“Improving Access to Rheumatology Care in the province of Newfoundland and Labrador (NL) – A Pilot Project”

In 2011 the Rheumatology service of Eastern Health, in coordination with the Department of Health and Community Services, Government of NL, commenced a pilot project to develop a model of care to improve access to the service.

It was identified that wait times to access Rheumatology services had grown due to an increase in referrals and recurrent gaps in physician resources. Thus, the pilot project was initiated to evaluate improved access for patients via an interdisciplinary approach and a redesign of intake processes.

The goals of the project included the following components:

- To develop and integrate an interdisciplinary approach to triage and access
- To explore best practice models in interdisciplinary intervention across Canada
- To implement new waitlist management strategies to allow optimum patient flow
- To refine the formal intake system to Rheumatology services

To this end, the following allied health positions were added: one full-time Physiotherapist (PT), one full-time Occupational Therapist (OT), a second temporary full-time Rheumatology Nurse Practitioner (RNP), as well as access to the services of a part-time Clinical Pharmacist.

The development of a Central Triage and Referral System has been shown to improve access to Rheumatology services in NL for patients with inflammatory arthritis. All referrals are completed on a standardized 1-page Patient Referral Form and sent to the Central Triage Area for processing. The referral is assigned triage urgency by the RNP based on a Rheumatology Classification System (Priority 1, 1B, 2, or Routine) developed in consultation with the Rheumatologists. Some referrals are deemed appropriate for redirected services of an internal medicine consultant. These referrals facilitate earlier access to care and factor significantly into the geography of the province. Presently, there are two internal medicine consultants in western NL who accept patients. This service is expected to expand to other areas of the province.

As a component of the triage process, if the patient has joint findings suggestive of inflammatory arthritis, the patient is booked for an assessment with an allied health professional to determine if the patient is appropriate for the Rheumatology Health Program (RHP).

After attending The Arthritis Program (TAP) Interprofessional Training Program at Southlake Regional Health Centre in the spring of 2011, the team launched the RHP in September of 2011. The RHP is a group educational based program designed to help the patient better understand their arthritis, learn coping strategies, begin or adjust medical treatment, access the interdisciplinary team members, and ultimately take a more active role in managing their arthritis. The RHP runs once a month and provides access to the Rheumatologist for 6 new
patients who have already been assessed by the team. To date, 21 programs have been completed, providing increased access to the service for 111 patients.

This is the third year of the pilot project. The current focus is on continuing to improve the triage process and access to the rheumatology service by defining the responsibilities and availabilities of all members of the interdisciplinary team and by continuing to evaluate the model of care.

**Alberta Bone and Joint Health Institute**  
**Alberta Program Aims to Reduce Hip Fracture, Improve Care**

Alberta’s Bone and Joint Health Strategic Clinical Network has launched a program to prevent falls that cause hip fracture in people with osteoporosis and to improve care when a fracture occurs. The program, which is being managed by Alberta Bone and Joint Health Institute, will introduce cost-effective screening tools to identify people at risk of osteoporosis and methods to slow disease progression. National guidelines for surgery within 48 hours of a fracture have been adopted. An evidence-based care path has been introduced and all aspects of post-acute care are being examined including home care and assisted living.

**Ontario Rheumatology Association**

While many existing patient support programs support patients currently taking Biologics, there are some real gaps that exist for patients who struggle with their disease well before medications are started or even while on DMARD therapy. The Ontario Rheumatology Association (ORA) Models of Care (MOC) Committee has been working to help re-define what patient support programs should include to truly support patients in their disease course as well as their medication course.

In an effort to move this initiative forward, the ORA is planning to host an interactive working session on Friday October 4th from 9-2pm, bringing all key stakeholders together to discuss current patient support programs, and how to build a more comprehensive and coordinated program that better supports patient needs from time of disease diagnosis and throughout their entire disease course.

In an effort to represent the Rheumatology community, members of the ORA are invited to participate and give their thoughtful feedback.

