

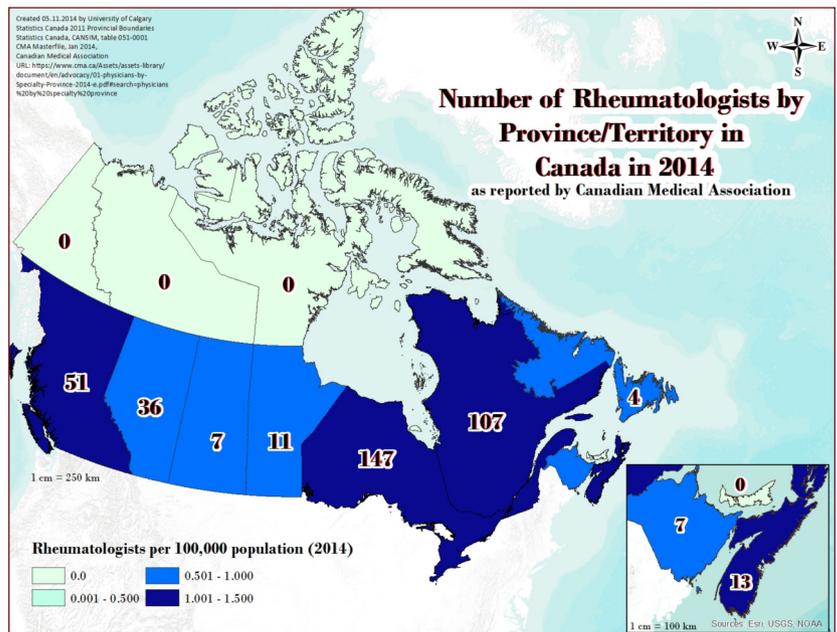
Stand Up and Be Counted

By Claire Barber, MD, FRCPC; on behalf of Lauren Jewett, BSc; Dianne P. Mosher, MD, FRCPC; Cory Baillie, MD, FRCPC; Vandana Ahluwalia, MD, FRCPC; Carter Thorne, MD, FRCPC, FACP; Michel Zimmer, MD, FRCPC; Alfred Cividino, MD, FRCPC, FACP; Henry L. Aaverns, MBChB, FRCP(UK), FRCPC; and Deborah Marshall, PhD

How many rheumatologists does it take...? No, this is not the beginning of a joke waiting for a punch line, but a critical capacity and workforce issue that threatens the quality of care delivered to our patients. In most regions across Canada, there remains a critical shortage of rheumatologists.^{1,2} Furthermore, the distribution of rheumatologists may not align with populations in greatest need. Models of care delivery have been championed by provincial³ and national organizations including the Arthritis Alliance of Canada (AAC);⁴ and include multidisciplinary care teams, and Telehealth and travelling clinics to improve access to care delivery in rural and remote areas. But how do we measure how many rheumatologists are required per capita to plan for current and future needs of our population?

The Canadian Institutes of Health Information (CIHI) reports on the ratio of physicians per capita, however it does not report on the number of rheumatologists, only the total number of specialists.⁵ In 2014 the Canadian Medical Association (CMA) counted 383 rheumatologists in Canada.⁶ While this estimate provides a general idea of the supply of rheumatologists in Canada, it does not consider the time rheumatologists spend seeing patients in clinic, and says little about where they are seeing patients (as Telehealth and travelling clinics are not accounted for). Currently, the map displayed is the limit of our understanding of the distribution of rheumatologists at a national level.

The Canadian Council of Academic Rheumatologists (CCAR) is a reliable data source that counts academic rheumatologists and estimates full time equivalents (FTEs) at academic sites;^{7,8} however, data on community rheumatologists are limited to those with an academic affiliation. The 2014



CCAR survey reports that there are 207 adult rheumatologists and 34 pediatric rheumatologists.⁹

Another source that can be used to estimate the number of practicing rheumatologists is administrative billing claims. Estimating the availability of care from rheumatologists is more challenging than it might appear, though, as some rheumatologists bill as internists or pediatricians instead of as adult and pediatric rheumatologists. These claims data may not accurately reflect service capacity provided.

Based on the long waiting times across Canada for patients to see a rheumatologist, we need to accurately assess the capacity of rheumatology specialists and the anticipated need for care, in order to plan for the future and ensure timely and equitable access for all Canadians with arthritis. Estimating workforce capacity is a crucial element

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What Does Success Look Like?

