
About the Arthritis Alliance of Canada

By Vandana Ahluwalia, MD, FRCPC; Dianne Mosher, MD, FRCPC; and Michel Zimmer, MD, FRCPC

Arthritis directly affects the lives of 6 million Canadians and is the leading cause of workplace disability. From the young to the elderly, one in eight Canadians is forced to live with one, or more, of the 100 different types of arthritic conditions. It is estimated that by the year 2040, one in four Canadian lives will be affected by arthritis.

The Arthritis Alliance of Canada (AAC) was formed in 2002 to improve the lives of Canadians with arthritis. The AAC brings together arthritis healthcare professionals, researchers, funding agencies, governments, voluntary sector agencies, industry and—most importantly—representatives from arthritis patient organizations from across Canada.

Through consultations with a national network, the AAC has designed and developed a Models of Care framework, with practical clinical tools that can be used by clinicians in their daily practice. Our work has included six specific initiatives over the past five years:

- 1) A Tool for Developing and Evaluating Models of Care
- 2) Pan-Canadian Approach to Inflammatory Arthritis Models of Care

- 3) Inflammatory Arthritis Care Map and Toolkit
- 4) Inflammatory Arthritis System-Level Performance Measures
- 5) The Osteoarthritis Clinical Assessment Tool
- 6) The Rheumatoid Arthritis Core Clinical Dataset (in collaboration with the CRA)

We invite you to learn more about the positive results of our efforts in the “Models of Care in Action” section of this issue. We believe these successes and best practices need to be expanded and implemented across Canada. This will help to ensure that Canadians affected by arthritis receive a timely diagnosis and appropriate treatment so they can remain productive members of their families and communities. Our ultimate goal is to improve the lives of Canadians living with arthritis.

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The AAC and CRA: Working Better Together

By Joanne Homik, MD, FRCPC; Christine Charnock; and Cheryl Barnabe, MD, FRCPC

As a Member Organization of the Arthritis Alliance of Canada (AAC), the CRA and many of its members have contributed research data, experience and expertise to champion the efficient and effective delivery of inflammatory arthritis care in Canada.

CRA members have been balancing evidence and knowledge with the realities of limited human resources in rheumatology in Canada. Beginning with the development of a business case led by Drs. Bombardier, Hawker and Mosher, the magnitude of the growing burden of arthritis and how it could be mitigated by awareness, education, and future interventions was laid out. This created the pathway for a national framework to improve arthritis care in Canada, led by Drs. Bombardier, Mosher and Zimmer, through early diagnosis and targeted treatment. Drs. Ahluwalia, Mosher and Zimmer developed a toolkit and supporting documentation for the pan-Canadian Models of Care. CRA members from across the nation are now employing these new models of care to ensure the optimal delivery of arthritis care.

The CRA and AAC collaboration is also focused on ensuring quality of rheumatology care in Canada. Led by Dr. Claire Barber and pertinent to the activities of the CRA's Optimal Care Committee, system-level performance measures for inflammatory arthritis have been developed. These measures can be used to reflect the impact of system organization and structure on processes that contribute to care outcomes. Performance measures and quality indicators at the individual patient-provider level are in development, and will provide quality assurance data to inform practice improvement.

Through these collaborative activities, the CRA and AAC fulfill their mandates, and ensure the delivery of high-quality and timely rheumatology care across Canada.

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