



“It’s like a one-stop-shop”: A Qualitative Study Exploring Patient Experiences in Receiving Interdisciplinary Teams-Based Rheumatology Care for Rheumatic and Musculoskeletal Diseases

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BACKGROUND

Interdisciplinary team-based models of rheumatology care involve rheumatologists & interdisciplinary health professionals (IHPs) collaborating to enhance care & health outcomes for individuals with rheumatic & musculoskeletal diseases (RMDs).
Knowledge Gap: There is limited knowledge about patients' experiences with this approach.

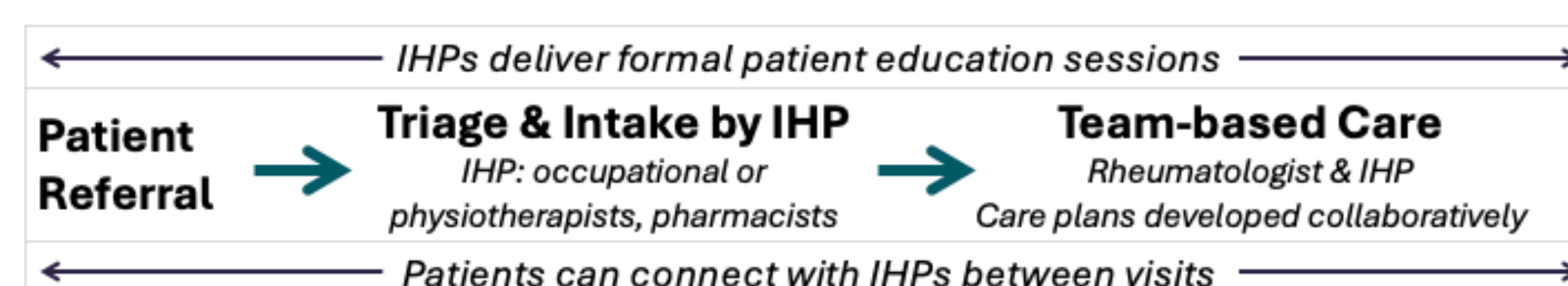
OBJECTIVE

Explore the experiences of patients with receiving interdisciplinary team-based rheumatology care

METHODS

Design: Qualitative descriptive study
Setting: Provincially funded community-based interdisciplinary team-based model of rheumatology care in Newmarket, Ontario (Centre of Arthritis Excellence)

Model of Care:



Population: Current/past patients across range of RMDs

Data Collection: Secondary analysis of semi-structured interviews

Analysis: Inductive content analysis to develop themes

RESULTS

THEMES

Theme 1: Improved Access to Care

Patients perceived that the interdisciplinary model improved **access to timely initial care**. Many patients spoke about a short time to their first assessment owing to IHP triage and intake process.

“I was surprised at how quickly the appointment happened... When I got there my initial assessment was with a physiotherapist...It was a physiotherapist who was very experienced with rheumatic disease” (P25)

“If I have questions or if I’ve suddenly had an issue, I can call them and they’re always available to answer questions or to you know kind of help me through whatever it is that I’m going through at the time, so that, I find very helpful too” (P28)

Perceived **access to care** was enhanced through the **team's responsiveness**, where multiple providers were available to address health concerns and medication questions.

Patients valued the **in-depth assessments**, where multiple providers contributed for **comprehensive** assessment and education.

“You feel like you have a whole team of people working for you. Instead of just going to see one doctor, which could feel, like, transactional” (P14)

Theme 2: Comprehensive Care

“Each of them had their own thing to take care of. And they were – they were so good at what they did, and they would spend that time with you, and they would explain everything. So, no, I think everything that they did, you know was good, like was helpful and was necessary” (P2)

The team’s **diverse expertise** across different areas (medications, medical care, physiotherapy) gave patients confidence in their treatment.

The interdisciplinary team-based model of care was described as a **“one-stop-shop”**; one place where rheumatic patients could efficiently get the **comprehensive** care they needed

“It’s like a one-stop-shop where everybody is under the same roof, everybody knows they’re on the same page. They know exactly what the treatment plan is. They know exactly what the goals are and that’s I think vital to the success of the clinic” (P28)

DEMOGRAPHIC SUMMARY (n = 15)

Age Median = 62 (range 42-78)

Gender n=7 woman n=5 men

Race n=14 White

Diagnosis
n=6 Rheumatoid Arthritis
n=4 Spondylarthritis
n=2 Osteoarthritis
n=3 Other inflammatory rheumatic disease

CONCLUSIONS

- Patients had **positive experiences** receiving rheumatology care within a team-based model.
- Patients valued the team-based approach for its ability to improve **access to care** and deliver **comprehensive support** that enhanced their rheumatic disease management and wellbeing
- Findings support widespread adoption of interdisciplinary team-based models of rheumatology care.

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