



## Message from the President

Hello to all and I hope you had enjoyable summers. I have been at the helm of the ORA for just a few months and I can tell you that I am working with a great team of people on some very interesting projects. Dr. Vandana Ahluwalia, our past-president, and her team is continuing her excellent work on Models of Care and we have had very positive meetings with officials from the Ministry of Health, suggesting that we are coming to the table with our proposals at an excellent time. Dr. Ahluwalia is also continuing to move the Electronic Medical Record initiative forwards and we now have tangible rheumatology-specific EMR tools coming into being. Our ongoing working relationship with the Exceptional Access Program at the Ministry of Health is still strong and we continue to have regular contact with them concerning drug access issues for our patients on provincial drug plans. Dr. Carter Thorne, another past president of the ORA is now the president of the Canadian Rheumatology Association and we remain in close contact with him on issues that affect both Ontario as well as the whole country. Dr. Philip Baer remains our OMA section chair and his efforts on our behalf at the OMA resulted in him receiving the first ever OMA section award last May at our Annual General Meeting.

So, as you can see we are going to continue much of the excellent work we had been doing before plus we have several new projects either underway already or just about to start. The most impactful activity is one that will affect us all, namely changes in the private payer coverage for biologics. Until recently, obtaining biologic coverage for patients with third party insurance was easier than for provincially funded patients but this may no longer be the case. Insurance companies are developing various models of drug access including pre-authorization of drugs, preferential access to particular TNF drugs, designated pharmacies, case managers, and their own criteria for biologic approval. Know that members of your ORA executive (Dr Purvis, Karasik, Baer, Thorne along with our excellent executive director Denis Morrice) are already actively engaging the various insurance companies to work with them and ensure that our patients are still going to be able to access the right medication at the right time. I do sense however, that there may be some big bumps in the road ahead so our work is by no means done.

Lastly, I am hoping to start a project near and dear to my heart which is an initiative to improve the distribution of rheumatologists across the province. Using our new website as a platform, I am hoping to be able to produce a list of communities that are recruiting new rheumatologists, with contact information that would allow prospective MDs to investigate the opportunity on line and then have funding to allow for travelling to the community, and to see exactly what is available. I will be sending out a survey shortly to attempt to find those who are looking for new rheumatologists and also to look for some "local champions" who would like to work with us on this endeavor.

As the weather cools off, the kids head back to school and we all get back to "business as usual", remember that you can contact your ORA executive about any issues you might have, projects you'd like to suggest, or to offer to get involved yourself. I can be reached at [president@ontariorheum.ca](mailto:president@ontariorheum.ca) and Phyllis Pardetti, our able administrative assistant, can be reached at [oraadmin@bell.net](mailto:oraadmin@bell.net).

Dr. Jane Purvis



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# Exceptional Access Program Update

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## What has Happened!

ORA effort has been recognized as a model of cooperation between a subspecialty and the EAP. This includes our interest in the processes involved, the ORA/EAP forms and our advisory role for other subspecialties (e.g. ophthalmology, gastroenterology) and for other government bodies. The past and current president(s) of the ORA should be commended for all their endeavors.

We have seen wait times reduced for EAP approval for biologics, but there is always room for improvement when compared to our provincial counterparts. We encourage our membership to utilize the ORA/EAP forms (including ORA radiology forms) to speed the process as opposed to writing prose. A major change has been the 2 yr approval for biologics following an initial 1 yr approval. This should reduce both office practice and EAP administrative workloads. We propose to work on criteria for longer approvals.

## What is Happening!

There are continued discussions between the ORA, CED, EAP and the pediatric rheumatologists in regards to Anakinra approval for systemic JIA. Dr. Earl Silverman has taken the lead for us in this matter and it is hoped that there will be a resolution in the near future.

A presentation of proposed criteria for Forte approval for a very select group of osteoporosis patients was made to the EAP by Dr. Rick Adachi recently. We will keep you updated as further information becomes available.

A submission for an ORA/EAP form for Uloric approval for Allopurinol hypersensitivity or inefficacy is in the works (Thanks to Dr. Andy Thompson as always for his foresight) and an expert ORA panel is creating an ORA form for Belimumab submissions, when these become possible.

We hope over the next year to compile a list of conditions for absolute contraindications for

certain DMARDS or TNF-i which will speed approvals.

