



Managing Hip and Knee Osteoarthritis in Canada

June 27, 2019

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Executive Summary

Osteoarthritis (OA) is a major concern around the world leading to reduced quality of life. A report on the Global Burden of Disease in December 2012 found that, with an increase in longevity there has been an increase in the burden of disease around the world associated with musculoskeletal disorders and their related disability.ⁱ In Canada there are currently more than 4.6 million people living with OA which will rise, within a generation (in 30 years) to more than 10 million (or one in four).ⁱⁱ OA is also a major source of pain and severely impacts the health-related quality of life (HRQOL) and productivity of affected individuals. Almost 80% of patients with OA have some limitations in movement, and 25% cannot perform their usual daily activities.ⁱⁱⁱ

In 2014 Bone and Joint Canada (BJC) hosted a meeting which reviewed the current status of OA across Canada and provided recommendations on activities required to improve the management of hip and knee OA. Significant work has been undertaken since across the country. This meeting was therefore structured to review the current guidelines as well as the strategies being used internationally and within the provinces to make recommendations on activities that would continue to advance the health care system in Canada to improve the lives of Canadians with hip and knee OA.

The day started with an individual with hip OA, Jackie Salmona providing her insights into her symptoms and her journey through the health care sector. This was followed by 4 sections, each of which included 3 – 5 presentations from international and national leaders in the following areas:

1. Current status of OA Care – updated research
2. Successful programs
3. Tools for success
4. Evaluation

At the end of the day discussion was facilitated on the gaps and opportunities to improve care for individuals with hip and knee OA. The following recommendations were made:

Expanding our successes

There are a number of coordinated initiatives being implemented in Canada at a regional or provincial level which support the management of patients with hip and knee OA. These should be evaluated and implemented where appropriate and feasible.

Changing the paradigm

Arthritis management is currently considered in the context of surgery through the use of terms such as “non-surgical” or “conservative management”. These terms suggest that surgery is the final goal of successful treatment rather than being a failure of care. In order to improve early diagnosis a new model should be used that demonstrates visually the need to focus the management of the disease in the early stages where individuals can self-manage their condition.

Earlier diagnosis of OA

It is known that OA should be diagnosed early so that the first line interventions of education, therapeutic exercise and physical activity can be started to maximize their effectiveness, however

diagnosis often takes up to 7 years from the onset of symptoms. Strategies should be implemented to facilitate early diagnosis through all primary care providers who see individuals with OA.

Education on OA

Education information is available however often focused late in the disease state. Information developed for primary care providers has had limited uptake. Key messaging (e.g. Key Facts on OA) needs to be developed for patients with early joint symptoms such as pain, swelling and lack of confidence in the joint so that patients ask primary care providers directly about their condition when they first experience symptoms. These need to be available in multiple formats and through all OA stakeholders and partners.

Data to improve access and management

Data on the burden of disease and management of OA is available through the Public Health Agency of Canada (PHAC), the GLA:D data base and through frameworks from Alberta and from Ontario. These data are tracked and reported to their stakeholders they are not reported nationally and/or used collectively to generate knowledge of successful programs that can be shared thereby improving the care across the country for individuals with OA. These data should be analyzed and leveraged to improve care for people with OA across the country as well as to identify gaps and additional opportunities to increase the sources of data to better track the burden of disease and clinical outcomes for individuals with OA.

Self-management and physical activity

Ongoing physical activity, including daily weight bearing, is a critical component of self-management. For individuals with OA this needs to be reinforced consistently throughout the life course. Work therefore needs to be undertaken to reinforce this message through their interactions with primary care and with the community sector.

Using technology

Technologies are now available that can be used to assist with diagnosis, (bio)mechanical assessment, joint offloading, symptom management, muscle activation and promotion of exercise and physical activity. These need to be leveraged and evaluated to determine their benefits to individuals with OA and the health care system, including their return on investment.

Building a “Learning Network” to facilitate clinicians and individuals with OA working together for improved program design and advocacy

There is a lack of knowledge and awareness of the management of OA in the primary care sector and in individuals with the condition as there is no strategic approach to engaging and sharing information with these individuals. This results in a limited ability to disseminate information and limited opportunities for front-line clinicians and individuals with OA to provide input into the design of the management plan. This should be addressed by creating a Learning Network that uses a Community of Practice approach however includes individuals living with OA.

