



2015 WINTER NEWSLETTER



PRESIDENT'S UPDATE

This is my second update as ORA President. Despite the bitterly cold weather of this winter, the ORA Executive certainly is not frozen. This association warms to the challenges and sets the bar higher every year.

We continue to highlight our unique vision, commitment to innovation and shared passion for the work we do in shaping arthritis care. The talent and energy of the committee leads, as you will read, has led to successes. The committee updates reflect our identity, our purpose and then our vision. We will continue to take learning and insight and do something meaningful and important with it.

We are thankful for the resources provided by all of our supporters, for all of our work.

Our work is who we are.

Dr. Arthur Karasik

The Winner of the \$25 Tim Horton's Gift Card for completing the ORA Communications Survey is Julie Kovacs

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NEWS & UPDATES



Health Canada approved study for incomplete atypical femoral fractures

Dr. Robert Josse and Dr. Angela Cheung are running a randomized, placebo controlled trial of Forteo in the treatment of incomplete atypical femoral fractures. If you have any patients who might qualify, call Jessica Chang at 416-340-4843 or email Jessica.chang@uhn.ca to refer your patients.

They have also created an atypical femoral fracture registry so please email above to

COMMITTEE UPDATES



THIRD PARTY PAYERS COMMITTEE

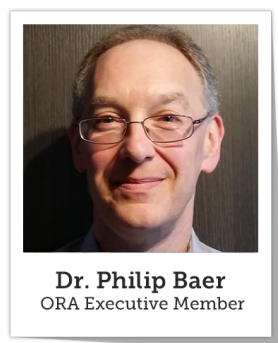
DR. JANE PURVIS

The ORA third party payer committee continues to work towards developing pan-Canadian criteria for prior authorization drug access in RA. This is occurring in a challenging environment where various companies have changed their criteria and forms. We are working with each individual company as well. If you have any issues with specific companies, please contact me at drjpurvis@rheumdoc.ca

MANPOWER COMMITTEE

DR. JANE PURVIS

The ORA manpower committee will now be working with Dr. Alf Cividino and the CRA Human Resources committee to increase rheumatology's profile in medical schools and among early PGY residents. Hopefully this will increase the number of applications to rheumatology. As well, the ORA manpower committee will be looking into how to get community sites accredited for resident electives, so rheumatology residents who may be interested in a non-GTA experience can spend some time outside of urban locations.



OMA UPDATE

DR. PHILIP BAER

Our 2015 negotiation with the Ministry of Health has failed to reach an agreement. The OMA Board therefore unanimously decided to recommend against the MOHLTC final offer, even under the threat of unilateral action imposed by the Government. The unilateral action is now completely legal after an exhaustive 12 months of negotiations.

The OMA has exhausted all legal means of obtaining a reasonable and fair agreement at this time. The most important reason that the OMA Board could not recommend accepting the offer was the unfairness of the terms, requiring physicians alone to shoulder the burden associated with the escalating costs of health care due to demographic shifts of our aging and growing population. The offer is asking Ontario physicians to pay directly with fee reductions for the healthcare cost related to aging population or escalating utilization.

During this period of unilateral action, the OMA will not participate in the implementation of government's unilateral changes, or any other cutbacks or arbitrary measures targeted toward our members. The OMA will continue to participate in the Physician Services Committee (PSC) as required under the Representation Rights Agreement, "for a broad and structured process for regular liaison and communication between the OMA and the Ministry," but given

participate in implementation of government's unilateral cuts. The OMA will receive information from government on its implementation measures so we can continue to keep members informed.

The OMA will, however, continue to work with other stakeholders, and in areas of best practices and clinical care, in order to protect our patients.

Details of the government's unilateral action:

Effective February 1, 2015, a 2.65% payment discount will be applied on all fee-for-service physician payments. This discount is in addition to the existing 0.5% discount which will continue to be reported on the Remittance Advice.

Further payment discounts applied retroactively are possible if physician billings exceed the global cap imposed by the government on total physician payments for the 2014-15 fiscal year and for subsequent years.

