

Access to Care Committee

By Michel Zummer, MD, FRCPC

At the Canadian Rheumatology Association (CRA) executive retreat, there was much discussion of problems related to access to care, with proposed issues to be addressed by the Access to Care Committee.

The availability of medications remains difficult in many provinces. Upon release of the CRA recommendations for the treatment and management of rheumatoid arthritis, it was suggested that each province's criteria be compared to the CRA recommendations to evaluate how they meet the standard of care. This could then be used as a basis for discussion with provincial formularies and private insurers.

Access to imaging, particularly magnetic resonance imaging (MRI), is a problem, especially when required for diagnosis of the spondyloarthritides. Professional radiology organizations will be approached to discuss this problem.

The Models of Care project at the Alliance for the Canadian Arthritis Program (ACAP), which is co-chaired by Dr. Cy Frank (an orthopedic surgeon) and myself, is progressing well. We hope to be able to develop a strategy that will influence policy and will prioritize investment in musculoskeletal diseases, looking at optimizing the complete care path.

Anyone who has information or ideas on any of these issues, or would like to get involved, is invited to contact me at zummer@sympatico.ca.

*Michel Zummer, MD, FRCPC
Associate Professor, Université de Montréal
Chief, Division of Rheumatology,
Hôpital Maisonneuve-Rosemont
Montreal, Quebec*

Human Resources Committee

By Barry Koehler, MD, FRCPC

The Human Resources Committee's main project this year is being done in conjunction with Paul Adam of the Arthritis Health Professions Association (AHPA), and, as always, with the unstinting support of Christine Charnock. This project has been a survey of functioning models of care across Canada; the results will be published once they have been collated and analyzed.

Dr. John Thomson and I attended a combined meeting of the Royal College and the National Specialist Societies in Ottawa in early December 2010. There was general concern regarding the ability to reliably and repetitively survey the membership of the various organizations, to evaluate current numbers and intensity of practice, as well as potential attrition of respondents. A number of speakers addressed methodologies to achieve this. Articles around this area include the internal medicine on-call survey of Canadian rheumatologists, published in *The Journal of the Canadian Rheumatology Association (CRAJ)* Summer 2010 issue, and a status survey in the *British Columbia Medical Journal (BCMJ)* in April 2011. (Anyone wishing a copy of a nice review of methodologies to evaluate human resources can contact me and I will email it to you).

Dr. John Hanley has kindly made available the information regarding academic human resources. As with the British Columbia data, this reflects static numbers, along with increasing age.

At the retreat, there was emphasis on the need to inform and attract medical students to rheumatology as early in their training as possible. A focus of the Human Resources Committee was felt to be an annual review and sharing of activities that different divisions carried out over the previous year. The necessity of medical students to choose a training track so early in their educational program was decried; however, given this sentiment, efforts to have internal medicine residents have a rheumatology rotation in Year 1 or 2 should be pursued, and having a rheumatology rotation being mandatory should be a goal.

Finally, there was some discussion of the large numbers of Canadians who are training in off-shore medical schools, the vast majority who wish to return to Canada to do post-graduate training and/or practice. Of these Canadian citizens, less than 10% will obtain training positions in our country.

I am stepping down as Chair of the Human Resources Committee and Dr. Thomson will be assuming this role.

My thanks to all of the committee members for their contributions. In particular, thanks to Dr. Paul Dancey; the viewpoints of pediatric rheumatology and your overall insights were invaluable. As always, it has been a great pleasure to be working with the CRA, and I would encourage all members to take an opportunity to spend time on a committee or in an executive position.

*Barry Koehler, MD, FRCPC
Clinical Professor Emeritus, Department of Medicine,
University of British Columbia
Richmond, British Columbia*



The brainstorming session was so intense that many of us developed alopecia.

Pediatric Section Committee

By Lori Tucker, MD

The Pediatric Section met this year at the American College of Rheumatology (ACR) meeting in Atlanta, Georgia, and again at the Canadian Rheumatology Association (CRA) meeting in Cancun, Mexico. The pediatric sessions at the CRA-Mexican meeting were interesting, and provided an opportunity for us to hear different aspects of pediatric rheumatology from Mexican colleagues, as well as a chance to showcase Canadian pediatric rheumatology research. Our Scientific Committee is already planning for the CRA meeting in Victoria next year, and I have no doubt that it will be fantastic.

The Pediatric Section has endorsed an educational resource developed by the Division of Pediatric Rheumatology at the Hospital for Sick Children (SickKids) in Toronto, called "A Resident's Guide to Pediatric Rheumatology (2011)." This guide was prepared by the pediatric rheumatology fellows at SickKids (supervised by Drs. Ron Laxer and Tania Celluci) and is intended to provide a brief introduction to basic topics in pediatric rheumatology. The guide includes excellent general information in the areas of juvenile idiopathic arthritis (JIA), systemic lupus, vasculitis, inflammatory myopathies, systemic sclerosis and associated syndromes, fever syndromes, uveitis, infection-related conditions, pain syndromes, and medications. Additional references are provided for more in-depth reading. The guide, completed in early 2011, has been distributed to the pediatric rheumatology centres for use in teaching. CRA members who would like to have a copy of this guide should contact Dr. Laxer (ronald.laxer@sickkids.ca) or Dr. Celluci (tania.celluci@sickkids.ca) at SickKids.

The Pediatric Section has also been working on determining the availability of biologic therapies for children with rheumatic diseases in Canada, the access and reimbursement programs of different provinces, as well as the experience of pediatric rheumatology centres. Our group is preparing a manuscript describing the results of this project. Highlights include the following:

- Access to biologic therapies varies by province, leading to inequities depending on where the patients live.
- Overall, coverage of biologics is quite limited, with etanercept being approved for coverage in nine provinces for JIA, but only for polyarticular-subtype disease in 45% of these.
- Most coverage is on a case-by-case basis. Thus, every biologic prescription requires significant work on the part of the pediatric rheumatologist, who must write a request letter outlining the case, often needing to provide references supporting the use of the medication with every application.
- Coverage and access to biologic medications for children with rheumatic diseases is significantly less than the access for adults with similar conditions.

We hope to publish a manuscript with our findings later this year, and use this information in advocacy efforts provincially and federally in support of improved care for children with rheumatic diseases in Canada.

*Lori Tucker, MD
Clinical Associate Professor in Pediatrics,
University of British Columbia
Vancouver, British Columbia*