NEWSLETTER

2024

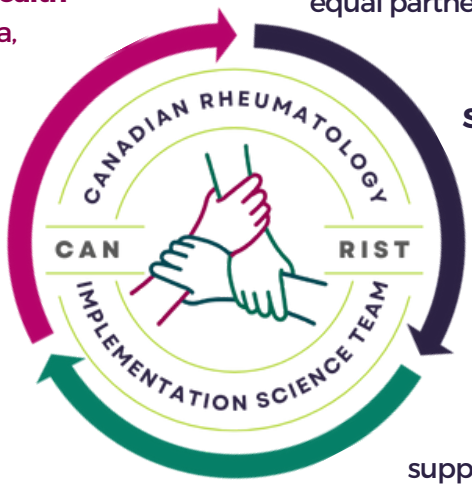
CANADIAN RHEUMATOLOGY IMPLEMENTATION SCIENCE TEAM (CAN-RIST)

CAN-RIST - WHO ARE WE?

Our team is dedicated to building implementation science expertise and capacity in rheumatology, with a focus on developing methods and strategies that promote the integration of evidence-based practices and research into routine use by practitioners and policymakers.

MISSION

1. To generate **actionable evidence** to guide implementation, spread, and scale of interdisciplinary models of rheumatology care and other best practices in a sustainable manner across Ontario.
2. To advocate for **new policies, programs, and funding** to support rheumatologists and their patients.
3. To support a **rheumatology learning health system** whereby real-world health data, experience, and external evidence are systematically integrated, and that knowledge is put into practice.
4. To build **human and organizational competencies for implementation and learning health system sciences** in rheumatology.
5. To **improve patient outcomes and narrow disparities.**



VISION

Integrated Care | Health services for individuals requiring rheumatology care are continuous and well-coordinated, with smooth transitions.

Accessible Care | People have timely and equitable access to quality rheumatology services.

Effective & Appropriate Care | Rheumatology care that is evidence-based and people-centred to achieve optimal outcomes.

Optimal Health for Individuals, Communities & Populations | Enhancing health status across the lifespan.

People-Centred Care | Rheumatology patients are equal partners in planning, developing, and monitoring their care to make sure it meets their needs and to achieve the best outcomes.

Safe Care | Health services are safe and free from preventable harm.

Equitable for All | Promoting, cultivating, and sustaining health equity, healthcare equity, and health workforce equity.

Better Value & Sustainable health Care | Promoting innovation and investment to protect future generations.

Supportive Work Environment | Foster a supporting and collaborative environment that fosters workforce well-being, professional growth, and job satisfaction.

VALUES

Evidence-based practice | Equity & inclusion | System sustainability | Learning | Engagement

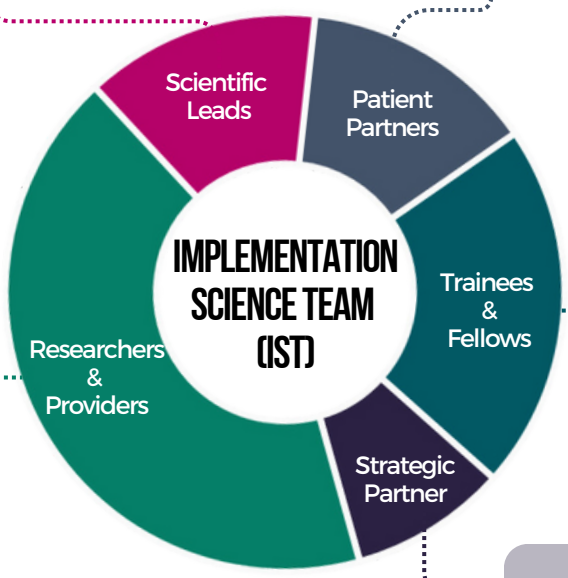
HOW CAN-RIST WAS ESTABLISHED

In 2023, 13 implementation science teams (ISTs) were funded by the Canadian Institutes of Health Research (CIHR) Institute for Health Services Research (IHSPR) Transforming Health with Integrated Care (THINC) initiative. THINC was established to improve our understanding of how to implement, evaluate, adapt, spread, and scale evidence-informed integrated care policies and interventions, and strengthen partnerships among researchers, policy and decision makers, patients, and communities. The 13 ISTs represent diverse areas (such as primary care, mental health, respiratory health, other clinical areas with complex care needs) and our IST was fortunate to receive one to advance a learning health system for rheumatology. The ISTs will work together, along with THINC's Knowledge Mobilization Hub - the Network for Integrated Care Excellence (NICE) Canada - to synthesize and amplify the key learnings and ensure transformative positive changes are made through the implementation of effective integrated care policies and interventions that advance the Quadruple Aim and health equity (sometimes known as the Quintuple Aim).