Project Background and Rationale

A report on the Global Burden of Disease in December 2012 found that, with an increase in longevity there has been an increase in the burden of disease around the world associated with musculoskeletal disorders and their related disability.^{iv} According to the World Health Organization, 9.6% of men and 18.0% of women older than 60 years of age worldwide have symptomatic osteoarthritis (OA), making OA one of the most prevalent chronic diseases.^v In Canada there are currently more than 4.6 million people living with OA which will rise, within a generation (in 30 years) to more than 10 million (or one in four).^{vi}

OA is also a major source of pain and severely impacts the health-related quality of life (HRQOL) and productivity of affected individuals. Almost 80% of patients with OA have some limitations in movement, and 25% cannot perform their usual daily activities.^{vii} This also takes its toll on the working populations with almost 30% of the employed labour force (one in three workers) having difficulty working due to OA which negatively affects workplace productivity and the Canadian economy. Approximately 500,000 Canadians will experience moderate to severe disability due to OA.^{viii}

OA is a result of the inability of joint cartilage to repair itself, and in the hip and knee is often related to obesity and previous trauma such as sports injuries as well as biomechanical factors. The condition is also influenced by increased longevity as well as lifestyle such as inconsistent or intense levels of physical activity. Arthritis knows no limits with respect to age or gender. Unfortunately, many Canadians living with the disease are told that it is “just arthritis”. Indeed, joint pain is often seen as simply a normal part of aging.

In 2013/14 Bone and Joint Canada undertook a 2-phase strategy to develop recommendations around OA. Phase-1 was a stakeholder engagement and Phase-2 was a meeting “National Models of Care for Management of Early OA” hosted in Toronto in August 2014. The findings from these activities were that the management of OA was complex and that there were no provincial or national initiatives underway in Canada that were designed specifically to address the needs of individuals with hip and/or knee OA. As such the recommendations from this stakeholder engagement and meeting were:

- 1) Implementation of what we know works
- 2) Conduct the research to evaluate any implementation and/or program transfer/expansion opportunities identified and/or develop an evaluation framework
- 3) Development of a repository of existing programs
- 4) Engage with the other sectors, such as health and wellness, to more formally partner in developing programs
- 5) Target educators/providers with a consistent message related to prevention of primary and secondary OA and its management

In the 5 years since these recommendations were made there has been extensive activity across the country, including at a provincial level, to implement these recommendations and improve the management of OA. These activities include the following:

- Clinical guidelines including treatment recommendations with respect to pharmacological and non-pharmacological strategies^{ix} were developed including the Health Quality Ontario

Clinical Standards for Osteoarthritis in Ontario.^x These were specific to the Canadian context with the foundation of management of OA embedded in education, exercise and weight control with the focus of supporting individuals to remain physically active.

- A repository of existing programs was developed, however only 4 programs were identified in Canada specific to OA. As such an international search was undertaken and additional programs were identified.
- In 2016 the Canadian Orthopaedic Foundation (COF) licensed the program Good Life with osteoArthritis in Denmark (GLA:D®) to Canada. GLA:D® is a program that includes 2 education and 12 exercise sessions over 8 weeks. By the end of 2017 the GLA:D™ Canada report was released in which there were 61 sites implemented in 5 provinces which has since increased to 9 provinces and 2 territories.
- Data reporting has started at a regional to national level including the Public Health Agency of Canada reports on the burden of disease as a result of osteoarthritis which were first released in 2017. Also, annual reports are released from the GLA:D™ Canada program which tracks patient outcomes at baseline, 3 months and 1 year after participation in the program. Outcome data has demonstrated most individuals presented with a meaningful improvement in pain and most participants reported modest or marked improvements in their activities of daily living, quality of life and sports and recreation activities at the 3-month and 12-month follow-ups.
- New models of care have been developed and implemented where physiotherapists are assessing patients in the primary care sector, to align with primary care physicians, as well as in the hospital sector for patients who have been referred for a consultation on joint replacement. These programs allow for enhanced assessment of patients resulting in improved diagnosis and management of OA including education and referral to appropriate therapeutic exercise programs.
- Initiatives have been started in Alberta, Ontario and Nova Scotia either provincially or as pilot projects. These initiatives include education information for primary care and for individuals experiencing the symptoms of OA, as well as a coordinated access to publicly funded GLA:D® programs. Lessons are being learnt on what is effective in differing health care environments.

