## Family Physicians with Extended Scope of Practice Improve Access to Care in Nova Scotia

By Evelyn Sutton, MD, FRCPC, FACP

In response to an acute shortage of rheumatologists in Nova Scotia in 2011, an innovative new Collaborative Care Clinic was launched in Halifax to expand access and services for patients with inflammatory arthritis. The clinic was based on a multidisciplinary model of care tailored to meet regional needs. A local family physician completed a six-month training program in rheumatology and then worked alongside a team of experienced rheumatology nurses, physiotherapists and a rheumatologist in the Collaborative Care Clinic.

After the clinic had been operational for three years, an independent research firm was contracted to evaluate the strengths and weaknesses of the model. The most important lesson learned was that success relied on having buy-in from everyone involved in the clinic. Booking clerks had not been included in the initial discussions when setting up the clinic, and the result was that they tended to book stable inflammatory arthritis patients with the rheumatologist rather than with the collaborative care team, thinking this was 'preferred.' Once they understood the rationale for the triage model and were exposed to the positive ratings from patient satisfaction questionnaires, clinic bookings improved dramatically.

The model was expanded to Cape Breton in 2015, where two family physicians were trained to work alongside a rheumatologist and one continues in this role. A quality assessment conducted after just one year showed impressive improvements in wait times and better utilization of scarce rheumatology resources.

A prospective study is now underway to examine patient satisfaction, disease outcomes, and patient self-perception of pain management among patients cared for within the Collaborative Care Clinic compared to those followed in usual care (*i.e.*, by a rheumatologist who works in a hospital outpatient clinic).

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Reference:

1. Hickcox S. Rheumatology Care Re-designed, Models of Care in Action: You can do it too! Workshop held at the 2017 Canadian Rheumatology Association annual meeting. Ottawa. 2017.

| | 2014 | 2015 | Impact |
|---|---|---|---|
| Non-urgent wait list | 12 months | 2 months | 243 new patient visits |
| Urgent referrals | Sent to Halifax - 5 hour travel time | Seen locally by Rheumatologist | Access to urgent care for remote communities |
| Follow-up care | 12 months + | Every 6 months with GP | Stable HAQ scores |

HAQ—Health Assessment Questionnaire

## Videoconferencing and Interprofessional Support Can Improve Access to Care in Saskatchewan

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A relatively high proportion of the Saskatchewan population resides in smaller communities and rural areas. Travel to access rheumatology follow-up and care for people with rheumatoid arthritis (RA) in these areas may be challenging. There have been several reports of utilization of telehealth in the provision of rheumatology consultation. Our group undertook a study supported with research funding from the Canadian Initiative for Outcomes in Rheumatology care (CIORA), to evaluate whether RA patients followed longitudinally, using videoconferencing and interprofessional care support, have comparable disease control to those followed in traditional in-person rheumatology clinics.

A total of 85 RA patients were allocated to either traditional in-person rheumatology follow-up or video-confer-