Carter Thorne [*,†,1]
Vandana Ahluwalia [*,†,1,2]
Timothy Kwok [1,3]
Lihi Eder [*,1,4]
Noah Ivers [4-7]
Claire Barber [8]
Laura Passalent [¶,1,9,10]
Sahil Koppikar [†,1,11]
Sasha Bernatsky [†,12,13]
Gillian Hawker [†,1,4,6]
Paula Rochon [†,1,4,6]
Bindee Kuriya [†,1,6,14]
Amanda Steiman [†,1,14]
Chandra Farrer [¶,1,11]
Derek Haaland [†,15]
Leslie Soever [¶,1,9]
Shirley Lake [†,1,16]
Annette Marcuzzi [¶,1,17]
Jane Purvis [†,18]

Jessica Widdifield [*,3,6,19]
Celia Laur [*,4,6,7,20]
Lauren King [†,1,21]

Catherine Hofstetter [*,#]
Carrie Barnes [#]
Denis Morrice [#]



OTHER STRATEGIC PARTNERS & KNOWLEDGE USERS

THINC Impact Hub	The Arthritis Society
Ontario Health	Patients
Ontario Ministry of Health	Rheumatologists
AHPA	IHPs
ACPAC Program	Primary Care
CAPA	IHP training programs
CRA	Researchers
OMA	Communities

Zeenat Ladak [4,7,24]
Daphne To [§,4,6,7,25]
Nicolas Bodmer [6]
Mats Junek [15]
Jenna Wong [26]
Gabrielle Sraka [15]
Jennifer Lee [†,3]

ORA
Tom Appleton [*,†,18,22,23]

ACPAC = Advanced Clinician Practitioner in Arthritis Care., Arthritis Health Professions Association, CAPA = Canadian Arthritis Patient Alliance, CRA = Canadian Rheumatology Association , IHPs = Interdisciplinary Health Provider, OMA = Ontario Medical Association, ORA = Ontario Rheumatology Association, THINC = Transforming Health with Integrated Care

* = Quadripartite Leadership, † = Rheumatologist, ‡ = Geriatrician, ¶ = Physiotherapist, § = Chiropractor, # = Patient Partner

1.Temerty Faculty of Medicine, University of Toronto, 2. William Osler Health System, 3. ICES, 4. Women's College Hospital (WCH) Research and Innovation Institute - Toronto, ON, 5. Department of Family & Community Medicine, University of Toronto, 6. Institute of Health Policy, Management and Evaluation (IHPME) - University of Toronto, 7. Office of Spread and Scale, WCH, 8. Department of Medicine and Community Health Sciences, University of Calgary, 9. Toronto Western Hospital - Schroeder Arthritis Institute, University Health Network (UHN), 10. Toronto Western Hospital - Krembil Research Institute, UHN, 11. WCH, 12. Centre for Outcomes Research and Evaluation - Department of Medicine - Division of Rheumatology, McGill University, Montreal, QC, 13. McGill University Research Institute of McGill Health Centre, 14. Mount Sinai Hospital - UHN, Toronto, ON, 15. Faculty of Health Sciences, McMaster University, 16. Sunnybrook Health Sciences Centre, 17. Ontario Physiotherapy Association, 18. Ontario Rheumatology Association, 19. Sunnybrook Research Institute, 20. Dalla Lana School of Public Health - University of Toronto, 21. Li Ka Shing Knowledge Institute - Unity Health Toronto, 22. St. Joseph's Health Centre, London, ON, 23. University of Western Ontario, 24. Ontario Institute for Studies in Education, University of Toronto, 25. Canadian Memorial Chiropractic College, 26. Royal College of Surgeons in Ireland.

PILLARS OF PROGRESS: OUR QUADRIPARTITE LEADERSHIP

STRATEGIC PARTNER SPOTLIGHT

The Ontario Rheumatology Association (ORA)

The ORA has been involved in the IST since the early planning phase as an **Applicant Partner**. The ORA is a not-for-profit professional organization that represents Ontario rheumatologists and promotes the pursuit of excellence in arthritis care through leadership, advocacy, education, and communication. The ORA has over two decades of experience in advocating and negotiating for its members with the government and private payers to ensure appropriate funding for rheumatology services and patient treatment options. The ORA collaborates with many professional associations including the OMA, CRA, AHPA and the Pharmaceutical Industry. Additionally, the ORA has championed the creation of the Rheumatology EMR Database at ICES (REDI), including endorsing the data sharing agreement, and engaging ORA members to participate in sharing data with ICES to support a Learning Health System ecosystem.

Through the ORA's Models of Care initiative, and various other ORA activities, the ORA has long been striving to improve equitable access to rheumatology care and promote inter-professional relationships between rheumatologists and Interdisciplinary Health Providers (IHPs). Additionally, the ORA has been a leader in enhancing the utility of electronic medical records (EMRs) to support patient care. Under the leadership of Dr. Tom Appleton, the ORA Informatics Committee established RheumView™, a digital health tool designed by rheumatologists. The ORA successfully worked with EMR vendors, technology developers, and health sector legal and privacy consultants to create an add-on AI-driven EMR interface to expedite chart documentation and workflow, in addition to a clinical dashboard to provide real-time visual representation of a preliminary set of outcome indicators for EMR users at the point-of-care. This dashboard is a complementary resource for all ORA members. CAN-RIST will help optimize quality measurement using the RheumView™ dashboard to support the needs of rheumatologists.

The ORA has an established network and communications forum for Ontario rheumatologists which help serves as a vehicle for the IST's integrated knowledge translation activities. As a key partner, Dr. Appleton serves on our IST's Quadripartite Leadership Team as the primary liaison for the ORA and together with the support of ORA's Executive Director - Sandy Kennedy - they help ensure that the ORA plays an active participant on strategic and operational IST activities, in addition to strengthening linkages with the ORA's Government Affairs Committee (Chair: Dr. Jane Purvis), & Northern Ontario Committee (Co-Chairs: Dr. Sahil Koppikar and Dr. Kamran Shaikh; Vice Chair: Chandra Farrer).

