



# WINTER NEWSLETTER

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## PRESIDENT'S UPDATE



Welcome to 2014! After a very eventful 2013, this new year looks to be just as exciting. The ORA committees have been busy with EMR, Models of Care, Exceptional Access Program work, insurance company discussions, our manpower project and other activities. Philip Baer continues to represent our interests at the OMA and our Executive Director, Denis Morrice, keeps the ORA front of mind across the province and the country. We have had ongoing successes with our EAP forms which have been updated to reflect the recent changes in abatacept and tocilizumab and we are making a new criteria form for rituximab in RA which will be available soon. Our website is still a great place to go to get our latest news and form

updates, as well as links to reach anyone in our organization that you would like.

Our greatest strength I believe is the engagement of our members. An issue related to insurance forms was brought to my attention and after meeting with the insurance company, we have actually resolved the problem to everyone's satisfaction! We plan on continuing our ongoing collaborative discussions with all groups that impact rheumatology and any issues that the membership wish us to bring up in our conversations are welcomed. Please send them along to [president@ontariorheum.ca](mailto:president@ontariorheum.ca).

Our annual meeting, being held May 23-25, 2014 at JW Marriott in Minnet is shaping up to be our best yet with international speakers and practical sessions so save the date! More information will be available soon.

So stay warm and enjoy your real Canadian winter and I will see you in May!

## NEWS ITEMS

### Sunlife Insurance form update

Sunlife is adding a new tick box to their biologic forms which will read "The claimant named above does not meet the provincial program's medical criteria for application" which will remove the requirement of applying to EAP when you know the patient will be refused.

### Leflunomide serum levels

To arrange a patient's Arava Level contact Dr. Joel Goodman from Gamma Dynacare Medical Laboratories at 905 790 3000 ext 5910 or you can email at [goodmanj@gamma-dynacare.com](mailto:goodmanj@gamma-dynacare.com). He will arrange the blood to be drawn at a Gamma Dynacare specimen centre, by arranging appointment with patient at a Gamma Dynacare location (2 appointments 2 weeks apart). Then shipping of the specimen (dry ice) is sent to LabCorp in North Carolina, USA. There is a cost to the patient of \$200 (patient pays at the time of the draw) this includes all costs, 2 tubes will be drawn at each visit - one for shipping to Lab Corp, the other held at the Gamma Dynacare (frozen) in case of a problem with the first specimen.

ORA membership registration remains open! Renew now to ensure your name is not removed from the ORA mailing list

The winners of the Tim Horton gift cards for early bird renewals were:

- October: Brian Hanna
- November: Raman Joshi



## OMA UPDATE

### Specialist Reporting to Referring Physicians

The Medical Post issue of Jan 21, 2014 reported on an Ontario study from ICES using the EMERALD database, presented at the North American Primary Care Research Group annual meeting held in Ottawa in November 2013. The EMERALD database links EMR data from several hundred Ontario family physicians to administrative databases housed at ICES at Sunnybrook Medical Centre in Toronto. This study looked at 54 GP practices and related to the year 2008.

Barely 50% of consultation notes from surgical or medical consult visits are actually received by the patient’s family doctor, according to the study authors. The median wait for a consultant note to arrive at the family doctor is less than 30 days for only one-quarter of medical and surgical specialties. If a note was received, median wait times for consultant notes were shorter for the surgical (between 17 and 41 days) than medical specialties (between 18 and 43.5 days).

Looking at patient factors, there were longer waits for consult notes for older patients from dermatology and orthopedic specialties. Patients who were more ill had longer waits for consultant notes from internal medicine and rheumatology compared with less ill patients. This was the only mention of rheumatology in the study highlights.

What happens to the missing notes is not known. It is hard to believe that so many notes get lost in the mail or through a failed fax or lost in the family doctor office, so it leads me to be-

lieve they are just not sending them back.’

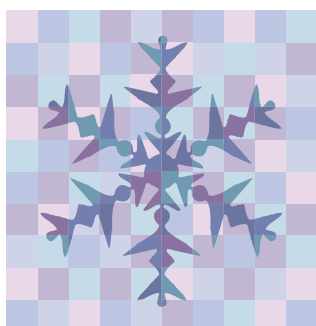
All of this raises the question of which medical services provided by a rheumatologist require a written report back to the GP/FP or referring doctor. I believe it is good practice to keep the GP and other involved specialists informed with a written communication after every visit I have with a patient. Technically, however, only the following OHIP Rheumatology fee codes require a written report back to the referring or primary care physician:

Consultations: A485, A486, A595, A765.

Complex Medical Specific Reassessments: A481.

