



Arthritis Alliance of Canada  
Alliance de l'arthrite du Canada

# CRA-CIHR-AAC-CATCH Partnership Economic Analysis of IA MoCs Project

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# Disclosure

## Funding:

- CIHR – AAC Health System Impact Fellowship  
“Building an economic business case for innovative models of care for patients with Inflammatory Arthritis in Canada”
- AAC and CRA funding “Cost-Consequences of Models of Care for Patients with Inflammatory Arthritis” project

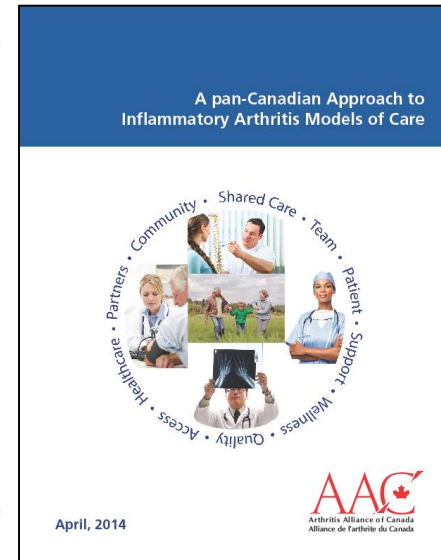
# A Pan-Canadian Approach to Inflammatory Arthritis Models of Care (IA MoC)

## Purpose

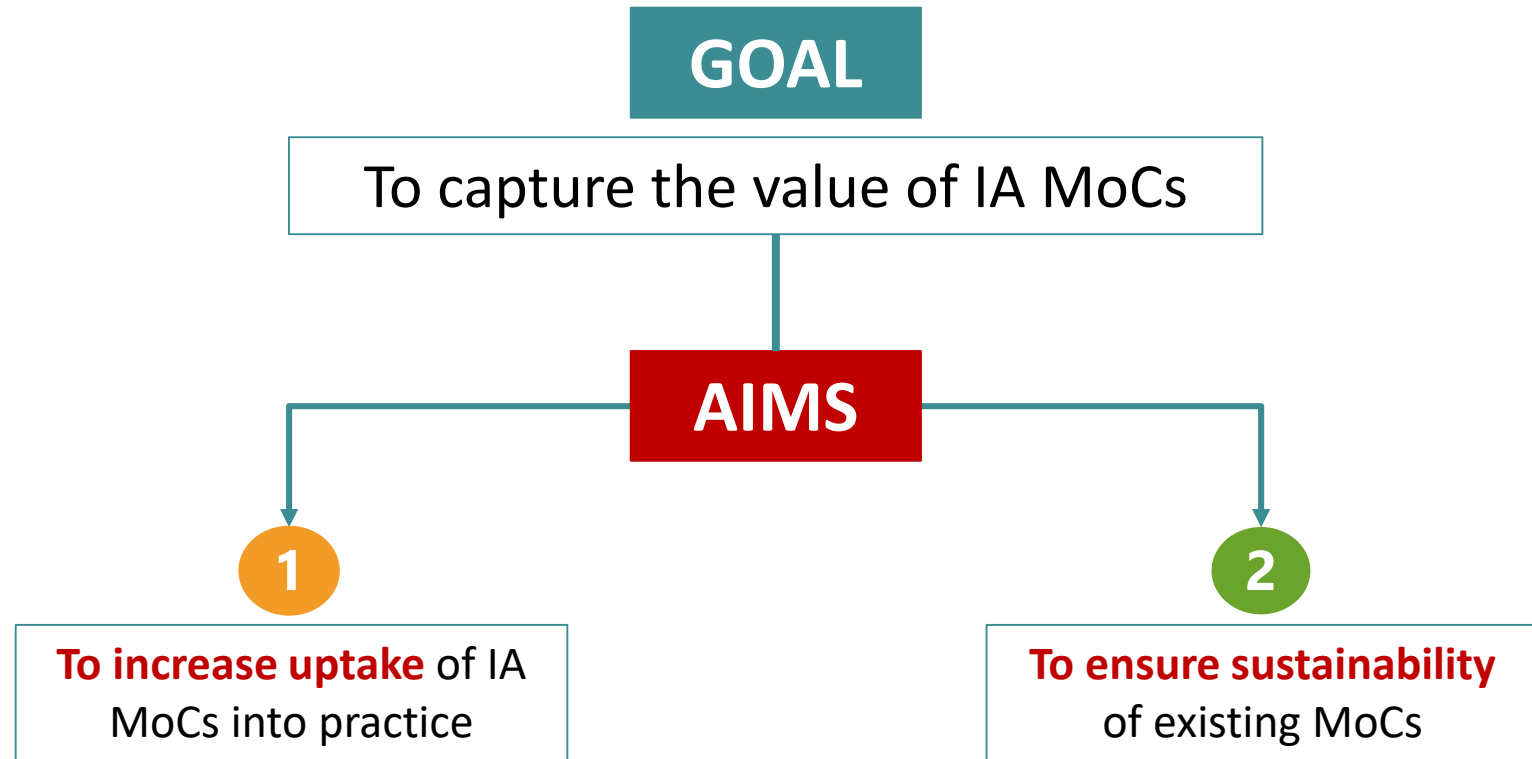
- Establish a framework for the development of high quality models of care that are evidence informed and reinforced by best practices.

