



# 2016 SUMMER NEWSLETTER



Dr Henry Avern

## PRESIDENT'S MESSAGE

DR. HENRY AVERNS

Taking on the role of President from Art, and the many previous highly effective leaders of the ORA is a huge honour, but also a great responsibility. The role of the Board is to help steer us as an association towards 2020 and beyond, at a time where Provincial financial pressures are mounting, and the pharmaceutical industry enters a period of great change.

The ORA is your association. In this, its 15th year, the Executive recently met and asked the question, "Do we represent the needs of our members, and how do we continue to resonate with rheumatologists over the next few years?"

The answer is that we achieve this through appropriate representation at Board level, and through effective communication which allows all members to feel they are true stakeholders in the Association.

I hope, as you read the committee reports in the Newsletter, that you see opportunities to be involved where you wish to be involved, for us to represent your views where you feel this is of value, and that you are able to recognise the commitment the Board feels to act as advocates for you in Ontario rheumatology issues.

I hope also that you are able to recognise the value for money you get from your membership - we are advocating constantly for you and your patients with EAP, NIHB, Private payers and ministry. You are represented at specialty level in OMA negotiations. We provide resources on the website to make your working day more efficient. Over the next few months we are going to be asking you to reflect and offer feedback to ensure that these resources are useful and that we remain relevant and important. Please be involved and help us shape the future together.

### ***In This Issue ...***

#### **President's Message**

*Page 1*

#### **Committee Updates**

*Pages 2-7*

#### **News & Updates**

*Page 8*

#### **ORA Executive**

*Page 9*

#### **Save the Date!**

*Page 10*

The Winner of the ORA Manpower Survey is Julie Kovacs! Congratulations Julie on a \$25 Tim Horton's Gift Card

# COMMITTEE UPDATES



Dr Philip Baer

## OMA UPDATE

DR. PHILIP BAER  
OMA Section Chair, Rheumatology

Late breaking news: The OMA and the Ministry of Health have reached a tentative 4 year deal covering the Physician Services Budget (PSB), with implications for all our fees and income. If approved, current clawbacks continue, but no new unilateral action would occur.

The PSB would be capped each year with a 2.5% allowance annually for growth. OMA and Ministry of Health would co-manage the health care system. The OMA Charter Challenge attempting to overturn the imposed fee cuts and government's unilateral action would continue. I will attend OMA meetings on behalf of our Section on July 23 and August 6. I encourage all of you to review the agreement documentation on the OMA website, [www.oma.org](http://www.oma.org), which includes the agreement and background info and FAQs, and to vote in the upcoming OMA referendum on the agreement, occurring July 27-August 3. You can also learn more by reading emails you will receive from the OMA, and attending the OMA tele-townhalls or in-person meetings around the province.

The February 25 Ontario budget projects ongoing cost constraints on the health care budget, which will not meet the expected cost rises imposed by inflation and a growing and aging population. Hospitals get a small increase in funding, shingles vaccine is funded for certain seniors, and copays may be rising for OPDP. More info is available on the OMA website and at <http://www.fin.gov.on.ca/en/budget/ontariobudgets/2016/index.html>.

Our Section elections were uncontested once again. I will continue as Chair and Delegate, and Dr. Nikhil Chopra will continue as vice-chair and Alternate Delegate to Council. He attended OMA Spring 2016 Council in Niagara Falls in my absence. Joining us on the Section Executive is Dr. Julie Kovacs as Secretary and Alternate Delegate. Julie has been keen to increase her participation in OMA affairs, has already attended many OMA teleconferences, and is a welcome addition to our OMA Executive team.

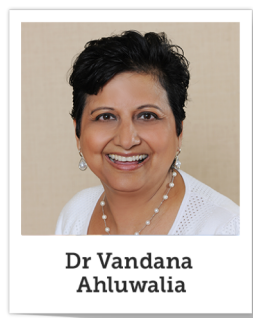
I have been selected as an OMA representative to a Ministry of Health committee led by Rob Campbell providing advice on modernizing the EAP program (EARMs Committee). I am coordinating my work on this project with the ORA EAP Committee. I have also been appointed to a position on the OMA Negotiations Advisory Committee. Please share any feedback you have on these or other OMA issues with me.