As to the timeliness of written reports, current EMR systems using ORA-designed forms and one’s own templates make it possible to send reports of follow-up visits and simple consultations by fax before the patient has even left the office, if one desires. More complex consultations can be typed, voice-dictated or sent out for transcription, and a turnaround time of under 14 days is certainly feasible under most circumstances.

Let’s try to make rheumatologists stand out as leaders in keeping referring physicians in the loop when the next iteration of the ICES study, looking at 300 physicians and including data from 2008 to 2013 is published. The goal of this follow-up study is to see if the wait times for consultant notes have improved as more offices begin to use electronic medical records.



**Save the Date:**  
**ORA Annual Meeting**  
**May 23-25, 2014**  
**JW Marriott, Muskoka**

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## RHEUMATOLOGY MANPOWER PROJECT

Much has been said about specialist resources in Ontario and across the country in the last few months. From underemployed surgeons to the impending doubling of the RA patient numbers with no increase in the number of practicing rheumatologists, news suggests that residents may not know what career paths are the most promising. The rheumatology manpower project continues to explore ways to engage medical students and PGY 1 and 2 residents and to have them consider rheumatology as a dynamic career choice as well as to find ways to encourage current trainees to consider practicing in communities that have significant need. We are creating a web platform that will include information on rheumatology in Ontario and are working to develop relationships with undergraduate and post graduate medical education departments at universities across the province. We soon will have opportunities for rheumatology residents to visit locations in the province looking for rheumatologists. Our focus for the next 6 months will be our website launch and to increase the profile of this initiative across Ontario. Anyone wanting to participate in this project, please contact [president@ontariorheum.ca](mailto:president@ontariorheum.ca).

## EMR COMMITTEE

The EMR sub-committee continues to work with Ontario Certified EMR vendors to develop rheumatology specific tools and support work-flow efficiencies for its membership thinking about or currently using EMR Platforms.

At a recent meeting earlier in January, the EMR steering met to define the new phases for the EMR initiatives that are targeted for completion in 2014.

So far, Phase I and Phase II deliverables have been completed:

Phase I : clickable homunculus , disease activity calculators, e-OBRI forms

Phase II : e-patient reported outcomes , data collection forms for spondyloarthritis

Phase III- *under development* ; collection of patient reported outcomes via waiting rooms, seamless data extraction from EMR platforms for outcome measurement ( to OBRI and other research platforms); integration of clinical guidelines and practice indicators within EMR use.

**In addition, the EMR committee recently collaborated on a project with E-health Ontario and Ontario MD to further encourage the adoption and maturity of EMRs among community based speciality groups. The ORA was nominated to be a part of this initiative given its leadership role with EMR adoption over the last 3 years. Several important templates have been developed and these will serve as a framework for other specialty groups who are interested and ready to integrate EMR platforms into their clinical practice settings.**

- I. A standardized template that specialty groups can use to describe and report key functional needs and expectations that are needed to support them in EMR integration.
- II. A standardized checklist (ie score-card) for specialty groups to document how well EMR Vendor products align to their respective checklist.

Please visit the OntarioMd website at [www.ontariomd.ca](http://www.ontariomd.ca) for more details.

*(\*represented by Chair: Dr. Vandana Ahluwalia, Dr. Art Karasik, Dr. Henry Averbs, Dr. Ami Mody and Sandra Couto)*

Click here for the [EMR Fact Sheet](#)



## MOC COMMITTEE

While many of the existing patient support programs currently available provide support for patients taking biologics, there are many patients who could benefit from these programs while on DMARD therapy. The Ontario Rheumatology Association (ORA) Models of Care (MOC) Committee took a leadership role to review and recommend how better support for patients throughout the course of their entire disease and medication regimes can be created. In an effort to move this initiative forward, the ORA hosted an interactive working session on October 4<sup>th</sup> 2013, that brought together arthritis stakeholders\* to discuss current patient support programs, their commonalities and areas where improvements could be made to provide additional support along the care continuum. Based on a number of focused activities, including stakeholder interviews, on-line questionnaires, and an interactive workshop session, several priorities were identified as an initial first step in building a framework for a more comprehensive patient support in Ontario.

A key take away from this meeting was the over-arching agreement amongst stakeholders that within the existing framework, there is an oversaturation of undifferentiated drug –focused support programs, with increasing administrative burden to patients and providers. A timely opportunity presents itself under which efficiencies can be streamlined to create a harmonized system – one that is more focused on patient education for both disease and therapy, one that is accessible to any patient regardless of their drug therapy, one that is offered throughout their entire disease course, and one that can serve as a platform to coordinate consolidation of meaningful data for improving clinical practice and outcomes. Other areas which were also identified as priorities included the value to create a Universal Patient Charter describing quality of care under patient support programs; a regional portal system that can be used to link available resources and health services for patient and health care providers and a platform for best practice and evaluation across inter-professional teams that drive best outcomes and patient care.

