The Global Alliance for Musculoskeletal Health
Bone and Joint Decade 2010 - 2020

Opportunities for innovation and research: Bone and Joint Decade initiatives

October 13, 2014 London

Professor Kristina Akesson
BJ D International Coordinating Council
Dept. Clinical Sciences Malmo, Lund University.
The Global Alliance for Musculoskeletal Health
Bone and Joint Decade 2010 - 2020

- Umbrella organisation
- Collaboration
- Contribution
- Interaction
Working with the World Health Organisation

Identifying opportunities for collaboration
Working with the World Health Organisation
The Global Alliance for Musculoskeletal Health
Bone and Joint Decade 2010 - 2020

- Monitoring and surveillance to provide evidence on burden
- Outreach and advocacy
- Promoting musculoskeletal health and self-management
- Improving competency within the workforce
Bone and Joint Monitor Project
Providing the evidence for advocacy and to support policy

IMPACT OF DISEASE

“STATE OF THE ART”
EFFECTS OF INTERVENTION

UNAVOIDABLE BURDEN

EFFECTS IN CLINICAL PRACTICE

AVOIDABLE BURDEN OF DISEASE

Coordinated by Woolf AD, Akesson K, Hazes JMH
Woolf, AD  J Rheumatol 2003;30 Suppl 67:6–9

Keep people moving
Bone and Joint Decade
“Keep people moving”

Our current collaborative projects with WHO:

Disability
• WHO Partners working in Disability and Rehabilitation
• WHO Global Disability Action Plan 2014 - 2021

Revision of WHO ICD10

World Report on Ageing and Health
Other core activities

**Global Burden of disease**
- Identifying burden of musculoskeletal conditions for the Global Burden of Disease 2010 Study

**Promoting musculoskeletal health and self-management**
- LIBERATE Program

**Musculoskeletal health in the Workplace**
- BJ D Initiative to reduce work loss due to musculoskeletal conditions

**Medical education**
- Patient Partners
- UWEZO

**Ageing and Musculoskeletal Health**
- European Innovation Partnership for Active Healthy Ageing
- Understanding frailty CPME survey
Impact of Musculoskeletal Conditions

World Health Reports

Global Burden of Disease and Risk Factors 2005

Global Burden of Disease 2005

Major and Chronic Diseases REPORT 2007

MUSCULOSKELETAL HEALTH KEY STATISTICS

Eumusc.net

Keep people moving
Musculoskeletal conditions are the second greatest cause of DISABILITY worldwide and impact throughout adulthood.
Musculoskeletal conditions are the second greatest cause of Disability (YLDs) %: global by cause, 2010

Mental 22.89% of YLDs

MSK 21.13% of YLDs
Bone and Joint Monitor Project
Providing the evidence for advocacy and to support policy

IMPACT OF DISEASE

“STATE OF THE ART”
EFFECTS OF INTERVENTION

UNAVOIDABLE BURDEN

EFFECTS IN CLINICAL PRACTICE

AVOIDABLE BURDEN
OF DISEASE

Coordinated by Woolf AD, Akesson K, Hazes JMH
Woolf, AD J Rheumatol 2003;30 Suppl 67:6–9
What can be done to reduce the burden?

Stages of Prevention

**Primary prevention**
- avoid or remove the cause of a health problem before it arises

**Secondary prevention**
- detect a health problem at early stage, facilitating cure, or reducing / preventing spread, or reducing / preventing long-term effects

**Tertiary prevention**
- reduce the impact of an already established disease

**Prevention**
**Secondary prevention**
**Tertiary prevention**

**Treatment**

**Rehabilitation**

- The whole population
- At Risk
- Those with condition
- MORBIDITY
Setting standards for primary, secondary and tertiary prevention and providing the evidence base for health policy

In Europe

- A common policy to prevent and control musculoskeletal conditions in Europe (funded by EU)
- Patient-related standards of care and healthcare quality indicators for providers being developed by EUMUSC.NET (funded by EU and EULAR)

In developing countries

- Cost-effective health interventions for musculoskeletal conditions in the Disease Control Priorities in Developing Countries Report (initiative of World Bank, WHO and NIH).
SPECIAL COMMUNICATION


Nicholas E. Walsh, MD, Peter Brooks, MBBS, J. Mieke Hazes, MD, PhD, Rorey M. Walsh, BS, Karsten Dreinhöfer, MD, Anthony D. Woolf, BSc, Kristina Åkesson, MD, PhD, Lars Lidgren, MD, PhD, for the Bone and Joint Decade Task Force for Standards of Care for Acute and Chronic Musculoskeletal Pain


