

Inflammatory Arthritis Models of Care:

A call to action by Canada's leading arthritis consumer-patient organization

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Background

It is estimated that one million Canadians live with inflammatory arthritis (IA). However, access to healthcare varies significantly across provinces due to the lack of a standardized Model of Care (MoC)¹. Canadians with IA deserve an accurate diagnosis, timely access to rheumatologists, adequate reimbursement for medications and other elements of a robust MoC.

This Arthritis Alliance of Canada (“AAC”) Legacy Project aimed to educate and call on government policymakers to identify and close gaps in care by sharing the AAC’s Inflammatory Arthritis (IA) Model of Care (MoC) framework.

Methods

In Fall 2021, the Project Partners conducted policy research, developed all presentation materials, executed a provincial government outreach strategy, and convened videoconference (Zoom) meetings with elected officials and senior Ministry of Health bureaucrats from six provinces (NB, QC, ON, MB, SK and BC).

The Project Partners (and rheumatology leaders from each province) presented the AAC IA MoC, focusing on initiatives in virtual care and expanded role of AHPs in Indigenous, rural and remote communities.

Conclusion & Future Directions

The Project Partners transferred knowledge and opened or expanded meaningful dialogue with elected officials and senior health policy makers to advance the AAC’s IA MoC work in six provinces. This government engagement will help ensure arthritis is at the table as expected healthcare systems changes are discussed and implemented post-pandemic, affecting IA MoC.

Aims

Four arthritis patient organizations (“Project Partners”) worked together to conduct a “virtual advocacy tour” in order to:

- Align the arthritis community with provincial governments to transform the delivery of care for individuals living with IA.
- Work with policymakers to identify gaps in IA MoC and highlight solutions that will reduce health care expenditure and improve sustainability of the health care system.
- Call on policymakers to support the integration of virtual care and to expand the role of arthritis health professionals (AHPs) to serve hard-to-reach communities to improve health outcomes.

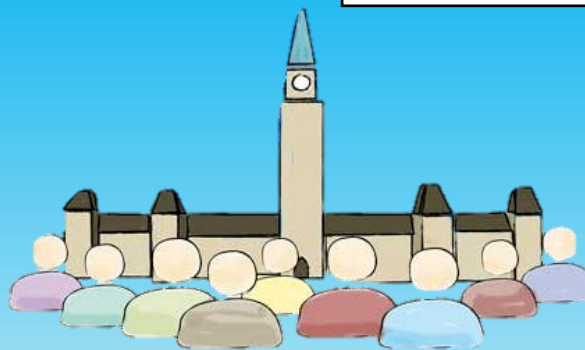
Results

Provinces committed to further meetings / consultation with Project Partners and provincial rheumatology leaders in step with integration of virtual care into health system and implementation of chronic disease management initiatives.

Project Partners recommended policymakers consider challenges IA patients have accessing virtual care:

- uneven distribution of broadband and high-speed internet
- access to required electronic devices for video conferencing
- lack of digital literacy
- ethnic and racial inequities²

Project Partners advocated the benefits of AHPs providing cost-effective care to IA patients and improving access to care in underserved areas³ by establishing Indigenous community-based “patient care facilitators” to coordinate between clinicians and patients culturally appropriate care within their community⁴.



References

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- 2) Arthritis Alliance of Canada. (2014). *Arthritis Alliance - Pan-Canadian Approach to IA Models of Care*. Arthritis Alliance of Canada. <http://www.arthritisalliance.ca/en/pcaia>
- 3) Arthritis Consumer Experts. (2021). *Arthritis Consumer Experts National Survey on Virtual Care for People Living with Arthritis – Examining Virtual Health Inequities*. Joint Health Insight - May 2021. <https://jointhealth.org/programs-jhinsight-view.cfm?id=1267&locale=en-CA>
- 4) Umaefulam, V., Loyola-Sanchez, A., Chief, V. B., Rame, A., Crane, L., Kleissen, T., Crowshoe, L., White, T., Lacaille, D., & Barnabe, C. (2021). Arthritis liaison: A first nations community-based patient care facilitator. *Health Promotion and Chronic Disease Prevention in Canada*, 41(4), 194–198. <https://doi.org/10.24095/HPCDP.41.6.04>