

DR. WILLIAM BENSEN MODELS OF CARE INITIATIVE

TERMS OF REFERENCE

Mission statement:

- To invest in advancing access to quality rheumatology care through novel team based models of care and innovative solutions

Goals/Pillars:

1. To promote improved care of patients with inflammatory arthritis through rheumatologist-led, team-based models of care within Ontario
2. To encourage novel solutions developed by Ontario rheumatologists to improve access to rheumatology care
3. To help direct health policy toward funding of team-based models of care

Rationale:

This initiative is undertaken by the ORA in memory of the late Dr. William Bensen. He was an exceptional rheumatologist who practiced in Hamilton, Ontario for nearly 40 years. He was a great advocate of team-based models of care in Rheumatology and worked with nursing staff, allied health professionals and pharmacists to provide a higher standard of care for his patients. His pioneering strategies and advocacy work will be remembered and promoted in this initiative.

Rheumatoid arthritis (RA) is a chronic disease and its prevalence is increasing because of aging and increasing survival of patients. This is escalating the demand for rheumatology care. The traditional model of care for patients with RA primarily relies on rheumatologists. A shortage of rheumatologists nationwide is stressing the healthcare system's capacity. This resource gap necessitates that we re-evaluate the traditional model of care and consider alternatives.

Internationally, healthcare authorities have addressed this shortage by introducing models that rely on other healthcare providers in expanded clinical roles (e.g., physiotherapists, nurses, occupational therapists, and pharmacists). One of these models, nurse-led care, has been defined as a practice in which nurses (e.g., registered nurses, clinical nurse specialists, or nurse practitioners) working in collaboration with physicians and other team members caring for patients for whom they provide services such as monitoring, education and support.

It is our view that implementing models of care utilizing nurse and allied health professionals in conjunction with a rheumatologist will provide:

1. Increased assessments of those with inflammatory arthritis
2. Superior accessibility to care with improved patient pathways
3. Superior continuity of care
4. Better patient flow
5. Improved knowledge translation, patient education and disease knowledge
6. Equal effectiveness if not improvement in disease activity
7. Equal or improved patient safety
8. Improved patient satisfaction

As part of our evaluative process we will measure:

1. Effectiveness: ability to achieve desired outcomes such as improved HAQ, DAS-28, CDAI
2. Acceptability: measured through patient satisfaction and clinic attendance
3. Efficiency: measured through the number of referrals and length of appointment
4. Safety: measured by out-of-range blood tests, adherence to required monitoring, healthcare contacts, hospitalizations, death
5. Appropriateness: based on accepted or evidence based care
6. Accessibility: suitable setting in a reasonable time and distance reflected in continuity of care and access to care

Structure:

This initiative will provide grants for physician-led initiatives in the area of Models of Care, up to a maximum of \$40,000. Proposals for projects with a 1 year term will be considered for review. An application for a second year of funding (up to a maximum of \$20,000) will be considered, based on merit and quality of the final progress report. Each eligible physician will be allowed up to a maximum of two years of funding in total.

Up to two successful applicants will be selected each year. The Selection Committee reserves the right to withhold selection of successful candidates, based on the caliber of the applications submitted each year.

Eligible Applicants include:

- Member of the Ontario Rheumatology Association, excluding Board and Executive members AND
- Community rheumatologist who spends more than 80% of his/her time providing clinical care AND practices outside of academic/hospital institutions

What will be considered for support under this initiative:

1. Implementation of novel team based models of care that improve referral networks and patient pathways
2. Training for Allied Health Professional (AHP) to complement rheumatologist
3. Course/conference fees for support of AHP training

* Allied health professionals include nurses, physiotherapists, occupational therapists as well as kinesiologists

What will not be accepted for this initiative:

1. Salary support
2. Hardware/software upgrades within the practice
3. Funding for new and existing research endeavors

*All applicants should disclose all other sources of funding for models of care initiatives within their community practice, so that selection committee can decide if the funding proposal needs to be altered.

Application Process:

1. Eligible physicians will complete and submit application form
2. All submitted applications will be peer-reviewed by Bensen Awards Selection Committee
3. All applications will be anonymized during the review process by the Selection Committee, in order to reduce bias and promote fairness.
4. The Bensen Awards Selection Committee reserves the right to withhold selection of successful candidates, based on the caliber of the applications submitted each year.

Criteria utilized to select successful applicants include:

1. Impact of project on applicant's community rheumatology care
 - a. Attention to underserved areas, early career rheumatologists
 - b. Improved patient engagement and experience
 - c. Patient health outcomes (impact on wait times, early diagnosis of inflammatory arthritis)
2. Novelty of approach to improving access to rheumatology care
3. Capacity of applicant to deliver on the proposal
4. Overall quality/feasibility of applicant's proposal

Accountability:

1. Release of Funds:
 - a. Award funds will be released on a quarterly basis
 - b. All awardees will be expected to present progress on their award-winning Models of Care Initiative, in the form of an oral or poster presentation, at the ORA Annual General Meeting held in May.
 - c. At the end of the award period, a final report is expected from the awardee, with short presentation to the ORA Board of Directors in November.
 - d. It is expected that the final report will be submitted to the ORA within 3 months after the end of the award period (1 year)
 - e. With receipt of final reports, successful applicants may be eligible to apply for a second year of funding, up to maximum of \$20,000.

Selection of Successful Applicants:

Award Selection Committee will include the following:

1. Chair: ORA Exec/Board member
2. ORA Exec/Board member
3. Bill Bensen family representative
4. ORA Member
5. Allied Health Professional

Applicants and co-applicants will not be involved in the peer review process.

Timeline for Scholarship:

Program development – July/August 2017
Stakeholder engagement – September/October 2017
Fundraising – November 2017/Jan 2018
Advertising – April/May 2018
Deadline for Applications: October 1st 2018
Selection committee Meeting: mid October 2018
Selection of Awardees: November 1, 2018