enced follow-up with urban-based rheumatologists and rural in-person physical therapist examiners. Follow-up was every three months for nine months. Outcome measures included disease activity metrics (DAS-28CRP, RA disease activity index (RADAI)), modified health assessment questionnaire (mHAQ), quality of life (EQ5D), and patient satisfaction (VSQ9).

We found no evidence of a difference in effectiveness between interprofessional videoconferencing care and traditional rheumatology clinic for both provision of effective follow-up care and patient satisfaction for established RA patients. High drop-out rates in both groups reinforced the need for consideration of patients' needs and preferences in developing models of care. While use of videoconferencing/telehealth technologies may be a distinct advantage for some patients, there may be loss of travel-related auxiliary benefits for others.

Dr. Regina Taylor-Gjevre, Division of Rheumatology, College of Medicine, University of Saskatchewan, Saskatoon, SK

Dr. Bindu Nair, Division of Rheumatology, College of Medicine, University of Saskatchewan, Saskatoon, SK

Dr. Brenna Bath, School of Physical Therapy, University of Saskatchewan; Canadian Centre for Health and Safety in Agriculture, University of Saskatchewan, Saskatoon, SK

Dr. Udoka Okpalauwaekwe, Division of Rheumatology, College of Medicine, University of Saskatchewan, Saskatoon, SK

Ms. Meenu Sharma, Canadian Centre for Health and Safety in Agriculture, University of Saskatchewan, Saskatoon, SK

Dr. Erika Penz, Division of Respirology, College of Medicine, University of Saskatchewan, Saskatoon, SK

Dr. Catherine Trask, Canadian Centre for Health and Safety in Agriculture, University of Saskatchewan, Saskatoon, SK

Dr. Samuel Alan Stewart, Medical Informatics, Department of Community Health & Epidemiology, Dalhousie University, Halifax, NS

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3) Medical Management

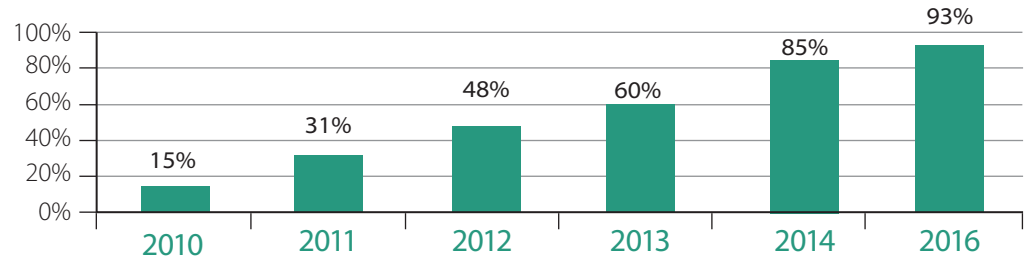
Integrating EMRs into Rheumatology Practices

By Vandana Ahluwalia, MD, FRCPC; and Sandra Couto, BSc, BSc Pharm

Physicians continue to implement electronic medical records (EMR) into their practice with the aim of improving the quality of care delivered and work flow efficiency. The integration of EMR solutions into clinical practices has been supported by several provincial agencies. In Ontario, OntarioMD was established to help community physicians select, implement and adopt EMRs.

EMRs continue to revolutionize patient care. Canada Health Infoway reports that 79% of Canadian specialists are currently using EMRs.[1] Rheumatology adoption is slightly lower at 70% with the majority of adoption in Ontario.

It was a daunting task when Ontario physicians were encouraged to transition to EMRs. The certified EMR platforms were created to support primary care physicians and were not fully prepared to support specialists' needs. In the absence of essential tools and functionality for the rheumatology community, the Ontario Rheumatology Association (ORA) established an EMR subcommittee to identify the needs of the rheumatology community and implement rheumatology-specific tools within existing EMR platforms. The tools that were created included clinical documentation Smart forms (with embedded joint counters, disease activity calculators, PROs and labs), HAQ, BASDAI and BASFI questionnaires, and OBRI Registry Data collection forms.



EMRs continue to revolutionize patient care. Canada Health Infoway reports that 79% of Canadian specialists are currently using EMRs.[1] Rheumatology adoption is slightly lower at 70% with the majority of adoption in Ontario.

Figure 1: Increasing use of EMRs by Ontario community rheumatologists: 2010 to 2016.

These forms are available to rheumatologists in other provinces if they are using one of the Ontario specialty-specific EMR platforms (Accuro, Telus-PS or Oscar).

Many physicians report that EMRs have increased their workload, that they are doing more data entry, and that they feel more physician burnout due to increasing requirements for documentation. Some even say that the EMR has altered the physician-patient encounter by reducing eye contact and not sensing the patient's body language. However, these challenges may be overcome by optimizing the office digital space and making the EMR part of routine practice in a way that enhances the patient-physician relationship. Rheumatologists have integrated kiosks to capture patient-reported outcomes in waiting rooms, and others have developed new EMR tools to facilitate documentation of patient care treatment plans that can be shared jointly with their patients. The ORA recently developed a customized Inflammatory Arthritis Care Plan to support patient self-management. The tool is being integrated into the Accuro EMR platform and will be piloted in a few Ontario rheumatology sites.

With the increased availability and adoption of EMR platforms, data is more readily available to users than ever before. Patients are accessing their personal healthcare information more easily–they can look up their blood work results online, engage in virtual visits through rheumatology telehealth, and in some areas, book their own appointments. Physicians can record and organize key clinical information, they can retrieve and edit it more easily, and with the emergence of individual dashboards, display and interpret data during patient encounters to help them make informed decisions that deliver improved patient care. To support this, the Arthritis Alliance of Canada[2] has developed a standardized rheumatology core dataset to be used in the EMR. With standardized data collection, measurement of comparative outcomes across users can be easily performed and collectively shared.

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

Ms. Sandra Couto, OBRI, Director Partnerships & Stakeholder Relations, Toronto General Hospital Research Institute, Toronto, ON

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4) Shared Care

Ontario MedsCheck Program Integrates Pharmacists into Patient Care

By Carolyn Whiskin, RPh, BScPharm, NCMP

The Ontario Ministry of Health and Long-term Care funds a medication review for any Ontario resident who is taking three or more chronic disease medications. Known as the "MedsCheck Program," this consists of a one-on-one interview between the pharmacist and patient to review all prescription and non-prescription medications. A lifestyle assessment is also conducted to address smoking, alcohol, illicit drug use and exercise routine. At the end of the appointment, a complete list of all medications is provided to the patient and shared with their family physician, and any drug-therapy problems that are uncovered are shared with the prescribing physician.

Recognizing the opportunity of MedsCheck for arthritis patients, a joint committee of the Ontario Pharmacists Association and the Ontario Rheumatology Association was established. The goal was to identify how the MedsCheck program could help provide an accurate medication profile for patients to share with their rheumatologist. One of the committee recommendations was to have the intake person at the rheumatologist's office request that patients book a MedsCheck appointment with their community pharmacist prior to their clinic appointment. The resulting medication list could then be faxed to the rheumatologist's office directly by the community pharmacy, and copies provided to the patient for distribution to any of their other health care providers.

A communication was subsequently distributed to every Ontario pharmacist and rheumatologist through their respective associations in an effort to maximize uptake of the MedsCheck program in rheumatology.

Ms. Carolyn Whiskin, Pharmacy Manager for Charlton Health, Hamilton, ON

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