Musculoskeletal conditions often manifest with the onset of pain and the resulting physical limitations. Musculoskeletal pain is almost inevitable in an individual’s lifetime. It is one of the most common reasons for self-medication and entry into the health care system. Musculoskeletal pain affects 1 in 4

THE OVERALL OBJECTIVES of this document are (1) to inform health care providers in the management of acute and chronic musculoskeletal pain; and (2) to promote partnerships among the community, patients, and clinicians in decision-making in relation to pain—its prevention and management.

This document is based on 3 themes: (1) access to information, support, and knowledge that optimize musculoskeletal health for everyone and enable self-management; (2) access to the right services that enable early assessment, management, and prevention of chronic pain; and (3) access to ongoing and responsive treatment and support.
World Report on Disability launched 9 June 2011 at United Nations

provides global guidance on implementing the United Nations Convention on the Rights of persons with Disabilities

gives a picture of the situation of people with disabilities, their needs and unmet needs, and the barriers they face to participating fully in their societies

highlights good practice examples

makes recommendations for the way forward
• BJD invited to be a partner with WHO

• BJD working with World Health Organization Disability and Rehabilitation team to provide evidence on the disability related to musculoskeletal conditions and what can be done to reduce this

• Focusing on osteoarthritis, spinal pain, rheumatoid arthritis and fragility fractures
Disability related to musculoskeletal conditions: implications for policy and practice

- WHO Disability and Rehabilitation team and the Bone and Joint Decade are working together to provide evidence on
  - disability related to musculoskeletal conditions
  - what can be done to reduce this
- This will inform policy and practice, in particular supporting the development of WHO guidelines on health-related rehabilitation.
- This will be done through systematic reviews
- This is being done in parallel to systematic reviews commissioned by the WHO addressing disability related to the four major NCDs with high mortality (cardiovascular diseases, cancers, diabetes and chronic lung diseases).
- The results for musculoskeletal conditions can then be used alongside the evidence for these major NCDs to develop comprehensive policies.
Disability related to musculoskeletal conditions: implications for policy and practice

- BJD
  - Project Management Group
    - Working Groups
      - Rheumatoid Arthritis & other inflammatory MSDs
      - Osteoarthritis
      - Spinal conditions
      - Fragility fractures
  - Scientific Advisory Group

Working Groups will consider:
- magnitude and scope of disability
- most effective rehabilitation measures
Ageing and Musculoskeletal Health
An Ageing Population

WHO World Report on Ageing and Health

- In response to the rapid ageing of populations WHO is putting in place a number of related initiatives.
  - *World Report on Ageing and Health* to summarise what is currently known
  - *Global Strategy and Action Plan on Ageing and Health* to guide the response of Member States.

- Importance of musculoskeletal health recognised and BJD invited to prepare background paper on *Musculoskeletal Disorders* drafted by a small team that will be constituted as a “Knowledge and Action Node” of the WHO Knowledge and Action Network on Ageing and Health. This node will subsequently become a driver of future work in this area.
WHO World Report on Ageing and Health

Background paper on ageing and musculoskeletal health (1)

• Importance of musculoskeletal health
  – Major disorders affecting musculoskeletal health (osteoarthritis, inflammatory joint diseases, back & neck pain, regional pain disorders, osteoporosis, falls and fragility fractures, consequences of injury), considering incidence, prevalence, impact, determinants and epidemiologic trends

• Effective interventions for primary, secondary and tertiary prevention

• Strategies for the implementation of evidence-based interventions considered separately for low, middle and high income countries.

• Current status of how evidence is being implemented and health need being met, with case studies which identify barriers and facilitators
WHO World Report on Ageing and Health
Background paper on ageing and musculoskeletal health (2)

• Assess what aspects of the health systems act positively or as a barrier to improving musculoskeletal health across the life course and specifically for older individuals. This section may look at the different factors that impact on aspects such as access to services, coverage of services and affordability of services and can consider all health system building blocks such as policies, technologies, information systems etc.)