Our IST is grateful to the ORA for their ongoing support and active involvement! More information about the ORA is available at: https://ontariorheum.ca/

CAN-RIST'S QUADRIPARTITE LEADERSHIP

JESSICA WIDDIFIELD, PHD
Sunnybrook Research Institute
ICES
IHPME - University of Toronto

Dr. Jessica Widdifield is a Senior Scientist at Sunnybrook Research Institute in the Holland Bone and Joint Research Program (holding the Holland Chair in Musculoskeletal Research), Senior Scientist at ICES, and Associate Professor in the Institute of Health Policy, Management and Evaluation at University of Toronto. She is the **nominated principal investigator** of the IST, bringing expertise in quality measurement, epidemiology, health services research, integrated care, and experience and expertise in using secondary health data sources for evaluating the Quintuple Aim for improving care and outcomes for individuals with rheumatic & musculoskeletal disorders (RMDs).

CELIA LAUR, PHD
Office of Spread & Scale (OSS),
Women's College Hospital
IHPME - University of Toronto

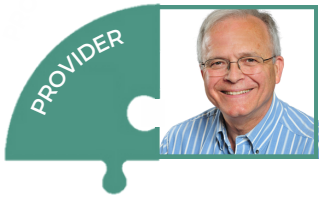
Dr. Celia Laur is a Scientist at Women's College Hospital Research and Innovation Institute, Assistant Professor at the Institute of Health Policy, Management and Evaluation, University of Toronto, and Scientific Lead of the Office of Spread and Scale. As an implementation scientist and health services researcher, Dr Laur also brings qualitative research expertise, integrated knowledge translation (KT) methods, and how effective interventions can be sustained, spread, and scaled. As **co-PI and co-scientific lead**, she also provides mentorship and training of CAN-RIST trainees.

LAUREN KING, MD PHD FRCPC
Li Ka Shing Knowledge Institute
St. Michael's Hospital
Medicine - University of Toronto

Dr. Lauren King is a rheumatologist and clinician scientist at St. Michael's Hospital and Assistant Professor in the Department of Medicine at University of Toronto. As **co-PI and co-scientific lead** of CAN-RIST, Dr. King brings experience in epidemiology and implementation science, with expertise spanning multiple methodologies from observational studies, qualitative research, clinical trials, and systematic reviews. Dr. King also has experience as a practicing rheumatologist in urban and northern communities and a proven track record in leading interprofessional and interdisciplinary collaborations, including engaging community organizations and patient partners to identify gaps in care and develop evidence-informed solutions to improve care and outcomes for people living with RMDs.

LIHI EDER, MD
Research & Innovation,
Women's College Hospital
Medicine - University of Toronto

Dr. Lihi Eder is a Scientist and rheumatologist at WCRI and Associate Professor of Medicine. She brings expertise in clinical, health services, and patient-oriented research and evaluating the role that age, sex, gender and ethnicity play in determining the outcomes for people with RMDs. She is the team's **Sex and Gender Champion** and **EDI Champion**, with experience in sex- and gender-based analyses.



CARTER THORNE, MD
Center of Arthritis Excellence
(CArE)

Dr. Carter Thorne is a **Rheumatologist** and has overseen the development, implementation, and sustainability of Canada's longest-running interdisciplinary rheumatology care model (Centre of Arthritis Excellence - CArE - formerly known as The Arthritis Program - TAP - in Newmarket). He has held key leadership roles in Canadian and international rheumatology associations, contributing to best practices in arthritis management and strengthening relations with government and other strategic partners.

VANDANA AHLUWALIA, MD
William Osler Health System

Dr. Vandana Ahluwalia, a **Rheumatologist** and CAN-RIST's **Knowledge Mobilization and Impact Champion**, excels in promoting interdisciplinary rheumatology care in Canada and assisting knowledge-users in incorporating research evidence in their policy and practice decisions. She provides expertise in the integration of patient-centered outcome measures in rheumatology EMRs, development of knowledge translation modules to promote interdisciplinary care models, impact assessments, and outcome measurements.

TOM APPLETON, MD PHD
ORA
University of Western Ontario

Dr. Tom Appleton is a **Rheumatologist** and Scientist at the Lawson Health Research Institute at the Rheumatology Centre at St. Joseph's Health Care, London. He is also the Director of the Western Multidisciplinary Osteoarthritis Centre, and past director of the Ontario Rheumatology Association (ORA) and past chair of the Canadian Rheumatology Association Scientific Committee. He currently serves as Chair of the Ontario Rheumatology Association Informatics Committee due to his interest in real-world evidence and improving outcomes for patients with RMDs. While Dr. Appleton supports CAN-RIST in several different capacities, he serves as **primary liaison with the ORA.**

CATHERINE HOFSTETTER
Patient partner

Catherine Hofstetter is CAN-RIST's lead **Patient Partner**, and has decades of national and international experience chairing patient advisory committees, participating in arthritis research initiatives and has an established collaborative relationship with CAN-RIST members and the ORA. She will help maximize engagement of additional patient partners and strengthen relations with patient advocacy groups and other strategic partners to ensure ongoing patient perspectives and insights shape CAN-RIST's strategic and operational activities.

CONGRATULATIONS

Scientific lead and quadripartite leader Dr. Lauren King was recently awarded the
Early Career Rheumatology Award
by the Ontario Rheumatology Association (ORA)!