Health care systems are under pressure to meet the needs of patients with OA and effective and affordable strategies are required to deal with this rising burden^{xi} of disease. Sharing the learnings between provinces will help to increase the uptake of best practice to improve patient outcomes.

Meeting Goal

The goal of this one-day meeting was to review the work that has taken place over the last few years across Canada in the development and implementation of best practices to address the needs of individuals with hip and knee OA. The meeting was structured to facilitate knowledge exchange and to share learnings with respect to implementation opportunities between provinces to improve access to evidence-based care across the country.

The *objectives* of the meeting were to:

1. Review the international recommendations on OA care
2. Identify system requirements for an effective OA program for patients with mild to severe disease
3. Review activities across Canada to improve the management of OA from early diagnosis to surgery
4. Discuss implementation opportunities at a local, regional/provincial and national level
5. Identify potential partnerships to lead the strategies including wellness and chronic disease organizations
6. Review a measurement framework that measures the patients' experience across the continuum of care

Attendees

There were 55 attendees at the meeting which included representation from British Columbia, Alberta, Saskatchewan, Ontario, Quebec, Nova Scotia, Prince Edward Island and Newfoundland.

There was also representation from national partners including:

- Canadian Physiotherapy Association,
- Canadian Chiropractic Association,
- Canadian Orthopaedic Association,
- Canadian Orthopaedic Foundation (COF) and
- The Arthritis Society.

Meeting Summary

The meeting day was framed through a presentation by Jackie Salmona who provided her experience with osteoarthritis of the hip. Jackie described her symptoms and her journey through the healthcare system looking for answers and pain relief. She presented a disjointed system where she had spent many years seeing different health care providers who did not diagnose her condition and provided her with differing advice. Jackie has recently attended the GLA:D program where she was provided with education on her condition and the pharmacological and non-pharmacological supports that are available to her. She was also provided exercises which helped her to complete her daily activities. Although she still has pain she remains active and controls her symptoms on a daily basis.

The meeting was structured in 4 sections to allow for a review of the international and national level activities. Discussion was then facilitated to build recommendations and action items for system improvements in Canada. The following provides a summary of the sessions.

1. Current status of OA Care – updated research

Estimating the burden of OA across the continuum of care: Dr. Deborah Marshall

Information was provided on the burden of disease including the number of individuals across Canada currently experiencing the symptoms of OA, and the associated direct and indirect costs. It was identified that there are treatments that have been used in countries around the world that are successful in helping individuals manage their symptoms and remain physically active however only 61% of patients in Alberta are offered any treatment prior to joint replacement.

Bringing research evidence into action - an international experience: Dr. Ewa Roos

There is significant evidence on the treatment of OA using education and exercise however there is a gap between the evidence and implementation. A program called Good Life with Osteoarthritis was developed in Denmark as a standard approach to an evidence-based program including tracking indicators to demonstrate patient outcomes. This program is now available in 5 countries.

Osteoarthritis down under – perspectives from Australia: Dr. Joanne Kemp

An overview was provided on activities in Australia including the direct financial burden for patients, the low number of individuals (3.2%) who are offered treatment and the ongoing reliance on low value treatments. Clinical standards were developed and published in 2017 and the GLA:D program was launched. It is now available in over 250 sites across Australia.

Evidence-based funding recommendations, quality standards, and quality improvement: A multipronged approach to improve OA care: Carol Kennedy

A review was provided of Health Quality Ontario's Osteoarthritis Quality Standards that addresses the care of hips, knees and hands in Ontario and recommends 3 levels of treatment. Tools have been developed and published to support the standards including a Patient Reference Guide, Recommendations for Adoption, Getting Started Guide and Information and Data Brief. A Health Technology Assessment was also completed on neuromuscular exercise and education programs (e.g. GLA:D) which found the intervention to be a cost-effective intervention and recommended that it be publicly funded in Ontario.

