



Arthritis Alliance of Canada
Alliance de l'arthrite du Canada

**Arthritis Alliance of Canada
3rd Annual Meeting and Research Symposium
Thursday-Friday, October 22-23, 2015
Delta Lodge Hotel at Kananaskis, AB**

Advocacy and Awareness Committee Workshop

Friday, October 23, 2015, 12:30-1:45 pm MT

WELCOME AND INTRODUCTION

Kelly Lendvoy

Vice President, Communications and Public Affairs,
Arthritis Consumer Experts

AAC Advocacy Committee Chair

Today's Agenda

	Time	Topics	Speaker
1	12:30 pm	Welcome & Workshop Introduction <ul style="list-style-type: none"> ▪ Accomplishments in 2015 	Kelly Lendvoy
2	12:35 pm	AAC Communication Tools	Jaime Coish
3	12:40 pm	4.6. It's more than a number: Arthritis Advocacy and Awareness in 2016: Cross-country analysis: <ul style="list-style-type: none"> ▪ After-math of the federal election and upcoming election ▪ Strategies for participating in federal and provincial health policy formation ▪ Mobilizing regional advocacy teams 	Kelly Lendvoy Gillian Kennedy
4	1:00 pm	Review of policy positions and key messages on arthritis issues and hot topics: <ul style="list-style-type: none"> ▪ CLHIA standard on access to biologics ▪ Manulife "Drug Watch" policy 	Joanne Homik Linda Wilhelm
5	1:20 pm	Questions & Answers/Discussion	All
6	1:30 pm	Wrap up and next steps	Kelly Lendvoy

Advocacy and Awareness Committee Team Members

AAC Advocacy and Awareness Committee Members

Kelly Lendvoy – Chair

Vice President, Communications and Public Affairs, Arthritis Consumer Experts

Tania Alexander

Marketing Manager, Janssen Inc.

Joanne Homik

Associate Professor, University of Alberta

Gillian Kennedy

Manager, Government Relations, AbbVie Canada

Frances LeBlanc

Manager, Government Relations, Canadian Chiropractic Association

Linda Wilhelm

President, The Canadian Arthritis Patient Alliance (CAPA)

Advocacy and Awareness-Vision

Overall vision:

An integrated advocacy program that supports and achieves the priorities identified in the National Framework:

- Work with provincials and federal governments and partners on the development and adoption of Models of Care;
- Work with government and partners to develop a set of performance measures for evaluation of care and the health system;
- Monitor and highlight important issues raised by Members; and
- Raise awareness of arthritis.

ARTHRITIS ALLIANCE OF CANADA TOOLS AND RESOURCES

Jaime Coish
Executive Director, Arthritis Alliance of Canada

Communication Tools

Communication Tools

- Teleconferencing/WebEx
- www.arthritisalliance.ca
- AAC Monthly Newsletter
- Regional Advocacy Teams
- Toolkits
- Hot topic papers



AAC Monthly Newsletter



We encourage you to use the monthly newsletter to stay informed and share your projects and initiatives in the arthritis community with us!

For more information contact :
lgazizova@arthritisalliance.ca

Advocacy Support and Members Toolkits-GR

Government Relations Toolkit

Background:

- AAC Backgrounder
- Arthritis Facts & Figures (National and provincial)
- MOC in Arthritis Briefing Paper

Key Messaging

- MOC public messaging

PowerPoints

- 2015 AAC Overview PPT
- MOC Cross-Country Analysis
- Showcasing Best Practices in Advocacy-Mental Health

Reports

- 2014 A pan-Canadian Approach to IA Models of Care
- 2012 Joint Action on Arthritis Executive Summary
- 2010 The Impact of Arthritis Executive Summary
- 2010 Arthritis Landscape Review Report
- 2006 Arthritis Standards Report

Members and CAN Ambassador Research Toolkit

Media Toolkit

Background

- AAC Backgrounder
- Arthritis Facts & Figures
- MOC in Arthritis Briefing Paper

News Releases

Stories & Op-Ed's – Coming Soon

Videos

- National Framework for Arthritis Prevention and Care in Canada
- Sir Marc Feldmann & Sir Ravinder Maini 2014 CGIA
- The Canadian Arthritis Network Legacy Video

CAN Ambassador Research Toolkit

Media Stories

- CBC: Rheumatoid Arthritis among Aboriginal people being studied

Guides

- Ambassador Toolbox Guide - Guide to the Toolbox
- The Canadian Arthritis Network Legacy Report - Executive Summary

Reports

- Canadian Arthritis Network - Legacy Report
- Canadian Arthritis Network - Training Report
- Canadian Arthritis Network - Research Report
- Celebrating the Impact of Health Research
- Video
- The Impact of Arthritis Research in Canada