OUR TRAINEES & FELLOWS

ZEENAT LADAK, MSc
Doctoral Trainee
University of Toronto
Women's College Hospital

Zeenat Ladak is a doctoral trainee of the Implementation Science team at Women's College Hospital and currently works in their Office of Spread and Scale. She is also a PhD Candidate at the University of Toronto in the department of Applied Psychology and Human Development where her research focuses on health equity. Within CAN-RIST, Zeenat is focusing on understanding the patient experience of receiving interdisciplinary rheumatology care.

DAPHNE TO, MSc
Doctoral Trainee
University of Toronto
Women's College Hospital

Daphne To is a PhD candidate at the Institute of Health Policy, Management and Evaluation at the University of Toronto and a trainee at Women's College Hospital. She is also a practicing chiropractor and an Assistant Professor at the Canadian Memorial Chiropractic College. Her research interests are in implementation science and health professional behaviour change. At CAN-RIST, she conducts qualitative research to enhance understanding and support for team-based rheumatology care, focusing on the perspective of health professionals.

NICOLAS S. BODMER, MD, PhD
Doctoral Trainee
University of Toronto
Sunnybrook Research Institute

Dr. Nicolas S. Bodmer is a PhD student in the Clinical Epidemiology and Health Care Research program at the University of Toronto's Institute of Health Policy, Management and Evaluation (IHPME). He is a graduate from the medical school at the University of Zurich (Switzerland). He successfully defended his thesis proposal in February 2024 and is currently leading leading evidence synthesis and cost effectiveness research activities on the roles and impact of interdisciplinary models of rheumatology care.

JENNIFER LEE, MSc, MD
Fellow, ICES
Pediatric rheumatologist, Markham ON

Dr. Jennifer Lee is a community pediatric rheumatologist and graduated from the Clinical Epidemiology and Health Care Research (CEHCR) program at IHPME in 2022. She is an ICES fellow engaged in population-based assessments to inform rheumatology workforce planning and care management.

MATS JUNEK, MSc, MD
Doctoral Trainee
McMaster University

Dr. Mats Junek is Rheumatologist, vasculitis Fellow, and PhD candidate at McMaster University. He is concurrently completing the Clinician Investigator Program and a PhD in health research methods at McMaster. Outside of his thesis, his research and training interests at CAN-RIST involve developing quality of care metrics using secondary data sources (EMR), evaluating quality of care & supporting knowledge translation activities.

JENNA WONG, MSc
Undergraduate Trainee
Royal College of Surgeons in Ireland

Jenna Wong is a medical student at the Royal College of Surgeons in Ireland. Currently, her research interests lie in the characterization and evaluation of interdisciplinary teams in rheumatology. As a summer student, Jenna is actively involved in ongoing environmental scans, knowledge synthesis activities, and qualitative research at CAN-RIST.

GABRIELLE SRAKA
Undergraduate Trainee
McMaster University

Gabrielle Sraka is currently pursuing her Bachelor of Health Sciences degree at McMaster University. She aspires to pursue a career working in medicine or medical research. As a summer student, Gaby is gaining hands-on qualitative research experience by exploring the lived experiences of RMD patients and the value that the interdisciplinary team-based care experience brings to patient disease management.

WELCOME TO THE TEAM

LAURA OLIVA, MSc
Research Coordinator
Women's College Hospital

Laura joined CAN-RIST as our Research Coordinator. With over 8 years of experience in diverse research settings, and a Masters degree in Health Services Research from IHPME at University of Toronto, Laura brings a unique blend of robust quantitative skills and comprehensive research project management capabilities. This dual proficiency enables her navigation of complex, multidisciplinary healthcare research landscapes, contributing to successful outcomes and streamlined project management with CAN-RIST.

RHEUMATOLOGY AS A LEARNING HEALTH SYSTEM (LHS)

A key mission of CAN-RIST is to support the development of a **rheumatology LHS** whereby real-world data, experience, and external evidence are systematically integrated, and that knowledge is put into practice.

MOVING FORWARD AS A LEARNING HEALTH SYSTEM

With the LHS approach as our anchor, our team is committed to leading transformational change to improve care of rheumatic diseases in Canada and beyond.

Our team utilizes real-world data (Rheumatology EMR Database at ICES, administrative data, ORA's RheumView™ clinical dashboard) and gathers information on experiences (surveys, clinic observations, interviews, workshops) and external evidence (knowledge syntheses) to drive learnings and for implementing an informed and systematic response.