2. Successful programs

There were three successful programs that are currently being implemented and/or piloted within a province including:

Piloting an OA framework in Ontario: Emily Stevenson and Mélanie Farmer

A pilot project in Ontario has developed a framework for the non-surgical management of OA which is being implemented in 3 Local Health Integration Networks (LHINs) whereby patients who are undergoing an assessment for joint replacement surgery and are not considered surgical candidates are offered the GLA:D® program as well as other treatment options.

The progress of OA conservative care in Alberta: Kira Ellis and Emily Brockman

A provincial approach to OA has been developed and is being piloted in Alberta that includes education for patients at a critical point in their healthcare journey.

Wellness while you wait: A provincial wellness model for managing OA and improving wait times for JRS - Current and future vision: Alissa Decker and Hilary MacDonald

Due to long waitlists for joint replacement surgery the province of Nova Scotia is reviewing their current pathway and is implementing and aligning initiatives, including a number of technologies, that will allow clinical identification of OA patients and will streamline their access to care.

There were then two presentations on remote access including the management of OA in remote communities:

OA management in remote communities: Dr. Allyson Jones

The needs of remote communities are different and as such there are a number of initiatives that are being undertaken and evaluated in Alberta to identify opportunities to meet those needs including a walking program to facilitate physical activity at a local level.

A framework for a GLA:D mentorship model: Erin Puhalski

The GLA:D® program is a group-based program that is overseen by trained certified health care professionals. However, this approach does not work in remote communities and a new approach is required. A framework for the implementation of the GLA:D program remotely in Ontario has been developed using a spectrum of support personnel from non-certified clinicians to personal trainers and family members.

3. Tools for success

There are a number of tools that have been developed to support OA management in Canada including:

What's new in physical activity counselling in primary care? Dr. Lora Giangregorio

A critical consideration for individuals with OA is ongoing participation in physical activity through their life course. To be successful, participation in physical activity consistent with national guidelines needs to be encouraged through their primary care provider. A tool has been developed to support primary care in asking patients about their physical activity levels in a non-confrontational manner and addressing their needs based on their responses. The tool will also support physical activity counselling and referral to local community programs, via a printable

prescription and disease-specific physical activity guidance embedded right in the electronic medical record. A long-term goal is to embed e-referral to local programs to make referral seamless, and to enable health systems to track physical activity participation over time.

GLA:D™ Canada: implementation and results: Rhona McGlasson, Dr. Michael Zywiell

The GLA:D® program has been implemented under the title of *GLA:D™ Canada* is an education and neuromuscular exercise program that has been shown to reduce the symptoms of hip and knee OA with results sustained at 1 year. This tool is now available in all provinces except Quebec with French translation being undertaken and implementation plans underway.

Joint custody: Engaging primary care in osteoarthritis management: Dr. Julia Alleyne

The *Osteoarthritis Tool* is an assessment document for primary care to help them to assess and diagnose individuals with OA. It includes an algorithm, identifies red flags, how to complete a physical exam and provides a matrix of pharmacological and non-pharmacological recommendations to help patients manage their condition.

Knee kinesiology exam to assist primary care physicians in the management of knee OA: Dr. Nicola Hagemester

The *KneeKG* is a device that objectively assesses BioMechanical Markers. This device has been shown in an RCT Study of 894 patients to help primary care in the management of osteoarthritis by identifying the (bio)mechanical markers (dynamic misalignment) linked to Knee OA progression. The system is sensitive enough to detect predictive factors of OA before onset of the disease, early progression of OA in grade 1, up to grade 4. With such information in hands, primary care physicians were able to adapt the treatment plan to address these bio(mechanical) factors and treat them.

Scaling treatment of chronic disease, go digital with an example of non-surgical management of osteoarthritis: Dr. Leif Dahlberg

Education on OA and exercises are provided through an app that supports the daily communication with individuals with OA called *Joint Academy*. The app links patients remotely to physiotherapists who can answer their questions and encourage them to participate and improve their exercise tolerance.

4. Evaluation

Measurement of the burden of disease as well as the success of management strategies is critical to developing a system that meets the needs of patients. There are a number of evaluation strategies that are being undertaken at a national or provincial level to measure the performance of the health care system in the management of OA.

