NEXT CLINIC VISIT

The following care gaps could be addressed at the patient's ***next clinic visit with you***:

☐ Educate about OA, disease progression, treatment options including both non pharmacological (lifestyle and physical education) and pharmacological

-> encourage attendance at Arthritis Society

-> educational pamphlets are available on the portal under MSK / OA

☐ Provide specific advice to pursue exercise / physical therapy

-> locations of PT clinics, community programs and pools are available on the portal under MSK/OA

☐ Counsel on weight loss -> can refer to dietician if not done above

☐ Assessment of ADLs and/ or need for devices -> can refer to OT if not done above

☐ Pain assessment

☐ Mood assessment

☐ Patient has severe suboptimal controlled pain-> consider referral to Toronto Pain Medicine Institute Network

☐ Review benefits and side effects of NSAIDs -> can refer to pharmacist if not done above

☐ Consider referral to rheumatology for cortisone injection

☐ Consider referral to orthopaedics for surgery

What we had:

- Dietician
- Occupational therapy
- pharmacist
- Research student

What we did not have:

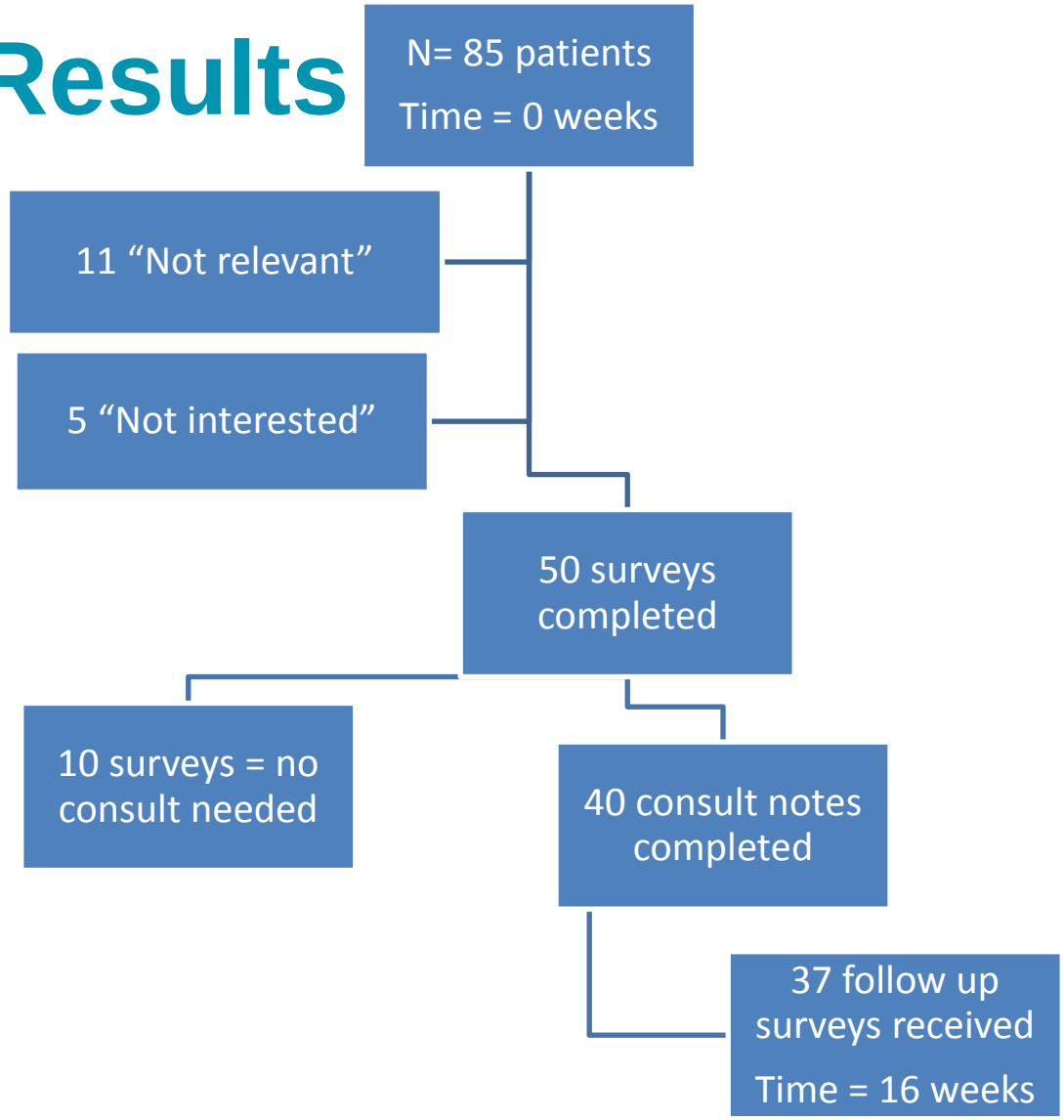
- physiotherapy
- Extra time commitment from GPs

Pilot Project

- 85 patients among 4 family physicians

- Multiples changes to:
  - Surveys
    - Changes to layout and wording of questions improved responses
  - E-consult note
    - Options that were rarely used were eliminated; others were clarified
  - Survey dissemination
    - Email, phone, mailing process

Pilot Results



Pilot Results

- OA QI Questionnaire at baseline: 61%
  - No change at 16 weeks
  - No change in subcategory responses

- But of the 40 patients who received a consult note:
  - 19 patients received at least one intervention and
  - 31 interventions were completed (compared to 55 interventions recommended via the consult notes)
    - most common was an occupational therapy referral or MD visit to address OA.

Next Steps

- Implemented process in the remaining family practice (approx. 500 patients)
- Physician feedback on process
- Physician “update and report card” comparing their scores to the practice as a whole
- E-consult note generated automatically based on survey responses
- Can we apply this process to other diseases?

Thank you!

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