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Moving from evidence to practice: Models of care for the prevention and management of musculoskeletal conditions



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With musculoskeletal conditions now identified as the second highest cause of the morbidity-related global burden of disease, models of care for the prevention and management of disability related to musculoskeletal conditions are an imperative. Musculoskeletal models of care aim to describe how to operationalise evidence-based guidelines for musculoskeletal conditions and thus support implementation by clinical teams and their health systems. This review of models of care for musculoskeletal pain conditions, osteoarthritis, rheumatoid arthritis, osteoporosis and musculoskeletal injuries and trauma outlines health system and local implementation strategies to improve consumer outcomes, including supporting access to multidisciplinary teams, improving access for vulnerable populations and leveraging digital technologies to support access and self-management. However, the challenge remains of how to inform health system decision-makers and policy about the human and fiscal benefits for broad implementation across health services. Recommendations are made for potential solutions, as well as highlighting where further evidence is required.

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Introduction

The perceived burden of disease attributed to chronic musculoskeletal conditions and the sequelae from musculoskeletal injury and trauma have been lower relative to other diseases more closely associated with mortality, such as cancer, kidney disease and ischaemic heart disease. However, the emerging evidence now unequivocally and consistently identifies the profound prevalence, socio-economic impact and burden of disease imposed by chronic musculoskeletal conditions and their associated pain burden and functional impairments. These outcomes are particularly relevant in conditions such as osteoarthritis (OA), rheumatoid arthritis (RA), osteoporosis (OP) and pain of musculoskeletal origin, especially low back pain [1–7].

In the most recent Global Burden of Disease Study, musculoskeletal conditions including RA, hip and knee OA, low back and neck pain, gout and other musculoskeletal disorders represented the second highest burden of disease globally, when expressed as years lived with disability – an index representing morbidity. At the condition level, low back pain was the leading global cause of years lived with disability across all 289 diseases and injuries examined [6]. Even when mortality was considered with morbidity (expressed as disability-adjusted life years), the burden of disease for musculoskeletal conditions was still substantial, representing the fifth highest condition group [5]. In developed nations, however, this ranking is substantially higher owing to a greater disease burden attributed to morbidity rather than mortality. Even more striking are the projections for the future burden of disease associated with musculoskeletal conditions. For example, a recent Australian socio-economic impact report based on Australian Health Survey data conservatively estimated that the prevalence of cases of musculoskeletal conditions will soar by 43% by 2032 [1]. Population modelling suggests that although the steepest trajectory will be in cases of OA (58%), the greatest absolute number of people will live with chronic back problems. More recent estimates of the projection of osteopenia and OP in Australia highlight a striking 31% increase in the number of Australians affected by these conditions by 2022 [7].

Despite the identified burden of musculoskeletal conditions, a substantial burden–service gap persists in most developed nations. Not only is the access to care variable according to geography, ethnicity and socio-economic status, thus creating care disparities [8–11], but also the delivery of care from practitioners and health systems inadequately aligns with the best available evidence for what works [12,13]. The burden–service gap is not easily solved as it is driven by a myriad of complex

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