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## Getting a Grip on Arthritis<sup>®</sup>: Evaluation of a National Community-Based Educational Intervention to Improve Primary Health Care (PHC) Management of Arthritis: Impact on Patients

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**Background:** Health care providers (HCP), adults with arthritis, health services researchers and government representatives designed this evidence-based program based on a pilot study and published arthritis clinical practice guidelines.

**Purpose:** Evaluate patient outcomes of a national community-based educational intervention designed to increase capacity of HCP teams to manage arthritis.

**Methods:** The multi-faceted intervention consisted of 30 workshops for HCP (physicians; nurse practitioners) on osteoarthritis (OA) and rheumatoid arthritis (RA) across Canada, educational materials for patients and providers and 6 months follow-up reinforcement for providers working in HPC facilities. The content integrated arthritis best practices. 26 of 219 participating HCP facilities consented to evaluate the impact of the intervention on their patients. Questionnaires were mailed to patients with diagnosis of OA or RA pre-intervention and at 6 and 12 months post-workshop. Questions included demographics, arthritis symptoms and disability, best practices recommendations by providers and use of best practices.

**Results:** Patient questionnaires completed at: baseline, (n=931); 6 months (n=567); 12 months (n=370), with 366 completing at all 3 time points. Three-quarters of patients were female, mean age 66 years. Half of respondents had OA, 20% had RA and the remaining had other diagnoses, including fibromyalgia. Respondents at all 3 time points reported less pain and disability, worse self-reported health and higher fatigue than non-respondents on follow-up. At 6 months, patients reported increases in walking ( $p<0.05$ ) and other types of aerobic activity ( $p<0.05$ ), which were sustained at 12-months. There were decreased referrals to specialists ( $p<0.05$ ), but no change for other HCPs. There were also increases in provision of contact information for arthritis community support services ( $p<0.05$ ). There were no changes in recall of HCP best practice recommendations or changes in pain, fatigue or disability.

**Discussion:** This program enhanced patient use of best practices for arthritis self-management, particularly increased participation in exercise.