National surveillance of osteoarthritis in Canada: Results from the Canadian Chronic Disease Surveillance System: Louise McRae

The Public Health Agency of Canada (PHAC) started to measure and report on the burden of disease for osteoarthritis in 2017. The data was presented for 2016/17 with a prevalence of 3.9 million (13%), of which 60% are women, and an incidence of 219,000 (9 per 1000), of which 57% are women.

Ontario strategy to evaluate the Hip and knee OA pilot project: Rhona McGlasson

A framework has been developed in Ontario that can be used to launch and measure the implementation of a hip and knee OA pathway. This pathway includes the GLA:D® program as its treatment intervention however also includes working with primary care and physical activity programs. Currently process and patient outcome are being measured monthly which are reported quarterly. This will move to electronic reporting through the GLA:D® database once the pathways are finalized.

Alberta evaluation of GLA:D: Dr. Allyson Jones

An evaluation framework has been developed and implemented in Alberta to measure the implementation of the GLA:D® program across the province. The initiative included patient and provider interviews, GLA:D® data as well as a number of other data elements which are collected through screening logs within the clinics.

Recommendations

Discussion was facilitated on the activities that would be required to implement evidence-based care for hip and knee OA and the following recommendations were made:

Expanding our successes

Issue:

There are a number of coordinated initiatives being implemented in Canada at a regional or provincial level which support the management of patients with hip and knee OA, however these are at an early stage and/or are pilot projects and/or are available at a local level only. Examples to improve diagnosis include physiotherapy in primary care and the use of Advanced Practice roles to support patient management prior to consideration for surgery. For treatment, individuals should have access to education and therapeutic exercise. Where these initiatives are in place they need to be evaluated and expanded into other regions and provinces where they will improve patient care.

Recommendation:

1. Evaluate the current projects to identify learnings and success factors.
2. Facilitate knowledge translation of the projects including success factors so that this information (and tools where appropriate) can be made available across the country for other provinces and regions to implement where appropriate and feasible.

Changing the paradigm

Issue:

Arthritis management is currently considered in the context of surgery through the use of terms such as “non-surgical” or “conservative management”. These terms suggest that surgery is the final goal of successful treatment rather than being a failure of care.

Recommendations:

1. Change the paradigm to identify early OA management as critical, focusing on the success of the interventions in reducing symptoms.
2. Develop a new diagram where the surgery is seen as a negative outcome for a small percentage of people with OA, and to emphasize the individual's ability to move between levels 1 and 2 of care through self-management techniques including embedding the management in correct biomechanics and physical activity.
3. Share a draft of the new model with individuals with OA and providers, including primary care for input to facilitate buy in.
4. Identify the correct messaging for individuals at risk of OA so that they can understand the key treatments that are required (see below).
5. Disseminate the model through the communication strategies as identified below.

Earlier diagnosis of OA

Issue:

Although it is known that OA should be diagnosed early so that the first line interventions of education, therapeutic exercise and physical activity can be started to maximize their effectiveness, diagnosis often takes up to 7 years from the onset of symptoms.

Recommendations:

1. Promote the earlier diagnosis of OA through patient-driven queries that will raise awareness of their condition and self-management options earlier in the disease continuum; this can lead to early treatment including self-management (as above).
2. Encourage diagnosis using clinical signs and symptoms through all primary care providers that interact with individuals with OA including physiotherapists and chiropractors and not just through physicians and individuals working in advanced practice roles.
3. Embed questions about physical activity in the EMR with recommendations to support primary care providers in answering patients' questions about OA and referral options.

Education on OA

Issue:

There have been improvements over the last few years in the information that is available to individuals with OA. However, it is often provided at the time of consultation for joint replacement surgery when they are likely to be in moderate to late stage OA. Information has also been developed for primary care providers through the OA Toolkit however there has been limited uptake related to the complexity of communicating with primary care. As such key messaging (e.g. Key Facts on OA) needs to be developed for patients with early joint symptoms such as pain, swelling and lack of confidence in the joint so that patients ask primary care providers directly about their condition when they first experience symptoms. These messages must be available in multiple formats (paper based and electronic) as well as through multiple points of access.