Effective April 1, 2015, Chronic Disease Premium (E078) will no longer be payable for services provided by 13 (Internal Medicine), 06 (Nephrology), 41 (Gastroenterology) or 60 (Cardiology).

See <http://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/4000/bul4646.pdf> for more details.

Converting billing from Internal Medicine codes to Rheumatology codes:

If you are currently billing as an internist, you should convert to billing as a rheumatologist, if at all possible, before April 1st re the E078 restrictions listed above. For those who have passed the rheumatology Royal College exam, the procedure is as follows:

You need to request a confirmation of your status as a rheumatologist from the Royal College by sending an email to membership@rcpsc.edu

Next you need to send this confirmation letter (which should arrive in 1 business day via email) to your local OHIP physician billing department, along with a letter stating your address and current OHIP billing number (*****-13) and your request to have Rheumatology (-48) added.

Then speak to your billing software company to set you up as a rheumatologist.

If you began practice before the rheumatology exam existed, there is a possibility of being grandfathered. The procedure is:

The process required to get your training recognized as a rheumatologist is contained in the link below: <http://www.cpsso.on.ca/policies/policies/default.aspx?id=1676>

Please review it and download the PDF. You will need to provide a letter listing your request as well as your CV and this should be directed to: Ms. Raini Sandhu, Manager, Registration Committee Department, CPSO, Fax 416-967-2623

Then your file is reviewed and specialist designation is awarded. This information is then faxed or mailed to your local OHIP centre where your billing code can be changed. You need then to also have your billing software updated.

Keeping up to date with developments:

We have refreshed the layout of the secure OMA members' home page (www.oma.org/Member/Pages/) and continue to add new content to the site on a regular basis. Most recently, we established a Health News Highlights area that

provides links to select media coverage of interest to members (<https://www.oma.org/Member/News/Pages/NewsHighlts.aspx>).

A comprehensive video has been posted to the website that outlines the chronology of negotiations and the important details of the negotiations process and the Ministry's unilateral cuts. The video will be segmented for ease of viewing, and is similar to the presentation being given at OMA regional meetings. Any questions can be forwarded to negotiations@oma.org.

Visit the secure OMA website to view and download key documents. Comprehensive materials are available online, including specialty-specific impacts of both the Ministry offer that was rejected by the OMA and of the cuts the Ministry is imposing unilaterally. Visit <https://www.oma.org/Member/>.

Advocating for Ontario doctors and patients, and against government's unilateral action:

Media coverage of the OMA, including individual member profiles and letters to the editor, are updated regularly on our OntariosDoctors.com website (<http://www.ontariosdoctors.com/media-coverage/>).

All members, staff and families, are encouraged to visit <http://www.ontariosdoctors.com> and send a letter to your MPP to oppose the government's actions. To date, 490 letters have been generated from the OMA website. We have 34,000 members who all need to inform their MPPs of the impact the government's cuts will have on patient care in their communities. Show your support, contact your MPP today!

MOC COMMITTEE

DR. VANDANA AHLUWALIA

So, What's NEW with Models of Care?

Access to Specialist Care

AHRT is FINALLY underway! The **Allied Health Rheumatology Triage** project is being developed to evaluate the role of specially trained Extended Role Practitioners (ERP) working in a triage role to improve access for people with suspected IA. The primary outcome is: Average time from PCP referral to rheumatologist's first visit. Secondary Outcome Measures include: Time to DMARD/treatment decision, Percentage of RA patients on a DMARD, ERP's diagnostic accuracy, and patient/ provider/ ERP satisfaction. Rheumatologists who have agreed to participate include: Dr. Mary Bell, Dr. Andrew Chow, Dr. Sanjay Dixit, Dr. Art Karasik, Dr. Angela Montgomery, and Dr. Irene Vasiliu. Arthritis Society therapists include Danielle McCormack, Anne MacLeod, Mercedes Reeb, Sue MacQueen, and Lois Derek.

