Arthritis Alliance of Canada
Alliance de l'arthrite du Canada

Arthritis Alliance of Canada (AAC): *Celebrating Our Successes and Planning for the Future*

Thursday, November 22, 2018
10:15 – 10:35 am EST

2002 OA Consensus Conference – a first!

- People with OA, basic & clinical researche
- Lay langu cussion to identify ch
- Pain and
  - CIHR Ne ts funded

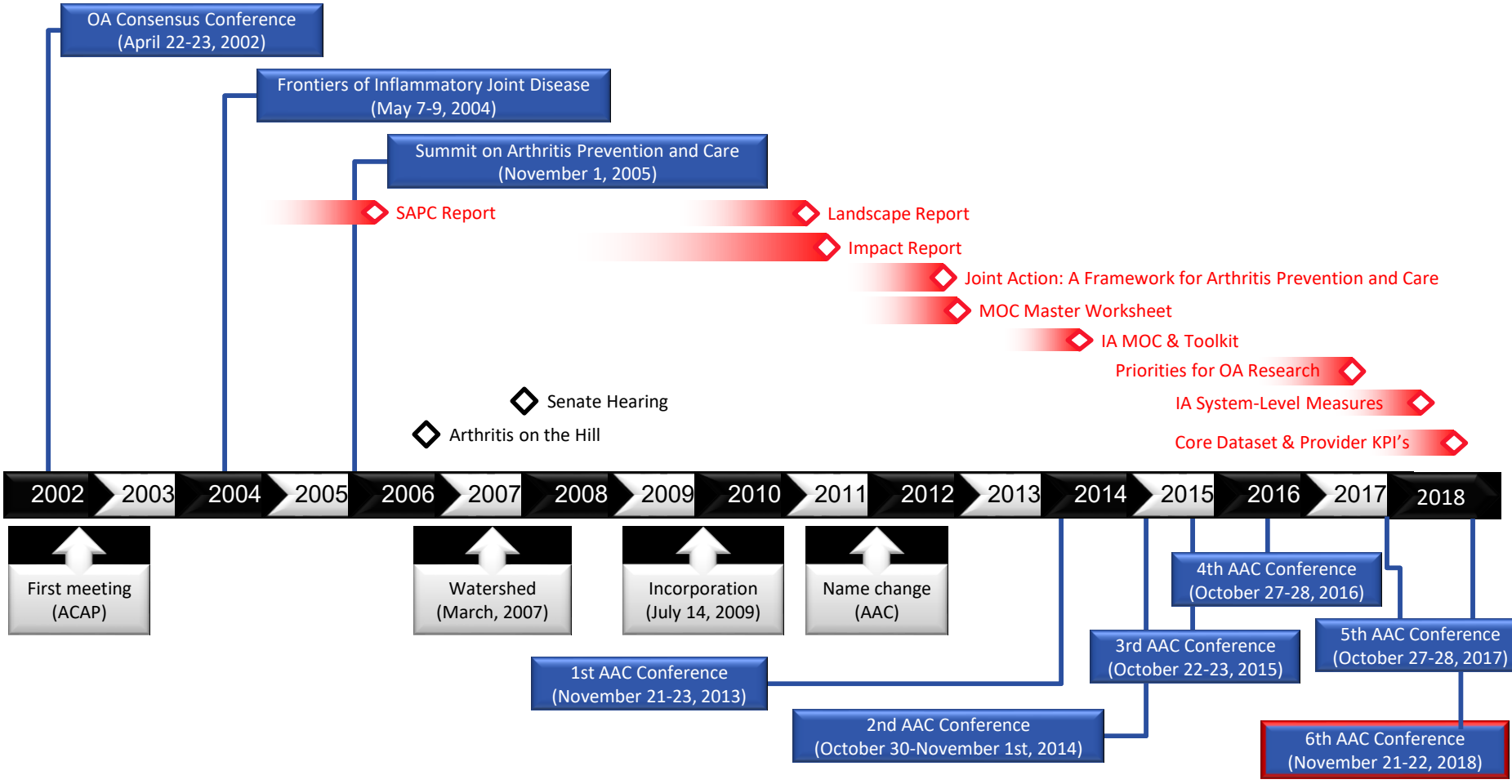
Alliance for the Canadian Arthritis Program (ACAP)