On June 25-26, I attended meetings at the OMA HQ regarding Health System Accountability. Dr. Sharon Kreidstein of our Section also attended a session as a "grassroots" physician representative. Everyone has a role to play in this exercise, from government to regulators to patients and, of course, physicians. This work will be important in future negotiations, health system transformation, and is linked to ORA initiatives on key practice indicators and informatics.

Please monitor the MOHLTC website under the Health Professionals tab for new developments (<http://www.health.gov.on.ca/en/pro/>). There are links there to OHIP Physician Bulletins ([http://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/4000/bulletin\\_4000\\_mn.aspx](http://www.health.gov.on.ca/en/pro/programs/ohip/bulletins/4000/bulletin_4000_mn.aspx)), and to updates

regarding the OPDP formulary, including new EAP listings

([http://www.health.gov.on.ca/en/pro/programs/drugs/edition\\_42.aspx](http://www.health.gov.on.ca/en/pro/programs/drugs/edition_42.aspx)). Recent OHIP Bulletins cover gender-neutral OHIP cards, medical assistance in dying (MAID), and stricter cut-off dates for claims submissions (claims submitted beyond the 18<sup>th</sup> of each month are now unlikely to be paid until the next billing cycle).



Dr Vandana  
Ahluwalia

## MODELS OF CARE (MOC) & EMR COMMITTEE UPDATE

DR. VANDANA AHLUWALIA

### Access to Specialist Care

Preliminary results are in from AHRT “Allied Health Rheumatology Triage Project”! Six (6) Ontario rheumatologists and Four (4) ACPAC trained therapists participated in the study. A total of 317 patients were identified from the rheumatologists’ wait lists as having possible IA. Of those patients, 177(56%) met inclusion criteria and received a therapist triage assessment.

#### *Quantitative results:*

- Triage by an Arthritis Society ACPAC trained Extended Role Providers (ERPs) resulted in a high number of patients with suspected IA being correctly prioritized for an expedited rheumatology consultation. For prioritized patients, the wait time was 37 days which is less than the provincial median (provincial median = 66 days, Widdifield et al, Arthritis Care and Research 2016, in press). These results suggest that an ACPAC trained therapist working in a triage role in a rheumatologist’s office can improve access to care for patients with suspected IA.

#### *Qualitative results*

- Rheumatologists and ACPAC-trained ERPs expressed a high degree of agreement that the rheumatology triage intervention reduced wait times to rheumatology consult, diagnosis, and treatment for patients with IA; as well as improved overall clinical efficiency and enhanced patient quality of care.
- **Facilitators of success** identified included: Supportive administrative staff, Knowledge of EMR system, Rheumatologist’s trust in the skill of the ERP.
- **Barriers to success** included: administrative staff -extra workload, insufficient clinical space for ERP and Hospital research environment.
- These findings support the integration of ACPAC-trained ERPs in rheumatology models of care.

#### *Further Work*

The study analysis continues, so stay tuned for further updates in subsequent newsletters

### Knowledge Translation Program

The Models of Care Learning & Knowledge Translation Program: On July 6<sup>th</sup> program champions met for the 3<sup>rd</sup> and final meeting to review the slide deck. The three modules will be used for province wide dissemination of the MOC work looking for facilitators and barriers to implementation. There will be programs in your area, so stay tuned for upcoming registration information and learn more about it!

- **Module 1:** An overview of the Ontario Rheumatology Association and its organizational priorities; and the burden of arthritic diseases in light of the changing demographics of the population.

- **Module 2:** Awareness of Arthritis Alliance of Canada Models of Care toolkit; the Ontario Models of Care toolkit & initiatives; and enablers for potential changes in clinical practice.
- **Module 3:** An in-depth review of Shared Care Model & Triage techniques.