## Users

- Health policy decision-makers and system planners; rheumatologists, allied health providers; primary care providers; and, arthritis. patients.



# Economic Business Case for AAC IA MoCs



# CRA-AAC-CIHR-CATCH Collaboration



## AAC Working Group

Dr. Vandana Ahluwalia, William Osler Health System

Dr. Claire Barber, University of Calgary

Dr. Elena Lopatina, University of Calgary

Dr. Deborah Marshall, University of Calgary

Dr. Dianne Mosher, University of Calgary

Dr. Carter Thorne, University of Toronto

Dr. Anthony Woolf, Arthritis and Musculoskeletal Alliance

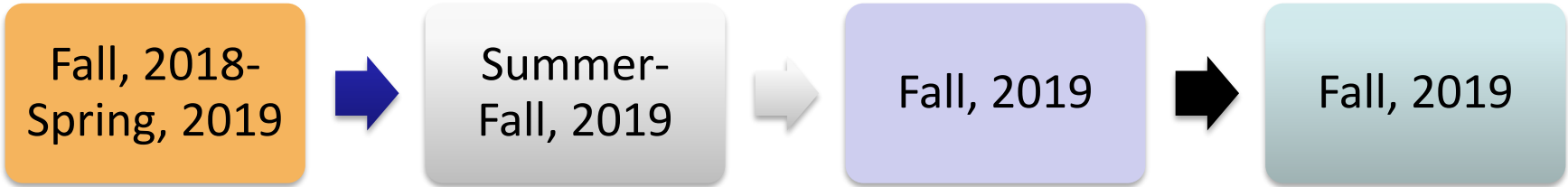
Dr. Michel Zimmer, Université de Montréal



OUR VISION IMPROVE THE LIVES OF PEOPLE LIVING WITH ARTHRITIS

# Cost-Consequences Analysis (CCA) of IA MOCs

– exploratory project & first step towards building an economic business case for IA MoCs in Canada



# CCA of IA MOCs: Project Status



### Participants:

- 10 / 16 CATCH sites

### Phase 1 - Qualitative

1. Survey:
  - 10 sites
  - Analysis completed
2. Interviews:
  - 10 sites
  - 17 interviews, 22 participants
  - Analysis completed

