



## How to ensure that people with osteoarthritis and rheumatoid arthritis receive optimal care across Europe: EUMUSC.NET Recommendations

*Recommendations to achieve better standards of care for people with Osteoarthritis and Rheumatoid Arthritis through an understanding of barriers and facilitators to their provision, with examples of good practice.*

## Problem Statement

Musculoskeletal conditions are common across Europe. They are the largest cause of physical disability, incur major social costs and are a major loss of productivity. There is a large and growing disease burden across all EU member states, an evidence of differences in care between countries, and a failure to implement evidence based interventions. All these provide a need to reduce this burden.

The aim of EUMUSC.net is to raise and harmonise quality of care and enable equity of care of rheumatic diseases and other musculoskeletal conditions across the Member states.

## Benchmark - Tools to measure

To achieve its aim of harmonising quality of care and enabling equity of care across the Member states, EUMUSC.net has developed standards of care for Europe for osteoarthritis and rheumatoid arthritis and developed methods that provide each member state with the tools to measure the burden of musculoskeletal conditions in their own country and the quality of implementation of standards of care.

The tools developed by EUMUSC.net are:

- Assessment tool to measure the burden of musculoskeletal conditions
- Standards of care that citizens should expect
- health care quality indicators to measure healthcare provision to deliver these standards

Measuring is important because it will enable a Member State to benchmark its position relative to other countries and help to identify areas for improvement.

The implementation of the tools will enable a country to:

- Accurately assess the burden of musculoskeletal conditions
- Understand the standards of care that their citizens should expect
- Measure the quality of healthcare it provides, relative to the standards of care
- Set goals for improvements in the provision of healthcare
- Recognise barriers to achieving its goals for healthcare provision
- Measure progress towards equity of care by comparison with an EU good practice model

Recommendations focus on measurement, comparison, goals, improvement and equity:

1. Start Measuring
2. Compare
3. Set Goals
4. Work to improve
5. Strive for Equity

## Recommendation no.1 - Start Measuring

### Assessment Tool

To understand the spectrum of musculoskeletal conditions it is necessary to understand their impact. EUMUSC.net has developed a set of core indicators in the form of an assessment tool that can be used to measure the following:

- Incidence and prevalence
  - Activity-limiting musculoskeletal pain
  - Low back pain
  - Neck pain
  - Rheumatoid arthritis
  - Osteoarthritis (hip, knee, hand)
  - Osteoporosis
  - Hip fracture
- Health services utilisation
  - Hip arthroplasty
  - Knee arthroplasty
  - Primary care visits related to Musculoskeletal conditions
- Human resources
  - Primary care physicians
  - Rheumatologists
  - Orthopaedic surgeons
- Health-related quality of life
- Work loss due to musculoskeletal conditions (permanent, temporary)
- Co-morbidities
  - Obesity
- Population health

### Standards of Care and Health Care Quality Indicators

To understand the quality of healthcare being provided it is necessary to understand the standards of care that citizens should expect and be able to measure the extent of achievement of healthcare providers in delivering these Standards of care.

EUMUSC.net has analysed Standards of care for Europe and developed Health Care Quality Indicators that can be used to measure the quality of healthcare provision, relative to the standards of care. The health care quality indicators assess the following factors:

- Referrals process
- Consultation process
- Follow up assessments
- Assessment of disease and its impact on quality of life and participation
- Documentation process
- Self-Management advice
- Treatment plans
- Pharmacological therapy
- Safety (drug side-effects, tuberculosis screening)
- Optimising disease management

- Standardised disease assessment
- Physical therapy
- Assistive device assessments
- Professional education

**Recommendation No 1** of EUMUSC.net is that each member state uses the assessment tool to measure the impact of musculoskeletal conditions, adopts the standards of care, and encourage the use of the healthcare quality Indicators to measure the quality of healthcare provision.

The measures are based on evidence, practicality and relevance. The EU wide adoption of the same standards of care and their indicators will enable meaningful comparisons to be made between each country and consequently enable equity of care.

## Recommendation No 2 - Compare

Measurements based on community-wide standards provide the opportunity to compare local performance data with similar performance data for other countries or regions. For example data relating to the impact of musculoskeletal conditions can be compared with other countries and with the average for the EU. Expressed on a per-capita basis this will enable such comparisons as the number of health professionals employed in a country compared to other countries with similar prevalence of musculoskeletal conditions and with the EU average. The provision of various aspects of care against agreed benchmarks can be compared between and within Member states.

EUMUSC.net has conducted an extensive analysis of the impact of musculoskeletal conditions throughout the member states. Use of the assessment tool will support comparisons of local data with the results of the EUMUSC analysis.

EUMUSC.net has also produced a case study of good practice in the provision of healthcare services which can be used as a benchmark for comparison with findings in each of the member states.

**Recommendation No 2** of EUMUSC.net is that each member state analyses data collected about the impact of musculoskeletal conditions and the provision of health care services and compares the collected data with similar data collected by EUMUSC.net for other member states and the EU average.

It is important to understand the importance of individual aspects of musculoskeletal conditions in your population related to standards in order to set appropriate goals.

Each member state should encourage healthcare providers to audit and compare if they are delivering the agreed standards of care.

