



# SPRING NEWSLETTER

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## PRESIDENT'S UPDATE



As this is my last missive as ORA president, I would like to reflect back on the last 2 years. Our organization has continued to mature and improve, with ongoing input from many members. Without the time and efforts of so many people, particularly the members of the ORA executive, as well as Denis Morrice, our Executive Director and Tina Niro, our Administrative Assistant, we would not have accomplished a fraction of what we have done.

The ORA is continuing its work with the Ontario government through the Exceptional Access Program and HealthForceOntario, with insurance companies both individually and through the Canadian Life and Health Association (CLHIA), with

OBRI, with EMR vendors and OntarioMD and with the Canadian Rheumatology Association. My own personal project, the ORA Manpower Initiative, is about to launch our recruitment website RheumCareers.ca which will give guidance to medical students and PGY1 and 2 residents about a rheumatology career, as well as helping rheumatology residents to find communities to start their practices.

I would like to thank everyone for the opportunity of serving as president for the last 2 years and I wish Dr. Karasik, our incoming president, all the best for the future!

Dr. Jane Purvis

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## NEWS ITEM

### **Support self-regulation by becoming a College of Physicians and Surgeons of Ontario Rheumatology assessor**

If you are a practicing physician five years out of your residency with good interpersonal skills and a knowledge of continuing professional development and evidence-based medicine principles, contact Claudia Frisch 1-800-268-7096 or 416-967-2600 ext. 586. Email [cfrisch@cpsso.on.ca](mailto:cfrisch@cpsso.on.ca).





## OMA UPDATE

Philip Baer, Chair, OMA Section on Rheumatology

Negotiations with the Ontario government for a new contract for physicians were delayed by the ice storm, but began in January and are ongoing. The old contract expired March 31, 2014, but all of its provisions remain in force while negotiations are underway, including the 0.5% discount on all OHIP fees. The first round of talks ends May 15, 2014, and is likely to be followed by facilitation and conciliation talks. This may all be complicated by the possibility of a provincial election. Dr. Nikhil Chopra will be at OMA Spring Council to represent us. If an agreement is reached, there will be a full dissemination of its content and implications to OMA members, followed by a non-binding vote of the membership, and a Special Meeting of OMA Council to approve or reject the proposal. Stay tuned. Meanwhile, there is no news on the discussions re a contract.

The latest OHIP statistics are out, covering 2012-13. We continue to improve our position relative to other specialties. Remember to take advantage of codes such as K481, A480, E078 and G382 where appropriate. We now have one practicing rheumatologist over the age of 80, and one rheumatologist who succeeded in billing OHIP for over \$1 million in one year.

I will have a full update at the OMA Business Meeting at the upcoming ORA Annual Meeting in Muskoka.



**ORA Annual Meeting  
May 23-25, 2014  
JW Marriott, Muskoka**

## EXCEPTIONAL ACCESS PROGRAM UPDATE

The ORA has been busy working with the EAP group in the last 4 months. Updated forms for AS, PsA and RA are now available and a new form for 'Rituxan for RA' has been developed. Two new pediatric forms have been developed, for polyarticular-course JIA and for Juvenile Spondyloarthritis or Enthesitis Related Arthritis, and further pediatric forms are being designed. EAP has now approved Kineret for systemic JIA, and the ORA is working with EAP and ophthalmology to make a submission to the government to get coverage for biologics and small molecule immune modulators for uveitis. This collaborative relationship with the Ontario government continues to be a unique and valuable asset for the ORA and all Ontario rheumatologists.

Click below for updated EAP Forms:

[Polyarticular-Course Juvenile Idiopathic Arthritis EAP Form](#)

[Psoriatic Arthritis \(PsA\)/Seronegative Arthritis EAP Form](#)

[Rheumatoid Arthritis EAP Form](#)

[Rituxan for Rheumatoid Arthritis EAP Form](#)

[Juvenile Spondyloarthritis or Enthesitis Related Arthritis EAP Form](#)



