

Ontario Rheumatology Association

By Vandana Ahluwalia, MD, FRCPC

The Ontario Rheumatology Association (ORA) celebrated its 10th anniversary this year. It started off as the vision of a small group of rheumatologists and one pharmaceutical company. As the voice of the organization was heard, momentum started to build. Over the past couple of years, we have made exceptional progress; we have brought together community and academic rheumatologists, adult and pediatric rheumatologists, all whilst working in conjunction with our allied health partners.

Informing our membership has become easier through the development of a contact list of more than 180 rheumatologists practicing in Ontario. We have been able to send email blasts, faxing when needed, and then posting updates on our new website to complete the loop. The ORA website is www.ontariorheum.ca. It contains contact information for the ORA executive and administrative staff, links to the ORA/individual clinical review (ICR) biologics request form, and most importantly, Ontario Medical Association (OMA) and Ontario Health Insurance Plan (OHIP) fee code updates. Registration for this year's Annual General Meeting (AGM) was easily facilitated by this technological advancement. Jane Purvis, our secretary/treasurer, will be spearheading a major facelift of the website over the summer to make it more user-friendly.

Dr. Philip Baer, our vice-president and OMA section chair, continues to work diligently on enhancing our fee code schedule, bringing us closer to specialist relativity adjustments. He keeps us informed of the OMA contract changes and is proactive in the OMA models of care initiative. Over the past several years, Philip's presence has made a tremendous impact on the ORA's representation at the OMA level.

We continue to work with the Ontario Public Drug Program (OPDP) through a mutually respectful dialogue for improved access to synthetic and biologic disease-modifying antirheumatic drugs (DMARDs) for our patients. We were the only organization in Ontario invited by the Ministry to the Committee to Evaluate Drugs (CED) meeting last July, to discuss the Canadian Agency for Drugs, Technologies and Health (CADTH) report. In addition, Dr. Carter Thorne, our past president, was invited by the Ontario Citizens' Council to present our perspective on managing the Ontario formulary.

The ORA completed a much-needed overhaul of the criteria for the approval of biologics for the inflammatory arthropathies (IAs), namely rheumatoid arthritis (RA), psoriatic arthritis (PsA), and ankylosing spondylitis (AS), as well as new requests for juvenile idiopathic arthritis (JIA) and vasculitis. This was submitted to the Ministry for review in early April 2011. Our approval timelines for ICR drugs are well above the national average, being in the range of 30 to 60 days, whereas most provinces provide approvals within seven to 10 days. Diane McArthur, the executive officer of the OPDP, spoke at our recent AGM. She thinks that this timeline can be improved upon, and with her team, will work with us to meet the goal of a two-to four-week turnaround. Our members' utilization of the ORA biologics forms has significantly increased; this encourages the Ministry to be more efficient. Our skills have also been noticed by other sub-specialty organizations, which have asked us to help them with their Ministry negotiations.

Currently, we are collaborating with our colleagues locally and nationally to improve medical access through new Models of Care (MOCs) in rheumatology. Our committee consists of Drs. Thorne, Bombardier, Benson, Pavlova, and myself, along with Sandra Couto and Denis Morrice. We have consulted researchers, clinicians, and government officials to help with strategic development. The specific goal of this committee has been focused on understanding key elements that define successful MOCs. We want to identify and deliver care through regionalized efforts that ultimately lead to improved clinical and administrative outcomes. In this setting, the Ontario Biologics Research Initiative (OBRI), led by Dr. Claire Bombardier, can be used as a measure of quality care and facilitate practice enhancement.

An ORA survey was sent out to understand our members' needs. From these suggestions, we created a new committee to advocate for rheumatologists interested in switching to Electronic Medical Records (EMR). Five vendors joined an EMR expo at the ORA AGM in May, to showcase rheumatology-specific tools. Post-hoc, an EMR checklist was prepared and posted on our website to help our members negotiate a contract which now includes rheumatology-friendly templates.

Under the guidance of our scientific director, Dr. Janet Pope, we had a successful AGM; we continue to engage in practice enhancement initiatives, such as the OBRI and Metrix. Dr. Carter Thorne remains on the board of directors as an active consultant and mentor. Denice Morrice, our executive director, sits on many boards and represents us to various patient, physician and government organizations. I am looking forward to working with our committed board of directors, executive and administrative staff who tirelessly

indulge my proposals for yet another project that must be done. As this year closes, I reflect back on the beginnings of the ORA to realize how far we have really come, but there is still much more work to be done!

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Quebec Rheumatology Association

By Denis Choquette, MD, FRCPC

Good news from the Quebec Rheumatology Association (QRA): The last 12 months of intense work at the Association have been very productive and very positive. In Quebec, the Association has to be accredited to deliver Continuing Medical Education (CME) to its members. This accreditation is performed by the Collège des Médecins du Québec, which evaluates all aspects such as needs assessments, financial support, delivery of the actual programs and their evaluation. The process is carried out under the guidance of the QRA's director, Dr. Anne St-Pierre. The program has been fully accredited with perfect scores in several areas. This is unprecedented and all the credit must go to Dr. St-Pierre.

Dr. Mark Hazeltine is also profoundly involved in two aspects of the Association's CME program. First, he is now organizing the 8th edition of "La Mise à Jour en Rhumatologie," the Quebec review course. Attendance is always high, a true reflection of the program's quality. Another program that was developed eight years ago and is also very successful is the Musculoskeletal (MSK) weekend for first- and second-year residents in medicine. Dr. Gilles Boire was the program's director for the past five years and Dr. Marie Hudson has taken over the position for the upcoming years. This program, plus the very high vivacity of the rheumatology community, has led to very successful recruitment in the rheumatology program of our four faculties. All the available positions have been filled at every year for the past five years. There are now 108 registered rheumatologists at the QRA, up from 74 in 2000. Unfortunately, as in every other province, a rheumatologist is very rarely a full-time clinical practicing one. We probably need 40 more.

We are also actively negotiating new services for the Quebec population. We are designing and negotiating a network of nurse assistants for all Quebec rheumatologists. We are also building service corridors between primary-care practitioners and rheumatologists. Several corridors are already in place, such as Parler with Dr. Mark Hazeltine and Passer with the Institute of Rheumatology of Montreal. An evaluation of their effectiveness is underway and, once completed, will be presented to the Ministry of Health with a request for government support. Support for ultrasonography will also be the focus of active negotiations between the Fédération des médecins spécialistes du Québec (FMSQ), Association des médecins rhumatologues du Québec (AMRQ) and the Quebec government. It is not acceptable that rheumatologists are not yet supported for such a basic and important clinical evaluation instrument in 2011 when it is now standard care in Europe.



President of the QRA, Dr. Denis Choquette.

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