Successfully Implementing MOCs in Primary Care: The OA Tool for Family Practice

By The College of Family Physicians of Canada

An evidence-based osteoarthritis (OA) toolkit for use in primary care was recently launched in September 2017 to help close the knowledge to practice gap for OA care. This toolkit was a collaborative effort between the Arthritis Alliance of Canada, the College of Family Physicians of Canada, and the Centre for Effective Practice. It includes specific recommendations on non-pharmacologic and pharmacologic therapies as well as resources to promote patient self-care.

The bilingual toolkit is available at *www.arthritisalliance.ca/en/osteoarthritis-toolbox*. By November 2017, the toolkit had been provided to over 30 AAC member organizations and their communities. Promotional efforts to widely disseminate the tool included an Internet, email and social media campaign. In the first three months, the toolkit was downloaded by more than 1,200 users and there have been thousands of webpage views and Twitter impressions.

Future dissemination efforts include conference exhibits and workshops, such as the Family Medicine Forum (*fmf.cfpc.ca*). We are also developing an OA-centred eLearning module for launch in summer 2018–visit *cfpc.ca/OATool/* for regular updates.

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2) Specialized Care Access: Coordinated Intake and Triage Benefits of Provincial Triage Initiatives

CreaTe Central Access and Triage Improves Access to Care for Albertans

By Dianne Mosher, MD, FRCPC

CreaTe central access and triage was instituted in Calgary in 2007 as part of an innovations grant through the government of Alberta. Central access and triage is a single intake point for rheumatology referrals at the University of Calgary serving a population of approximately 2 million people in Southern Alberta. Since its inception in 2007, over 65,000 patients have been triaged and we continue to meet the Canadian Wait Time Alliance benchmark for early inflammatory arthritis of 4 weeks.

Nineteen rheumatologists are part of this program. The triage nurse reviews all referrals, prioritizes the referral and facilitates appointments to the first available provider. All referrals are entered and tracked in a database. Specialized clinics were established to expedite the care of more urgent patients. Referrals that are not accepted or where the triage category is unclear are reviewed by a physician.

The objective is to manage our wait list more effectively by using one central intake, eliminating duplicate referrals and prioritizing the most urgent patients first.

A study by Hazlewood[1] showed that at two years, the variability of wait times for rheumatologists decreased, wait times for urgent and moderate referrals were reduced, the quality of referrals improved, and there were no duplicate referrals. At seven years follow up, wait times for urgent and moderate referrals were controlled despite a growing population.

Today we receive 500-600 referrals a month and we have a wait list of over 1,200 patients.

Capacity issues are being addressed by Stable Rheumatoid Arthritis clinics, a partnership with our primary care networks which provides telephone advice via a specialist link, and care pathways developed for gout and osteoarthritis (OA) incorporating the AAC-CFPC OA Tool. Key performance indicators have been developed for central intake to insure we are improving accessibility to rheumatology care for Albertans.[2]

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References:
1. Hazlewood GS, Barr SG, Lopatina E, et al. Improving appropriate access to care with central referral and triage in rheumatology. Arthritis Care & Research 2016; 68(10):1547–53.
2. Barber CE, Patel JN, Woodhouse L, et al. Development of key performance indicators to evaluate centralized intake for patients with osteoarthritis and rheumatoid arthritis. Arthritis Res Ther 2015; 17:322.