**CIHI Report on Hip Implant Bearing Surfaces**

In Canada, more than 40,000 total hip arthroplasties (THAs) are performed annually. A key measure of success for THAs is how long patients benefit from their procedure before needing revision surgery. Revisions are more complex than primary THAs and have a number of implications for both the patient and the health care system, including longer lengths of stay, longer patient recovery time and higher procedure costs than for primary THAs.

On July 18, 2013, CIHI released a report on “The Effect of Bearing Surface on Early Revisions Following Total Hip Arthroplasty.” Here are its key findings:

Based on an analysis of eight years of data from the Canadian Joint Replacement Registry (CJRR), the most common types of bearing surfaces for primary total hip arthroplasties were metal-on-polyethylene (73%), followed by metal-on-metal (9%), ceramic-on-ceramic (8%) and ceramic-on-polyethylene (5%).

Results from this analysis of Canadian osteoarthritic patients who required THAs indicate that large-diameter modular metal-on-metal THAs had a higher cumulative revision rate at five years (5.9%) than did metal-on-cross-linked-polyethylene THAs (2.7%).
Factors such as bearing surface type, patient age, geographic region of surgery and presence of comorbid conditions at the time of the primary procedure were associated with early revisions for THA (within five years of primary THA) (p<0.05).

After taking into account factors such as age, sex, geographic region, fiscal year of primary procedure and comorbid conditions, patients who underwent large-diameter modular metal-on-metal THA were 1.6 times more likely to have a revision within five years than patients with a metal-on-cross-linked-polyethylene THA.

**Community Updates**

**CANADIAN ASSOCIATION OF OCCUPATIONAL THERAPISTS (CAOT)**

Call for papers CAOT Conference 2014

The Call for paper for Conference 2014 in Fredericton is now open. This year, the deadline for everyone will be October 1, 2013. The Call includes a call for conference abstracts, pre-conference workshops and partner proposals. Conference 2014 will be offering simultaneous translation during some sessions. If you have any questions email us.

If you would like to review abstracts as part of the 2014 Abstract Review Board, please contact the conference manager.

**CANADIAN RHEUMATOLOGY ASSOCIATION**

Rheumatologists play a unique and vital role in guiding their patients toward the most effective rheumatology care.

To that end, the CRA has joined the Canadian Medical Association and 8 other leading medical societies as part of the Choosing Wisely Canada campaign to create a list of five things Canadian rheumatologists could do to reduce health care costs while also improving the quality of care. Choosing Wisely is a campaign designed by the American Board of Internal Medicine (ABIM) to facilitate conversations between physicians and patients about overuse, waste and harm from unnecessary tests, procedures and treatments (www.choosingwisely.org). You may have seen the Five Things list presented by the American College of Rheumatology (http://www.rheumatology.org/Practice/FiveThings/Focus_on_Patient_Care__Choosing_Wisely). As a result of these lists, Consumer Reports developed lay versions of the lists with excellent patient education materials. They partnered with a variety of lay organizations, and the lists have been distributed to over 40 million members.

The goal of creating a Canadian 5 Things List is to create dialogue about value (and waste) in Canadian health care so physicians and patients can make informed choices about tests, procedures and treatments in Rheumatology. The list will include things that 1) are commonly ordered/provided by rheumatologists; 2) are among the most expensive services provided (either individually or cumulatively); and 3) have been shown by currently available evidence not to provide any meaningful benefit to at least some major categories of patients for whom the tests/treatments are ordered/provided.

**MCCAIG INSTITUTE FOR BONE AND JOINT HEALTH**

SAVE THE DATE: SECOND ANNUAL WOOD FORUM ON HIP AND KNEE OSTEOARTHRITIS: Thursday, September 19th, 2013 at 7:00pm at the University of Calgary and Thursday October 24th, at 7:00pm at the University of Alberta.

A variety of topics will be covered including the work currently being conducted to improve care pathways for Albertans, a live hip replacement demo (Calgary), and guests will be invited to 'ask the experts' or participate in a break out session regarding their hip and knee health. Thanks to the generosity of the Wood family, this is a free public forum. Keep checking mccaiginstitute.com for more information.
COPN - The Canadian Osteoporosis Patient Network
Visit www.osteoporosis.ca/copn or call toll free at 1-800-463-6842
Join the thousands of Canadian men and women who are turning to COPN, for information they know they can understand and trust.