- Established in 2002 to create a single voice for 4 million Canadians with arthritis and bone disease

- Goal to improve the lives of Canadians with arthritis by working as one to:
  - Improve access to care and treatment;
  - Increase educational initiatives for the arthritis community, the public, and health policy makers;
  - Increase arthritis research efforts

- Brought together Arthritis Health Care Professionals, Researchers, Funding Agencies, Government, Voluntary Sector Agencies, Industry, Representatives from Arthritis Consumer Organizations across Canada

History of the Arthritis Alliance



Arthritis isn't a big deal… …until you get it. Ask 4 million Canadians

Report from the Summit on Standards for Arthritis Prevention and Care: November 1 – 2, 2005 Ottawa, Ontario, Canada

Key Themes & Areas for Standards Development

- Arthritis Awareness
  - Consumer and Public Awareness
  - Health Professional Education
  - Participation
- Arthritis Management
  - Access to a Diagnosis
  - Manpower and Models of Care
  - Access to Medications
  - Access to Surgery
- Arthritis Prevention
  - Physical Activity
  - Injury Prevention

Unprecedented National Standards on Arthritis Prevention and Care Delivered to Federal and Provincial Health Ministers

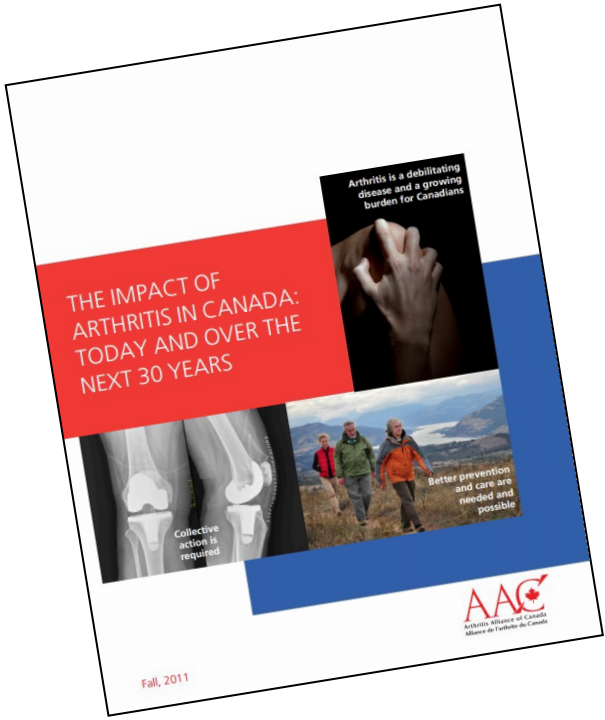
Groundbreaking collaboration of more than 20 arthritis stakeholder organizations sets stage for national arthritis strategy

OTTAWA, April 6, 2006 – A comprehensive coalition of patient, professional and industry groups today called upon federal and provincial health ministries to endorse its collective recommendations for national standards in arthritis prevention and care. The Alliance for the Canadian Arthritis Program (ACAP) developed 12 national standards from the landmark Summit on Standards in Arthritis Prevention and Care in late 2005, and has committed to working with governments to develop action plans to make the standards a reality. The standards detail the minimal acceptable levels for arthritis care and prevention irrespective of where someone resides.

"Four million Canadians, young and old, are living with arthritis, but where they live often has more impact on their treatment than how sick they are," said ACAP Co-Chair Gordon Whitehead, a 30-year survivor of rheumatoid arthritis from British Columbia.

Burden of Arthritis in Canada

Living with arthritis	• OA: 2010 – 1 in 8; by 2040 1 in 4 • RA: 2010 – 1 in 136; by 2040 1 in 68
Direct health care costs	• $12.6 billion in 2010 for both OA and RA
Loss of productivity	• OA $17.3 billion (1.0% CA GDP in 2010) • RA $3.3 billion (0.2% CA GDP in 2010)



CA = Canada
GDP = Gross Domestic Product

Impact of Arthritis in Canada: Today and Over the Next 30 Years – Targeted Interventions

- Osteoarthritis (OA)
  - Total Joint Replacement (TJR) – enhanced access
  - Reduction of obesity rates among BMI ≥ 30 population in Canada
  - Adequate pain management strategies