• Recommendations for priorities in research and strategies to be implemented
WHO World Report on Ageing and Health

Background paper on ageing and musculoskeletal health (3)

Project group

- **Editorial Group** - overall responsibility
  - Anthony Woolf (UK) (Lead Author)
  - Lyn March (Australia)

- **Core Writing Group** - develop framework and draft content

- **Expert Group** – support Core Writing Group with content and evidence

- **Review Group** – provide oversight to ensure comprehensive and of appropriate quality; provide current status of how evidence is being implemented and health need being met in different geographic and economic settings, with case studies, which identify barriers and facilitators; advise on impact of health systems; advise on the evidence and policy gaps and priorities. An opportunity for involvement by organisations.
European Innovation Partnership on Active Healthy Ageing

- BJD a partner and a member of Action Group with a focus on ‘Prevention and early diagnosis of frailty and functional decline, both physical and cognitive, in older people’

- Working with CPME, which represents all doctors in the EU, to survey peoples and clinicians understanding of frailty and functional decline
Musculoskeletal Conditions and Work

Musculoskeletal conditions have an enormous impact on work causing:

- **Work disability**
  - ceasing to work before retirement age

- **Absenteeism**
  - missing part or whole days from work (e.g. number of days/hours off work)

- **Presenteeism**
  - an individual remains in work but with difficulty or reduced efficiency/productivity.
Musculoskeletal Health in the Workplace
A BONE AND JOINT DECADE INITIATIVE

- How to keep people physically healthy in the workplace
- How to prevent musculoskeletal problems impacting on work
- How to enable people with musculoskeletal conditions stay in the workplace
Musculoskeletal Health in the Workplace
A BONE AND JOINT DECADE INITIATIVE

1. Maintain physical capacity

2. Prevent MSDs and workloss associated with them
   - identification and modification of risk factors for MSDs in the workplace - ergonomic and psychological interventions
   - balancing work capacity of the employee with the workload of the working environment - work organisation and management attitudes

3. Preventing workloss due to musculoskeletal disorders (work-related) or conditions (not work-related).
   - access to early interventions
   - ways to reintegrate people into the workplace
Promoting musculoskeletal health and self-management
Take control of your joint pain so you can live life to its fullest
Improving Competency within the Healthcare Workforce
Raising standards of care through medical education and training - Bone and Joint Decade Education Task Force

Establishing Standards for Undergraduate Education

- China, Australia, Canada, Croatia...

Global core recommendations for a musculoskeletal undergraduate curriculum
The Patient Partner programme

A medical education programme where people with a musculoskeletal condition have been specially trained to demonstrate how to take a history, how to perform a joint examination and a screening assessment to medical students, primary care physicians and healthcare professionals involved in managing people with arthritis and other musculoskeletal conditions.

Patient Partners understand what it is like to live with a musculoskeletal condition and relate their own experience to everything they teach.
Programme format

• Patient Partners role-play a mock consultation covering:
  – Principles of history taking
  – Principles of joint examination
  – Screening assessment
  – Detailed joint examination with history taking

• Use typical clinical presentations of different musculoskeletal problems as a framework for teaching history taking and clinical examination. Will cover 2-3 different clinical scenarios in each session.
The Patient Partner Training Manual

- Background information for PP trainers
- Anatomy and relevant medical terms
- Scripts for role-play consultation
Modules that consider clinical problems related to regions

Each module includes:

- Introduction
- Description of the anatomy
- Glossary
- Causes of problems
- Giving a history
- Developing a script
- Examination script
- Look, feel, move, stress, listen, special tests
The Patient Partner programme
Past and Future

Originally developed by Peter Lipsky, University of Texas and Valerie Branch, a person with rheumatoid arthritis (RA), in the 1970's

adopted by Searle, launched as Patient Partners globally in the 1990s and run in 22 countries worldwide at its peak in the early 2000’s

Pfizer supported its revision by Bone and Joint Decade Educational Working Group in 2004 but not implemented

Ownership transferred from Pfizer to Bone and Joint Decade in 2013

Grant from Pfizer UK in 2014 to update and make web-based version which will be available under licence to BJD networks
Improving the Prevention and Management of Musculoskeletal Conditions in developing countries by workforce development

• To enable first line health professionals working in the community, to be able to manage common musculoskeletal problems and recognise those which need more specialist management

• Delivered to community health workers who will first see a person with a musculoskeletal condition

• Delivered by physician trainers and patient trainers working together who have been trained using a standardised programme to ensure quality, consistency and sustainability

UWEZO Musculoskeletal Health Training Project
Piloted in Kenya
A sustainable training programme
“Keep people moving”