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## It is time to rethink osteoarthritis (OA) care delivery

U.S. medical expenditures on OA and allied disorders are now averaging \$62 billion annually. OA acts as a multiplier, increasing the costs for patients with other chronic diseases. Further, the disease impacts individuals in pain and loss of function. It impacts the economy through lost productivity as the disease increasingly affects patients during their working years. To rethink the treatment of OA, the cross-disciplinary Chronic Osteoarthritis Management Initiative (COAMI), managed by the U.S. Bone and Joint Initiative (USBJI), is developing a comprehensive, evidence-based model of care for OA.

### Objectives:

1. Develop clinical care pathway for managing osteoarthritis, from prevention through operative treatment, basing recommendations on evidence-based medicine, using accepted formats for systematic reviews of existing literature.
2. Recognize variability in health care systems, and establish decision nodes with flexibility for different members of the care team based on the structure or culture of the environment.
3. Promote prevention, incorporating Community Based Organizations for weight loss and physical activity.
4. Develop delivery and implementation models for the OA pathway to guide new patients into the care pathway and promote patient adherence.
5. Design the pathway as a continuous learning model, facilitating improvements based on new literature and best practices.
6. Incorporate input across the spectrum of OA providers, patient groups, health care purchasers, and health systems. Maintain patient-centered focus with attention to equitable care through inclusion of tools including shared decision making.

### Work completed:

1. Collaborative established across stakeholders in the delivery of OA care, with representatives from physician groups involved in MSK care, including sports and family medicine, orthopaedics, physiatry, rheumatology, and pediatrics; members of allied health groups including physical therapy, advanced practice nurses, physician assistants, and registered nurses; advocacy and patient groups.
2. Systematic reviews of literature on [guidelines for OA management](#), and of [patient-reported outcome measures](#) that could be administered realistically in a practice setting, completed and published.
3. Review and assessment of shared decision making options.
4. Review and assessment of similar treatment implementation models in other chronic diseases.
5. Preliminary care pathway model.

### Next steps:

1. Funding for further development including focus groups.
2. Patient focus groups.
3. Payer/provider focus groups
4. Development of decision nodes and identification of potential providers at each node
5. Funding and partners for implementation of pilots.