Long-term impacts (2010 -2040)
- Cumulative savings > $17B to Canadian Society
- ↓ $3B in health care costs (direct costs)
- ↓ $14B in wage-based productivity costs (indirect costs)

Long-term impacts (2010 -2040)
- Prevent >200,00 new cases of OA
- Cumulative savings of > $212B
- ↓ $48B in direct costs
- ↓ $164B in indirect costs

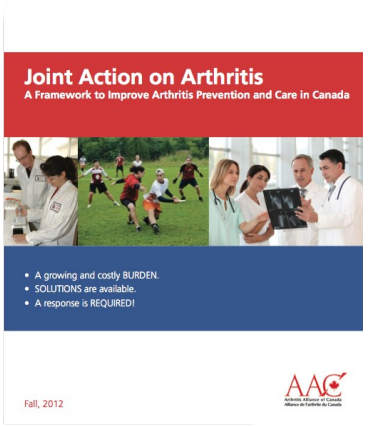
Long-term impacts (2010 -2040)
- Cumulative savings of > $488B
- ↓ $41B in direct costs
- ↓ $447B in indirect costs

- Rheumatoid Arthritis (RA)
  - Early diagnosis and treatment with DMARDs and, for non-responders, access to Biologics

Impact of Arthritis in Canada: Today and Over the Next 30 Years – Building a National Framework

- A National Framework will:
  - Identify principles to guide the design and delivery of more efficient and effective care;
  - Devise effective disease prevention strategies;
  - Propose an ongoing mechanism for the arthritis community to dialogue with governments and the broader health care community;
  - Establish research priorities and strategies to support ongoing improvements in the quality of arthritis care and prevention

Joint Action on Arthritis



A Framework for Arthritis Prevention and Care in Canada

VISION

Improved knowledge, awareness, prevention and care of arthritis through collaborative action

STRATEGIC PILLARS

Pillar 1:	Pillar 2:	Pillar 3:
Advancing Knowledge and Awareness	Improving Prevention and Care	Ongoing Stakeholder Collaboration

Three Framework Pillars

1. Advancing Knowledge and Awareness

Objective 1: Raise Awareness of Arthritis
Objective 2: Align and Strengthen Research into Arthritis
Objective 3: Enhance Professional Education

Three Framework Pillars

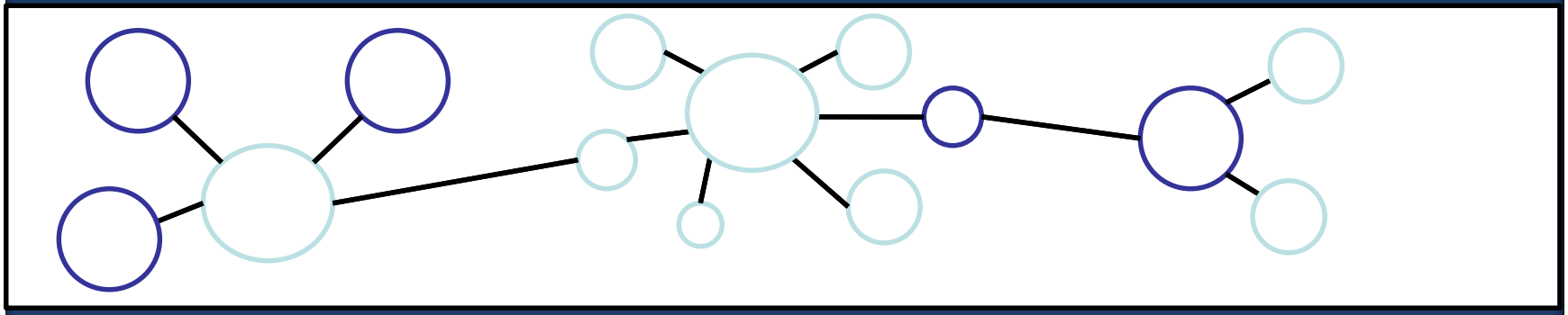
2. Improving Prevention and Care

Objective 4: Improve Prevention of Arthritis
Objective 5: Improve Access to and Delivery of Care

12

Three Framework Pillars

3. Supporting Ongoing Stakeholder Collaboration



Objective 6: Broaden Stakeholder Participation in the Alliance

Priority #1: Implement a harmonized, pan-Canadian strategy to RAISE AWARENESS

1. Key risk factors, prevention strategies, consequences;

2. Arthritis as a chronic disease;

3. How to screen & diagnose arthritis;

4. Among employers, insurers and government agencies of arthritis as a major source of workplace disability:
   a. Invest in injury prevention;
   b. Workplace policies to accommodate employees living with arthritis.

