JointHealth™ monthly
Arthritis research, education and advocacy news : March 2013

Transforming arthritis healthcare in Canada

In a country as large as Canada, meeting every citizen's healthcare needs is difficult. People with arthritis have their own set of challenges, such as getting a timely diagnosis and early treatment. The difficulties are greater still, for those living in remote or rural areas.

In this issue of JointHealth™ monthly, Arthritis Consumer Experts explores how to improve arthritis healthcare in Canada from a regional and national perspective. We look at solutions being implemented to overcome some of the challenges of providing healthcare in rural and remote settings. On a broader national level, we look at the work underway to create a harmonized standard of arthritis care that will work all across Canada, while considering the individual needs of each province and territory.

The Rural Challenge

Life in rural Canada has many benefits. For some, the value comes from tighter knit communities and closer ties with their neighbours. For others, the value is in being able to live a simpler life, close to nature. However, it has its downside too. Namely, people living in remote communities are often disadvantaged when it comes to their healthcare.

If you live with a form of arthritis, getting timely access to healthcare in a rural community may be especially challenging. Also, your healthcare needs are probably more costly because you are more likely to need to travel great distances to see a specialist. You may lose work days and experience more fatigue due to traveling. Or, you may have arthritis, but don't know it yet, because you are still waiting to see a rheumatologist.

People who live in rural parts of Canada are more likely than their urban counterparts to have arthritis (particularly osteoarthritis), according to a report titled Life with *Arthritis in Canada: A personal and public health challenge* published in 2010. The relationship may be due to the greater number of injuries related to work and higher obesity rates.

So who's affected the most?

Forty-six percent of Aboriginal Canadians dwell outside of urban centres. Compare that to the Canadian population overall — 81% live in urban centres — and you can see that the healthcare of First Nations, Métis, and Inuit (collectively known as Aboriginal peoples) is the most likely to be adversely affected by rural healthcare challenges.

Add to that, First Nations, Métis, and Inuit people are generally more likely to have arthritis, including rheumatoid arthritis, juvenile idiopathic arthritis, lupus, vasculitis, and reactive arthritis. And when they have it, it tends to be more severe than for non-aboriginal people. According to *Life with Arthritis*, arthritis is one of the most prevalent chronic diseases amongst the Aboriginal population and occurs between 1.3 – 1.6 times higher than the Canadian estimated prevalence. That figure may be underestimated, and arthritis rates may be higher for people living more remotely or further north.

Arthritis is chronic and so its management is long-term and needs to be watched over, for example, by physicians, rheumatologists, and physical therapists. This means several trips to make appointments. For those living outside of urban centres, that adds time, as well as parenting, work and cost burdens.

Fortunately, there are solutions in the works ▶▶▶

Telehealth: shrinking distances, improving access

The emergence of Telehealth has helped improve the delivery of healthcare for rural, northern, and remote regions, including First Nations, Métis, and Inuit communities across Canada. It has shrunk the distance between patients and their physicians and between rural physicians and their mentors.

Telehealth is a similar idea to telecommuting. Like using the Internet and phones to work from home or in your community, Telehealth allows patients to get their healthcare where they live. It is an alternative way for clinicians and specialists to deliver healthcare when their patients live far away from them. The program makes use of aspects of eHealth (electronic health) including live videoconferencing and remote monitoring. Since its introduction in Canada, the results have been significant cost savings, reduced travel, and improved access to healthcare.

According to a report written in 2011 titled, *Telehealth Benefits and Adoption: Connecting People and Providers Across Canada*, there were more than a quarter million Telehealth events in the fiscal year 2009-2010. Mostly the events were clinical, and many were educational and administrative. Of the total, almost 2,500 patients had Telehomecare.

According to the report, access to healthcare for rural and Aboriginal Canadians is the main value of Telehealth, but there are many other benefits. They include:

Getting care sooner. For example, clinicians save time when they do not need to travel, leaving more opportunity to see patients.

