

CRA News



Ricardo Cartageena in Banff asking, "Where is Chateau Lake Louise?"



Emily Kelsall, Vancouver's 2010 Olympic hopeful, with dad (John Kelsall).



The real reason Tony Russell lives in Alberta.

Having completed a successful CRA annual meeting, the new executive is making plans to move the organization into the future. One of the most important undertakings is to complete a new needs assessment of the membership. Under the guidance of Denis Choquette and Glen Thomson, the survey is being completed online this year. It is hoped the membership will complete the survey in time for the results to be compiled and presented at the forthcoming executive retreat at the end of April.

The executive relies on the findings of this survey to guide the future of our annual scientific meeting. We are seeking input on desired topics, preferred locations and many other topics pertinent to a successful meeting. Members are encouraged to go online (www.cra-scr.ca) and let us know what you think.

Plans are proceeding to arrange a joint meeting with the Mexican Rheumatology Association next February in Cancun. Michel Zimmer and Arthur Bookman will be traveling to Cancun to look for the best venue to hold the meeting. It is tough work but we send our best and brightest! A committee has been formed to begin planning and making the arrangements to ensure a great meeting.

The executive and committee chairs will be traveling to Montreal on April 23rd to participate in the annual retreat. There is a full agenda, with the structure and cost of the annual meeting being put under a microscope. The cost of the annual meeting has been escalating annually and we will examine ways to control costs without compromising what has become a successful program. The executive will also continue exploring ways to integrate the Canadian Pediatric Rheumatology Association into the CRA and ensure the annual meeting provides ample content



The future CRA Ski Team



*Mosher, Lacaille & Kaminska:
The CRA's "Crazy Canucks."*



*Another editor! Duncan
Gordon, photojournalist.*



*Milton Baker wondering,
"Where are my skis?"*

for their group. We will also continue discussions with the Allied Health Professionals, who have indicated that they would like to hold their annual meeting in conjunction with ours on a regular basis. Other topics for discussion will be: the ongoing evolution of the CRA website under the guidance of Kam Shojania, the therapeutics committee under Vivian Bykerk, the education committee under Jerry Tenenbaum, the liaison with the Royal College and many other undertakings. The tasks are many but there are willing spirits to help.

Following the retreat, there will be our annual sit-down with the various pharmaceutical companies that sponsor the meeting. This is a unique opportunity for them to give us feedback on their involvement with the CRA and for us to publicize the principles that allow us to continue to maintain control over the scientific content of the annual meeting. This year will mark the first year board members will sign disclosure documents to prevent any conflict of interest whilst making decisions on behalf of the CRA.

The table is full, the topics are many. The expectations are high. The team is ready.

– Jamie Henderson



*Olga and Maureen from U of Alberta CME
removing a rowdy rheumatologist refusing to
pay registration fee.*

Erratum: The recent report that Dr. Harold Fireman of Ottawa had retired was greatly exaggerated. Dr. Fireman was running a busy office when the CRAJ arrived and his retirement was indeed "news" to him and his secretary. He assures me that he is not retired. He refuted my claim that he knew Methuselah personally, but did admit a close association with Ponce de Leon. We hope to interview Dr. Fireman for an upcoming issue of the CRAJ.

– Gunnar Kraag

Provincial News

Rheumatology in Manitoba

Spring is finally approaching and here in Winnipeg thoughts are turning from snow and ice to greens and sand.

A highlight of the next few months should be the second annual Western Alliance of Rheumatology (WAR) meeting in Kelowna, British Columbia from May 28-30. The WAR meeting was founded last year by Paul Davis and John Esdaile and has clinical rheumatology as its focus. However, a secondary goal is promoting collaboration and collegiality amongst Western Canadian rheumatologists. All attendees are strongly encouraged to contribute to a portion of the program. Presentations are all clinically relevant and interactive. Along with the academic aspects of the meeting, the venue in Kelowna offers opportunities for many recreational options, including golf, wine tasting or an afternoon on the lake. Last year's meeting received overwhelmingly positive evaluations and I'm sure the 2004 edition will meet with similar results.

Preparations for the next round of fee schedule negotiations are beginning in Manitoba. The most recent contract, ratified in early 2003, recognized the divisions of rheumatology and family medicine as the most poorly remunerated and rewarded them with the highest proportional fee increases of slightly more than 15% over the three-year length of the contract. Manitoba rheumatologists' priorities for the next negotiations include another higher proportional increase relative to other divisions, better remuneration for injections, and new fee codes for disease-modifying therapies.