Working with partners and stakeholders who have an outreach to individuals who may have OA will be critical.

Recommendations:

1. Develop the messaging including Key Facts for individuals with OA and primary care providers including:
 - a. The typical symptoms of OA are pain in or around the joint, changes in the muscle function (e.g. abnormal movements or lack of confidence in the joint) and swelling
 - b. The need to ask the primary care provider if these symptoms are related to OA
 - c. First line treatments of education and therapeutic exercise should be available to everyone
 - d. Stay physically active throughout the day – reduce sedentary behaviour
 - e. Continue weight bearing for joint nutrition
 - f. Exercise, devices and medications to support symptoms management off-loading, muscle activation and regular physical activity
2. Ensure access to the messaging by providing accurate information and linking it with other credible sources including on the internet.

Self-management and physical activity

Issue:

Ongoing daily weight bearing through physical activity is a critical component of self-management. This needs to be reinforced consistently throughout the life course of individuals with OA to encourage them to remain active using the correct biomechanics.

Recommendations:

1. Facilitating the assessment of physical activity at regular intervals by the primary care provider including recommendations for changes in activity levels that reinforce positive behavior; education and linkages to appropriate local programs.
2. Opportunities to promote ongoing physical activity, that links patients with programs in the community that also facilitate weight bearing, need to be built in to treatments for OA and be evaluated to ensure their effectiveness and return on investment.

Using technology

Issue:

Technologies are now available that can be used to assist with diagnosis, joint offloading, symptom management, muscle activation and promotion of exercise and physical activity. These need to be leveraged and evaluated to determine their benefits to individuals with OA and the health care system, including their return on investment.

Recommendations:

1. Ensure that information about technologies that directly affect the management of OA, such as those that assist with diagnosis, supporting patients earlier in their disease, and treatment, is accurate and available to individuals with OA and primary care providers in any materials developed
2. Ensure technologies that support patient access to appropriate self-management tools, including education, remote technology, apps and motivational tools, are also considered and made available where appropriate.

Data to improve access and management

Issue:

Since 2014 there have been a number of initiatives developed to evaluate the management of OA. This has included work by the Public Health Agency of Canada (PHAC) to define the burden of the disease; a framework from Alberta and one from Ontario that measures the outcomes of participation in treatment; and the GLA:D data base that measures outcomes at 3 and 12 months after participation in the program. Although each framework provides information on the management of OA, they are not reported nationally and/or used collectively to generate knowledge of successful programs that can be shared thereby improving the care across the country for individuals with OA.

Recommendations:

1. Identify the opportunities to leverage the information from current data sources so that it can be used to improve care for people with OA across the country.
2. Identify gaps and additional opportunities to increase the sources of data to better track the burden of disease and clinical outcomes for individuals with OA.

Building a “Learning Network” to facilitate clinicians and individuals with OA working together for improved program design and advocacy

Issue:

There is significant research being undertaken on OA which is increasing our knowledge on the management of the condition. It is critical that this information is disseminated to the individuals who are treating individuals with OA through a “Community of Practice” approach. However, the detrimental effects on the health and quality of life for people living with osteoarthritis is also under-appreciated, which is due, in part, to limited opportunities for input and advocacy for individuals with OA who are not surgical candidates. Due to the perception of a lack of treatment options there has been limited opportunities for front-line clinicians and individuals with OA to provide input on the design of the management plan.

Recommendations:

1. Build a “Community of Practice” to ensure the dissemination of updated research to clinicians and patients across the country.

2. Build a Learning Network of clinicians and individuals who have OA and have been positively engaged with a treatment intervention.
3. Leverage this group to provide input at a provincial and local level into developing a system approach to the management of OA.

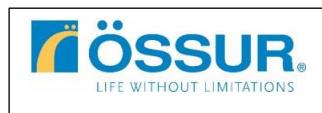
Summary and next steps

There has been significant activity since 2014 across Canada to improve access to evidence-based care for individuals with OA. This includes the development of provincial models of care as well as a number of paper-based, electronic and technology tools which are now available at a provincial level or nationally. However, the diagnosis of OA is often delayed and tends to occur when the disease is moderate to severe, resulting in individuals accessing self-management tools and knowledge late in their disease journey. Activity now needs to focus on early diagnosis and facilitation of ongoing physical activity using correct biomechanics to optimize the individual's experience and long-term outcomes.

