

Recommendations for Adoption: Osteoarthritis of the Knee, Hip, or Hand

Quality
Standards

Recommendations to enable widespread adoption of this quality standard

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About This Document

This document summarizes recommendations at local practice and system-wide levels to support the adoption of the quality standard for care for adults with osteoarthritis of the knee, hip, or hand.

At the local and regional levels, health care providers and organizations in all applicable settings, local health integration networks (LHINs), and other health system partners are encouraged to use the quality standard as a resource for quality improvement. While many organizations and providers may be offering the care described in this quality standard, the statements, related measures, and adoption supports are designed to help organizations determine where there are opportunities to focus their improvement efforts.

The [Getting Started Guide](#) outlines how to use this quality standard as a resource to deliver high-quality care.

An important next step will be to put the recommendations in this document into action. In some situations, this may require a more detailed plan or new resources, or it may require leveraging or expanding existing programs. Many aspects of the quality standard represent care that can and should be made available today.

A measurement and reporting strategy is outlined in the final section, which includes suggested measures to monitor and track progress. The Ontario Quality Standards Committee will review these regularly, including the actions needed to support implementation.

The Quality Standard for Osteoarthritis

This quality standard addresses care for adults (18 years of age or older) with osteoarthritis of the knee, hip, or hand (i.e., thumb or fingers). The quality standard focuses on the assessment, diagnosis, and management of this condition for people across all health care settings and health care professionals.

Click [here](#) to access the quality standard.

Please note that Health Quality Ontario has released three standards related to opioid prescription and use, and is currently developing quality standards to address care for people living with low back pain and chronic pain.

The Recommendations for Adoption

The purpose of these recommendations is to support the use of quality standards to promote practice improvement among health care professionals.¹⁻³ These recommendations aim to bridge the gaps between current care and the care outlined in the quality statements.

Click [here](#) to download the detailed process and methods guide for a description of how the quality standard and recommendations for adoption were developed.

The recommendations for adoption were developed after a review of the available evidence on implementation and a scan of existing programs, as well as extensive consultation with the Osteoarthritis Quality Standard Advisory Committee, people with lived experience, and health care professionals and organizations working in this area, and public comment on the quality standard. (See [Appendix A](#) for further details on the development of these recommendations.)

These consultations highlighted some common themes:

- Health care professionals require more education, time, and training to improve early identification and clinical assessment for diagnosis and to perform a comprehensive assessment to inform the care plan
- People with osteoarthritis require support to develop an individualized, goal-oriented self-management plan; instruction on how to access resources when needed; and information on community-based services, programs, and online supports
- Community based services should be enhanced for people with osteoarthritis, including access to therapeutic exercise, weight management, and physical activity programs
- Evidence-based criteria should be developed for appropriate referral to health care professionals with additional skills in osteoarthritis management (e.g., for consideration of joint surgery)

A number of equity issues have been identified related to this quality standard topic:

- There is disparity in the availability of programs and services related to nonsurgical management of osteoarthritis across the province. There are geographic barriers that prevent people from actively managing their condition, such as difficulty travelling long distances to access existing programs and services

- Financial barriers, such as a lack of extended health insurance coverage for programs and services, may prevent people with osteoarthritis from properly managing their condition. Most community-based services for osteoarthritis (e.g., physiotherapy, occupational therapy, weight-management programs) are not covered under Ontario's provincial health care plan
- Specific population groups, such as Indigenous peoples, newcomers, refugees, and the homeless, face barriers in access to care. Factors affecting this lack of access include a lack of programs and self-management resources in different languages, as well as culturally safe care. Some of these population groups are also disproportionately affected by poverty, social isolation, and precarious employment; this, in turn, may impact access to effective osteoarthritis care

Specific adoption strategies should contribute to improvements or highlight opportunities to enhance equity. For example, the [French Language Health Planning Entities](#) in each LHIN can be leveraged to support local planning, delivery, evaluation, and improvement of French-language health services. Community health centres and Aboriginal health access centres may be able to support the development of culturally informed programs and self-management resources.

