Introduction: Rheumatic and musculoskeletal diseases (RMDs) rank as some of the most prevalent chronic conditions globally. Integrated care is a promising approach for enhancing person-centred care, allowing patients to achieve the outcomes that are important for them. To evaluate the application and benefits of integrated care, patient experiences should be collected. While patient experiences of integrated care have been documented for various chronic diseases, little is known about them in the context of RMDs. This study aims to provide a first overview of the experiences of integrated care of RMD patients and define the priorities and experience profiles of different patient subgroups.

Methods: An online cross-sectional self-administered survey formulated following a scoping review of the literature was administered to a purposive sample of Italian patients with RMD (n = 433). Respondents reported their experiences together with the importance attributed to different aspects of integrated care. Participants’ sociodemographic and clinical characteristics were also collected. Exploratory factor analysis was performed to determine the dimensions of integrated care that the survey investigated. The differences in the responses provided by different subgroups of the sample were assessed using the non-parametric versions of ANOVA and ANCOVA tests with Scheffe’s adjustment for multiple comparisons.

Results: Two factors (“Humanised Health Care” and “Health Service Delivery”) were extracted from the explorative factor analysis. The respondents attributed high importance to both of these integrated care dimensions. However, overall positive experiences were only reported for Humanised Health Care. The delivery of integrated care services received a poor evaluation, especially when considering service proactivity, responsiveness, and degree of digitalisation. Women attributed more importance to both dimensions of integrated care than men (H(1) = 45.292, p < 0.001, and H(1) = 6.998, p = 0.008). However, their experience of Health Service Delivery was significantly worse (H(1) = 20.201, p < .001). The latter was also true for older participants compared to younger ones (H(3) = 24.216, p = .009). Humanised Health Care was more important for patients with comorbidities (F(1,431) = 4.944, p = .027). Patients with a lower self-reported quality of life described poorer experiences with both dimensions of integrated care (F(2,430) = 5.267, p = .006 and F(2,430) = 7.488, p = .001).
Spezia: Patient experiences of integrated care of people with rheumatic and musculoskeletal diseases: Findings from a cross-sectional study among Italian patients.

**Conclusion:** Italian RMD patients described integrated care as an important approach. Patients reported receiving positive humanised care but gave the delivery of integrated care services a poor evaluation. Different patient subgroups described different priorities and experience profiles.

Practical implications and limitations: Improvement interventions should be introduced to enhance the integration of care for Italian RMD patients. Particular attention should be paid to frail and/or disadvantaged patients. The identification of specific priorities and experience profiles can inform the design of tailored interventions to address the particular concerns and needs of each patient subgroup. The main limitation of this study was the use of a purposive but not nationally representative sample.