Advocacy and Awareness Activities

Worked with AAC members and key stakeholders to raise profile and increase awareness of arthritis-(common messaging and toolkits)
Engaged in dialogue with Federal government, together with AAC Members and key stakeholders, looking for opportunities with new Liberal government after election in 2015. Equipped Members with tools and timing specifics.
Mobilized regional advocacy teams in cross-country analysis of gaps and opportunities in arthritis.
Evaluated and wrote 4 “hot topics” reviews on SEBs, Private Payers, Access to Treatment, Biosimilars. Available at www.arthritisalliane.ca
Provided advocacy support for each MOC, research and key events-CRA Meetings, Arthritis Awareness Months, AAC Meetings.
Enhanced communication tools and online resources: AAC internal and external newsletter, website, news releases, Government Relations and Media Toolkits. Available at www.arthritisalliane.ca.

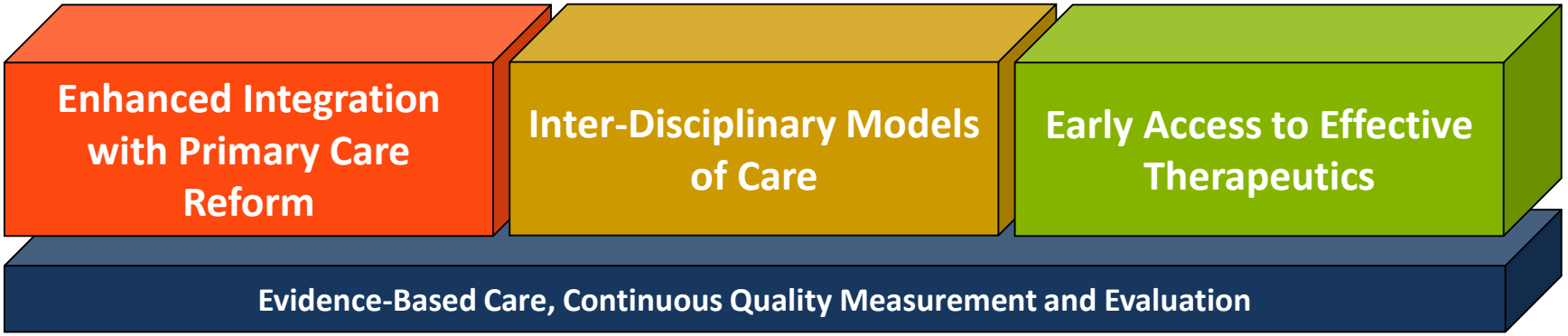
Priority #2: Champion improvements in MODELS OF CARE

1. Facilitate implementation & continuous quality improvement in Canada;
2. Garner support of governments & health-related organizations;
3. Develop quality indicators to demonstrate effectiveness & report provincial outcomes;
4. Develop & implement a communication strategy to disseminate best models of care;
5. Work to ensure evidence-based educational materials to support arthritis self-management.

