

Strategic Clinical Networks

By Dianne Mosher, MD, FRCPC; and Joanne Homik, MD, FRCPC

Alberta's 15 Strategic Clinical Networks (SCNs) were created to engage healthcare workers, patients, researchers and administrators to find new and innovative ways to deliver care and provide improved clinical outcomes and better quality care with demonstrated cost effectiveness.

The Bone and Joint Health Strategic Clinical Network (BJH SCN) is Alberta's primary vehicle for provincial bone and joint strategies that aim to keep Albertans healthy, provide high-quality care when they are sick, ensure they have access to care when they need it, and improve their journey through the health system. In Alberta, someone enters a doctor's office every 60 seconds seeking treatment for a bone or joint problem. This rate of demand will only increase as Alberta's population grows, ages and lives longer. The BJH SCN will help manage and reduce the impact of bone and joint health issues on our system while improving patient care.

Key successes include a reduction in hospital stay for hip

and knee replacement from 4.7 to 3.8 days, the introduction of 13 physiotherapy clinics delivering the GLA:D program (Good Living with osteoArthritis: Denmark), and screening 14,455 Albertans with signal fracture for osteoporosis.

The Arthritis Working Group of the SCN has identified two key factors for improving care for patients suffering from Inflammatory Arthritis (IA) in Alberta: (1) increase capacity for care, and (2) decrease disparity in clinical care and outcomes. Both were addressed in a shared care model for IA and an accompanying measurement framework. Presently three successful models are being evaluated for key learnings: (1) The nurse-led clinical team at South Health Campus; (2) On-TRAAC program in Edmonton; and (3) Telemedicine program in Pincher Creek. These clinics provide exemplary cases of shared care that should be replicated to improve access and reduce disparities.

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Extended-Role Practitioners Improve Access to Care for Ontarians

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Since its inception in 2005, the Advanced Clinician Practitioner in Arthritis Care (ACPAC) Program¹ (acpacprogram.ca) has successfully graduated 69 extended-role practitioners (ERPs) practising across Canada. It is an Ontario-based, formal, post-licensure training program for appropriately chosen health care providers already experienced in arthritis care that ensures acquisition of the advanced skills and knowledge necessary to support the development of extended practice roles.

Utilization of ACPAC ERPs in interprofessional shared-care models of arthritis management has optimized scarce human health resources in rheumatology and has specifically achieved success at the system level as follows:

- Excellent agreement between an ACPAC-trained ERP and rheumatologist in independently determining inflammatory arthritis (IA) vs non-inflammatory disease, and improved access to rheumatologist care with a 40% reduction in time-to-treatment decision.²

- Centralized paper triage of rheumatology referrals by an ACPAC ERP reduced wait times for patients with suspected IA by more than 50% (15.5 days) compared to the traditional rheumatologist model of care (33.8 days).³
- Triage by an ACPAC ERP resulted in a high number of patients with suspected IA/connective tissue disease being correctly prioritized for a rheumatology consultation with wait times decreased to below the provincial median.⁴

Figure 1

Rheumatology Wait-times Along IA Care Pathway (Solo Rheumatologist)

