

### Pediatric Committee

By Rosie Scuccimarri, MD, FRCPC

The Pediatric Committee of the CRA (Ped-CRA) has grown tremendously over the years; we now have close to 50 members representing eight of the 10 provinces of Canada. The Committee is led by an Executive, comprised of: myself (Chair), Dr. Susanne Benseler (Chair-elect), Dr. Lori Tucker (Past-Chair) and Dr. Janet Ellsworth (Secretary/Treasurer). The Executive has regular teleconferences to assure that the objectives of the Committee are met. The objectives are:

- to promote awareness of childhood rheumatic diseases;
- to promote optimal models of care for children with these diseases;
- to promote education of health professionals to optimize the recognition and treatment of childhood rheumatic diseases; and
- to provide advocacy for these children.

We are very fortunate to have been invited by the CRA to prepare documents for pediatric rheumatology on the Wait Time Alliance and Choosing Wisely projects of the Canadian Medical Association (CMA). These projects are aligned with the objectives of our Committee and work towards promoting optimal models of care for children with rheumatic diseases. These projects will allow for better advocacy for our patient population.

We are currently establishing working groups for these projects. The Wait Time Alliance project will establish medically acceptable benchmarks for wait times for juvenile idiopathic arthritis (JIA). The Choosing Wisely

project aims at educating physicians, patients, and other health care stakeholders on the medical tests and procedures that may be unnecessary for the pediatric rheumatology patient population.

Lastly, Dr. Lori Tucker will be submitting the triamcinolone hexacetonide statement to the Access to Care Committee (ATCC) this fall. This statement was prepared with the input of the members of the Ped-CRA. Pediatric rheumatologists have used this intra-articular corticosteroid for more than 30 years for joint injections in children with arthritis. For over two years, this drug has been under restricted access through Health Canada's Special Access Program; this causes unacceptable delays to treatment and necessitates an application to be made each time this product is used. The endorsement of this statement by the CRA will allow us to advocate further on this issue.

The Ped-CRA will be busy working on these projects. We hope to give each of these the time, dedication and leadership needed to enable fruitful discussions and ultimately yield finalized documents that can allow pediatric rheumatologists to advocate for improved care for their patients.

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### Access to Care Committee

By Viktoria Pavlova, MD, FRCPC; Henry L. Aaverns, MBChB, FRCP(UK), FRCPC;  
and Nigil Haroon, MD, PhD, DM

We are pleased to update you on the key activities that the Access to Care Committee (ATCC) has been involved with over the past year. Our primary interests and focus were on improving care for the Aboriginal population, developing wait-time benchmarks for patients with rheumatic diseases, creating a new approach to comprehensive patient care, and collaborating

with the Arthritis Alliance of Canada (AAC) and the Ontario Rheumatology Association (ORA).

Dr. Henry Aaverns took the lead in improving care for Aboriginal people, noting, "the ATCC has embraced the challenge of exploring the provision of rheumatologic services to the Aboriginal population. In late 2013 a survey was sent to members of the CRA, revealing some