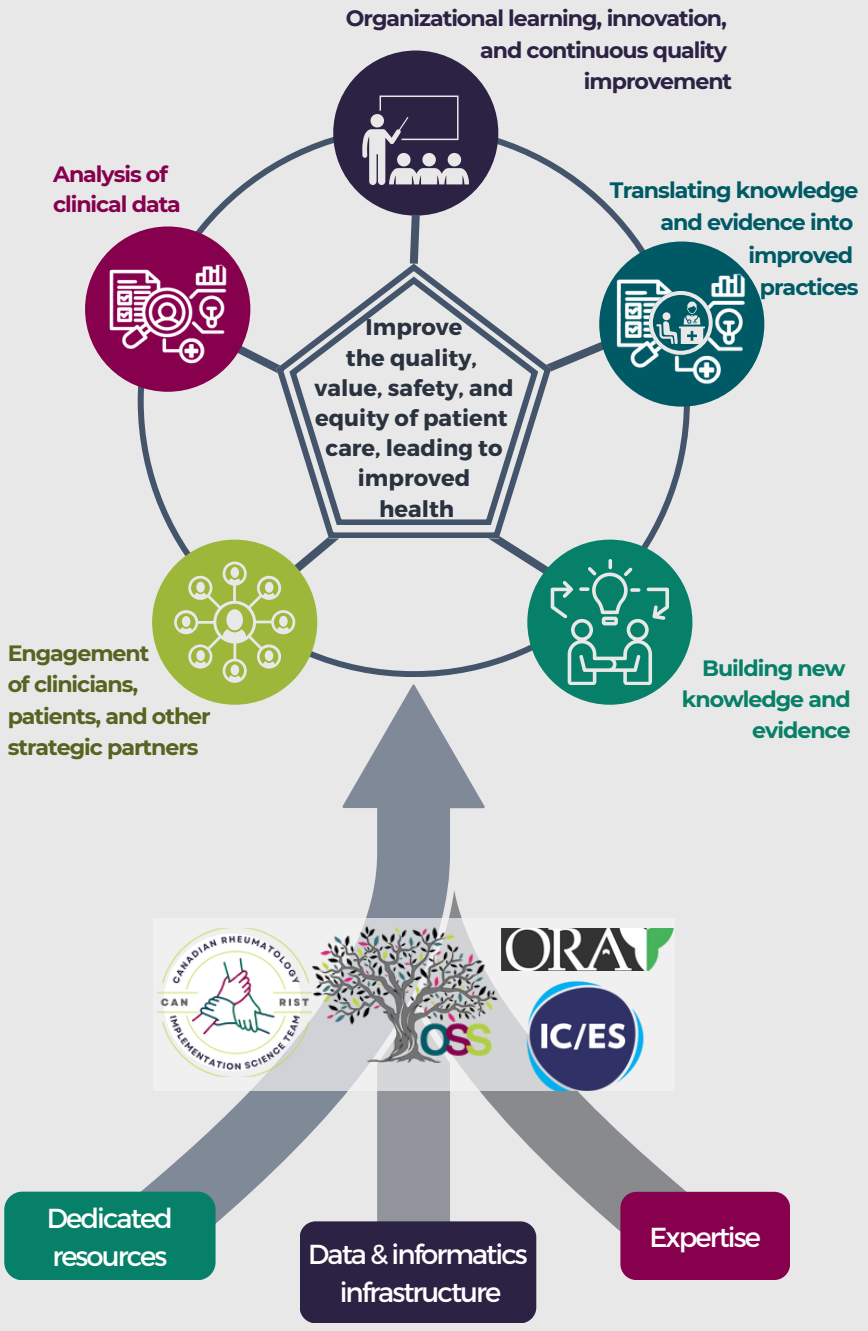
CAN-RIST employs a positive deviance approach to learning – whereby we learn from positive outliers/high performers to identify existing knowledge/solutions and share learnings for broader scale implementation (this is in contrast to identifying low performers and developing novel health solutions/interventions to test/implement to determine if they are effective at reducing deficits).

CIHR THINC funding has enabled us to ensure we have the dedicated resources, data and informatics infrastructure and expertise to support the needs of knowledge users; but the engagement of clinicians, patients and other strategic partners are paramount to the LHS being realized to its fullest potential.

WANT TO JOIN CAN-RIST'S KNOWLEDGE TRANSLATION & EXCHANGE COMMITTEE (KTEC)?

We are inviting interested knowledge users and strategic partners to participate on our KTEC which will serve as a forum for 2-way exchange – whereby ongoing team updates will be shared/discussed and knowledge users can articulate their needs/priorities, provide input, and help strengthen knowledge user engagement, and translation and communication strategies.

LHS | CONSOLIDATED FRAMEWORK



WANT TO LEARN MORE ABOUT LEARNING HEALTH SYSTEMS?

- Ontario SPOR SUPPORT Unit (OSSU) page on learning health systems
- A Learning Health System Adoption Engine that Integrates Research and Health Systems
- Learning health system, positive deviance analysis, and electronic health records: Synergy for a learning health system
- Clarifying the concept of a learning health system for healthcare delivery organizations

RESEARCH ENVIRONMENT

Currently, our research operations are conducted out of

TWO KEY LOCATIONS

The Office of Spread & Scale (OSS)

The OSS comprises of a dedicated team from the Women's College Research Institute (WCRI) and the Women's College Institute for Health Systems Solutions and Virtual Care (WIHV), along with experts from other organizations and universities. universities. Under the scientific leadership of Dr. Celia Laur, the team boasts extensive expertise in implementation science, digital health evaluation, health services research, health equity, dissemination, communications, and public policy. The OSS is renowned for conducting public capacity-building sessions in implementation science, hosting trainees, and successfully supporting numerous research projects.

The OSS was a natural fit to support several CAN-RIST operational activities, providing the necessary training and mentorship expertise in qualitative evaluations, supporting trainees, patient partners and researchers in developing necessary skills and knowledge in the area of implementation science. The team at OSS will also be playing a leadership role in shaping CAN-RIST's spread and scale plans, given their experience in advancing the understanding of how to sustain, spread, and scale-up effective practices across diverse areas of the health system, using implementation science to drive impact at individual, organizational, and systemic levels.