THE RECOMMENDATIONS FOR ADOPTION CONTINUED

The adoption recommendations are organized as follows:

- Integrating the quality standard into practice
 - Access to care
 - Quality improvement
- Education and training
- Policy and system planning

We describe three time frames for adoption: immediate (less than 1 year), medium term (1–3 years), and long term (more than 3 years).

Note that the organizations, programs, and initiatives referenced in this document are examples for consideration. They do not reflect all the organizations, programs, or initiatives doing work in this area.

[Appendix B](#) provides a list of these recommendations aligned to specific organizations and groups.

¹ French SD, Green SE, O'Connor DA, et al. Developing theory-informed behaviour change interventions to implement evidence into practice: a systematic approach using the Theoretical Domains Framework. *Implementation Sci.* 2012;7:38. Available from: <https://implementationscience.biomedcentral.com/track/pdf/10.1186/1748-5908-7-38?site=implementationscience.biomedcentral.com>.

² Bero LA, Grilli R, Grimshaw JM, Harvey E, Oxman AD, Thomson M. Closing the gap between research and practice: an overview of systematic reviews of interventions to promote the implementation of research findings. *BMJ.* 1998;315:465-68.

³ National Implementation Research Network. Implementation drivers [Internet]. Chapel Hill (NC): FPG Child Development Institute, University of North Carolina [cited 2017 Feb 8]. Available from: <http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers>.

Integrating the Quality Standard into Practice – Access to Care

Gap: Specific population groups face greater barriers in access to care owing to inequities that relate to income and social status, social support networks, education, employment/working conditions, gender, culture, and social and physical environments.

Recommendation	Quality Statements	Action Needed By	Time Frame
Use the Health Equity Impact Assessment tool to maximize positive impacts and reduce negative impacts that could potentially widen health disparities between population groups.	All	Leads: Health care organizations Health care professionals Support: LHINs	Immediate

Integrating the Quality Standard into Practice – Access to Care (continued)

Gap: People living with osteoarthritis experience delays in receiving comprehensive assessments, reassessments, and appropriate referrals to health care professionals with additional skills in osteoarthritis management. People living with osteoarthritis who may require surgery can also experience long wait times for consultation with an orthopaedic surgeon.

Recommendations	Quality Statements	Action Needed By	Time Frame
Promote and monitor the use of services such as eConsult by enhancing awareness of these services among health care professionals. eConsult services can be used to connect with health care professionals with additional skills in osteoarthritis management for consultation on providing care to individuals who are not benefiting from an adequate trial of nonsurgical management.	<p>1: Clinical Assessment for Diagnosis</p> <p>2: Comprehensive Assessment to Inform the Care Plan</p> <p>3: Patient Education</p>	<p>Lead: OntarioMD</p> <p>Support: Health care organizations Health care professionals</p>	Immediate
Implement rapid access clinics or central intake and assessment centres for people with moderate to severe osteoarthritis.	<p>9: Referral to a Health Care Professional With Additional Skills in Osteoarthritis Management</p> <p>10: Referral for Consideration of Joint Surgery</p>	<p>Leads: LHINs Health Quality Ontario – ARTIC</p> <p>Support: Health care organizations Health care professionals</p>	Immediate

Integrating the Quality Standard into Practice – Access to Care (continued)

Gap (continued): People living with osteoarthritis experience delays in receiving comprehensive assessments, reassessments, and appropriate referrals to health care professionals with additional skills in osteoarthritis management. People living with osteoarthritis who may require surgery can also experience long wait times for consultation with an orthopaedic surgeon.

Recommendation	Quality Statements	Action Needed By	Time Frame
<p>Connect individuals who are assessed at a rapid access clinic and do not require consultation for surgery to nonsurgical management programs and services in the community.</p>	<p>9: Referral to a Health Care Professional With Additional Skills in Osteoarthritis Management</p> <p>10: Referral for Consideration of Joint Surgery</p>	<p>Leads:</p> <p>Health care professionals in rapid access clinics</p> <p>Primary care providers</p> <p>Support:</p> <p>Health care organizations</p>	<p>Immediate</p>

Integrating the Quality Standard into Practice – Access to Care (continued)

Gap: Individuals living with osteoarthritis have limited access to health care professionals with expertise in the prescription of exercise.