# MOC/EMR COMMITTEE UPDATE

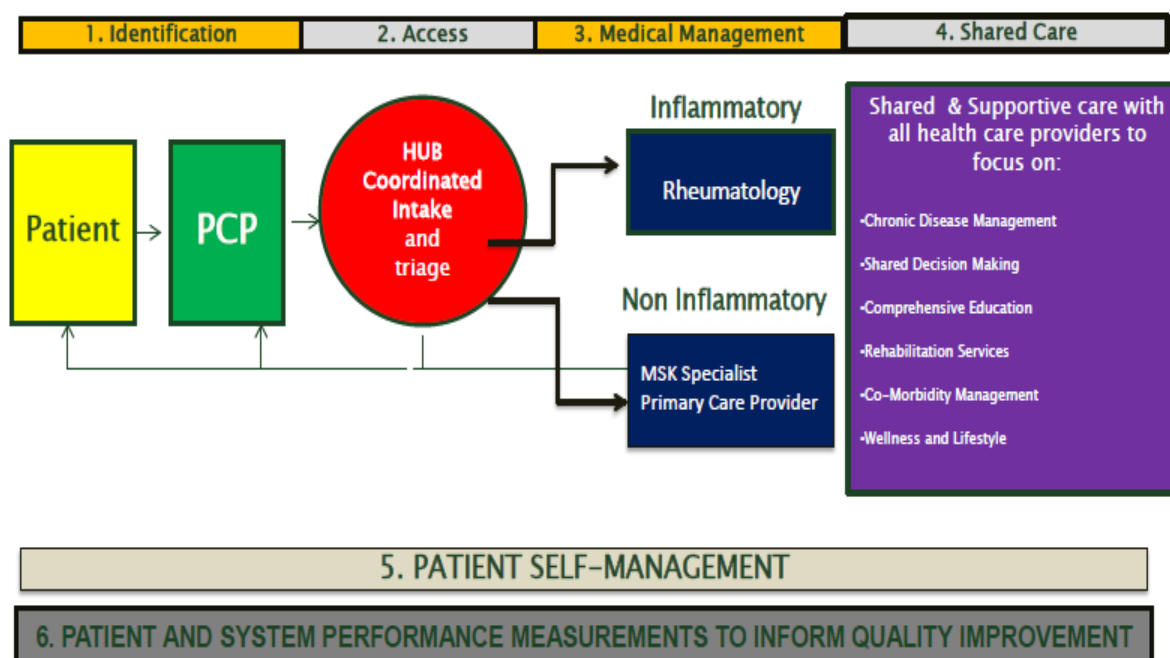
Sponsored by:

EMR—Abbvie

MOC—Abbvie, Amgen, BMS, Janssen, Pfizer, Roche, UCB

OBRI—Abbvie, Amgen, BMS, Celgene, Fresenius Kabi, Janssen, Pfizer, Roche, UCB

The Models of Care committee has identified several key initiatives to help to support the Ontario Framework:



## Identification (1)

Re-branding of a **Universal Patient Charter**! Under CAPA's leadership a working group representing various national patient organizations has been established to look at creating a new Universal Patient Charter. The Charter will include details concerning patient rights as well as responsibilities. The charter is currently in a working draft and will be shared back with the ORA and Arthritis Alliance of Canada Models of Care Committee in early summer.

## Access to Specialists (2)

**AHRT** Project is underway! The **Allied Health Rheumatology Triage** project is being developed to evaluate the role of specially trained regulated health professionals working in a triage role to improve access to rheumatology for people with suspected IA. Under the direction of the MOC committee and with the support of the Arthritis Society Research Division, a smaller focused operational methodology team is finalizing the protocol and methodology. A one day retreat is being planned for June to inform and engage rheumatologists, therapists/nurses and administrative support staff who will be participating in this project. The meeting objectives will include finalization of the protocol, agreement on the data collection tools, the intervention processes, and the assessment tools to support the triage role and outcome measures. The primary outcomes being considered include: Average time from GP referral to rheumatologist's first visit for patients with suspected IA. Secondary Outcome Measures being considered include wait times, practice volumes, time to DMARD, and patient/provider satisfaction. If you are interested in participating, please contact Sandra Couto, MOC project manager at [scouto@uhnresearch.ca](mailto:scouto@uhnresearch.ca).