Building Blocks Tools, Member Organizations

AAC Website Statistics: Adoption of Online Resources by Member Organizations

AAC Online Resources	Member Organizations-Links
AAC Website link	
<ul style="list-style-type: none">• Alberta Bone and Joint Health Institute• Arthritis Community Research & Evaluation Unit• Arthritis Consumer Experts• Arthritis Health Professions Association• Arthritis Research Canada• Bone and Joint Canada	<ul style="list-style-type: none">• Canadian Arthritis Patient Alliance• CIHR – IMHA• Canadian Orthopedic Association• Canadian Rheumatology Association• Canadian Spondylitis Association• The Arthritis Society (TAS)• Hoffmann-La Roche Canada
Events	
<ul style="list-style-type: none">• Canadian Arthritis Patient Alliance• The Arthritis Society• Canadian Rheumatology Administrative Data (CANRAD) Network	AAC Newsletter & Reports <ul style="list-style-type: none">• Arthritis Research Canada• Bone and Joint Canada• Canadian Orthopedic Association• Canadian Spondylitis Association

4.6. IT'S MORE THAN A NUMBER: ARTHRITIS ADVOCACY AND AWARENESS IN 2016: CROSS-CANADA ANALYSIS

Kelly Lendvoy

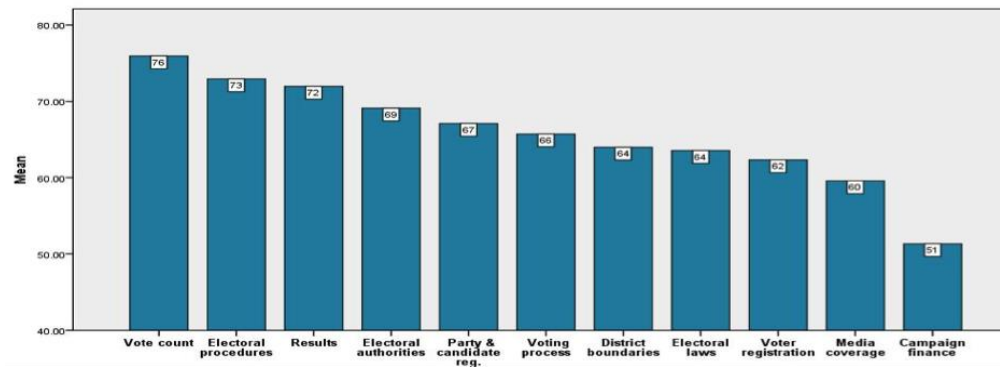
Vice President, Communications and Public Affairs,
Arthritis Consumer Experts

Gillian Kennedy

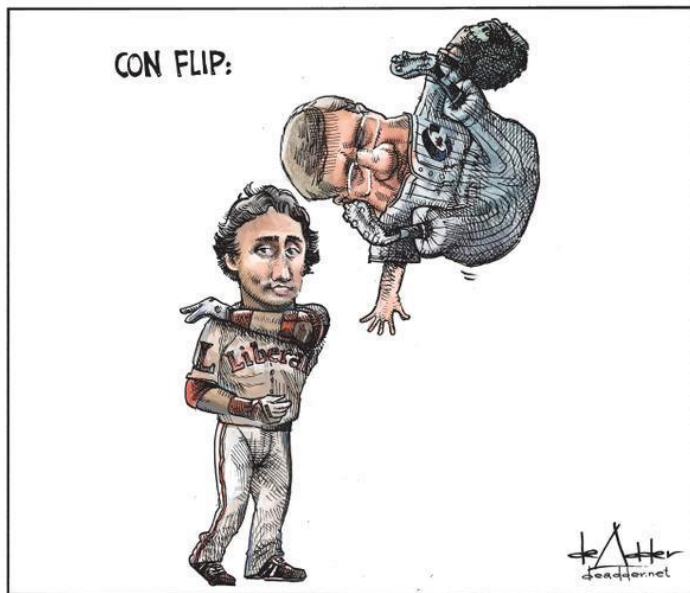
Manager, Government Relations, AbbVie Canada

Cross-country Analysis

- ✓ After-math of the federal election and upcoming election preparedness
- ✓ Seeking alignment: Strategies for participating in federal and provincial health policy formation
- ✓ Mobilizing regional advocacy teams



FEDERAL GOVERNMENT: REAL CHANGE?



“Stephen Harper is a mastermind. First he united the right, now he has united the left.”



“Better angels of our nature”

“Re-engaging on healthcare”



“The sexist politician in the world?”