### Phase 2 – CATCH data analysis

- Analysis protocol completed
- Analysis in process

### Phase 3 – Costing

- Analysis protocol in process
- Data transfer in process

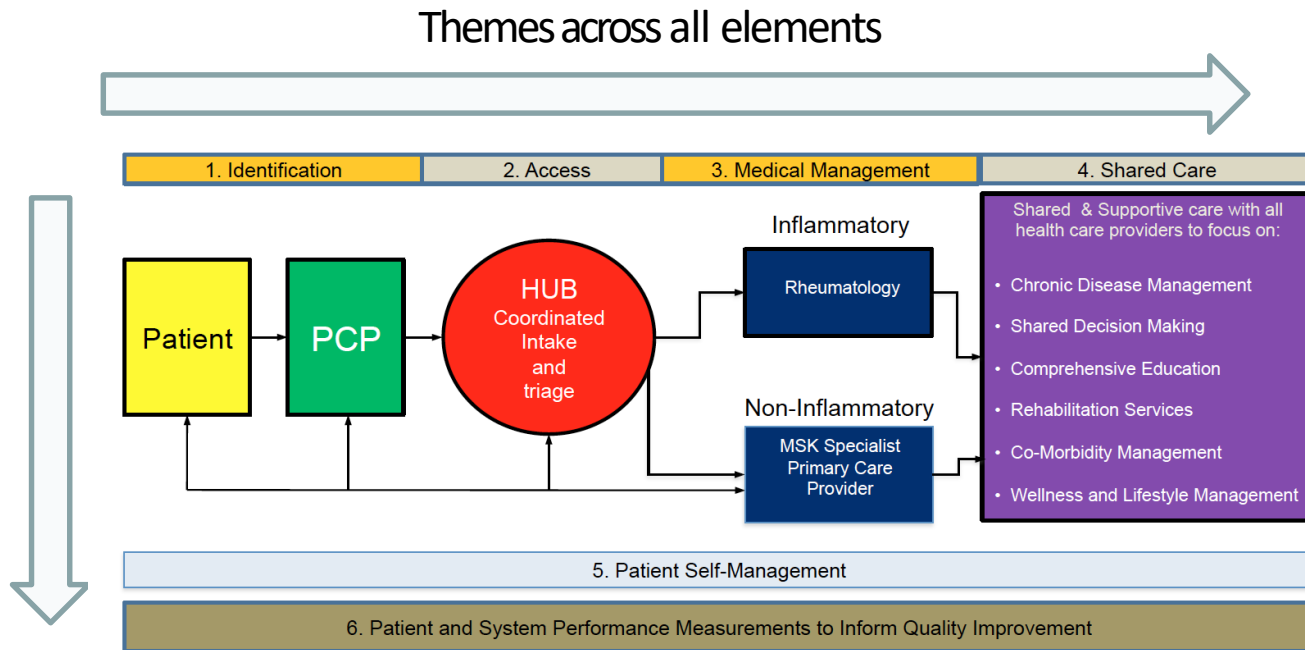


### Deliverable:



Report in process

# Qualitative Phase: Analysis approach



Themes specific to one element



# Key themes across all elements of AAC IA MoC

1. AAC IA MoC is aligned with the existing and desired care delivery patterns, but awareness of the AAC IA MoC terminology was limited.

*"I've seen it presented but it's not something that has a very strong penetration in our practice setting... it remains a vague notion in terms of its existence, but I couldn't say more."*

2. Challenges for chronic disease management programs and arthritis specifically

*"Our rheumatology division is part of a hospital of more than 1,000 physicians, we're a very small budget item and they're considering us mostly as there's not much they can do for us, basically."*

3. IA MoC is seen as a tool to support integrated approach to IA management

*"We need the model of care... I really think arthritis care, for us, is mostly based in the university hospital, but it is a community service that we need more than hospital services"*

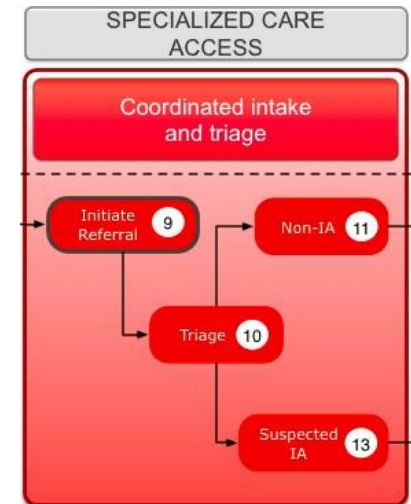
# Key themes related to the “Access to specialist care” element

## 1. Current state:

- One of the elements that sites have been focused on and trying to improve
- Set-up varied across sites

## 2. Strategies used:

- Coordinated process for intake of referrals
- Triage of referrals
- Extended role practitioners working in triage



- Patients with symptoms of IA require early identification and access to care.
- This is facilitated by a coordinated process of intake and triage

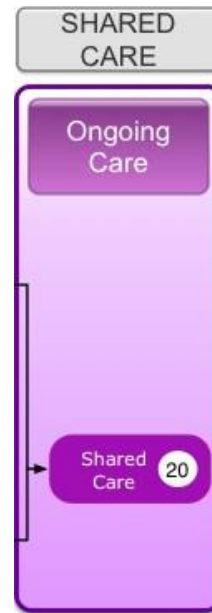
# Key themes related to the “Shared care” element

## 1. Current state:

- One of the elements that sites have been focused on and trying to improve
- Decrease in funding
- Sites often lack control over resources
- Set-up varied across sites

## 2. Strategies used:

- Allied health professional-led clinics
- Multidisciplinary/interdisciplinary teams



- Effective management of IA requires highly integrated team-based care based on the principles of chronic disease management.
- To optimize patient outcomes, treatment decisions must be made through shared decision making.
- Comprehensive education and patient self-management are an important
- Patients require access to allied health professionals
- Patients may require coordinated access to other speciality care
- For patients to live well with their disease, they require access to resources on health and wellness and lifestyle management.