Recommendation	Quality Statements	Action Needed By	Time Frame
<p>Conduct capacity planning to identify gaps between current care and the care outlined in the quality standard for government-funded therapeutic exercise services provided by health care professionals with expertise in the prescription of exercise. Capacity planning should compare service availability with local needs to identify and address service gaps and capacity pressures.</p> <p>Adoption Considerations:</p> <ul style="list-style-type: none"> Ontario is expanding rapid access clinics to help people with hip, knee, and low back pain. Patients will be referred by primary care providers, including family physicians, to rapid access clinics, where they will be seen within 4 weeks. They will be given an assessment along with appropriate treatment and education recommendations. The rapid access clinics will improve access by ensuring patients receive appropriate care for their condition, and clinics will reduce unnecessary procedures such as diagnostic imaging. The Adopting Research to Improve Care (ARTIC) program is working with the Ministry of Health and Long-Term Care to support the implementation of the MSK Rapid Access Clinics initiative for musculoskeletal conditions across Ontario. The Arthritis Rehabilitation and Education Program of the Arthritis Society provides access to rehabilitation services and advice on self-management approaches, as well as individual and group educational sessions. 	<p>5: Therapeutic Exercise</p>	<p>Lead: LHINs</p> <p>Support: Health care organizations</p>	<p>Medium term</p>

- EatRight Ontario is a free service that connects individuals to registered dietitians who can help people make healthier food choices and can answer questions about nutrition.*
- Existing exercise and fall prevention programs in the community can help people improve their strength, balance, and mobility. For more information on how to access these programs, call the Ministry of Seniors Affairs Seniors' INFOline at 1-888-910-1999.*
- The minimum assessment criteria for surgery recommended by the Appropriateness for Hip and Knee Replacement Surgery Committee should be used when conducting interprofessional assessments in rapid access clinics.*
- Local public health units offer programs on fall prevention, exercise, and healthy living to inform the public about healthy lifestyles and managing chronic conditions.*

Integrating the Quality Standard into Practice – *Quality Improvement*

Gap: Practical tools are needed to help providers and organizations integrate the quality standard into daily practice.

Recommendations	Quality Statements	Action Needed By	Time Frame
<p>Assess the care being provided against the quality standard using Health Quality Ontario’s Getting Started Guide, and refer to the action plan template as a tool for quality improvement.</p>	<p>All</p>	<p>Leads: Health care organizations Health care professionals</p> <p>Support: LHINs</p>	<p>Immediate</p>
<p>Assess the alignment of the Osteoarthritis Tool with the osteoarthritis quality standard and adjust where necessary.</p>	<p>All</p>	<p>Leads: Centre for Effective Practice Arthritis Alliance of Canada College of Family Physicians of Canada</p> <p>Support: Health Quality Ontario Health care organizations</p>	<p>Medium term</p>

Integrating the Quality Standard into Practice – *Quality Improvement (continued)*

Gap (continued): Practical tools are needed to help providers and organizations integrate the quality standard into daily practice.

Recommendation	Quality Statements	Action Needed By	Time Frame
Embed the Osteoarthritis Tool into electronic medical record (EMR)-based solutions.	All	<p>Lead: OntarioMD</p> <p>Support: Health Quality Ontario Health care organizations</p>	Medium term

Adoption Consideration:

- Existing programs and resources at Health Quality Ontario can be leveraged to further disseminate and support uptake of the quality standard, such as Quorum, the Musculoskeletal LHIN Clinical Leads table, and Quality Improvement Plans.

Education and Training

Gap: Education gaps for health care professionals were identified in areas of:

- Early identification, diagnosis, and comprehensive assessment of osteoarthritis
- Understanding severity of the condition and differentiating it from other arthritis-related conditions
- Self-management resources available online and in the community
- Evidence-based osteoarthritis treatment options
- Appropriate referrals to health care professionals with additional skills in osteoarthritis management
- Unnecessary radiological imaging for diagnosis

Recommendations	Quality Statements	Action Needed By	Time Frame
Identify champions in the community to lead and support peer-to-peer learning and other learning opportunities to address any knowledge gaps of health care professionals.	All	<p>Lead: Health care organizations</p> <p>Support: Arthritis Society</p>	Medium term
Align and integrate the quality standard into credentialing programs, medical training, residency, and continuing education programs.	All	<p>Leads: Clinical and continuing education programs Health regulatory colleges</p> <p>Support: Health care organizations</p>	Long term

Education and Training (continued)

Gap: There is a need to develop self-management and educational resources in different languages to address the linguistic diversity of people with osteoarthritis.

