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# Pediatric News 2015

By Deborah Levy, MD, MS, FRCPC; Lori Tucker, MD;  
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## Pediatric Committee

The Pediatric Committee of the CRA represents all Canadian pediatric rheumatologists. Current membership is approximately 55, with an additional 10 trainee members. We also welcome adult rheumatologists who see a significant number of pediatric patients in their practice. Although we are a small group, we are cohesive and have had an active and successful year! The current Executive includes Dr. Rosie Scuccimarrì (Past Chair), Dr. Deborah Levy (Chair), Dr. Ronald Laxer (Vice-Chair), and Dr. Roberta Berard (Secretary). We have three active subcommittees that liaise with other CRA Committees, and an *ad hoc* Subcommittee that tackled Canadian management guidelines for juvenile idiopathic arthritis (JIA).

## Advocacy Subcommittee

The Advocacy Subcommittee, chaired by Dr. Lori Tucker, takes on issues of importance to patient care identified by our Committee members. Over the past year, we have focused on issues of access to therapies for children with JIA. Naproxen liquid was unexpectedly discontinued in late 2013, leaving no approved nonsteroidal anti-inflammatory drugs (NSAIDs) for treatment of JIA available in liquid form. Strong advocacy efforts via an *ad hoc* group that included representatives of the Pediatric Committee as well as the CRA Therapeutics Committee, the Ontario Rheumatology Association (ORA) and The Arthritis Society (TAS) led to renewed availability of naproxen suspension in Canada earlier this year. See “An Advocacy Success Story”, in the Winter 2014 *CRAJ* for more details.

Following success with naproxen we turned to triamcinolone hexacetonide (TH), the preferred steroid preparation for intra-articular use in pediatric rheumatology. This medication has been available only via the Special Access Program (SAP) for the past several years, until the recent discontinuation of supply in the late spring of 2015. Quick work by a similar *ad hoc* Committee has led to reinstatement of access via a new SAP supplier and together we are working on a permanent solution, outlined in greater detail on page 10 of this issue of the *CRAJ*.

Lastly, our Committee has begun the process of identifying barriers to rheumatology care for children and youth of First

Nations background. The CRA Optimal Care Committee, chaired by Dr. Henry Avers, is working with the federal Non-Insured Health Benefits (NIHB) program to bring rheumatology care issues into the open and work collaboratively to try to address them. We have begun to discuss issues such as limited biologic medication access for diagnoses other than JIA, and transition access issues for teens.

## Education Subcommittee

The Education Subcommittee, chaired by Dr. Mercedes Chan, continues to strive to fulfill our mandate to equip all doctors who interact with children with rheumatic disease with resources to enhance knowledge and management of pediatric rheumatologic conditions. Some of the steps being taken include formally exploring representation at the level of the Canadian Pediatric Society (CPS), as well as encouraging and supporting rheumatology teaching at CPS annual meetings. We are also proactively reviewing the CRA's website with the aim of increasing pediatric content and linking resources between the CRA and CPS.

## Human Resources Subcommittee

The Human Resources Subcommittee, chaired by Dr. Janet Ellsworth, conducts regular surveys of the pediatric members regarding manpower, clinical and academic activities, and allied health resources. These surveys are a valuable resource to our community, providing a snapshot of what is happening in pediatric rheumatology centres across the country. In 2015, we participated in the design of **Stand Up and Be Counted** to include relevant pediatric data. We had an excellent response, with completion of the survey by over 90% of the Pediatric Committee members, and await analyses of these data to help plan for a full pediatric survey next year.

## JIA Management

An *ad hoc* Subcommittee, chaired by Dr. Ross Petty, has prepared a position paper on the management of JIA in the Canadian context. It builds on the guidelines of the British Society for Pediatric and Adolescent Rheumatology (BSPAR) and those of the American College of Rheumatology (ACR). Many members of the Pediatric Committee participated in

subcommittees chaired by Dr. Tania Cellucci and Dr. Jaime Guzman; all members had the opportunity for input into the development of the guidelines which deal with access to care, and appropriate institution of second- and third-line pharmacologic treatment. Following approval by the Guidelines Committee of the CRA, the manuscript will be submitted for publication in the fall.

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## AMRQ: It Is The Same Old Story...

By Frédéric Morin, MD

**O**n this very date last year, I wrote that we were in forced negotiations with the Quebec government. At that time, balancing the provincial budget was the number one priority.

All medical specialists were expected to do their part by reopening the agreement signed years earlier, which provided for a salary increase over seven years to reduce the gap between Quebec and the other Canadian provinces. In spite of all this, we came out of negotiations fairly well, without cuts and having preserved the promised increase, albeit postponed to a later date. The irony of this "imposed amount" is that Quebec's current health minister is the same person who negotiated the agreement when he was president of the Fédération des médecins spécialistes du Québec (FMSQ). Politics can sometimes turn people into false friends...

We now find ourselves swept up in the same maelstrom! In a few weeks, the Quebec government will adopt Bill 20, which dictates, among other things, the conditions for accessing specialized medicine. If applied, a physician who fails to meet the objectives set out in the bill could be penalized (10% per quarter). For example, 90% of

consultation requests by first-line caregivers will need to be fulfilled on a priority basis determined by a central office. Imagine implementing this kind of monitoring: "Big Brother is watching you." Obviously, we are attempting to extract ourselves from this mess by negotiating realistic and unified objectives. Implementation of this bill is planned for January 2016. The hope is that an agreement will be signed shortly that makes Bill 20 obsolete.

To end on a happier note, the Association des médecins rhumatologues du Québec (AMRQ) held its 2015 annual convention at the beginning of October in the picturesque region of Estrie. The convention was a resounding success with record participation from our members. Dr. Anne St-Pierre ably guided an amazing team. Kudos for a job well done. Congratulations also to Dr. Alessandra Bruns, the recipient of the 2015 Merit Scholarship!

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