A one day retreat is planned for March 6th 2015 in Toronto. Together, rheumatologists and therapists will work to define roles, triage categories, finalize data collection tools and establish standardization in joint assessments.

The ORA MOC committee is working with Wannudee Isaranuwachai, a health economist at the Centre for Excellent in Economic Analysis Research, Li Ka Shing Knowledge Institute. She will be developing a business plan for the team based MOC. This will be presented at the ORA AGM in May 2015.

Knowledge Translation Program

Since coming together in 2012, the ORA MOC Committee has been focused on learning, analyzing and evaluating health care platforms to address the growing burden of Arthritis. Through this concerted effort, the MOC team is pleased to

share that a *Models of Care Learning & Knowledge Translation Program* has been created. The purpose of the program is to help inform all rheumatologists and health care professionals in Ontario on how they can work collectively and collaboratively within a team based model of care and tools that are available to help support them.

Friday April 15th 2015, will mark the launch of the new Train the Trainer session in Ontario! Rheumatologists will work together to:

1. Learn and evaluate the Ontario dissemination program
2. Create a framework to share the Knowledge Translation program cross-provincially
3. Define the tools to implement and evaluate the uptake of the program.

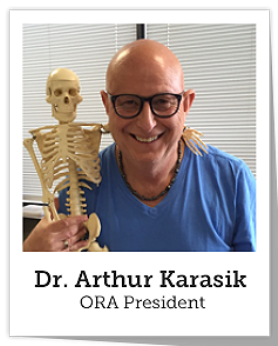
If you are interested in learning more and/or participating in the program, please contact Sandra Couto at scouto@uhnresearch.ca

Optimization with EMRs

- The EMR committee continues to work with Ontario Certified EMR vendors to develop rheumatology specific tools and support work-flow efficiencies for rheumatologists thinking about or currently using EMR platforms. Rheumatology specific packages need to be integrated and activated into your EMR – please ensure you work with your EMR vendor to obtain these.
- Our Annual ORA EMR User Forum on Jan 15th was well attended and feedback was positive.
- An ORA Standardized Rheumatology Intake e-Form is being developed- please contact Henry Avern or Matt Woo matt.woo@gmail.com if you would like to participate in this research initiative
- We are working to create a clinical practice tool within your EMR as a Rheumatology Dashboard that will give you a real time assessment of your outcomes which can be compared with your colleagues. Please stay tuned!
- Link with your EMR champion for specific Rheumatology EMR support. EMR Chair: *Dr. Vandana Ahluwalia, Dr. Arthur Karasik (QHR) Dr. Henry Avern (Oscar) and Sandra Couto, (project coordinator).* *The ORA EMR Committee is no longer supporting the Telus PS Suite EMR as most rheumatologists have switched to either QHR or Oscar.*

Shared-Care

The Models of Care committee is leading the way in collaboration with the Ontario Pharmacists Association to help community pharmacists refine their knowledge about rheumatology. While a MedsCheck Program is currently in place to help patients learn about their medications, there is little in place to help arthritis patients when it comes to DMARDs and Biologics and their self-administration. With the support of Abbvie, an accredited CME program is being developed for pharmacists that will focus on inflammatory arthritis, treatment options, compliance and adherence strategies and how to work closely with their local rheumatologists to improve health outcomes. If you are interested in participating in this initiative, please contact Sandra Couto at scouto@uhnresearch.ca



ORADE COMMITTEE

DR. ARTHUR KARASIK

The ORADE (ORA Development and Education) Committee has secured funding to facilitate ORA members and AHPs attendance at international conferences whilst advocating for the ORA.

We will be sending three ORA members and one AHP to either EULAR or ACR in 2015. We are providing up to \$5,000.00 per person for their attendance. The deadline for application is March 31.

We have already received applications. We urge our membership to apply for this funding. The ORADE subcommittee will judge each anonymized application. The recipients of such funding will be announced in the first week of April. Details of ORADE can be found on the ORA website.



