

In summary, an ACPAC-trained and experienced ERP can shorten the time-to-rheumatologist assessment (Figure 1) allowing an earlier diagnosis and treatment decision for patients with IA.² ACPAC ERPs, with some evolution in policy, could plausibly be even better positioned at the community level (e.g., Family Health Team) to identify and triage patients with suspected IA for expedited referral to a rheumatologist (Figure 1).

A trained ERP can be positioned at multiple points to support identification, access, medical management and shared care in accordance with the Arthritis Alliance of Canada (AAC) model of arthritis care framework (Figure 2).

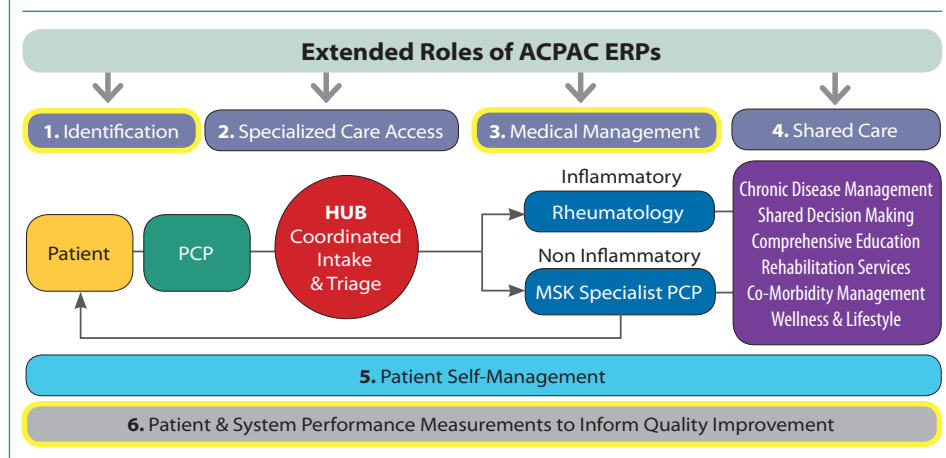
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Figure 2.

The AAC Model of Arthritis Care Framework



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Rheumatology Nurses Improve Access to Care in British Columbia

By Michelle Teo, MD, FRCPC

In 2011, BC rheumatologists were awarded funds for integration of nurses into patient care. From that, the Multi-disciplinary Conference fee schedule (“Nursing code” as we affectionately refer to it) was born. The “Nursing code,” which can be billed every six months per patient, allows a rheumatologist to hire a Licensed Practical Nurse (LPN) or Registered Nurse (RN) to support the management of patients with inflammatory arthritis. The nurses provide a wide variety of services to patients, including disease and medication counselling, methotrexate and biologic injection training, vaccine administration and tuberculosis skin testing.

Rheumatology nurses not only allow us to provide enhanced care to our patients, but can also improve access

to care in underserved areas. Some nurses work in an interdisciplinary care model, where side by side with the rheumatologist they provide care for new and follow-up patients. This approach has improved patient access by reducing wait times for new referrals and has allowed follow-up patients to be seen more promptly when needed.

During 2016-2017, 53 of the 86 rheumatologists in BC used the “Nursing code,” with an estimated 55 rheumatology nurses employed across the province. We celebrate the success of this programme and it is with excitement that we enter this new era, where established rheumatologists and new graduates alike realize the power of integrating allied health, such as nursing, into the modern day rheumatology practice.

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