– Cory Baillie

Rheumatology in New Brunswick

Rheumatology is alive and well in New Brunswick. We currently have eight rheumatologists in the province with one more planning to join the group in Moncton this year. This cadre is tasked with coverage of a population of 750,000 people, divided evenly between rural and urban locations. There are rheumatologists present in the three major urban centres. The majority are required to participate in the Internal Medicine call schedule in their respective centers.

The fee schedule for rheumatology has improved significantly in the past three years. The key was to separate ourselves from the hegemony of the Internal Medicine negotiating process and set out on our own as a separate section with other specialty groups. Our fees increased about 25% with the last distribution. We have now reached the lofty heights of "the middle of the pack." Lacking any highly remunerative procedures, it is not likely that there will be any further quantum leaps in the near future.

The provincial formulary was slow to approve biologics for use by clients of the provincial drug plan, but with the persistence of patient advocates success was achieved. A recent decision by Atlantic Blue Cross (the major insurer of private health plans) has caught us off guard. They have stipulated that all clients requiring biologics will be required to utilize etanercept as the initial drug of choice. Their justification for this is their contention that the cost of infliximab has been in the order of \$7,000 in excess of etanercept. They have indicated that patients failing etanercept will be entitled to a trial of infliximab. At the time of this article, we are contacting all rheumatologists to see if any protest to this policy should be mounted.

Most of the rheumatologists participate in traveling clinics to bring their services to outlying areas. With the imminent return of spring, it will be time to get on the road again.

– Jamie Henderson



Campus News

University of Montreal

We are at the end of the obscure tunnel of new rheumatology resident recruitment at the University of Montreal. The number of new recruits has been varying between one and zero per year for the last four years. The number of hospitalization beds was severely cut down, thus decreasing our visibility inside the hospital. Visibility of rheumatology is also poor because of the decreasing number of practising rheumatologists, especially in university hospitals. That being said, many initiatives, such as the resident weekends supported by Pfizer, the Merck-CRA studentship and many other locally administered events, such as the review by E. Badley of the impact of arthritis in Canada (completed last December), are demonstrating efficacy. Three new rheumatology trainees will start their residency in July 2004 at the rheumatic disease unit (RDU) of the University of Montreal. On top of that, there are tentatively two more trainees entering the program in 2005 and one more in 2006.

New training centers have been added to Notre-Dame Hospital which, up to very recently, was the last french-speaking centre for post-graduate training in rheumatology. Dr. Michel Zummer and his team at Maisonneuve-Rosemont Hospital have recently joined the RDU, and the Institute of Rheumatology of Montreal—with its clinical research unit—has also been accredited for rheumatology training. These three centres will bring the essential varieties of practice for new trainees. Expertise in osteoporosis, collagen-vascular disease, osteoarthritis, rheumatoid arthritis, clinical research, epidemiology and biostatistics will be very well covered by these three training centres.

– Denis Choquette



Queen's University

The Division of Rheumatology at Queen's University remains relatively stable. We are still under the Alternate Funding Plan (AFP), which is both good and bad. Good because of stability of funds; bad because of constraints in recruiting and other factors.

Dr. Peter Ford has taken early retirement and we have been fortunate in being able to replace him with Dr. Mala Joneja, who joined our division on January 1, 2004 as an Assistant Professor. The other division members with clinical responsibilities, Drs. Tassos Anastassiades, Isaac Dwosh, and Tanveer Towheed, are pretty much doing the things they were doing before, as is Dr. Inka Brockhausen, our Arthritis Society Clinical Scientist in Glycobiology.

Dr. Ami Mody, our senior Clinical Fellow is doing very well and will likely stay another year, likely focusing on osteoporosis.

The two Research Associates, Drs. John Carran and Karen Ress-Milton (Anastassiades Lab) are also doing quite well. The project on new derivatives of glucosamine has progressed to the point of the technology being licensed through Canada for veterinary use—although it is not quite ready for your human patients yet! The multicentre CaMOs project has been renewed and there is good support from the Natural Sciences and Engineering Research Council (NSERC) and Canadian Institutes of Health Research (CIHR).

In Ontario, the new Liberal government will apparently move quickly to abolish mandatory retirement, an issue also dear to the heart of the Ontario Medical Association.

– Tassos Anastassiades