EAP COMMITTEE

DR. ARTHUR KARASIK

Your EAP liaison Committee continues to be very busy. I am pleased to inform you that the Executive Officer of the Ontario Public Drug Programs has approved a revision to the reimbursement criteria for biologic drugs (i.e., Cimzia, Enbrel, Humira, Kineret, Simponi, Orenzia, Remicade, Rituxan and Actemra) funded under the Exceptional Access Program (EAP) for rheumatoid arthritis (RA), to allow failure to triple disease modifying anti-rheumatic drug (DMARD) therapy, defined as methotrexate (20mg/week), sulfasalazine (2 GM/day) and hydroxychloroquine (400mg/day - dose based by weight up to 400mg per day) for at least 3 months as an acceptable DMARD trial to access EAP funded biologic drugs. In cases where the patient could not receive an adequate trial of triple DMARD therapy with methotrexate, sulfasalazine and hydroxychloroquine due to intolerance, then the regular DMARD trial criteria must be met. This change to the reimbursement criteria is supported by clinical evidence, treatment guidelines and the physician community. It addresses the issues clinicians face when a DMARD therapy may not be an appropriate for some patients and supports and acknowledges a more cost effective option to biologics, which may be just as efficacious.

EAP has accepted internal criteria revisions for the indication of Rituxan for Rheumatoid Arthritis, in biologic naive patients who have acknowledged relative/absolute contraindications to anti-TNF therapies. Eight such contraindications have been accepted and are available for review on the ORA website.

A uveitis submission for use of anti-TNFs was submitted in August 2014; however, this submission has been delayed by process with no definite timeline for approval.

A subsequent entry biologic (SEB) Subcommittee has been formed. This working group includes Dr. Thorne, Dr. Karasik, Dr. Ahluwalia and Denis Morrice, our Executive Director. This working group attended an initial meeting with ODSP.

Issues that were touched upon included interchangeability, substitutability, switches, new starts, nomenclature, traceability and pharmacovigilance.

Both Orenzia and Actemra have been approved for the polyarticular course JIA (pJIA) and are now posted on the OPDP and ORA websites respectively.

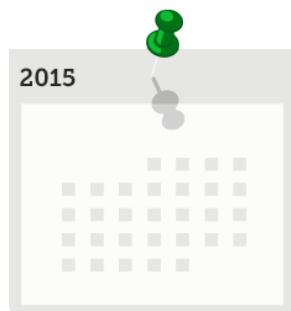
The EAP criteria and forms for systemic course JIA (sJIA) will be completed shortly led by Dr. D. Levy.

The current wait time for new starts and renewals is 24 + business days. The government target is 10 days; however, these delays are based on a resource problem. Pharmacy co-op students are currently being trained. EAP is working on web-based application of ORA EAP forms to speed the process. As well, one of our successes to help this problem

was five-year renewals have been approved following an initial one-year renewal for adult rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis and psoriatic spondylitis. The details can be found on the ORA website.

Other issues discussed over the past eight months include subcutaneous Methotrexate packaging that is approved by OPDP, but is very difficult to open with people with normal hand function, let alone patients with inflammatory arthritis.

It was noted that Stelara has a limited use code similar to Humira and Enbrel for the indication of PSO.



UPCOMING EVENTS – ANNUAL MEETING

DR. JANET POPE

This year will be another top year for the science and interactions of the meeting. Our theme is “Better Care for Our Patients.” Along with our usual workshop format, we have Dr. John Cush who will talk about auto-inflammatory syndromes, we have a dermatologist to remind us about the weird and wonderful skin manifestations that we see, we have a world expert on hemochromatosis who will also do a workshop on fibroscans. We have a respirologist who specializes in ILD and PAH. Workshops will meet the needs for everyone

as they span from office efficiency to gout, choosing wisely, office efficiency, SpA, etc. Poster session is back by popular demand and Thieve's Market cases - a way you can get involved.

PLEASE ATTEND!



JW Marriott The Rosseau Muskoka Resort & Spa

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