For more information, visit: https://www.womensacademics.ca/office-of-spread-and-scale/

ICES

ICES is an independent not-for-profit research and analytics institute that is internationally recognized for supporting real-world evaluations on healthcare policy, delivery, and population outcomes. As a trusted data steward, ICES holds a secure array of Ontario's demographic and health-related data, including administrative databases and electronic medical records (EMRs) - thus enabling a world-leading health data ecosystem to support the development of learning health systems.

CAN-RIST's researchers and trainees are grateful for ICES' support in providing a secure, accessible research environment, including quality health informatics infrastructure and dedicated and specialized staff.

Several of CAN-RIST's operational activities involve using population-based data sources (such as rheumatology billing claims data) and the Rheumatology EMR Database at ICES (REDI). REDI is a clinical data repository of aggregated rheumatology practice EMR data. In addition to the detailed clinical information captured in EMRs, the database is linkable to the provincial health administrative data held at ICES, which permits a more comprehensive picture to evaluate health services and outcomes.

We are also grateful to the Canadian Arthritis Society who was the founding funder in supporting the creation of REDI in 2019, along with all the rheumatologists who have securely shared data, and the exceptional ICES team who have worked to prepare the data for research purposes.

We look forward to providing a detailed update on REDI in our next newsletter!

For more information, visit: https://www.ices.on.ca/

WHAT EXACTLY IS A SPREAD & SCALE PLAN?

SPREAD: To replicate to additional settings.

SCALE: Addressing and building an infrastructure (finances, staffing, space, equipment, etc.) to support implementation at full-scale.

There are **several key steps and considerations to spreading and scaling a "health intervention"** so that it is effectively and sustainably implemented across different settings.

Image:https://blog.lifeqisystem.com/frameworks-for-scale-up-spread-and-sustain

EVIDENCE & EVALUATION

PROVE EFFECTIVENESS: Ensure the "health intervention" is backed by solid evidence demonstrating its effectiveness.

COLLECT EVIDENCE: Gather comprehensive data on the outcomes, processes, and impact of the "intervention" to build a strong case for its broader implementation.

ADAPTATION & CUSTOMIZATION

CONTEXTUAL ADAPTATION: Consider/Identify necessary adaptations for the "intervention" to fit different cultural, social, and economic contexts while maintaining its core components.

LOCAL INVOLVEMENT: Involve local communities and partners in the adaptation process to ensure relevance and acceptance.

ENGAGEMENT

IDENTIFY/BUILD PARTNERSHIPS: Engage a broad range of perspectives, including healthcare providers, policymakers, patients, community leaders, organizations/associations and funders who can support and advocate for the "intervention".

COMMUNICATION: Develop a communication strategy that clearly communicates the benefits, goals, and evidence supporting the "intervention" that is tailored to different knowledge users.

POLICY & ADVOCACY

POLICY INTEGRATION: Work towards integrating the "intervention" into existing health policies and frameworks to ensure long-term sustainability.

ADVOCACY: Advocate for policy changes and support at local, regional, and national levels to facilitate the spread and scaling of the "intervention".

RESOURCE ALLOCATION

FUNDING: Fully cost out different funding scenarios to fund implementation and sustainability; Secure sufficient funding to support the scaling process.

INFRASTRUCTURE: Ensure the necessary infrastructure, such as space and personnel, can support the "intervention".

TRAINING & CAPACITY BUILDING: Identify and/or support training to healthcare providers and other key personnel to effectively implement the intervention.

IMPLEMENTATION STRATEGY

READINESS ASSESSMENT: To inform how quickly the "intervention" can/will spread.

IDENTIFY SUPPORT/NEEDS/RESOURCES: To assist with implementation of the "intervention", including clear, standardized protocols/tools to ensure consistency in the implementation across different settings.

MONITORING & EVALUATION: Establish robust monitoring and evaluation systems to track progress, identify challenges, and make necessary adjustments.

SUSTAINABILITY PLANNING

LONG-TERM FUNDING: Develop a plan for securing/maintaining ongoing funding and resources to maintain the "intervention".

CAPACITY BUILDING: Continue building local capacity to ensure the "intervention" can be sustained without external support.

COMMUNITY ENGAGEMENT: Foster ongoing community engagement and ownership to ensure the "intervention" remains relevant and supported.

OUR ROADMAP TO DEVELOPING A SPREAD & SCALE PLAN FOR INTERDISCIPLINARY MODELS OF RHEUMATOLOGY CARE

THANK YOU TO THE ORA ANNUAL SCIENTIFIC MEETING (ASM) FOR THE OPPORTUNITY TO SHOWCASE OUR OPERATIONAL ROADMAP AND ACTIVITIES AT THE MAY 2024 ASM.

YEAR ONE INSIGHTS
SHAPING OUR SPREAD & SCALE PLAN FOR INTERDISCIPLINARY RHEUMATOLOGY TEAMS

1 PROCESS EVALUATIONS

- **The team is currently completing a case study to learn from Canada's longest running interdisciplinary model of rheumatology care, the Centre for Arthritis Care Excellence (CArE).**

  Formerly known as The Arthritis Program (TAP) in Newmarket, CArE is the only Ontario Ministry of Health-funded, community-based specialty health team in Ontario. Findings from patient and provider interviews, document analyses, and clinic observations are revealing important insights into the program theory of interdisciplinary team-based models, including the key components and processes of this model and their interactions, interactions with local context, as well as linking the intervention components to expected outcomes and explaining the mechanisms of the intervention.