COPN Members Receive:
- Practical information on nutrition, exercise, safe movements, falls prevention and much, much more.
- The latest evidence-based information on medical research and osteoporosis care with rapid responses to media headlines.
- Inspiring personal stories from others who are affected by and living well with osteoporosis.
- Notifications of osteoporosis education forums and events in your community.
- The assurance that all information provided by COPN is vetted by Canada’s foremost osteoporosis experts, the Scientific Advisory Council of Osteoporosis Canada

How do you get all this?
- By receiving our COPING bi-weekly newsletter by email. No internet access? We can mail them to you!
- By participating in interactive on-line education forums presented by top Canadian osteoporosis experts four times a year.
- By browsing the COPN and Osteoporosis Canada website, the most comprehensive online source of authoritative Canadian information on osteoporosis.

THE ARTHRITIS SOCIETY

Over the past year The Arthritis Society completed a comprehensive assessment of the information and education needs of people affected by arthritis. Working with outside polling and consulting firms, The Society engaged nearly 1,700 Canadians representing a broad range of people including: English and French speaking individuals; adults of all ages; and, people living with different types of arthritis and those close to them.

We learned that people needed more and better information on self-management and lifestyle options as well as up-to-date information on the medical management of their arthritis and the treatment of symptoms like pain and fatigue. Interestingly, the type of arthritis did not appear to make a difference when it came to the kind of information people are looking for. People also reported that, while it is easy to find information on arthritis, especially online, the volume of information is overwhelming and it is difficult to assess the quality of the information and to know what sources of information to trust. The Arthritis Society was identified as a trusted source of information and educational material.
Arthritis Alliance of Canada Inaugural Conference and Research Symposium
November 21-23, 2013, at the Westin Ottawa

Symposium sessions:
1. Thinking Big in Arthritis Research: Building on success
2. Understanding the Opportunities in Osteoarthritis for Patient Oriented Research
3. Understanding the Opportunities in Inflammatory Arthritis for Patient Oriented Research
4. Preparing for an Arthritis SPOR Network

Economic Club of Canada luncheon, Friday, November 22nd, 11:30 am - 1:00 pm
Featuring a healthcare reform expert panel

Registration opening soon!

Calendar of Events

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<tr>
<th>Event</th>
<th>Date</th>
<th>Location</th>
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<td>Arthritis Awareness Month</td>
<td>September 2013</td>
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<td>Cochrane Collaboration Colloquium</td>
<td>September 19-23, 2013</td>
<td>Quebec City, QC</td>
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<td>Int’d Association of Inflammation Societies (IAIS)</td>
<td>September 21-25, 2013</td>
<td>Natal RN, Brazil</td>
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<td>American College of Rheumatology ASC</td>
<td>October 27-30, 2013</td>
<td>San Diego, USA</td>
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<td>Nurse Practitioners’ Association of Ontario</td>
<td>November 7-9, 2013</td>
<td>Toronto, ON</td>
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<td>Ontario Orthopaedic Association AGM</td>
<td>November 13, 2013</td>
<td>Toronto, ON</td>
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<td>Arthritis Alliance Conference and Research Symposium</td>
<td>November 21-23, 2013</td>
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<td>Inflammatory Diseases: Recent Advances in Basic and</td>
<td>January 17-22, 2014</td>
<td>Vancouver, BC</td>
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<td>Translational Research and Therapeutic Treatments</td>
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<td>Registered Nurses Association - Annual Nurse Exec</td>
<td>February 9-12, 2014</td>
<td>TBD</td>
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<td>Executive Leadership Academy</td>
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<td>Canadian Rheumatology Association Annual Scientific Meeting &amp; AHPA Annual Meeting</td>
<td>Feb 26-Mar 1, 2014</td>
<td>Whistler, BC</td>
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<td>Inflammation, Infection and Cancer</td>
<td>March 9-14, 2014</td>
<td>Whistler, BC</td>
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<td>Innate Immunity, Metabolism and Vascular Injury</td>
<td>March 23-28, 2014</td>
<td>Whistler, BC</td>
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<td>Ontario Physiotherapy Association - Inter-Action</td>
<td>March 28-30, 2014</td>
<td>Mississauga, ON</td>
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<td>Canadian Foundation of Healthcare Improvement</td>
<td>April 3-4, 2014</td>
<td>Ottawa, ON</td>
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<td>- Taming of the Queue</td>
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<td>Canadian Conference on Medical Education 2014</td>
<td>April 26-29, 2014</td>
<td>Ottawa, ON</td>
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<tr>
<td>Pediatric Orthopaedic Society of North America AGM</td>
<td>April 30-May 3, 2014</td>
<td>Hollywood, CA</td>
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<td>Canadian Pain Society’s 35th Annual Scientific Meeting</td>
<td>May 20-23, 2014</td>
<td>Quebec City, QC</td>
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<td>EULAR - European League Against Rheumatism</td>
<td>June 11-14, 2014</td>
<td>Paris, France</td>
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**Member Organizations**