### Meaningful use and Optimization with EMRs

- Thank you to the EMR Committee who successfully held its 4<sup>th</sup> Annual Rheumatology EMR Users Forum on March 4<sup>th</sup> 2016. Rheumatologists, office staff, researchers, and allied health professionals attended the full day session in Toronto. Sessions included updates from Primary Care and the work being done on Quality improvement. Ontario MD was invited to present on its Peer Leadership program, the work being done on Clinician Practice Dashboards and an update on Ontario MDs future initiatives. Afternoon workshops were organized to provide users with dedicated time with their respective EMR vendors to learn about new rheumatology tools, data standardization and report generation.
- The Ontario Best Practice Research Initiative is piloting a study to build and deploy a Rheumatic Data Repository. The repository will securely align with rheumatology EMRs and seamlessly automate EMR data extraction that can then be used for researchers and disease specific physician dashboards. Once completed, the platform will be available to all rheumatologists participating in the OBRI initiative.
- Representatives from the ORA continue to work closely with the Arthritis Alliance of Canada data harmonization working group- a stakeholder group represented by provincial rheumatologists and researchers. The group is focused on how best to harmonize a core dataset from amongst the provincial databases; and the minimum rheumatology indicators set (practice, patient care & system) that can easily be used within EMR platforms. In Ontario, an ORA working group has been established to identify a provincial set of indicators that will be useful for the physician dashboard pilot project as well as to meet research needs.



Dr Jane Purvis

## MANPOWER COMMITTEE UPDATE

DR. JANE PURVIS

The Manpower committee is working on a new project to try and create more community electives for rheumatology residents during their training. This will facilitate exposure to non-GTA sites as well as create more elective sites across the province. Additionally, the committee is looking to recruit new members, particularly

recently retired rheumatologists and residents or new graduates. If you would like to participate, please email [admin@ontariorheum.ca](mailto:admin@ontariorheum.ca)

## PRIVATE PAYERS COMMITTEE UPDATE

DR. JANE PURVIS

The Private Payers Committee continues to work with insurance companies and members to try and improve patient access to medication. We are always anxious to hear about any issues that members are having with forms or unusual requests for information. If you need our help, email [admin@ontariorheum.ca](mailto:admin@ontariorheum.ca)



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## OBJECTIVE STRUCTURED CLINICAL EXAMINATIONS (OSCE) COMMITTEE UPDATE

DR. JANE PURVIS

The ORA hosted its' first ever OSCE weekend for over 24 residents from all 5 Ontario rheumatology programs. The event was held in Toronto on June 24-25. Lectures were delivered on Friday and Dr. Avern was the guest speaker at the Friday night dinner. Saturday OSCE stations were managed by program directors from all the Ontario programs. Evaluations and feedback has been extremely positive! The event was highly rated by residents who felt the program was practical and relevant in preparation for their future Royal College exams and launching their rheumatology careers. Thank you to all the program directors, station managers and presenters for making this event such a success. A special thank you goes to Dr. Arthur Bookman, Sandy Kennedy from the ORA and Mark Atkinson from Ardeane Consulting for their excellent work.



Denis Morrice

## EAP COMMITTEE UPDATE

DENIS MORRICE

### **OPDP/EAP Approval times:**

There is light at the end of the tunnel and it is not a train! However, EAP did have a train wreck a few months ago with a computer glitch that caused a major backup in applications and this was compounded by staff turnover, vacations and an increase in training time. EAP staff are very concerned about the impact this has had on patients and to that end have gone into swat team emergency mode.

- 2 full time staff have been dedicated to Biologic renewals.
- Renewals will not be questioned if the appropriate form is completed.
- Dedicated training for Biologic assessors including when to ask for more information and when not to.
- Extended (over compliment) pharmacy assessors by 6 months

EAP processes approximately 70,000 applications per year. They are working on a long term solution by building a new automated application system that will provide real-time approvals for some drugs 24/7/365. It is a system for physicians by physicians with renewal alerts, pre-populating tombstone information about the patient and physician thus reducing administrative time.