As this work is undertaken, an ongoing evaluation strategy needs to be developed that leverages the data already available and expands this to provide a full picture on the patient experience including metrics associated with patient outcomes and return on investment. Further work is also required to leverage the learnings between provinces as well as to build a Learning Network of individuals who can advocate for, and provide input and advice on, further program development at a provincial and national level to encourage earlier diagnosis and access to evidence-based care for all Canadians with OA.

Sponsorship

Thank you to the sponsors who provided the funding to make this national OA meeting a reality.



Agenda

National Meeting Managing Hip and Knee OA: From Diagnosis to Surgery

DoubleTree by Hilton Toronto
Wednesday, May 1, 2019

A G E N D A

Objectives:

The **objectives** of the meeting are to:

7. Review the international recommendations on OA care
8. Identify the system required for an effective OA program for patients with mild to severe disease
9. Review the activities across Canada to improve the management of OA from early diagnosis to surgery
10. Discuss the implementation opportunities at a local, regional/provincial and national level
11. Identify the potential partnerships to lead the strategies including wellness and chronic disease organizations
12. Review a measurement framework that measures the patients' experience across the continuum of care

TIME	TOPIC	PRESENTER
7:15 – 8:00	Breakfast and Registration	
8:00 – 8:05	Welcome and Introduction	Jeffrey Gollish
8:05 – 8:15	Why We Are Here: Objectives for the Day	Rhona McGlasson
8:15 – 8:35	Keynote Speaker: A Patient's Experience	Jackie Salmona
08:35- 8:50	Current Status of OA Care – updated research 1) Estimating the burden of OA across the continuum of care 2) Bringing research evidence into action - an international experience 3) Osteoarthritis down under – perspectives from Australia 4) Evidence-based funding recommendations, quality standards, and quality improvement: A multipronged approach to improve OA care Discussion	Moderator: Ed Ziesmann
8:50 – 9:05		Deborah Marshall
9:05 – 9:20		Ewa Roos
9:20 – 9:35		Joanne Kemp
9:35 – 9:55		Carol Kennedy

9:55 – 10:10	Health Break	
10:10 – 10:25 10:25 – 10:40 10:40 – 10:55 10:55 – 11:10 11:10 – 11:25 11:25 – 11:45	Successful Programs 1. Piloting an OA framework in Ontario 2. The progress of OA conservative care in Alberta 3. Wellness While You Wait: A Provincial Wellness Model for Managing OA and Improving Wait Times for JRS - Current and Future Vision 4. OA management in remote communities 5. A framework for a GLAD mentorship model Discussion	Moderator: L. Giagregorio M. Farmer/E. Stevenson Kira Ellis A. Decker/H. MacDonald Allyson Jones Erin Puhalski

TIME	TOPIC	PRESENTER
11:45 – 12:30	Lunch	
12:30 – 12:45 12:45 – 1:00 1:00 – 1:15 1:15 – 1:30 1:30 – 1:45 1:45 – 2:05	Tools for success 1) What's new in physical activity counselling in primary care? 2) GLAD™ Canada: implementation and results 3) Joint Custody: Engaging Primary Care in Osteoarthritis Management 4) Knee kinesiology exam to assist primary care physicians in the management of knee OA 5) Scaling treatment of chronic disease, go digital with an example of non-surgical management of osteoarthritis Discussion	Moderator: Kira Ellis
2:05 – 2:20 2:20 – 2:35 2:35 – 2:50 2:50 – 3:10	Evaluation 1) National surveillance of osteoarthritis in Canada: Results from the Canadian Chronic Disease Surveillance System 2) Ontario strategy to evaluate the pilot project 3) Alberta evaluation of GLA:D Discussion	Moderator: D. Marshall Louise McRae Rhona McGlasson A. Jones/M. Slomp
3:10 – 3:25	Health Break	
3:25 – 4:15	Discussion	Facilitator: Rhona McGlasson
4:15 – 4:30	Wrap Up	

Special thanks and appreciation to ÖSSUR, Sanofi and The Arthritis Society for their support of this meeting



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