- **The team is preparing to launch a qualitative study to learn perspectives from interdisciplinary health providers (IHPs) who have experience working with rheumatologists (at other centres).**

  Findings will inform models of care adaptions, insights into how high performing teams operate, and inform necessary solutions to optimize IHP experiences and their retention within the workforce.

2 EVIDENCE SYNTHESIS

- The team is currently completing **a scoping review to learn** more about the impact of interdisciplinary models of rheumatology care on all Quintuple Aim targets (improving population health, value, patient experience/care quality, provider wellbeing, equity).

  Findings will synthesize important knowledge about comparative effectiveness, clarify concepts in terminology and team compositions, and identify knowledge gaps.
- The team is preparing to **expand the scoping review to learn** more about implementation outcomes and sustainability considerations and determinants.

  The review will include aspects such as outer/policy context (e.g. funding, policies), organizational context (e.g. leadership, capacity), delivery settings and agents, implementation infrastructure and processes (e.g. training, fidelity, monitoring), and intervention characteristics (e.g. costs, adaptations) – all to inform the team's implementation strategy.

3 EFFECTIVENESS EVALUATIONS

- The team is currently undertaking **a real-world comparative effectiveness study using the Rheumatology EMR Database at ICES (REDI) to learn** about the long-term cost effectiveness of an interdisciplinary model of care compared to conventional care delivery models among individuals with rheumatoid arthritis (RA).

  Outcomes prioritized in the first phase of analyses will focus on health care costs and utilization to inform return on investment and support advocacy efforts to support scaling (equitable funding) across Ontario.

4 READINESS ASSESSMENTS

- The team is preparing to launch **a workforce survey to learn** from rheumatologists about their readiness and willingness to implement, & current implementation infrastructure.

  This will inform our implementation strategy, including potential penetration, reach, and timelines for spread and scale.
- The team is currently undertaking **a qualitative study to learn** from rheumatologists on barriers and enablers to the adoption of interdisciplinary models of rheumatology care.

  Findings learned via interviews will informing strategies critical to adoption, implementation, and sustainability of interdisciplinary models of rheumatology care across diverse settings.

5 ENVIRONMENTAL SCANS

- The team is currently completing **an environmental scan to learn** about variations in rheumatology remuneration and funding models across all Canadian provinces.

  This scan will also explore the potential effects of the characteristics of different funding models that can contribute to inequities (for patients and providers) and/or impede patient-centric care and the adoption of team-based care.
- The team is currently completing **an environmental scan of active rheumatology workforce members to learn** more about key workforce demographics, regional distribution in practice locations, and other key workforce members supporting current rheumatology practices (e.g., nurses, physiotherapists, extended role providers).

  Findings will inform future workforce planning activities & subsequent research activities.

WE LOOK FORWARD TO SHARING OUR LEARNINGS IN OUR NEXT NEWSLETTER.

2024 ORA ASM: SHARING PERSPECTIVES ON EQUITABLE FUNDING OF INTERDISCIPLINARY MODELS OF RHEUMATOLOGY CARE

At the Ontario Rheumatology Association (ORA) Annual Scientific Meeting (ASM), we held an interactive knowledge exchange and engagement workshop where participants shared their views, concerns, and ideas for funding considerations of a team-based model for rheumatology care, and what it would take for rheumatologists to adopt this approach.

Participants universally agreed that the involvement of different types of interdisciplinary healthcare providers (IHPs) in rheumatology practices had the potential for enhancing rheumatology service capacity and improving patient care. We heard experiences on the value of IHPs working in different settings (outpatient rheumatology care, inpatient rheumatology care, pediatric and adult rheumatology clinics). Participants discussed the current value of IHPs to rheumatologists and rheumatology patients, but also how sustainable funding for IHPs will not only help the existing workforce but also be very important for attracting new residents to rheumatology and IHP training programs.

Our discussions emphasized **the need for stable funding** to cover the **direct costs associated with the IHP salary/services** – whether it was for implementing an interdisciplinary model with an extended role provider (e.g., ACPAC graduate), or integrating nurses, PT/OTs or other IHPs to support/enhance patient care, education, chart documentation, and support for the rising administrative burden. We heard perspectives on how multidisciplinary care with nurses can also help improve equity in patient care, especially those capable of speaking multiple languages to better help meet patient needs and how additional training/resources would be useful for not only nurses, but for pharmacists and other IHPs who are not fully suited for ACPAC training.

Additional financial considerations raised included the **training and time** to build trust and skills for additional team members, which may differ across environments: from working in-person together in a shared space, or in a remote/virtual model for underserviced communities. It was noted that not all rheumatologists are interested/willing to practice in an interdisciplinary model with an advanced/extended role provider (due to personal reasons/lack of space/nor are there sufficient ACPAC grads available for every rheumatologist), so multiple funding options would be needed to fund different types of IHPs to facilitate both multidisciplinary models (i.e., IHPs working within their own scope) and interdisciplinary models.

We heard recommendations for optimizing existing resources such as the Arthritis Society's clinical skills program (CPSIA) and to consider ways in which to make the existing program, personnel and patient services more usable to rheumatologists and their patients. Many individuals echoed that the training of IHPs needs standardization, along with opportunities to build trust, including involving more rheumatologists in IHP training programs.