Good news: the new Uveitis form and updated AS, PsA and RA forms are available at [www.ontariorheum.ca](http://www.ontariorheum.ca). Please remind the Patient Assistance Program coordinators to use the most up to date forms.

The next ORA/EAP meeting is scheduled for September 16. Please send us your concerns and suggestions. Also, please send us inappropriate requests for further information that you receive from public or private payers.

Also, ORA committee reps have held meetings with OPDP, pCPA, and CLHIA in efforts to get standardized and harmonized criteria for RA across the country. (RA is just the start).

#### TIDBITS:

- BC, AB, MB, ON, NB, NS, PE, NL will only fund Inflectra for new Remicade patients.
- All SEB and reference biologic manufacturer proposals will only be considered through the **national pCPA negotiation process**
- Ontario will consider maintaining patients on Remicade who come off private insurance.
- Green Shield Canada is the first benefits provider to list SEBs as preferred products under their formularies. (others will likely follow)
- To address high cost drugs the Private Insurers seem to be favouring the 20% co insurance while CAPs, various forms of Deductibles and Maximum Allowable costs are also used.
- Future Payer Reimbursement Strategies include: SEB listing, mandatory SEB use for new patients, mandatory switching from originator to SEB, tendering and confidential PLAs.



Dr Arthur Karasik

## ORADE COMMITTEE UPDATE

DR. ARTHUR KARASIK

Someone once said to me **“it’s not a bad life; it’s just one bad day.”** Anyone who has to state this appears to be trying to convince themselves of something. Well ... allow me to convince you of something. Positive change is fundamental and ORADE is changing.

Starting December 1, 2016 we will be accepting applications for sponsorship in 2017 for ANY international conference and as an added feature ANY international course. We will sponsor up to \$5,000 CDN for any international conference and up to \$2,500 CDN for any international course. ORA members and Allied Health Professionals (AHPs) who are members of the Allied Health Professional Association and who are working with a rheumatologist may apply for an ORADE grant. Our goal is to support and encourage members in their Professional Development i.e. learning through attending ANY international conference or course that is relevant to their practice.

Of the 4 eligible spots **for international conferences**, at least one spot should be considered to support an AHP. Of the 4 eligible spots for **international courses**, at least one spot should be considered to support an AHP. If more than 1 application is received for any one conference or course, these will be ranked by the selection committee. The selection committee is comprised of ORA Vice President (Dr Haaland), 1 executive member (TBD), 1 member at large (TBD), and 1 board member (TBD). Your deliverables include a written summary to the executive of highlights to be posted on ORA Website *with 6 weeks of attending event* and/or workshop presentation at the ORA retreat and/or ORA AGM workshop. Check the ORA website and email blasts in December 2016 for the ORADE application and member’s guide for funds. We congratulate our 2016 recipients of ORADE funding and look forward to a productive 2017.

**“It’s all happening!” - Penny Lane, from the movie *Almost Famous*.**

On the subject of 2016 recipients of ORADE funding, we recently received an excellent report from **Fred Doris** who attended EULAR in June. In compliance with the grant deliverables, we are pleased to share Fred's learnings from the conference. Congratulations Fred, and thank you for a job well done!

**Report by Dr. Fred Doris, Recipient of 2016 ORADE Grant.**

Clinical Science Session, EULAR – Thursday, June 9, 3:30pm

Presentations by Michael Weinblatt (Chair), Michael Schiff (Abstract SP0096), Robert de Jorge (Abstract SP0097) and K. Michaud (Abstract OP0142)

Can you name the medicine that we identify as the 'anchor' or 'gold standard' in the treatment of our patients with rheumatoid arthritis? Of course, Methotrexate is the drug. Rheumatologists inherited from this pharmaceutical from our dermatology colleagues in the 1980s. I was privileged to attend EULAR for the first time in many years as a result of an ORADE (ORA Development and Education) grant to fund my attendance in London in 2016. The clinical science session that I reviewed, "Optimization of MTX in RA Treatment", presented lots of familiar information. There were a surprising number of educational nuggets that I never knew or ... just forgot.

