

Stronger Together: The Opportunities of Interdisciplinary Models of Rheumatology Care

By Lauren King, MD, PhD, FRCPC

The value of teamwork was on full display at this summer's Olympic Games in Paris. Summer McIntosh's journey to winning three gold medals in swimming showcased the collective effort of a "village" supporting her success. The Canadian women's soccer team overcame numerous challenges, together, to advance to the quarterfinals. In athletics, the men's 4x100-metre relay team's gold medal performance illustrated how a team's performance can exceed the sum of its parts. Not a single one of the runners even made the final in their individual events but, with their complementary strengths, they won the relay! Now, with the Games behind us (yes, I am experiencing Olympic withdrawal), it is an opportune time to reflect on some parallels we can apply to rheumatology as we strive for the best care and outcomes for people living with rheumatic disease.

As rheumatologists, we face key challenges in care delivery. First, there are not enough of us relative to the rapid rise in prevalence of rheumatic diseases in our growing population, and the workforce is not evenly distributed across all regions in Canada. As a result, patients often face long wait times to be seen. Second, we assess and treat people with complex chronic diseases that seem to be increasingly intricate. We know that people with rheumatic diseases (even those with osteoarthritis) are at higher risk of adverse health outcomes, including all-cause mortality. They require comprehensive care to ensure the best health outcomes. Yet, given the demands of care required, it sometimes feels like we're settling for "good enough."

Enter the interdisciplinary model of rheumatology care. This is broadly defined as a collaborative team involving a rheumatologist working alongside one or more interdisciplinary health professionals (such as physical therapists, nurses, occupational therapists, pharmacists, etc.) within a rheumatology practice to support various aspects of care. We can think of this not only as adding more hands to expand our workforce (reducing wait times), but as an opportunity to leverage the skills of interdisciplinary health professionals to broaden the care we provide and ensure we can fully meet care needs. As different team members work together, this approach may enable, for example, longer patient visits to meaningfully address patient concerns, provide more detailed disease education to support self-management and self-efficacy,



Dr. Lauren King, Gareth Sneath (PT, ACPAC), Balraj Singh (RN), and Angelo Papachristos (PT, ACPAC) working together in the Interdisciplinary Rheumatology Osteoarthritis Program at St. Michael's Hospital in June 2024.

and more thorough medication counselling. This is not a novel concept. A Canadian Rheumatology Association position statement on "Priority Areas to Support the Sustainability of the Canadian Rheumatology Workforce", published in 2022, recommends drawing on interdisciplinary health professionals to promote and enhance the rheumatology workforce. I see these benefits for care delivery firsthand, working in Toronto and Thunder Bay with physical therapists, occupational therapists, and nurses.

The concept of interdisciplinary team-based rheumatology care sounds like a winner, right? So, why are these models not broadly implemented? What will it take to do so? What kind of funding is required to feasibly support these models for rheumatologists to adopt them? These are among the key questions that need to be answered to put team-based models into mainstream practice. The Canadian Rheumatology Implementation Science Team (CAN-RIST) is a large, pan-Canadian team working to generate actionable evidence to support the broad implementation, spread, and scaling of interdisciplinary care. Our hope is to provide the blueprint for highly effective team-based care, and the evidence to support the health-economic rationale behind it that is critical to policymakers. Our vision is to facilitate team-based care becoming part of mainstream rheumatology practice, ultimately leading to improved care experiences and outcomes for people with rheumatic diseases, reducing healthcare costs, improving health equity, and optimizing workforce well-being and sustainability. By the time the next Summer Olympic Games in Los Angeles roll around, we aim to have advanced, evidence-informed solutions in place.

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