The FLS model of care has been shown within Canada and many other countries to eliminate the post-fracture osteoporosis care gap, reducing the incidence of repeat fractures, reducing mortality, and resulting in significant cost savings. When formal cost-effectiveness analyses are done, even when considering all costs (including additional BMD tests performed and additional osteoporosis medications prescribed), the 3-i FLS model is consistently proven to be the most cost effective.

What You Can Do To Help

Rheumatologists can become engaged and respected as local champions for FLS. Implementing an FLS from scratch is not an easy task. For this reason, Osteoporosis Canada has developed an FLS Toolkit to facilitate matters. This Toolkit contains comprehensive background information on FLS including province-specific information and templates for various documents (algorithms, job

descriptions, form letters to primary care providers, etc.) which can be downloaded and adapted to fit the needs of individual institutions.

Make the First Break the Last! by joining the campaign to improve osteoporosis care for fragility fracture patients in your community. More information, resources, and practical guidance on the implementation of FLS can be found at www.osteoporosis.ca/fracture-liaison-service. Join Osteoporosis Canada's FLS Network (for free!) and you will receive regular updates and invitations to webinars on topics related to FLS and post-fracture care. You can also contact me at dtheriault@osteoporosis.ca.

*Diane Theriault, MD, FRCPC, CCD
Rheumatologist
Chief Scientific Officer, Fracture Liaison Services
Osteoporosis Canada
Dartmouth, Nova Scotia*

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to inform models-of-care and address long wait times. Consequently, a measure of the number of rheumatologists per capita has been included in a set of six performance measures for model-of-care evaluation by the AAC.¹⁰ This measure is of critical importance to the CRA and provincial organizations when addressing workforce capacity issues based on accurate evidence; it is also of interest to trainees looking for jobs.

We are asking for your support in mapping current service demands and capacity in rheumatology to inform resource planning for the future. To do this we need accurate information about the services rheumatologists provide and where we provide them. Over the next year we will evaluate methodologies to examine workforce capacity in rheumatology and start measuring and mapping rheumatologists in Canada.

Will you join us by standing up to be counted?

References

1. Kur J, Koehler B. Rheumatologist demographics in British Columbia: A looming crisis. *BCM J* 2011; 53(3):128-31.
2. Widdifield J, Paterson JM, Bernatsky S, et al. The rising burden of rheumatoid arthritis surpasses rheumatology supply in Ontario. *Can J Public Health* 2013; 104(7):e450-5.
3. Ahluwalia V, Thorne C, Bombardier C, et al. Models of Care. Ontario Rheumatology Association, 2014. Available at: www.ontariorheum.ca/publications/other-publications.
4. Ahluwalia V, Frank C, Mosher DP, et al. A pan-Canadian approach to inflammatory arthritis models of care, 2014. Available at: www.arthritisalliance.ca/en/initiatives/en/

5. *pan-canadian-approach-to-ia-models-of-care*. Canadian Institute for Health Information (CIHI). Indicator library, 2014. Available at: www.cihi.ca/CIHI-ext-portal/internet/EN/TabbedContent/health+system+performance/indicators/indicator-library/cihi013913.
6. Canadian Medical Association (CMA). Canadian physician statistics, 2014. Available at: www.cma.ca/En/Pages/canadian-physician-statistics.aspx.
7. Hanly JG. Physician resources and postgraduate training in Canadian academic rheumatology centers: a 5-year prospective study. *J Rheumatol* 2004; 31(6):1200-5.
8. Hanly JG, Canadian Council of Academic Rheumatologists. Manpower in Canadian academic rheumatology units: current status and future trends. *Canadian Council of Academic Rheumatologists. J Rheumatol* 2001; 28(9):1944-51.
9. Hanly JG, Barber C. Canadian Council of Academic Rheumatologists 2014 data. Personal communications, November 6, 2014.
10. Barber C, Marshall D, Mosher DP, et al. Developing System Level Performance Measures for Evaluating Models of Care for Inflammatory Arthritis, 2014 (Abstract submitted for the CRA Annual Scientific Meeting).

*Claire Barber, MD, FRCPC
Clinical Assistant Professor,
Department of Medicine,
Division of Rheumatology,
University of Calgary
Calgary, Alberta*

*on behalf of Lauren Jewett, BSc; Dianne P. Mosher, MD, FRCPC;
Cory Baillie, MD, FRCPC; Vandana Ahluwalia, MD, FRCPC;
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