### Medical Management (3)

Update from the 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 rheumatologists thinking about or currently using EMR platforms.
- Please link with your EMR champion for specific EMR support. EMR *Chair: Dr. Vandana Ahluwalia, Dr. Arthur Karasik (Accuro) Dr. Henry Avers (Oscar), Dr. Ami Mody (Telus) and Sandra Couto, Project Coordinator.*
- New data collection forms for spondyloarthritis are being drafted in the EMR platforms.
- The collection of patient reported outcomes (through web-based clouds, or on tablets in the waiting rooms) and their integration into EMR platforms is being explored via possible vendors. Stay tuned for new updates.
- Ongoing discussions with EHO (eHealth Ontario) continue to be explored around ensuring the necessity of structured data collection; the integration of clinical guidelines and practice indicators and the seamless data extraction from EMR platforms to provide quality improvement measurements to providers that ultimately drive best practice.

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

### Shared-Care (4)

The ORA MOC has established an important collaboration with the Ontario Pharmacist Association. Together they are creating communication messages to their professional associations about the value of the existing Medscheck program and how it can be accessed by patients living with inflammatory arthritis specifically to help support adherence and compliance to their arthritis medications. The current Medscheck program provides patients the opportunity to interact individually with their local pharmacists, to gain information about their accurate medication lists (including OTCs, NHPs and vitamins), adherence support for all of their medications including DMARDs, and support of potential and existing drug therapy problems including drug interactions and side effects. Stay tuned for more details at the ORA Annual Meeting in May!

### Self-Management (5)

The ORA MOC committee is working to develop and launch a Regional “interactive” portal system linking available resources and health services for patients and providers. The portal will be designed to help facilitate informed patient decision-making, awareness of available resources, self-management and better communication with health care providers. Currently a number of platforms are being assessed by the MOC committee and a pilot specifically to support inflammatory Arthritis is planned for Fall of 2014.

### Patient and System Performance Measures (6)

Members of the ORA MOC committee attended the first OBRI Annual Research Day on April 11 2014, which brought together arthritis stakeholder groups including patients, researchers, allied health care professionals, clinician investigators, and private/public payers. The meeting provided a forum to share results from the OBRI cohort results with a special focus on safety, effectiveness and sustainability of arthritis medications in the real world setting. Another essential that the OBRI provides is the measurement and reporting on clinical practice patterns. Through individualized reports, the OBRI clinicians measure their medications usages, patient disease outcomes and health system utilization- all in an effort to support continuous quality improvement.

Today the rheumatology community has surpassed all other specialty professionals and reached close to 90% community adoption of EMRs. To make meaningful use of EMRs and to harness the power of outcome data that is being collected, the OBRI, in partnership with the ORA, is investing resources and building capacity to create structured data collection and seamless data extraction out of EMR platforms an important and much needed process that will serve as a fundamental model for all other specialty users. In addition to ensure structured data collection and extraction, the OBRI will build a clinical knowledge server that will embed Rheumatology specific clinical guidelines within EMR platforms that will allow real time guideline recommendations to clinicians at point of care.



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## ORA EXECUTIVE

Dr. Jane Purvis - President	<a href="mailto:president@ontariorheum.ca"><u>president@ontariorheum.ca</u></a>
Dr. Arthur Karasik - Vice President	<a href="mailto:vicepresident@ontariorheum.ca"><u>vicepresident@ontariorheum.ca</u></a>
Dr. Nikhil Chopra - Secretary/Treasurer	<a href="mailto:secretarytreasurer@ontariorheum.ca"><u>secretarytreasurer@ontariorheum.ca</u></a>
Dr. Philip Baer - Chair - OMA Section of Rheumatology	
Dr. Carter Thorne - Member-at-Large	
Dr. Janet Pope - Annual Meeting Steering Committee Chair	
	<a href="mailto:agmscientificdirector@ontariorheum.ca"><u>agmscientificdirector@ontariorheum.ca</u></a>
Dr. Vandana Ahluwalia - Past President	<a href="mailto:pastpresident@ontariorheum.ca"><u>pastpresident@ontariorheum.ca</u></a>
Dr. Felix Leung - Member-at-Large	<a href="mailto:memberatlarge@ontariorheum.ca"><u>memberatlarge@ontariorheum.ca</u></a>
Denis Morrice - Executive Director	<a href="mailto:executivedirector@ontariorheum.ca"><u>executivedirector@ontariorheum.ca</u></a>
Tina Niro - ORA Administration	<a href="mailto:admin@ontariorheum.ca"><u>admin@ontariorheum.ca</u></a>