## Recommendation No 3 - Set Goals

All stakeholders should set goals. The stakeholders include the public at risk, patients, healthcare and social care professionals, employers, national political levels and European political levels.

The setting of goals will provide direction for provision of healthcare. This will help to improve musculoskeletal health and enable progress towards equity of care to be evaluated.

EUMUSC.net recommends that each member state sets goals for improving musculoskeletal health, supported by measurable objectives.

Goals need to be specific, measurable and achievable - and should meet the needs and priorities of the actual or potential musculoskeletal population. This can be assessed from the analysis suggested under recommendation no 2 and will lead to an understanding of which conditions carry the greatest burden, and where assessment, management and treatment need improvement most. Based on the results from eumusc.net, it is suggested that the goals should:

- Be commensurate with the currently assessed burden of musculoskeletal conditions
- Address the need for timely and equitable access to care and treatment, including self- management
- Achieve availability of sufficient resources, especially suitably trained health care professionals and access to appropriate interventions
- Support healthy lifestyles through public health programmes
- Support patient and professional access to high quality information
- Support research to increase the understanding of the causes of musculoskeletal conditions
- Initiate and maintain standardised data collection throughout the member states.

For a broad range of goals refer to *The European Action Towards Better Musculoskeletal Health* at [http://www.boneandjointdecade.org/european\\_action](http://www.boneandjointdecade.org/european_action) which suggests that goals should be based on commonality of recommendations that will maintain or improve musculoskeletal health whatever the underlying condition. In addition they should combine what evidence-based interventions can achieve, with the requirements of patients, carers, patient representatives and health care providers.

**Recommendation no 3** of EUMUSC.net is that healthcare providers and policy makers should set goals for improving musculoskeletal health and delivering equity of care.

Goals focussed on implementation of the standards of care and provision of resources appropriate to the prevalence of musculoskeletal conditions in each member state will make a positive contribution to improvements in musculoskeletal health and equity of care across the member states.

## Recommendation No 4 - Work to Improve

Improvement in rheumatology health care will come from developing accessible services that meet the objective of achieving previously established goals.

There are facilitators and barriers to achieving improvements in musculoskeletal health.

Facilitators include:

- Existence of a comprehensive health strategy to address the determinants of musculoskeletal conditions
- Existence of musculoskeletal conditions on the political agenda at all levels
- Recognition of the importance of musculoskeletal health and prioritisation of the availability of appropriate resources
- Prioritisation of research into the causes of musculoskeletal conditions and their impact
- Development of public policies for healthy lifestyles linked to other chronic conditions that share the same risk factors
- Collection and analysis of data to monitor the determinants for occurrence, impact and treatment of musculoskeletal conditions across Europe in a standardised manner

Barriers include:

- Lack of knowledge of the prevalence of musculoskeletal conditions within a population
- Lack of awareness among public, healthcare providers and policy makers alike
- Costly and clinically ineffective resources
- Shortage of champions for change at all levels i.e. political, healthcare professional, employer, patient and public levels
- Lack of goals or absent implementation strategy

**Recommendation no 4** of EUMUSC.net is to identify the barriers preventing and the facilitators enhancing the pursuit of goals that have been established to improve musculoskeletal health and to develop specific actions to reduce or remove those barriers.

As a first step, it is recommended that a local assessment is made of the barriers identified by EUMUSC.net and facilitators for overcoming them as a basis to develop appropriate actions to improve musculoskeletal health.

## Recommendation No 5 - Strive for Equity

Within the EU, previously developed recommendations for the prevention and treatment of musculoskeletal conditions have been developed but these are not being equally implemented.

Studies have examined existing management of musculoskeletal conditions in different European countries, and there is evidence of differences which will lead to unequal health outcomes.

Surveys across different European countries have shown different approaches by both people with musculoskeletal problems and by physicians to the management of rheumatic and musculoskeletal conditions.

The recommendation of EUMUSC.net aim at raising and harmonising quality of care and search to enable equity of care of rheumatic and other musculoskeletal conditions across the member states.

Equity can only be achieved by adoption of a common practice for standards of care, by common measurement of the quality of healthcare provision, and by adoption of EU-wide accepted goals to overcome the barriers and enhance facilitators to achieving these standards. This will enable effective prevention and management of these conditions in the member states. This work is underpinned by a uniform basis for data collection and analysis which to determine the burden of musculoskeletal conditions for the individual and in our societies.

**Recommendation no 5** of EUMUSC.net is for all member states to strive for equity by adopting the EUMUSC.net standards of care, health care quality indicators, assessment tools, and utilize facilitators. The objective is equity in rheumatology care throughout Europe.

**eumusc.net** is an information and surveillance network promoting a comprehensive European strategy to optimise musculoskeletal health. It addresses the prevention and management of MSC's which is neither equitable nor a priority within most EU member states. It is focused on raising the awareness of musculoskeletal health and harmonising the care of rheumatic and musculoskeletal conditions.

The 3 year project that began in February 2010 is supported by the European Community (EC Community Action in the Field of Health 2008-2013), the project is a network of institutions, researchers and individuals in 22 organisations across 17 countries, working with and through EULAR.

**eumusc.net: creating a web-based information resource to drive musculoskeletal health in Europe**  
[www.eumusc.net](http://www.eumusc.net)