Models of Care: The International Perspective

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Musculoskeletal conditions have a major impact on individuals and society, affecting most people at some point in their lives. They are the greatest cause of disability in most parts of the world–rich and poor.[1] Their burden is increasing with the aging of the population and also with increases in sedentary lifestyles, obesity and injuries through sports and occupation. Good musculoskeletal health allows people to be physically active, to live independently, and to lead productive lives. There is a compelling case for investing in musculoskeletal health and the effective management of musculoskeletal conditions using treatments that will prevent disability. Despite this, musculoskeletal conditions are seldom a priority and the knowledge we have is not implemented effectively.

A call for action has been made by the Global Alliance for Musculoskeletal Health that requires actions at all levels–by the public and patients, public health, community care and secondary care as well as by policy makers. It is the responsibility of all of us. The recent WHO Europe Noncommunicable Disease (NCD) Strategy[2] recognizes the importance of investing in musculoskeletal health and preventing musculoskeletal conditions where possible through good nutrition, avoiding obesity, preventing injuries and keeping physically active. The importance of mobility is now being recognized for active healthy aging.[3] People must also have access to appropriate and timely management that supports them to self-manage their conditions, as well as ensuring they have access to appropriate treatment. These recent changes in priority are not yet reflected in policies, and there is a lack of services to appropriately manage these problems in most parts of the globe.

People need to receive the right care in the right place at the right time to ensure they optimize their outcomes. Such person-centred care needs all the expertise to be brought together to work in an integrated way, following clear pathways of care that are explicit about everyone's role from the patient, and primary care through to secondary care. Such models of care provide guidance of what works and how to implement it, streamlining the pathways to avoid people entering a healthcare maze. It requires new ways of working and improving the capabilities of parts of the workforce. Initiatives are happening across the globe to achieve this.

This issue of the *CRAJ* highlights the commendable work in Canada to overcome these challenges by providing practical solutions. Projects are also underway in other countries such as Sweden, the UK, Australia, and Kenya to develop and implement person-centred models of care, in particular for common musculoskeletal conditions.[4-9] Digital approaches also need to be used to share data and enable people in isolated communities to be supported. Core data sets for both clinical use and to measure health systems are needed and must be able to support economic evaluation.

Most importantly, we need to share the challenges and the solutions that have been found to improve care so we can avoid duplication. We need flexible systems and services to enable rapid adoption and implementation of advances in knowledge. We as clinicians have to be prepared to adapt to ensure we meet the needs and expectations of people with arthritis and other musculoskeletal conditions. The implementation of models of care that have been developed by the community for the community is a good way of achieving this.

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