Moving Towards a New Model of Care

Patients Living with Inflammatory Arthritis

Dr. Vandana Ahluwalia, MD FRCPC
Chair, ORA Model of Care Committee

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Objectives

1. To present the Governing Principles of the ORA Models of Care Initiative

2. To Show the benefits of a new MOC to the ORA members

3. To show the value for the Health Care System
Disclosures

Nothing to Disclose
Looking ahead: Prevalence of RA in Canada: 2010-2030

Looking Forward: The Impact of Arthritis in Canada 2010-2040
Access to rheumatology care

13 million residents in Ontario

~10,000 FP/GPs

~160 Rheumatologists

~100,000 RA patients
### Rheumatology Supply vs. Demand

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2010</th>
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<tbody>
<tr>
<td><strong>No. of RA patients:</strong></td>
<td>59,129</td>
<td>97,499</td>
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<tr>
<td><strong>No. of Rheumatologists:</strong></td>
<td>160</td>
<td>162</td>
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There is a need for change…

- Growing and unsustainable caseload: more patients, not enough rheumatologists and limited new resources

- Regional variations in care as measured by
  - Time to Rheumatologist
  - Time to DMARD
  - Access to resources

Lack of mandated provincial monitoring and reporting of outcomes
Who is the Ontario MOC?

The MOC team:

Vandana Ahluwalia - Chair
Carter Thorne
Claire Bombardier
Bill Bensen
Viktoria Pavlova
Joanne Simons
Ed Ziesmann
Denise Morrice
Angelo Papchristosa
Cathy Hofstetter
Sandra Couto
Project Phases: *Slow but steady!*

- Define the Pillars for Framework
- Work on Engagement & Linkages with Stakeholders
- Awareness, Advocacy, Communication
- 2014 Implementation Evaluation
- Research & Discovery 2010

*Slow but steady!*
Quality Care- The ORA commitment

The Ontario Action Plan For Health Care calls for better patient care through better value from our health care dollars.

The ORA model of care will deliver better value for:

The Patients, HCP and the Payors

The ORA is committed to advancing high quality care for arthritis patients in Ontario.
Putting patients first:
Improved outcomes through a shared-care management model

Patient focused
Evidence-based
Quality driven
Shared accountability
Optimal use of existing resources
Outcome measurement
Value for Health Care Dollars
Key Pillars for the Ontario Model: 

*Building a patient-centred model*

- **Engagement & Awareness**
- **Access & Triage**
- **Treat to Target**
- **Tracked & Measurable Outcome**

Disease Support through Education, Self Management and maintain Adherence
Proposed Model of Care - Overview

Outcome Measurement
Disease, System and Education

Patient ➔ PCP ➔ Regional HUB ➔ Rheumatologist Family Practice MSK clinic ➔ Community Providers

TAS
Engagement, Awareness, Education, Self Management and Adherence
Proposed Model of Care

Patient → PCP → Regional Hub
Coordinated triage by trained assessors

Emergent (e.g., vasculitis) → Rheum on call
Urgent (Inflam arthritis, connective tissue disease) → 1st available Rheum
Elective (e.g., OA, back pain, fibromyalgia) → Family Practice MSK clinic
Injection Clinic → Rheum

Recommend ancillary support

Community Providers
• Primary care provider
• Physiotherapy
• Occupational therapy
• Nursing
• Pharmacist
• Specialty pharmacy
• TAS, Group education
• Community programs
• DIRC
• Telehealth Ontario

TAS
Engagement, Awareness, Education, Self Management and Adherence
Evaluation of the MOC

- Quality indicators
- Continuous Quality improvement
- Track Outcomes through research platforms (OBRI, EMR, ICES)
Value to Patients

- Timely access to care
- Personalized disease management plans
- Improved patient experience
Value to Physicians

• Evaluate and Treat patients within the “window of opportunity”

• Strengthened continuity of care between primary care team & specialist

• Team Approach: Sustainable case load
  – Improved support for appropriate referrals
  – Improved triaging & access to care
  – Expedited diagnostic assessment: patient-specific treatment plan
  – Increased capacity through re-alignment of existing resources
  – Shared care of stable patients with PCP and allied health

• Comprehensive care providing best patient outcomes
Value to Allied Health Professionals

Efficient use of government investment in services
- ACPAC therapists
- Pharmacists – MedsCheck, expanded scope of practice
- The Arthritis Society (TAS)

Coordinated, Inter-professional care
- improves adherence to to treatment
Value to Government / Public Payers
Cost savings / Efficiencies

Value for money – Appropriate use of currently available resources
  – Reduced duplication of referrals (“shot gun” approach)
  – Reduced unnecessary duplication of tests (through EMR)
  – Optimal use of current investments in community-based care

• Improved access – Reduced delays

• Guideline-driven; Treat-to-target

• Improve function; Reduced disability

• Improved Overall Health of the Community
On behalf of the MOC committee, I would like to thank our partners.