Recommendation	Quality Statements	Action Needed By	Time Frame
<p>Work with community organizations to leverage expertise in languages spoken most frequently in a specific region, and translate existing educational resources on osteoarthritis into these languages.</p> <p>Adoption Considerations:</p> <ul style="list-style-type: none"> • Leverage existing programs, resources, and community-based initiatives to support education and training for health care professionals, people with osteoarthritis, caregivers, and families. Some examples of these resources and initiatives: <ul style="list-style-type: none"> – The Registered Nurses’ Association of Ontario has best practice guidelines: Strategies to Support Self-Management in Chronic Conditions: Collaboration with Clients and Assessment and Management of Pain – Primary care providers can enhance their knowledge and skills related to chronic pain management by participating in Project ECHO’s Chronic Pain/Opioid Stewardship program, and by learning about current programs and supports available through Ontario Pain Management Resources – The Arthritis Society offers a range of continuing education resources for health care professionals including arthritis examination videos, e-learning programs such as Getting a Grip on Arthritis, and the annual (in-person) Clinical Practice Skills for Inflammatory Arthritis 	<p>All</p>	<p>Lead: Health care organizations</p> <p>Support: Health care professionals</p> <ul style="list-style-type: none"> – <i>The Ontario College of Family Physicians offers a continuing education program on musculoskeletal (MSK) conditions called MSK Education: Joint Assessment Made Easy</i> – <i>The Advanced Clinician Practitioner in Arthritis Care (ACPAC) program provides physical therapists, occupational therapists, and nurses with advanced training in the diagnosis and management of patients with arthritis</i> – <i>thehealthline.ca can be used to learn more about existing community-based therapeutic exercise programs, physical activity programs, and resources available to support patient education and self-management of osteoarthritis</i> – <i>The Arthritis Society offers a range of resources for patients and caregivers, including online self-management courses, workshops and webinars, a toll-free helpline, and the provincially funded Arthritis Rehabilitation and Education Program</i> – <i>Choosing Wisely Canada has created a patient pamphlet, Treating Osteoarthritis of the Knee: Popular supplements don’t work</i> 	<p>Long term</p>

Policy and System Planning

The recommendations for adoption include those needed at the system level. In accordance with Health Quality Ontario's mandate, set out in the *Excellent Care for All Act*, the board of directors has formally provided the following recommendations about the *Care for Adults with Osteoarthritis of the Knee, Hip, or Hand* quality standard to the Minister of Health and Long-Term Care.

Gaps	Recommendations	Time Frame
<p>There is a need to provide structured education and neuromuscular exercise programs (such as GLA:D) for people with hip or knee osteoarthritis, as well as programs and services provided by health care professionals with additional skills in osteoarthritis management.</p>	<p>Use the recommendations in the forthcoming Health Quality Ontario health technology assessment for structured education and neuromuscular exercise to inform the implementation of expanded access to programs and services in Ontario supporting osteoarthritis care.</p>	Medium term
<p>There is a need to collect and monitor data specific to nonsurgical management of osteoarthritis. There is a lack of data and information on patient-reported outcomes and patient experience measures for people with osteoarthritis; this information is needed to facilitate the delivery of more patient-centred, responsive care and to assess the effectiveness of care.</p>	<p>The Ministry of Health and Long-Term Care is piloting the implementation of patient-reported outcome measures in hospital settings across the province; the initial pilot is being developed for people undergoing hip and knee replacement surgery. The collection of patient-reported outcomes should be extended to other health care settings, including primary care, to facilitate the delivery of more patient-centred, responsive care.</p> <p>Leverage existing data-collection tools, sources, mechanisms, and processes to ensure data related to nonsurgical management of osteoarthritis are being collected on an ongoing basis.</p>	Medium term

Measurement and Reporting

Health Quality Ontario will develop a monitoring and evaluation plan for these recommendations as part of the broader quality standards evaluation.