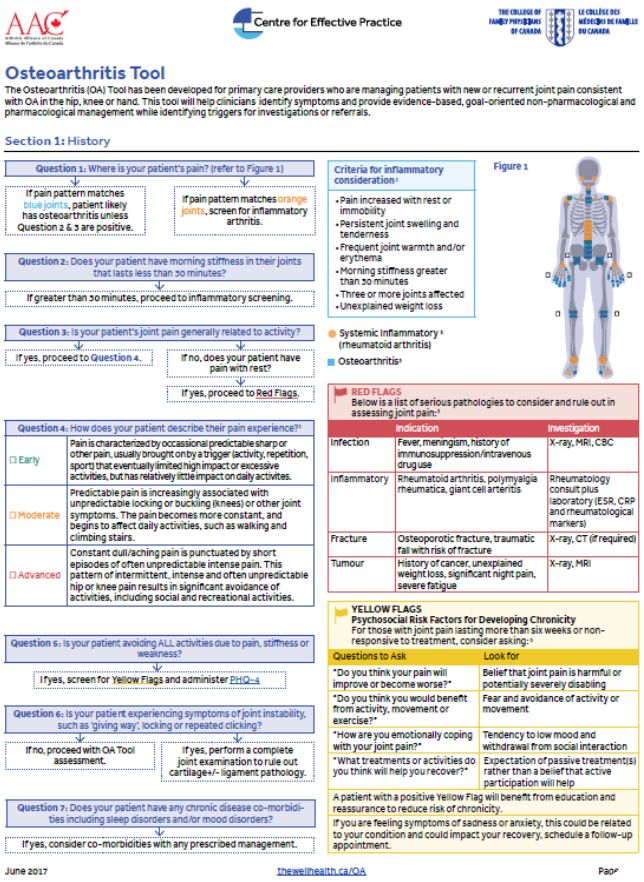
Improving Prevention and Care

Access to and Delivery of Care

Models of Care (MoC)



Osteoarthritis Physician Practice Tool
3 Way Partnership Project



AAC | Centre for Effective Practice | The College of Family Physicians of Canada / Le Collège des médecins de famille du Canada

Osteoarthritis Tool

The Osteoarthritis (OA) Tool has been developed for primary care providers who are managing patients with new or recurrent joint pain consistent with OA in the hip, knee or hand. This tool will help clinicians identify symptoms and provide evidence-based, goal-oriented non-pharmacological and pharmacological management while identifying triggers for investigations or referrals.

Section 1: History

Question 1. Where is your patient's pain? (refer to Figure 1)

- If pain pattern matches blue joints, patient likely has osteoarthritis unless Question 2 & 3 are positive.
- If pain pattern matches orange joints, screen for inflammatory arthritis.

Question 2. Does your patient have morning stiffness in their joints that lasts less than 30 minutes?

- If greater than 30 minutes, proceed to inflammatory screening.

Question 3. Is your patient's joint pain generally related to activity?

- If yes, proceed to Question 4.
- If no, does your patient have pain with rest?
  - If yes, proceed to Red Flags.

Criteria for inflammatory consideration[2]

- Pain increased with rest or immobility
- Persistent joint swelling and tenderness
- Frequent joint warmth and/or erythema
- Morning stiffness greater than 30 minutes
- Three or more joints affected
- Unexplained weight loss

Figure 1

- Systemic inflammatory[3] (rheumatoid arthritis)
- Osteoarthritis[3]

Question 4. How does your patient describe their pain experience?[1]

☐ Early	Pain is characterized by occassional predictable sharp or other pain, usually brought on by a trigger (activity, repetition, sport) that eventually limited high impact or excessive activities, but has relatively little impact on daily activites.
☐ Moderate	Predictable pain is increasingly associated with unpredictable locking or buckling (knees) or other joint symptoms. The pain becomes more constant, and begins to affect daily activities, such as walking and climbing stairs.
☐ Advanced	Constant dull/aching pain is punctuated by short episodes of often unpredictable intense pain. This pattern of intermittent, intense and often unpredictable hip or knee pain results in significant avoidance of activities, including social and recreational activities.

Question 5. Is your patient avoiding ALL activities due to pain, stiffness or weakness?

- If yes, screen for Yellow Flags and administer PHQ-4

Question 6. Is your patient experiencing symptoms of joint instability, such as 'giving way', locking or repeated clicking?

- If no, proceed with OA Tool assessment.
- If yes, perform a complete joint examination to rule out cartilage+/- ligament pathology.

Question 7. Does your patient have any chronic disease co-morbidities including sleep disorders and/or mood disorders?

- If yes, consider co-morbidities with any prescribed management.

