Additional File 2: The Joint Clinic programme logic model

Definition of the problem	Inputs		Outputs Implementation		Outcomes		
	Components	Activities	Activities	Target	Short term	Intermediate	Long term
Osteoarthritis (OA) principally	Identify clinical	Finalize model	Complete	Share assessments	Collaborative	Address issues	Attain funding
affects the older population, and	need	and plans	monthly	with GPs and	planning and goal	raised by	security for
is the most common form of			implementation	surgeons	setting	evaluation	continuation of
arthritis. The prevalence of OA	Proposal of the	Develop key aims	and outcomes				the service
increased 32% in the last	'Joint Clinic' as a	and evaluation	reports	Gain support from	Achieve outcomes	Publish outcomes	
decade.	solution to unmet	plan		stakeholders and	targets:	in peer-reviewed	Replicate Joint
	need.		Collaborate with	actors	- primary outcome	journals	Clinic model with
In New Zealand, OA of the hip		Develop clinical	SDHB, GPs, and		= reduce unmet		other
and knee is the most common	Grant from	pathway	Orthopaedic	Educate GPs	need for	Increase or meet	musculoskeletal
condition for which joint	National Health		outpatient	about existence of	orthopaedic	capacity	conditions
replacements are indicated. As	Board (via	Develop staffing	services	Joint Clinic and	consultations for		
the population ages, this will	SDHB)	plan		its role in the	patients with OA		
place significant stress on the			Coordinate te	patient pathway			
health resources in NZ.	Research	Develop method	programme across		Complete		
	conducted at	of reporting	relevant sectors		programme		
In Dunedin, there is a	Centre for				evaluation report		
disproportionately low number	Musculoskeletal	Develop method			for funders		
of orthopaedic specialists. Up to	Outcomes	of liaising with					
44% of patients with OA of the	Research,	GPs and					
hip or knee referred for	University of	Orthopaedic					
orthopaedic consultation are	Otago	staff/surgeons					
unable to be offered a specialist							
consultation.							
Evidence supports that							
multidisciplinary collaboration							
and communication are essential							
to promote continuous, co-							
ordinated, patient-centred care							
for people with OA.							
tor people with OA.							
Time		I	I	l		l	

Notes: GP = general medical (family practice) practitioner; OA = osteoarthritis; SDHB = Southern District Health Board