## Remember!

The ORA/EAP committee meets 4 to 6 times a year. The issues and processes never move as quickly as we would wish them to, but we continue to advocate on behalf our patients to ensure the finest rheumatology care. Our next meeting will likely be scheduled in the autumn. We encourage our membership to forward any ideas, comments or criticisms regarding the EAP to the ORA by e-mailing us at [president@ontariorheum.ca](mailto:president@ontariorheum.ca)

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## MODELS OF CARE INITIATIVE

Despite major advances in therapeutics, research shows that Ontarians living with Inflammatory Arthritis (IA) are still not receiving the right care at the right time. Health care systems and providers fail to recognize and treat this condition early and effectively. Delays in treatment can result in significant disability. In 2010 the Arthritis Alliance of Canada estimated that Rheumatoid Arthritis, the most prevalent form of IA, drove \$916 million dollars in direct health care costs and \$1.29 billion dollars in productivity losses in Ontario. The growing burden of IA, both in terms of its impact on the lives of Canadians, and the cost to governments, employers, and the economy put the sustainability of the health care system at risk. Therefore, a coordinated and integrated approach to enhancing care for patients living with IA is urgently required.

The ORA continues to be very focused on driving the Model of Care initiative forward in Ontario; and we know that the delivery of care paths must consider regional needs to be successfully adopted. Our provincial focus is strongly aligned with the national framework on Models of Care set forth by the Arthritis Alliance of Canada.

The Models of Care committee has been meeting regularly over the past 2 yrs. Some important updates over the last few months include:

**A network of partnerships with key stakeholders-** including the Ontario Medical Association, The Canadian Rheumatology Association, and the Arthritis Alliance of Canada, The Ontario Biologics Research Initiative as a research platform for best practice; The Arthritis Society for awareness and education; and the College of Family Physicians and the College of Pharmacists.

**Engagement with private and public funding networks-** these activities have focused on building strong collaborative partnerships with the pharmaceutical companies as well as Ministry of Health teams. Most recently, The Ministry of Health and Long-Term Care (MOHLTC) invited Ontario researchers and knowledge transfer leads to submit a Notice of Intent (NOI) for the Health System Research Fund (HSRF) Program Awards. Ontario's Strategic Health System Priorities for the Program Awards include a focus on: Community-based Care, Quality Improvement and Safety, and Health System Performance and Sustainability Innovation. An application was submitted for Rheumatology Models of Care research using the unique collaboration with the OBRI research platform, with the following specific aims:

To understand the impact of IA on the Ontario health care system by understanding the burden and coordination of care for IA patients across health system levels, providers, and regions

To synthesize and integrate outcomes for knowledge user networks to inform the design and implementation of novel health care models/systems  
To measure the impact of these system level changes on health services provision, and quality of care and health outcomes for all Ontarians living with IA

**A focus on Communication.** To inform the community and stakeholders, the MOC framework continues to be presented at various scientific meetings. To help inform our members and the ministry, on the project scope and evolution, a manuscript is currently being developed in collaboration with *Sage Medica*. This report will highlight the ORA's leadership and commitment to enhancing patient care.

Stay tuned for an upcoming September 18<sup>th</sup> press release from the Arthritis Alliance of Canada on the National Model of Care initiative!



## ORA Electronic Medical Records Project Update

Over the past 12-18months, the ORA Committee engaged with 4 Ontario certified EMR vendors (Optimed/MD solutions (prev Practice Solutions)/Nightingale/Oscar) and worked with software programmers and analysts to deliver the essential deliverables that included:

### Development of New Rheumatology specific tools

- Clickable homunculus to include scoring for Tender, Swollen, Damaged and Replaced joints
- Disease activity calculators to include DAS, CDAI and SDAI
- Clickable e- forms for the Ontario Biologics Research Initiative
- Clickable Patient reported outcome forms

### A network of best practice

In addition to the development of specific rheumatology tools, the ORA has worked with each of the EMR vendors to organize and host webinar sessions to present these tools to their respective rheumatology clients. Webinar sessions were held in the early summer months. Through these webinar sessions, a strong network for rheumatology members has been developed and best practices with EMR platforms have been successfully shared.

### Communication

The ORA has prepared a communication piece to highlight this important initiative. We hope that our interaction will be a successful model for other speciality groups, as it has become clear that EMR's CAN be personalized to meet each individual specialty's needs.

### Phase II

We are committed to maintaining efficiencies for our Rheumatology membership and as such we would like to explore additional existing gaps within the EMR framework. Details of the additional work includes:

- Creating an interface to collect patient reported outcomes
- Integrating new patient tools ( eg, RheumInfo Symptom Assessor)
- Harmonizing patient visit data using the rheumatology tools WITH e-OBRI forms
- Developing forms for PsA and SpA ( to date only RA forms have been developed)

The ORA would like to thank Don Truong, Project Specialist Manager, Rheumatology Division, Abbott, Laboratories Ltd for assisting us in funding this important project.

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**SAVE THE DATE**

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**May 24-26, 2013,**

**MUSKOKA, ONTARIO**