Alberta Bone and Joint Health Institute  
Arthritis & Autoimmunity Research Centre  
Arthritis Community Research & Evaluation Unit  
Arthritis Consumer Experts  
Arthritis Health Professions Association  
Arthritis Research Centre of Canada  
Arthritis Research Foundation  
The Arthritis Society  
Bone and Joint Canada  
Canadian Alliance of Pediatric Rheumatology Investigators  
Canadian Arthritis Network  
Canadian Arthritis Patient Alliance  
Canadian Academy of Sports and Exercise Medicine  
Canadian Association of Occupational Therapists  
Canadian Chiropractic Association  
Canadian Obesity Network  
Canadian Orthopaedic Association  
Canadian Orthopaedic Foundation  
Canadian Physiotherapy Association  
Canadian Rheumatology Association  
Canadian Society for Exercise Physiology  
Canadian Spondylitis Association  
Cochrane Collaboration  
Consumer Advisory Board of the Arthritis Research Centre of Canada  
Consumer Advisory Council of the Canadian Arthritis Network  
Institute for Work and Health  
McCaig Institute for Bone and Joint Health  
Patient Partners

**Member Companies**

AbbVie Corporation  
Amgen Canada Inc.  
Hoffmann-La Roche Limited  
Janssen Inc.  
Pfizer Canada Inc.  
UCB Canada Inc.

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**Want to help?**

You can help and get involved by:

- Visiting [www.ArthritisAlliance.ca](http://www.ArthritisAlliance.ca)
- Sending promotional material (Joint Action Executive Summary, website information) to your friends, family and colleagues
- Providing feedback. Give us your ideas
- Giving us an update to share with the group
- Telling us about your upcoming events, initiatives, and announcements that are aligned with the Framework
- Helping us to promote Joint Action on Arthritis
- Telling our story and telling yours
- Telling your friends and family
- Writing and calling your local MP/MPP, your Premier, Minister of Health, etc.
- Sharing on Twitter, Facebook, and other social media channels

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**THE ARTHRITIS ALLIANCE NEEDS TO HEAR YOUR SUCCESSES, STORIES AND PROJECTS THAT WILL SUPPORT THE FRAMEWORK EFFORT. IF YOU WOULD LIKE YOUR ORGANIZATION TO BE FEATURED HERE, PLEASE FORWARD YOUR SUBMISSIONS TO JCOISH@MTSINALON.CA.**

**ABOUT THE ARTHRITIS ALLIANCE OF CANADA**

The Arthritis Alliance of Canada, formerly the Alliance for the Canadian Arthritis Program (ACAP), was formed in 2002. Its goal is to improve the lives of Canadians with arthritis.

With more than 35 member organizations, the Arthritis Alliance brings together arthritis health care professionals, researchers, funding agencies, governments, voluntary sector agencies, industry and, most importantly, representatives from arthritis consumer organizations from across Canada. While each member organization continues its own work, the Alliance provides a central focus for national arthritis-related initiatives.

**For more information about the Arthritis Alliance, please contact:**
Jaime Coish at 416-586-4685 or jcoish@mtsinai.on.ca, [www.arthritisalliance.ca](http://www.arthritisalliance.ca)