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## CONFERENCE ABSTRACT

### **An interprofessional, community-based integrated care model for individuals with fibromyalgia: A pilot randomized controlled trial in a small urban centre**

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**Introduction:** Fibromyalgia (FM) is a complex chronic disease characterized by widespread pain, non-restorative sleep, mood and cognitive impairment and often accompanied by inflammatory arthritis or other co-morbidities. This condition affects approximately 3-6% of the world's population; increasing with age and more often affects women. Diagnosis and long-term management of patients with FM poses a challenge to primary care providers and specialists. Too often, initial diagnosis is delayed, care is fragmented, and health service utilization remains high. There is currently no gold-standard treatment for FM and many patients live with chronically uncontrolled symptoms and functional disability. Consensus across national FM guidelines include a multimodal approach with emphasis on non-pharmacological therapies and self-management strategies. Yet, many patients do not have access to this type of integrated care. The objective of the study was to test the implementation of a community-based interprofessional team-based FM program to equip patients with sustainable long-term and effective disease self-management.

**Methods:** A pilot randomized controlled trial was conducted using mixed methods with a 10-week intervention offered to FM patients in a small urban setting. The intervention included an interprofessional team offering personalized exercise and supportive education with a focus on self-management in small groups. Participants completed questionnaires at baseline, post- and 3-months post-intervention. Assessment tools included standardized measures of participants' perceptions of quality of care, FM impact on daily functioning, and mental health. Frequency and purpose of emergency department visits was assessed. Patient focus groups and provider interviews were completed following the intervention to gather perspectives on the care model and patient impact.

**Results:** Significant improvements from start to end of the intervention were shown in the primary outcome of patient-perceived quality of care, and also in secondary outcomes of impact of FM on daily functioning; and attitudes towards pain. Emergency department visits displayed a decreased trend in frequency of visits during, and over 3 months following, the intervention.

**Discussions:** Improved attitudes to pain combined with enhanced daily function have the potential for lasting benefits to the personal and economic costs of FM. Implementation of this group

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intervention has the potential to offer a sustainable strategy to provide integrated FM care in small urban settings.

**Conclusions & Lessons Learned:** Patient-perceived quality of care is paramount to chronic disease management. This innovative integrated care model for FM patients has the potential to make significant differences for patients and providers with existing resources and sustainable capacity for generalization to other communities and chronic diseases.

Limitations: Based on the local demographics, our patient population is largely Caucasian, female, and primarily older. Significant loss-to-follow-up was noted at 3 months post-intervention.

**Suggestions for Future Research:** Future studies with larger sample sizes will be required to replicate results and to identify factors that might impact effectiveness of the integrated care model (e.g., disease severity, gender, attendance). Research is also needed to study factors impacting sustained improvements and whether a similar model is beneficial for people with other chronic conditions.