

# An Update from CIORA

By Janet Pope, MD, MPH, FRCPC

The Canadian Initiative for Outcomes in Rheumatology Care (CIORA) is the third largest granting body for inflammatory arthritis and other rheumatic conditions in Canada. It is run by the CRA and funded through generous grants from multiple pharmaceutical companies. The 2017 competition results will soon be announced. As our nation has a landmark anniversary, we must appreciate the geographical vastness of people living with arthritis. Three recently funded CIORA grants are studying barriers to appropriate care (*i.e.*, access and treatment).

One study from the 2016 grant competition (Measuring geographic variation in access to care for rheumatoid arthritis patients and related outcomes: a patient-centered approach. Barber C. and Marshall D., *et al.*), is studying clustering of rheumatoid arthritis (RA) from the Alberta administrative database, and is designed to determine geographic regions with disparities between RA density and health services. In other words, the researchers are looking for regional disparities between RA prevalence and the services available in the region. The work can provide solutions regarding where to place needed resources and close care gaps. It is known that seniors with RA in Ontario who live in rural areas have less access to disease-modifying antirheumatic drugs (DMARDs) and less access to seeing a rheumatologist (the two seem to go hand in hand) compared to those who live in urban centres.<sup>1</sup>

Another CIORA grant, funded in 2016, is about understanding barriers to self-management in underserved populations (Understanding the barriers to self-management support for underserved populations living with arthritis and co-morbidities and developing patient-derived tools for healthcare policy and practice. Lacaille D, *et al.*). Studying the roadblocks in access to appropriate care (including self-management) can lead to solutions in providing care in under-serviced areas.

A third funded grant (Assessing the provision, patterns, and costs of waiting for rheumatology care: a step towards optimizing the care of rheumatic diseases. Kuriya B. and Bernatsky S., *et al.*) is delving into access for rheumatology care by studying wait times and the costs of waiting, such as delay in receiving appropriate DMARDs, failure to achieve remission, etc.

These funded projects are complementary to research, done by Dr. Cheryl Barnabe, demonstrating the burden of rheumatic diseases and outcomes in the First Nations population.<sup>2,3</sup> She has been funded by CIORA providing her with protected time to conduct her relevant and important research.

The highlighted studies will help us treat our patients in the vast landmass of Canada. We celebrate our universal health

## 2017 CRA Abstract Awards

### Best Abstract on SLE Research by a Trainee - Ian Watson Award

Ms. Rebecca Gole  
University of Manitoba  
Supervisor: Dr. Christine Peschken

### Best Abstract on Clinical or Epidemiology Research by a Trainee - Phil Rosen Award

Ms. Bailey Russell  
University of Toronto  
Supervisor: Dr. Christian Pagnoux

### Best Abstract on Basic Science Research by a Trainee

Dr. Shirine Usmani  
University of Toronto  
Supervisor: Dr. Nigil Haroon

### Best Abstract for Research by an Undergraduate Student

Ms. Carol Dou  
University of British Columbia  
Supervisors: Dr. Linda Li and Dr. John Esdaile

### Best Abstract on Adult Research by Young Faculty Award

Dr. Claire Barber  
University of Calgary  
Supervisor: n/a

### Best Abstract on Research by a Rheumatology Resident

Dr. Dania Basodan  
McGill University  
Supervisor: Dr. Rosie Scuccimarri

### Best Abstract by a Medical Student

Ms. Audrea Chen  
University of British Columbia  
Supervisor: Dr. Kim Morishita

### Best Abstract by a Post-Graduate Resident

Dr. Kun Huang  
University of British Columbia  
Supervisor: Dr. Antonio Avina-Zubieta.

### Best Abstract by a Post-Graduate Research Trainee

Dr. Ryan Lewinson  
University of Calgary  
Supervisor: Dr. Cheryl Barnabe

## CRA: Call for Abstracts

You are invited to submit abstracts for presentation during the 2018 CRA Annual Scientific Meeting and AHPA Annual Meeting!

Deadline for submissions is **October 16, 2017**. Details will be available at [www.rheum.ca](http://www.rheum.ca).

care system, but it exists in reality only if there is appropriate access and treatment for all Canadians living with chronic rheumatic diseases.

*Continued on page 7*

# Presidential Address

By Joanne Homik, MD, MSc, FRCPC

I am writing this address as I pass the one-year mark of my two-year tenure as president of the CRA. The past year has been an exciting and productive one, as we continue to define the focus of our work, for the benefit of our members.

We have developed a strong set of guiding principles/governance policies during Dr. Cory Baillie's tenure. This allows us to now focus on planning the direction of the organization. I am proud of our efforts to seek out the opinions of our members to help develop the strategic priorities of the CRA.

We continue to prioritize key activities within Education and Research, such as the Annual Scientific Meeting (ASM) and the CIORA grant program. Our members view these as important benefits of being a member of the CRA, and appreciate how they both help support the delivery of quality care in rheumatology. We have also been able to address new unmet needs of our members with the funding of members to participate in the Indigenous Competency Course (see the Editorial in this issue on page 3) and by including "non-medical expert role" topics at our ASM, such as communication strategies, the science of sleep, and harnessing the exercise trend.

We have started a process of meeting individually with the Chairs of the operational committees of the CRA (Guidelines, Human Resources, Optimal Care and Education so far). This has brought greater understanding as to how their goals and plans will help us to achieve the CRA's



strategic priorities. This has been a valuable learning exercise on both sides.

One of the more challenging goals of the CRA is to be acknowledged as the leaders in arthritis care. The original support of The Arthritis Society in the 1950s fostered the growth of rheumatology as a subspecialty in this country, and established rheumatologists as the leaders in arthritis care among their colleagues. In order to stay relevant as leaders in this field, we need to be engaged with other stakeholders in arthritis care. Policy makers, payers and regulatory bodies increasingly seek our opinions, both

through the organization and as individuals. We need to remain relevant in this space and contribute our expertise. We hope to make this a priority over the coming year and be able to report on our successes at the next ASM.

See you in Vancouver, next February 21-24, 2018, at the beautiful brand new Parq JW Marriott and the DOUGLAS hotel!

*Joanne Homik, MD, MSc, FRCPC  
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Associate Professor of Medicine,  
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## An Update from CIORA (Continued from page 6)

### References:

1. Widdifield J, Bernatsky S, Paterson JM, et al. Quality care in seniors with new-onset rheumatoid arthritis: a Canadian perspective. *Arthritis Care Res (Hoboken)* 2011 Jan; 63(1):53-7.
2. Barnabe C, Jones CA, Bernatsky S, et al. Inflammatory arthritis prevalence and health services use in the First Nations and Non-First Nations populations of Alberta, Canada. *Arthritis Care Res (Hoboken)* 2017 Apr; 69(4):467-474.
3. Barnabe C, Hemmelgarn B, Jones CA, et al. Imbalance of prevalence and specialty care for osteoarthritis for First Nations people in Alberta, Canada. *J Rheumatol* 2015 Feb; 42(2):323-8.

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