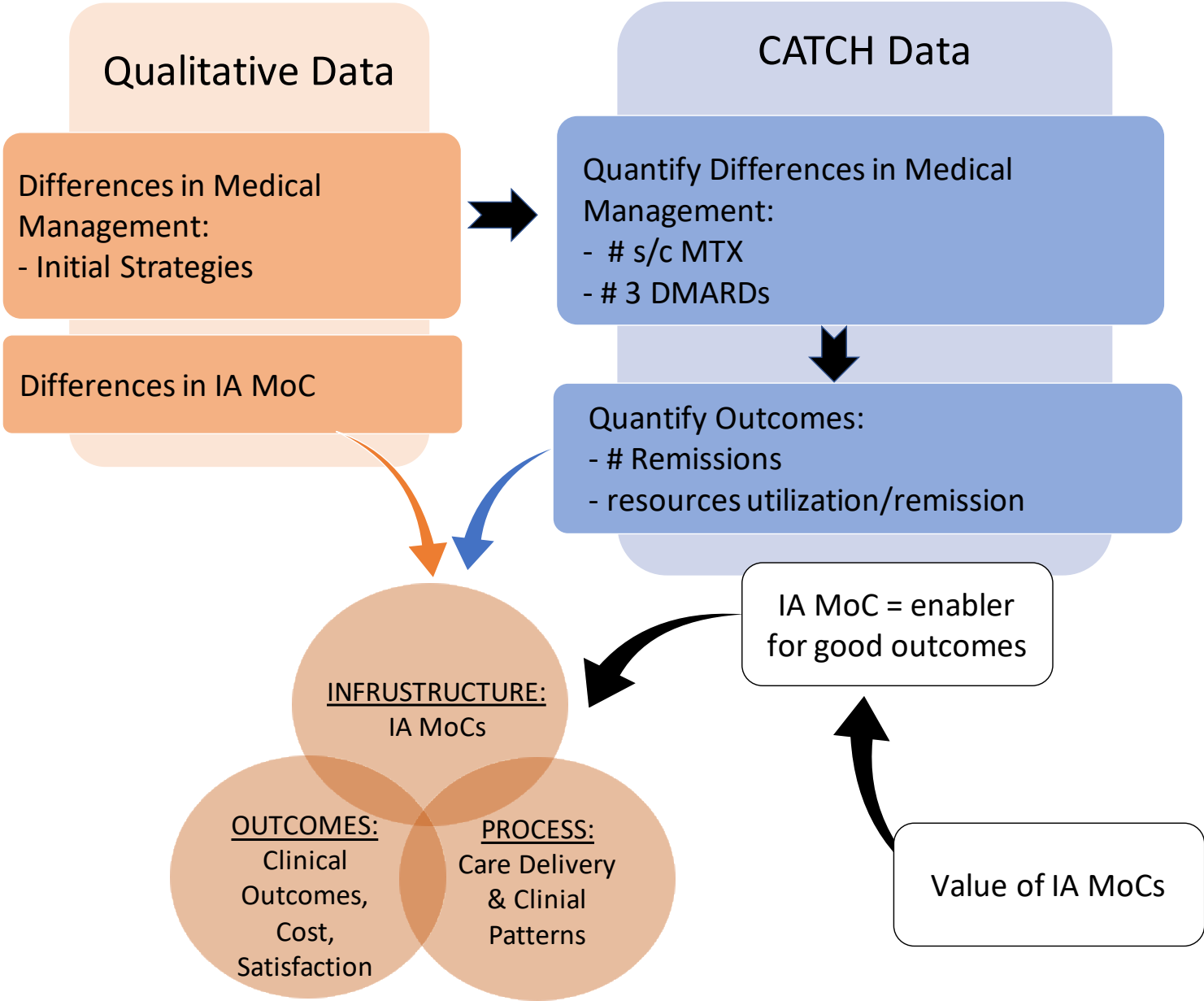
# Some factors facilitating success

Identification	<ul style="list-style-type: none"><li>• New approaches for KT</li><li>• Continuous work and improvements</li><li>• Additional funding through research projects</li></ul>
Access	<ul style="list-style-type: none"><li>• Strategies should align with the site's needs</li><li>• Ongoing evaluation and changes on as needed basis</li></ul>
Medical Management	<ul style="list-style-type: none"><li>• Processes to support patients</li></ul>
Shared Care	<ul style="list-style-type: none"><li>• Training in arthritis care for extended role practitioners</li><li>• Defined providers' roles and processes facilitating team work</li></ul>
Patient Self-Management	<ul style="list-style-type: none"><li>• Alignment with patients' preferences</li></ul>
Quality Improvement	<ul style="list-style-type: none"><li>• Tools for systematic data collection and evaluation</li><li>• Research capacity</li></ul>

# Challenges in the evaluation of IA MoCs

1. Complexity of the intervention
2. Variability of IA MoCs across sites
3. Variability of language used to describe IA MoCs
4. Evaluated examples of IA MoCs – CATCH sites

# Next steps



# Expected Deliverables :

Standardized description of IA MoCs at several CATCH locations across Canada



List of cost categories in implementation and management of IA MoCs

IN PROGRESS

Description of quality of care at several CATCH locations across Canada

IN PROGRESS

List of key success factors and contextual factors for successful implementation



Plan to inform a formal cost-effectiveness analysis of IA MoCs

IN PROGRESS