

# Looking Ahead: The Future of Models of Care

By Vandana Ahluwalia, MD, FRCPC; Dianne Mosher, MD, FRCPC; Michel Zummer, MD, FRCPC; Michelle Teo, MD, FRCPC; Claire Barber, MD, PhD FRCPC; Cheryl Barnabe, MD, FRCPC; and Carter Thorne, MD, FRCPC

As a collaborative, the Arthritis Alliance of Canada and the Canadian Rheumatology Association are proposing innovations in models of care to respond to historical human health shortages, and to anticipate the next crisis that will impact accessibility to rheumatology care. By 2025, it is estimated that one third of Canadian rheumatologists will retire,<sup>1</sup> coupled with an anticipated growth in patient volume driven by an aging population.<sup>2</sup> With the knowledge of the impact of early diagnosis and treatment on outcomes in rheumatologic diseases, we must find alternative approaches to patient care.

Team-based models of care are a natural option for a specialty with a long history of collaborating with allied health professionals including physiotherapists, occupational therapists and more recently, nurses. These models increase patient access, improve quality of care, and invigorate the clinic environment. These models take time and energy to develop, highlighting the need for peer-to-peer mentorship, opportunities to share experiences, and new/continued provincial and national support.

As highlighted in this edition of *CRAJ*, a diverse array of models of care has been successfully implemented throughout Canada. There is no “one size fits all” solution, and in the end, the most appropriate model is determined by the rheumatologist’s style of practice, availability of allied health professionals and resources to support the model of care, and ultimately, the needs of the local community. Regardless of which model is utilized, patient and system outcome measures need to be collected, studied and analysed, to verify that patient needs are being met, and that a positive change occurs in our care delivery systems.

The adoption of quality of care measurement and monitoring of adherence to performance measures is in its infancy in rheu-

matology, but the future is bright with a new robust generation of rheumatologists in Canada. The awareness of the need to revolutionize patient care will drive this positive change.

*Dr. Vandana Ahluwalia, former Corporate Chief of Rheumatology, William Osler Health System, Brampton, ON*

*Dr. Dianne Mosher, Professor of Medicine, Division Head, Rheumatology, University of Calgary, Calgary, AB*

*Dr. Michel Zummer, Associate Professor, Université de Montréal; Rheumatologist, CH Maisonneuve-Rosemont, Montréal, QC*

*Dr. Michelle Teo, Rheumatologist, Balfour Medical Clinic, Penticton, BC; Clinical Instructor, Department of Medicine, University of British Columbia, Vancouver, BC*

*Dr. Claire Barber, Assistant Professor, Rheumatologist, University of Calgary, Calgary, AB*

*Dr. Cheryl Barnabe, Associate Professor, Rheumatologist, University of Calgary, Calgary, AB*

*Dr. Carter Thorne, Rheumatologist/Medical Director, The Arthritis Program, Southlake Regional Health Centre, Newmarket, ON*

#### References:

1. Bombardier C, Hawker G, Mosher D. Arthritis Alliance of Canada. “The Impact of Arthritis in Canada: Today and Over the Next 30 Years.” October 2011. Available at [arthritisalliance.ca/images/PDF/eng/Initiatives/20111022\\_2200\\_impact\\_of\\_arthritis.pdf](http://arthritisalliance.ca/images/PDF/eng/Initiatives/20111022_2200_impact_of_arthritis.pdf). Accessed March 12, 2018.
2. Barber CE, Jewett L, Badley EM, et al. “Stand Up and Be Counted: Measuring and Mapping the Rheumatology Workforce in Canada.” *J Rheumatol* 2017; 44:248-57.

## Acknowledgments

This section of the *CRAJ* on healthcare delivery and models of care, prepared by the Arthritis Alliance of Canada (AAC), undoubtedly showcases the tremendous work that has taken place in the development and implementation of models of care in Canada. The published work would not be possible without the efforts and support of many individuals and organizations across the country. The AAC Board

Chair, Co-chairs of all pillar committees and its members wish to express their great appreciation to all who contributed to the models of care work over the years and to this publication in the *CRAJ*.