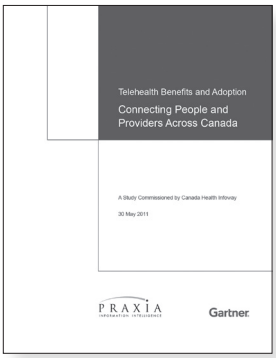
Supporting better chronic disease management. Studies have shown that patients are better able to manage their care through Telehealth and that it has improved their outcomes.

Saving patients travel time and expense. From 2009-2010, $70 million in personal travel costs were saved. In fact, Telehealth reduces travel enough to reduce the carbon footprint of the rural and remote healthcare system. According to the Telehealth report, "5.6 million litres of gasoline were saved and almost 13 million kilograms of CO_2 emissions" were avoided.

Reducing the number of emergency room visits, resulting in a cost savings of $915,000 due to Telehomecare programs in Ontario, Quebec, and British Columbia.

Reducing healthcare costs, including those incurred by travel subsidies. There was a $20 million savings of inpatient costs and $34 millions savings in travel subsidies.

To learn more about eHealth, please read the January 2013 issue of JointHealth™ monthly. Contact us at **info@jointhealth.org**, or call 604-974-1366 to receive a print copy.



Telehealth's worth is not just for patients, it's also an asset to healthcare professionals. Overall, it improves the quality of care because it makes it easier for care providers in remote areas to gain medical knowledge and enhance their skills.

Ontario, by far, makes the most use of Telehealth. The province reports about one-half of all Telehealth sessions across Canada. However, Nunavut, Northwest Territories, and Yukon have the highest rate of usage per capita.

If you would like to learn more about Telehealth, please visit **www.infoway-inforoute.ca**. Click on Resources>Videos>Telehealth to watch several short and informative videos from the clinician's perspective, as well as the patient's.

Telehealth's role in the Canadian healthcare system is increasing dramatically. As its various programs are expanded, its value will only grow, with rural populations seeing the most increased benefit. **It is estimated that Telehealth will lead to $730 million in savings to the healthcare system, and save patients $440 million each year.**

Interested in learning more about Telehealth? Another good resource is Health Canada's First Nations & Inuit Health webpage: http://bit.ly/10H9bo1

Physicians! Earn CME credits.

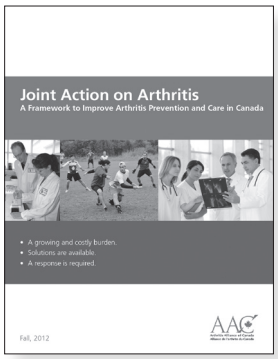
Download the free **ArthritisID Pro** app to screen for arthritis, learn more about common arthritis types and how to treat and manage them, watch video demonstrations of joint exams that can be used in your clinical practice, and if you are a physician you can take a quiz to earn CME credits.

There's a free consumer version too, called **ArthritisID**. You may find that patients come to you after they have taken the arthritis screening questionnaire — they may come in with their iPhones or iPads or email the results to you. If they do, it is a good opportunity to discuss the possibility of arthritis and work toward a diagnosis, and then treatment and management.

Visit iTunes to download the apps.

"Models of Care": a coordinated arthritis healthcare plan

In September of 2012, the Arthritis Alliance of Canada (AAC), published a report called *Joint Action on Arthritis: A Framework for Action to Improve Arthritis Prevention and Care in Canada* (the "Framework"). The AAC has seen that in many cases inflammatory forms of arthritis (such as rheumatoid arthritis) and early osteoarthritis are poorly managed within the healthcare system. So, the organization made championing improvements in models of care for arthritis among all of Canada's provinces, one of the objectives of the Framework.



To learn more about the Framework, please read the September 2012 issue of JointHealth™ monthly online or ask for a print copy by emailing us at info@jointhealth.org or calling the Arthritis Consumer Experts office at 604-974-1366.

"Models of care" is a standard for how healthcare services and resources are delivered to communities. Models of care will incorporate established best practices and fill potential gaps for patient care, while considering the needs of individual province's health systems.