- We still under dose our anchor drug. In a descriptive review from the University of Nebraska from 1998-2009, a lot of RA patients didn't get MTX (even before a biologic). Average dosing was 11.5 mg!
- Mike Schiff is about to publish an algorithm on PK/PD dosing. You are all right; MTX 25 mg po is roughly about 17.5 mg sc dosing.
- MTX dose doesn't predict patient response.
- Genomics doesn't predict patient response but it might relate to the concentration of the important downstream polyglutamates (PGs) that seem to correlate to ACR responses.
- Predicting MTX response might be predictable, but is still rather wishy washy: SNRPs, RBC folate levels, patient factors such as smoking etc.
- MTX action may not be exclusively due to anti-folate purine disruption. Adenosine receptor expression in rheumatoid synovium may be a basis for methotrexate action.

**EULAR was well organized and informative for me. Thanks ORA for sending me!**

Dr. Fred Doris, June 2016



Dr Janet Pope

## ORA ANNUAL GENERAL MEETING UPDATE

DR. JANET POPE

The ORA 15th Annual General Meeting took place May 27-May 29, 2016. With over 170 registrants including rheumatologists, keynote speakers, Allied Health Professionals and Industry partners, this year's AGM was a resounding success. Presentations are available on the [ontariorheum.ca](http://ontariorheum.ca) website (membership login required). We look forward to

welcoming you and your families to another excellent scientific meeting in 2017! Thank you to all for continuing to make the ORA AGM an excellent event!

## NEWS & UPDATES



### 2016 Rheumatologist of the Year

We are pleased to announce this year's **Rheumatologist of the Year: Dr. Vandana Ahluwalia!** Each year the ORA assembles a nomination committee to identify an Ontario rheumatologist who deserves recognition for their outstanding work in the field of rheumatology. Dr. Ahluwalia is to be commended for her significant accomplishments within Models of Care as well as the numerous other professional associations she is part of. Congratulations Dr. Ahluwalia! You are most deserving of this special award!

### ORA Committees – Volunteers Welcomed!

If you are interested in joining an ORA committee or would like to learn more about opportunities within the ORA, we would be happy to speak with you! Please send an email to our Program Manager, Sandy Kennedy at [admin@ontariorheum.ca](mailto:admin@ontariorheum.ca).

### MTX info “fax back” to Pharmacists

Methotrexate remains an important therapeutic agent in Rheumatology, for Rheumatoid arthritis and other systemic and auto-immune diseases. Its prescription and subsequent use is often challenged by mis-information at the dispensing levels, often finding the origin of the mis-information in various therapeutic data-bases and drug-interaction programs. This constant and recurring challenge and inconsistency is not only frustrating our ability to deliver ‘standard of care’, but potentially subverts the therapeutic relationship with our patients. We have found it useful to add the following phrase (reviewed and endorsed by the Ontario Pharmacists Association) to our MTX ‘favourite’ in our EMR: “May be dispensed with NSAIDs and PPIs; not to be co-administered with Septra or Bactrim”. As well, we have developed a fax back form as well as an EMR prescription example to assist you. Please visit <http://ontariorheum.ca/home/welcome> and follow the links under Recent News.

### We’ve Moved!

The ORA recently changed it’s mailing address. Please note our new coordinates:

**Ontario Rheumatology Association**  
**6 - 14845 Yonge St.**  
**Suite # 262**  
**Aurora, Ontario**  
**L4G 6H8**

## 2016 – 2018 ORA EXECUTIVE

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SAVE THE DATE: MAY 26–28, 2017!



The 16<sup>th</sup> ORA AGM takes place May 26-28<sup>th</sup> at the JW Marriott Resort