RED FLAGS

Below is a list of serious pathologies to consider and rule out in assessing joint pain:[2]

	Indication	Investigation
Infection	Fever, meningism, history of immunosuppression/intravenous drug use	X-ray, MRI, CBC
Inflammatory	Rheumatoid arthritis, polymyalgia rheumatica, giant cell arteritis	Rheumatology consult plus laboratory (ESR, CRP and rheumatological markers)
Fracture	Osteoporotic fracture, traumatic fall with risk of fracture	X-ray, CT (if required)
Tumour	History of cancer, unexplained weight loss, significant night pain, severe fatigue	X-ray, MRI

YELLOW FLAGS

Psychosocial Risk Factors for Developing Chronicity

For those with joint pain lasting more than six weeks or non-responsive to treatment, consider asking:[3]

Questions to Ask	Look for
"Do you think your pain will improve or become worse?"	Belief that joint pain is harmful or potentially severely disabling
"Do you think you would benefit from activity, movement or exercise?"	Fear and avoidance of activity or movement
"How are you emotionally coping with your joint pain?"	Tendency to low mood and withdrawal from social interaction
"What treatments or activities do you think will help you recover?"	Expectation of passive treatment(s) rather than a belief that active participation will help

A patient with a positive Yellow Flag will benefit from education and reassurance to reduce risk of chronicity.

If you are feeling symptoms of sadness or anxiety, this could be related to your condition and could impact your recovery, schedule a follow-up appointment.

June 2017 thewellhealth.ca/OA Page

OA diagnosis and treatment largely takes place in primary care

AAC reached out and partnered with CFPC to improve OA care

Tool launched – workshops

Patient oriented tool being developed

Ontario OA Quality Standards Nov 2018

IA MOC, A phased approach: Development, Dissemination and Measurement

2012 Strategy Development
- MoC Executive kick-off meeting
- Identify goals
- Environmental Scan: SWOT gap analysis, ID key leaders / champions

2013 Stakeholder Engagement
- Use AAC network to engage leaders/champions to participate in AAC MoC Working Committee ("MoC WC")
- Hold preliminary 1-on-1 discussions of stakeholder needs
- Consensus around issue where a MoC would benefit (IA)

2013 Pan-Canadian MoC Development
- Discuss/refine plan, incl framework of IA care map & toolkit
- CIHR-IMHA sponsored pan-Canadian arthritis MoC meeting in November to develop consensus on best practices and care map and tools applicable nationally
- Discussion on measures of success (quality indicators)

2014 Develop Toolkit & Dissemination
- Develop/finalize dissemination products (best practices, care map & tools)
- Website launch of care map & tools
- Roadshow

2015-2017 Performance Measurement Data Collection
- Identify & finalize measures of success (quality indicators)
- Data collection

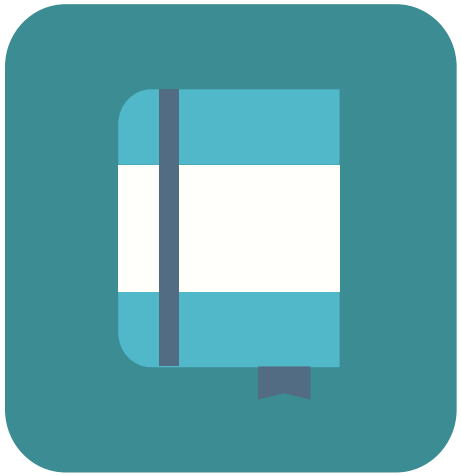
2017-2018 Reinforce Stakeholder Engagement
- Share results
- Continuous improvement

Complete
In progress
Pending predecessor activities

Priority #3: Promote RESEARCH in arthritis prevention, self-management & the effectiveness and efficiency of care

1. Develop targeted funding opportunities;
2. Enable synthesis & exchange of new knowledge to drive measurable improvements in arthritis care;
3. Facilitate formation of multi-disciplinary research groups to address knowledge gaps;
4. Engage health care decision makers & providers to facilitate the uptake and implementation of research results.

Research Initiatives



Research Committee

formed in 2014

Letters of Support

for Arthritis Peer-reviewed Grants introduced in 2016

Research Awards

Program launched in 2016

Projects/Economic Business Case study

2017-present

Priority #4- Support Ongoing Stakeholder Collaboration

The Arthritis Alliance of Canada was formed to provide a forum for collaboration and networking among arthritis stakeholders.

- AAC organization structure allowed for **two** full-time staff - **Executive Director (in 2010)** and **Project Manager (in 2014)** to bring together arthritis community to facilitate implementation of Framework initiatives
- **35 member** organizations joined over 16 years
- **Quarterly Members Update** teleconferences conducted throughout 2013-2018
- **Six** in-person **Spring** and **Fall Annual Meetings** were since 2013-2018
- Share information and best practices through **monthly newsletter.**

Arthritis Alliance of Canada Members