Within the stakeholder meeting discussion emerged the concept of establishing an operational framework - “Arthritis Care Ontario”. Although outside the scope of the initial dialogue on comprehensive patient support, it will be a consideration for the Ontario Rheumatology Association as it continues working on a new model of care for Rheumatology.

Stay tuned for more details!

*\*Canadian Arthritis Patient Alliance (CAPA), the Arthritis Society, Business Unit Directors of Biologic Pharmaceutical Companies, the Advanced Clinician Practitioner in Arthritis Care (ACPAC) Program, selected Rheumatologists from the Ontario Rheumatology Association, The Arthritis Society (TAS), Patient representatives, The Arthritis Alliance of Canada (AAC), and designated Allied Health Care Professionals representing nursing, pharmacy, physiotherapy and occupational therapy.*

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## DRUG SHORTAGE UPDATE – NAPROSYN SUSPENSION AND PREDNISONE 1MG TAB FORMAT

Ongoing drug shortages continue to plague us. Currently the supply of Naprosyn suspension (used extensively in pediatrics) has completely ceased abruptly and the CRA, ORA and various pediatric groups are pressing for the return of this valuable therapeutic product or the immediate availability of an acceptable alternative. In addition, the maker of a large percentage of Prednisone 1 mg tablets ceased to produce it abruptly. Winpred 1 mg from AA Pharma may become available mid March, so stay tuned and we will let you know if/when it is in Ontario pharmacies.

Governments do have legislation stating that impending drug shortages are to be listed 6 months in advance on [www.drugshortages.ca](http://www.drugshortages.ca) but this does not seem to be happening at this time.

**TOP TEN TIPS WHEN APPLYING TO THE EXCEPTIONAL ACCESS PROGRAM (EAP)**

- 1. Be familiar with the EAP criteria for funding of the drug and indication for which you are applying.**
  - a. EAP criteria for rheumatology indications are posted on the [EAP website](#).
- 2. Where possible, use a pre-printed form developed by the [Ontario Rheumatology Association \(ORA\)](#).**
  - a. The ORA has collaborated with EAP to develop forms that capture the patient, prescriber, and clinical information that is required based on approved funding criteria for the more common rheumatology indications.
  - b. Forms are available for rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis and forms are also in development for other conditions as the need arises. (e.g. juvenile arthritis, rituxan)
  - c. Forms will cover a majority of cases for those conditions for which a form has been developed, however, a customized application letter may still be required for specific cases.
- 3. Ensure the form that you are using is the most updated version. Check the [ORA website](#) for updates and new forms that are added to its “library”.**
  - a. The x-ray evidence for common conditions can now be provided to the EAP by completing the appropriate sections on the form as applicable.
- 4. Ensure that forms and request applications to EAP are completed legibly.**
  - a. Can you read it?
  - b. Is the font chosen large enough?
  - c. Does your fax machine need to be updated to scan forms with adequate resolution and clarity?
- 5. Ensure that you provide complete clinical information to enable EAP staff to assess the request to determine if the patient meets the established funding criteria.**
  - a. Anti-CCP antibody positivity is accepted as an alternative test for rheumatoid arthritis, along with rheumatoid factor.
- 6. Ensure that forms are completed accurately as it relates to prescriber information, patient information, and the requested clinical information within each section of the form.**
- 7. If you have changed your office address and/or fax number, you must ensure that this information is inputted correctly on the form so as not to delay the request for physician fax confirmation.**
- 8. Ensure all EAP request applications are signed by the requesting physician and that your CPSO number is included. This facilitates the verification of the physician information required by the EAP program.**
- 9. Check out the [ORA website](#) for updates of criteria, new drugs, and news that will help you with efficiencies to access medications for your patients.**
  - a. What’s new –Orencia subcutaneous is now considered for funding by EAP
  - b. Actemra can now be considered without a trial of an anti-TNF
  - c. The second renewal of a biologic can be considered for a 2 year renewal duration.
- 10. Contact EAP directly [(416) 327-8109; (866) 811-9893] if you are having problems with a specific application. If issue cannot be resolved after contacting EAP, you can contact the ORA EAP committee. We can help to clarify the situation. We can be reached at [president@ontariorheum.ca](mailto:president@ontariorheum.ca)**

**ORA EXECUTIVE**

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**The Arthritis Society becomes new Diamond sponsor of ORA**

Joanne Simons, left and Janet Yale, right with ORA president Jane Purvis.  
The Arthritis Society has given \$100,000 to the ORA to support our ongoing activities.