Cross-Country Analysis-Federal Government

Liberal Platform	Opportunities	Next Steps
<ul style="list-style-type: none">• Negotiating a new health accord with the provinces• \$3 billion over the next four years for home care spending• Make Employment Insurance Compassionate Care Benefit more flexible and easier to access• Develop pan-Canadian collaboration on health innovation• Improve access to necessary prescription medicines• Join with the provinces on bulk buying for prescription drugs• Consult to introduce a <i>National Disabilities Act</i>	<ul style="list-style-type: none">• 150 new Liberal MPs• Health Minister who understands arthritis• Senior bureaucrats (who remain) with arthritis experience• Recommendations from Advisory Panel on Healthcare Innovation	<ul style="list-style-type: none">• Formulate positioning/key messages aligned with election platform• MP contact program• Monitor change in bureaucracy• Minister of Health contact

WESTERN REGION: BRITISH COLUMBIA, ALBERTA, MANITOBA AND SASKATCHEWAN

Cross-Country Analysis-British Columbia

MoC Status/ Existing Programs	Government Status/Arthritis Gaps/Opportunities	Next Steps
<ol style="list-style-type: none">1. Expanded in-clinic role for nurses (Kerr)2. Private-oriented practice is in place, with referral process working very well:<ul style="list-style-type: none">• No waiting for the onset RA patients• A patient to start DMARD immediately upon referral by a specialist (specialists are not referring, rheumatologists are looking for referrals)	<ul style="list-style-type: none">• Disengaged Minister of Health• Cost containment focus: RDP Modernization, SEB preferential listing• Arthritis community is known to bureaucracy - an opportunity to re-convene relations with them presenting models of care.	<ul style="list-style-type: none">• Highlight the work on MOC and alignment with policies• Work around weak Minister: Focus on decision making bureaucrats and creation of mini-caucus of influential MLAs.

Cross-Country Analysis-Alberta

MoC Status/ Existing Programs	Government Status/Arthritis Gaps/Opportunities	Next Steps
<p>Province is actively engaged in the models Of care:</p> <ul style="list-style-type: none"> Bone and Joint Strategic Clinical Network (SCN) and Arthritis Working Group (AWG) working on a shared care model of care with plans for small implementation or scoping projects (Mosher, Homik, Marshall) AHPA is active on the “Core competencies” inter-disciplinary teams initiative Province wide data collection for all patients with inflammatory arthritis to help facilitate many initiatives and quality improvement projects 	<ul style="list-style-type: none"> New Premier Rachel Notley (May 2015) New Minister: Sarah Hoffman Previously chair of the Edmonton Public School Board Deputy Minister Dr. Carl Amrhein Previous Provost of the University of Alberta (prof earth sciences) Budget to be released Oct 27: Government will miss balanced-budget target 	<ul style="list-style-type: none"> New Minister: need for Arthritis 101 Eric Rosenhahl MLA coordinating meeting with Minister Hoffman Powerful bureaucracy who new Minister is leaning on: MoC advancement Collect national statistics and numbers for meetings with government (manuscript written by Dr. Walter Maksymoswych).

Cross-Country Analysis- Saskatchewan

MoC Status/ Existing Programs	Government Status/Arthritis Gaps/Opportunities	Next Steps
<ul style="list-style-type: none">• Rheumatology group participation in a provincial initiative to reduce waiting times for access to a specialist (Nair, Gjevre)• MOH invited AAC to participate in designing a new MOC for rheumatology• A Canadian Initiative for Outcomes in Rheumatology cAre (CIORA) grant looking at the use of telemedicine clinic for IA patients from rural areas	<ul style="list-style-type: none">• Provincial election April 2016	Leverage current initiatives in policy platform discussion with leading parties

Cross-Country Analysis -Manitoba

MoC Status/ Existing Programs	Government Status/Arthritis Gaps/Opportunities	Next Steps
<p>Province is continuing work on the models of care:</p> <ul style="list-style-type: none">• Triage system on hip and arthroplasty is working.• Computerized training system is in place for rheumatologists to practice how to do central in-take triaging.• A new rheumatologist is working in MB• Initiative on dementia implemented.	<ul style="list-style-type: none">• Finding a triage hub with alternative healthcare providers is an opportunity to approach the government.• Provincial election April 2016.	<ul style="list-style-type: none">• Work around provincial elections and start initial conversation on the policy platform and adoption of MOC across MB.• Start an outreach to provincial government, ministers, territorial reps and regional health authorities.

