Primary Care Network
CALGARY FOOTHILLS

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As described to Bone and Joint Canada

Primary Care Health Network | Calgary Foothills

Evidence-based

The Calgary Foothills Primary Care Network (CFPCN) Medical MSK Program was developed when a need for improved Osteoarthritis (OA) management was identified in primary care. The program was developed in collaboration with rheumatologists and is based on international OA guidelines.

General program information

Referrals are accepted through the primary care network, which includes over 400 physicians. The program is embedded in the network and as such has access to other programs within the organization such as mental health and chronic pain management. The program is designed to facilitate education and self-management.

Program structure

The staff in clinic includes: physician, physiotherapist, pharmacist, registered nurse, kinesiologist , occupational therapist and a behavioral therapist who work together in an interdisciplinary team. The clinic operates 1 day/week and is designed to meet the individual needs of the patient. Referrals are for chronic non-inflammatory musculoskeletal health conditions, which includes non-inflammatory OA, low back pain, gout and or fibromyalgia.

The program is used to support the patient and primary care physician and can include: 1) Support in making or confirming a diagnosis 2) Support the management of the patient 3) Improve the knowledge base of health care professionals in primary care to ensure best practices. Patients are accepted with the spectrum of disease states from mild disease, who want to remain active, to severe end stage OA.

Intake: The patient undergoes an initial assessment, which is undertaken with one of the interdisciplinary team. This meeting is designed to set goals and develop the care pathways based on the priority identified by the patient.

Education: Individual education is provide within the program which complements the education received in group programs such as The Arthritis Society, Alberta Healthy Living (through Alberta Health Services), Chronic Pain Centre Lectures, Calgary Foothills Primary Care Network (CFPCN) Medical MSK Program. Patients are encouraged to register themselves for the appropriate programs.

Treatment: All patients are given a care plan which is created with them based on their condition, learning needs and readiness for change. Patient attendance varies from multiple times a month to once every couple of months to help to facilitate self-management through coaching. This includes identifying the patients' needs and informing them of the services available in the community so that they can link with the necessary services.

The physiotherapy services is part of the overall team based care plan. Patients requiring ongoing physiotherapy will be referred to community physiotherapy clinics

For less active patients the program promotes exercise and physical activity.
For active patients, the education focuses on working with their personal and lifestyle choices (e.g. different types of sports) to identify the activities that cause flare-ups and therefore modify their exercise so they can remain as active as possible.

Phone consultations are used to determine how patients are progressing and they are brought back in if needed. Patients' priorities may change during treatment in which case they may be assigned to another case manager to ensure they have the professional that is most relevant for the current condition. This ongoing patient contact builds the relationship to support the patient in their home.

Discharge criteria are based on the patients' care plans and is determined by improved functioning, achievement of learning goals and whether they can further improve with additional intervention. The program is not always successful related to a number of factors, such as other medical conditions or readiness to change. Discharge planning is done in conjunction with the primary care physician.

Specialists

The program is managed in conjunction with the primary care physician who can refer for specialist services as required. The consulting rheumatologist attends the program once a month and offers tele-rheumatology consultation appointments ongoing to provide access. Pain management is an important part of the program and can be accessed through the CFPCN chronic pain management program.

Community Partnerships

As the program is based within the primary care network there is access to health services. Alberta Healthy Living have a network for all chronic disease that can be used to support the education. Partnerships have been developed with gym and exercise programs including negotiating some supported funding so that patient's receive a discount. The program continues to facilitate activity within the Calgary zone including participation in different types of exercise initiative e.g. physio yoga (yoga designed for people with people with Chronic disease), Tai Chi

Evaluation

Currently using the EQ5D , PHQ-9 and patient satisfaction

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