We heard differing perspectives of IHPs working across multiple rheumatology practices, but also that IHPs working within rheumatology practice who would not have capacity to be shared across practices as their workload was already saturated. Concerns were raised over IHP salary differentials and challenges with retention as IHPs are more competitively funded in hospital settings; therefore sufficient funding is required to attract and retain IHPs within rheumatology outpatient care in community settings.

THANK YOU

To the ~50 participants who attended, including:

- Rheumatologists
- Residents
- Interdisciplinary health providers-IHPs (with representation from the Arthritis Society, Arthritis Health Professions Association-AHPA, The Advanced Clinician Practitioner in Arthritis Care Program-ACPAC)
- Industry
- Members of the Canadian Rheumatology Association (CRA)
- Special guest **Voytek Roszuk** (Executive Director, Negotiations & Implementation for the Ontario Medical Association)

Also, a special thanks to **Dr. Jane Purvis**, Chair of the ORA Government Affairs Committee for moderating.

We learned from many participants on the variability in how IHPs have been funded in rheumatology practices which has not been sustainable or fair (such as from industry, grants, rheumatology billings) and sustainable funding that reduces the variability and appropriately compensates IHPs is essential. We also heard that some rheumatologists were able to fund additional team members from existing FFS billings as a result of the increased service capacity and support from IHPs that enabled the rheumatologist to see more patients but acknowledged that many rheumatologists have been unable to take this risk which has impeded adoption.

Many acknowledged that solutions will vary, and the need for flexibility in the type of IHP and funding models to support equitable adoption. The workshop also provided an opportunity to start the discussion on four potential funding models to consider.

These funding models included two options where **funding is directly awarded to rheumatologists:**

1) Using the **existing fee-for-service (FFS) model** which involves the addition of a fee code to support IHP care (to help with salary recovery) like that which was implemented in British Columbia;

2) An **Alternative payment plan (APP)** which includes bundled payments to support additional team providers - which is used in primary care interprofessional family health team funding models and recently, in rheumatology for Newmarket's CArE arthritis program.

Alternatively, additional funding models to consider include those where the **funds do not directly flow to rheumatologists** to manage:

3) These include **a FFS model for Advanced Practice Providers** (such as ACPAC grads or those with similar expertise) to independently bill the ministry for their services;

4) Another option involves funding that flows to **hospitals/institutions to create regional musculoskeletal (MSK) centres** – such as rapid access clinics.

Background information on these funding models were circulated in advance of the workshop.

We learned that the addition of an OHIP fee code for rheumatologists would not be a suitable option for salaried pediatric rheumatologists who are ineligible to bill OHIP for services. Further, we learned about regional considerations that will need to be factored in as it was noted that Kingston rheumatologists associated with Queen's has a unique alternative funding plan (AFP) that is the only one in the province which has very rigid rules that blocks opportunities for physicians being able to work with IHPs.

We heard perspectives from advanced practice providers who trained with ACPAC who have been advocating for some time on their preference to obtain their own OHIP billing numbers. They shared that independence and autonomy is important for their workforce members and this would also enable them to work across multiple practices. While we did not have an opportunity to discuss whether billing for services was directly tied to remuneration vs shadow billing in the context of a salaried role, it was acknowledged that advanced practice providers would still need to be attached to a rheumatologist for medical directives and liability in order to work within a rheumatology practice.

We also heard ideas for the team to consider building on the rapid access clinic multidisciplinary models and their funding models, along with regional Ontario Health Team funding but also the bureaucracy challenges associated with this, and equity/fairness concerns for community rheumatologists who would like to implement/receive funding for interdisciplinary care. Although one exception was noted in Brampton in which funding was secured by the hospital to fund an IHP who worked in a nearby outpatient community rheumatology clinic. It was noted that this model was not revenue generating as the rheumatologists were required to cover all operating expenses & provide in-kind support for the IHP.

We also learned from the OMA who has recently put forward comprehensive proposals for the ministry to consider that relates to reducing the administrative burden, funding for physician extenders (across all specialties) and proposals that address the rising overhead (particularly for community practices). Recommendations to repurpose these proposals for rheumatology planning were suggested.

We are grateful to those who shared their experiences and perspectives as we move forward with informing a unified and cohesive policy position on optional equitable funding model(s)-including costing out the potential funding options and informing the development of a province-wide workforce survey to solicit input from all Ontario rheumatologists. We received feedback about the importance of inclusion of all types of IHPs in our workforce survey. As the workforce survey is also intended to deploy valid measurement tools related to wiliness and readiness for implementation which will be tailored specifically to rheumatologists about changing the way they practice, our team is exploring a separate research activity to separately learn from IHPs-such as potential need to assess IHPs on their wiliness to join an interdisciplinary team and other perspectives that would help optimize their role & workforce experience in rheumatology practices.

Finally, many workshop participants indicated their interest in being involved in future discussions and activities that relate to financial considerations for implementation and scaling interdisciplinary models in rheumatology and we will reach out about next steps. Also stay tuned for a workshop at next year's ORA ASM!

FUNDING & SUPPORT

THINC Transforming Health with Integrated Care

ORA Ontario Rheumatology Association

Sunnybrook Research Institute

WCH Women's College Hospital | Office of Spread & Scale

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CONTACT US

LAURA OLIVA
Research Coordinator
OSS | WIHV | WCH
laura.oliva@wchospital.ca