CENTRAL REGION: ONTARIO & QUEBEC

Cross-Country Analysis- Ontario

MoC Status/ Existing Programs	Government Status/Arthritis Gaps/Opportunities	Next Steps
<ul style="list-style-type: none"> Province remains very advanced in the models of care. ORA-originated MOC is in place. Best Practices programs are successful in each of 6 elements of the model - identification, specialised care access, medical management, shared care, patient self-management and patient and performance measurement: <ol style="list-style-type: none"> Allied Health Rheumatology Triage (AHRT) project through TAS to examine the role of the specially trained extended role-practitioners in improving access for people with suspected IA. Electronic Medical Records (EMR) tools: training sessions on Oscar and Accuro platforms are well underway. The Advanced Clinician Practitioner in Arthritis Care (ACPAC) program trained 54 therapists to work on hip and knees. Patient Charter 	<ul style="list-style-type: none"> Majority Liberal leadership-1.5 years into a 4 year mandate Minister Hoskins public health background, leading National Pharmacare debate Liberals are aggressively trying to eliminate the deficit by 2017/18 and are looking to Health to find a large portion of the savings needed. Government is committed to supporting care in the community and care that provides a more efficient experience. Government expansion to low back pain and chronic pain management; opportunity to fit in with our model. Health Quality Ontario, funded by Ministry of Health looking to measure quality improvement to people requiring longer-term care. 	<ul style="list-style-type: none"> Meet with key Health policy leaders and decision makers (including the Deputy Minister and Minister) to highlight Rheum. leadership in developing innovative and efficient care models Explore opportunities to expand low-back pain/chronic pain management investments to Rheumatology areas of focus including MOC.

Cross-Country Analysis- Quebec

MoC Status/ Existing Programs	Government Status/Arthritis Gaps/Opportunities	Next Steps
<ul style="list-style-type: none">• Implementation of the model of care work is facing challenges.• The current approach is to focus on community private practice rheumatology and to convince the authorities that a rheumatologist can hire/use a nurse practitioner or other allied health professional to assist with care. (Zummer, Choquette)• The details of this approach will be discussed at the annual meeting of Quebec Rheumatology Association (QRA) in October.	<ul style="list-style-type: none">• Majority Liberal leadership-1.5 years into a 4 year mandate• Health minister is a radiologist with strong understanding of the health system• Government is difficult to convince in trying to increase productivity of the model.• Preferential listing of SEB restricting patient/physician choice was implemented and then put on hold for a year under pressure from the community	<ul style="list-style-type: none">• Approach the government based on the outcome of the QRA Annual Meeting.

**EASTERN REGION:
NEW BRUNSWICK, NEWFOUNDLAND & LABRADOR,
NOVA SCOTIA & PRINCE EDWARD ISLAND (PEI)**

Cross-Country Analysis-New Brunswick

MoC Status/ Existing Programs	Government Status/Arthritis Gaps/Opportunities	Next Steps
<ul style="list-style-type: none">• The Surgical Services Advisory Committee (SSAC) of New Brunswick agreed to have the Low Back Pain (LBP) Committee regularly report on its activities. (Wilheim)• The mandate of SSAC will always be surgical services, acknowledging that not all those with LBP waiting to see a surgeon will require surgery but could benefit from other health services, such as physiotherapy.	<ul style="list-style-type: none">• Government remains active, engaged and supportive of a health model and chronic disease management• Pan-Atlantic Canada approach: all federal MPs are Liberals. The three Maritime premiers are Liberals.	<ul style="list-style-type: none">• Once the NS IA Taskforce report is public, it will be used to influence NB to address gaps in care.

Cross-Country Analysis- Nova Scotia

MoC Status/ Existing Programs	Government Status/Arthritis Gaps/Opportunities	Next Steps
<ul style="list-style-type: none">• IA Taskforce report has been delayed. (Sutton)• TAS NS is a member of the taskforce and will let the Alliance know when the report is finished.	<ul style="list-style-type: none">• Government is supportive of the chronic disease designation for IA	

Cross-Country Analysis- Newfoundland and Labrador

MoC Status/ Existing Programs	Government Status/Arthritis Gaps/Opportunities	Next Steps
<ul style="list-style-type: none">• The review process on the central triage system is ongoing. (Burt)• Performance measurement piece is built-in into the models of care, and is expected to be a part of Dr. Claire Barber's CIORA grant on performance measures.	<ul style="list-style-type: none">• November 30 election where Liberals are expected to defeat Progressive Conservative government.	