In addition, each quality statement within the standard is accompanied by one or more indicators. These indicators are intended to guide the measurement of quality improvement efforts at the local level related to the implementation of the statements.

Health Quality Ontario will recommend that the Ontario Quality Standards Committee receive annual updates on the progress of the recommendations and review any additional measurement that may be needed to assess impact.

Appendix A: Process and Methods for Developing the Recommendations for Adoption

The development of the recommendations for adoption involved extensive consultation with stakeholders across the province from a variety of professional roles and perspectives. During the public consultation process, we received 46 responses and considered them in the development of these recommendations, including responses from the Canadian Chiropractic Association, Dietitians of Canada, VHA Home HealthCare, Registered Nurses' Association of Ontario, and St. Joseph's Care Group.

Other organizations and groups were also consulted:

- Arthritis Society
- Advanced Clinician Practitioner in Arthritis Care (ACPAC) Program
- Ontario Telemedicine Network
- Sunnybrook Holland Orthopaedic and Arthritic Centre

The members of the Osteoarthritis Quality Standard Advisory Committee, which includes individuals with lived experience, have also provided feedback on the adoption of this quality standard.

Between September and November of 2017, Health Quality Ontario connected with individuals and organizations in primary care, community care, LHINs, educational institutions, programs, and research. We engaged these individuals and organizations through structured meetings, a public comment period, and targeted interviews, in which physiotherapists, occupational therapists, and orthopaedic surgeons from various health care settings across Ontario participated. We used the information gathered from this engagement to inform the gaps in knowledge, behaviours, and attitudes related to this quality standard.

Appendix B: Summary Recommendations for Health Sector Organizations and Other Entities

Local Health Integration Networks

Time Frame*

Implement rapid access clinics or central intake and assessment centres for people with moderate to severe osteoarthritis.

Immediate

Conduct capacity planning to identify gaps between current care and the care outlined in the quality standard for government-funded therapeutic exercise services provided by health care professionals with expertise in the prescription of exercise. Capacity planning should compare service availability with local needs to identify and address service gaps and/or capacity pressures.

Medium term

Health Care Organizations and Health Care Professionals

Time Frame*

Assess the care being provided against the quality standard using Health Quality Ontario's [Getting Started Guide](#), and refer to the [action plan template](#) as a tool for quality improvement.

Immediate

Use the Health Equity Impact Assessment tool to maximize positive impacts and reduce negative impacts that could potentially widen health disparities between population groups. Specific adoption strategies should contribute to improvements or highlight areas of opportunity to enhance equity.

Immediate

Connect individuals who are assessed at a rapid access clinic and do not require consultation for surgery to nonsurgical management programs and services in the community.

Immediate

Identify champions in the community to lead and support peer-to-peer learning and other learning opportunities to address any knowledge gaps of health care professionals.

Medium term

Work with community organizations to leverage expertise in languages spoken most frequently in a specific region, and translate existing educational resources on osteoarthritis in these languages.

Long term

APPENDIX B CONTINUED

Clinical and Continuing Education Programs, Health Regulatory Colleges	Time Frame*
Align and integrate the quality standard into credentialing programs, medical training, residency, and continuing education programs.	Long term
Centre for Effective Practice, Arthritis Alliance of Canada, College of Family Physicians of Canada	Time Frame*
Assess the alignment of the Osteoarthritis Tool with the osteoarthritis quality standard and adjust where necessary.	Medium term
OntarioMD	Time Frame*
Embed the Osteoarthritis Tool into electronic medical record (EMR)–based solutions.	Medium term
Promote and monitor the use of services such as eConsult by enhancing awareness of these services among health care professionals. eConsult services can be used to connect with health care professionals with additional skills in osteoarthritis management for consultation on providing care to individuals who are not benefiting from an adequate trial of nonsurgical management.	Immediate

*Three time frames for adoption are referenced: immediate (within 1 year); medium term (1–3 years); and long term (3 or more years).

For more information:

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