An example of a program that successfully applied models of care was one developed through the Alberta Bone and Joint Health Clinical Network. Its Hip and Knee Replacement Project saved money for the Alberta health system through a model of care that promotes collaboration among a multi-disciplinary team of healthcare professionals. The project was focused on reducing the length of stay in acute care for elective primary total hip and total knee replacement patients. So far, the model has saved 11,384 acute care bed days equal to $8.5 million, which is being reinvested into Alberta's health system each year. Putting that money back into the health system, led to improved access for other hip and knee arthroplasty patients and has made the entire system more sustainable.

Another successful example was developed through Bone and Joint Canada (and funded by Health Canada). The national network was able to improve access to, and delivery of, hip and knee replacements and hip fractures in all provinces across Canada.

The aim is to use the same or similar approach for other forms of arthritis, including inflammatory conditions.

With specific requests for support and participation formed out of the Framework, the Alliance is approaching provincial and federal governments and stakeholder groups for support and participation. If adopted by provinces, models of care will dramatically improve patient care and reduce healthcare costs.

Adoption of models of care by provinces will require a comprehensive plan that includes government, physicians, nurses, patients, the pharmaceutical industry, and allied health professionals such as physical therapists, occupational therapists, and pharmacists. All these groups should be involved in the process to ensure a coordinated effort from all parts of the health system.

Currently, the Arthritis Alliance of Canada is in the process of consulting key stakeholders to develop comprehensive models of care for arthritis. Once models of care for inflammatory arthritis and early OA are complete, the AAC will seek ways to promote them within provincial health systems across Canada.

Arthritis Consumer Experts will continue to report on the AAC's progress, so stay-tuned.

The future of arthritis in Canada. By 2040 or one generation:

1 in 4 Canadians will have either OA or RA

The economic burden (direct healthcare costs + productivity costs) will grow to $68 billion, from $33.2 billion in 2010.

AAC
Arthritis Alliance of Canada
Alliance de l'arthrite du Canada

About the Arthritis Alliance of Canada:

The Arthritis Alliance of Canada (AAC) is committed to improving the lives of Canadians with arthritis. Made up of more than 35 member organizations, the Alliance brings together arthritis healthcare professionals, researchers, funding agencies, governments, voluntary sector agencies, industry, and consumer organizations. While each member organization continues its own work, the Alliance provides a central focus for discussing, sharing and developing national strategies to reduce the burden of arthritis.
Visit **www.arthritisalliance.ca** to learn more.

About Arthritis Consumer Experts

Who we are

Arthritis Consumer Experts (ACE) provides research-based education, advocacy training, advocacy leadership and information to Canadians with arthritis. We help empower people living with all forms of arthritis to take control of their disease and to take action in healthcare and research decision making. ACE activities are guided by its members and led by people with arthritis, leading medical professionals and the ACE Advisory Board. To learn more about ACE, visit **www.jointhealth.org**

Guiding Principles

Healthcare is a human right. Those in healthcare, especially those who stand to gain from the ill health of others, have a moral responsibility to examine what they do, its long-term consequences and to ensure that all may benefit. The support of this should be shared by government, citizens, and non-profit and for-profit organizations. This is not only equitable, but is the best means to balance the influence of any specific constituency and a practical necessity. Any profit from our activities is re-invested in our core programs for Canadians with arthritis.

To completely insulate the agenda, the activities, and the judgments of our organization from those of organizations supporting our work, we put forth our abiding principles:

- ACE only requests unrestricted grants from private and public organizations to support its core program.
- ACE employees do not receive equity interest or personal "in-kind" support of any kind from any health-related organization.
- ACE discloses all funding sources in all its activities.
- ACE identifies the source of all materials or documents used.
- ACE develops positions on health policy, products or services in collaboration with arthritis consumers, the academic community and healthcare providers and government free from concern or constraint of other organizations.
- ACE employees do not engage in any personal social activities with supporters.
- ACE does not promote any "brand", product or program on any of its materials or its website, or during any of its educational programs or activities.

Thanks

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Arthritis Research Centre of Canada
Arthrite-recherche Canada

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