Federal/Provincial Election Campaign Calendar

	Election Date
Federal	October 19, 2015
Alberta	Held in May 2015. Next upcoming spring 2019
British Columbia	May 9, 2017
Saskatchewan	April 4, 2016
Manitoba	April 19, 2016
New Brunswick	September 24, 2018
Nova Scotia	No fixed election. Next election is expected in 2017 or 2018
Prince Edward Island	October 2019
Newfoundland and Labrador	November 30, 2015
Ontario	October 4, 2018
Quebec	October 1, 2018

ISSUES IDENTIFICATION & MANAGEMENT: HOT TOPICS

Dr. Joanne Homik,
Rheumatologist, University of Alberta

Linda Wilhelm
President, The Canadian Arthritis Patient Alliance
(CAPA)

Hot Topics

What is an AAC Hot Topic?

- Advocacy and Awareness Committee monitors arthritis issues healthcare policy initiatives
- AAC members report emerging issues to Committee
- Issues are then evaluated using Hot Topic criteria
- Our committee then prepares a “Hot Topic” information document to inform members of issue and how it affects the arthritis community

“Hot Topic” papers

Evaluation Score Card to evaluate "hot topics" identified by members to determine what position, if any, the Alliance should take on the topic.

Hot Topic Papers:

1. Private Payers

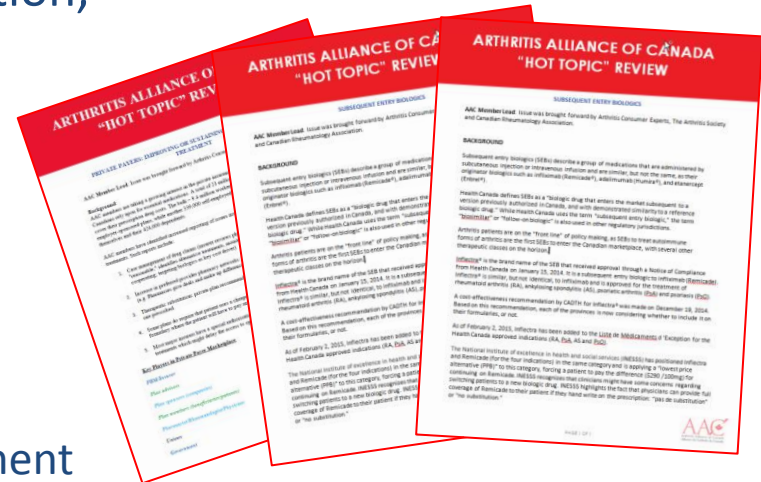
Available at www.arthritisalliance.ca

2. Pediatric Rheumatology: Access to Treatment

Available at www.arthritisalliance.ca

3. Subsequent Entry Biologics

Available at www.arthritisalliance.ca



POLICY INITIATIVE:

CLHIA Standard on Access to Biologics



September 2, 2015 saw news release from the CRA, CRA and CLHIA regarding :

“New national standard established by Canadian insurers and rheumatologists to provide access to biologic drugs”

A Minimum 12 week trial of methotrexate plus one other disease modifying anti-rheumatic drug (DMARD). Where combinations of non-biologic DMARDs are impossible (a rare situation), 3 consecutive non-biologic DMARDs would be acceptable.

A lot of discussion around this standard has begun. As a result the following message is from Dr. Purvis who is leading this process:

“The intent is for these guidelines to cover the usual patients, not the rare exceptions. The plan is to review and improve the guidelines to allow the simplest and most seamless coverage for all Canadians with RA.” The goal is to create the same criteria for public coverage.

Emerging Issue: Manulife “Drug Watch” policy



Manulife DrugWatch is the only program of its kind in Canada that:

- closely monitors the drug landscape and analyzes the effectiveness and financial impact of new medications
- ensures consumers receives value for their drug benefit dollars

Advocacy and Awareness Committee

Next Steps

- Support AAC member organizations' initiatives/special projects to increase awareness of arthritis
- Support pillar committee needs (OA MOC, IA MOC and Research), deliver on **one-two priorities** for each of the pillar committees
- Continue working with Regional Advocacy Teams in provinces:
 - Focus on **one-two pilot provinces**
 - provide election support in these provinces
- Develop a social media strategy and have a twitter profile/presence within one year
- New “hot topics” brought forth (First Nations Health, Pan-Canadian Pharmacare system, osteoarthritis and Research)



REGIONAL ADVOCACY TEAMS

Role: AAC Advocacy Team Members are active participants in discussions with provincial government contacts around AAC's advocacy agenda. Share information from government discussions with committee to ensure AAC's messages are relevant to current government trends/concerns/opportunities.

Stay Connected and Informed!

If you have any questions or would like to follow-up on any topic on today's agenda, please contact Jaime Coish at jcoish@arthritisalliance.ca

or

visit our website www.arthritisalliance.ca



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