



Ontario
Rheumatology
Association

Models of Care

A report from the Institute for Clinical Evaluative Sciences (ICES), released January 31, 2014, shows the number of rheumatoid arthritis (RA) cases in Ontario doubled* between 1996 and 2010.

During the same period, it shows the number of rheumatologists remained relatively static*. The study, funded by ICES and the Ontario Best Practices Research Institute (OBRI), draws attention to the urgent need for improved access to rheumatological care.

Source: *Ontario study finds the number of rheumatoid arthritis patients has more than doubled in 15 years, January 31, 2014. <http://www.ices.on.ca>.

Committee Members

Dr. Vandana Ahluwalia (Chair), Dr. Carter Thorne, Dr. Claire Bombardier, Dr. Bill Bensen, Dr. Arthur Karasik, Dr. Viktoria Pavlova, Dr. Mary Bell, Angelo Papachristos, Cathie Hofstetter, Denis Morrice, Carolyn Whiskin, Ed Ziesmann, Joanne Simons and Sandra Couto

A new model of care for Rheumatology

In an effort to address the rising incidence and cost of arthritis, The Ontario Rheumatology Association (ORA) is working in collaboration with the Ontario Best Practices Research Initiative (OBRI) and the Arthritis Alliance of Canada to create a new model for rheumatology that will fundamentally shift the delivery of arthritis care in the province. The focus is on the strategic reorganisation and mobilization of existing resources to ultimately optimise delivery and timeliness of care provided to patients with arthritis. Under this reorganisation, access to primary care providers, specialists and community programs will be attained, thereby improving patient outcomes and efficiencies for the Ontario healthcare system.

The model seeks to close the gap in demand vs supply of rheumatology services through the provision of access to other health care

professionals such as orthopaedic surgeons, physical and occupational therapists, nurses, pharmacists, and community based resources related to chronic disease management. There is also a need to build better relationships with Primary Care Physicians to share in the care of comorbidities commonly seen in this patient population.

The Models of Care project commenced in 2010 and significant milestones have been achieved to date, with guiding principles and a strategic framework at the core of the work. With the clear vision being a patient-centred approach, the project will continue throughout 2014 and beyond as strategies for continuous, measurable improvements are implemented to ensure improved patient outcomes.

For more information please contact the ORA, www.ontariorheum.ca.

The economic burden of arthritis in Ontario

| | Osteoarthritis | Rheumatoid arthritis |
|---------------------------------|---|--|
| Ontarians living with arthritis | 1.7 million in 2010 4.28 million by 2040 | 104,000 in 2010 225,000 by 2040 |
| Direct healthcare cost | \$3.93 billion in 2010 \$215 billion by 2040 | \$916 million in 2010 \$37.4 billion by 2040 |
| Loss of productivity | \$6.87 billion in 2010 \$379 billion by 2040 | \$1.29 billion in 2010 \$67.8 billion by 2040 |

Source: Arthritis Alliance of Canada. *The Impact of Arthritis: Ontario Specific Information*. October 21, 2011.

The rheumatology model of care framework

