

# Update from CIORA

By Janet Pope, MD, MPH, FRCPC

CIORA has funded 92 grants and provided \$6,375,982 in research funding: 48 grants in Awareness/Advocacy/Education, 23 grants for Multi-Disciplinary Care Teams, 20 grants for Early Access for Rheumatic Disease Patients and 1 in Health Economics/ Sustainability of Health Care/Quality Improvement, which was a category newly created in 2018. There are important insights from recent grants, as discussed below.

**“Understanding the barriers to self-management support for underserved populations living with arthritis and co-morbidities and developing patient-derived tools for healthcare policy and practice”**

This research will integrate knowledge translation from a range of different health professionals and policy makers to collaborate on the design and implementation of the study. This process is instrumental in the understanding of barriers faced by musculoskeletal disease populations and should result in policy changes. (Principal Investigator Dr. D. Lacaille).

**“Measuring geographic variation in access to care for rheumatoid arthritis patients and related outcomes: A patient-centred approach”**

This project will translate results about health services use and cost, and the geographic variability of quality of care and outcomes, into recommendations. (Principal Investigators Drs. D. Marshall and C. Barber).

**“Quality of referrals to pediatric rheumatology in Northern Alberta and its effects on access to care”**

This study has importance for triage and education. Triage of referrals by the pediatric rheumatology team at the University of Alberta teaches residents how to prioritize and triage. It facilitates knowledge regarding a good referral letter. As a result of data collection, evidence will be gathered



for targeting physicians who refer to pediatric rheumatology to educate them around best referral practices. (Principal Investigator Dr. M. Chan).

**“Assessing the provision, patterns, and costs of waiting for rheumatology care: a step towards optimizing the care of rheumatic diseases”**

This project draws attention to inequitable access to care across regions. Two thirds of the rheumatology patient population are female; thus, inequitable access to care disproportionately affects women. The research also quantified large rheumatology practice volumes, exceeding those of family physicians. The finding that fewer new patients are being seen annually is of particular importance because it implies rheumatology practice sizes (caseloads) are saturated. Thus fewer new patients are being seen, which contributes to increasing wait-times and reduced access to care. Gender differences in clinical activity and remuneration (incomes) between female and male rheumatologists were identified. On average, female rheumatologists provided fewer assessments and saw fewer patients annually relative to males, which resulted in lower earnings. With more women in rheumatology, this has consequences for the calculation of the optimal number of rheumatologists. (Principal Investigators Drs. B. Kuriya, S. Bernatsky, and J. Widdifield).

*Janet Pope, MD, MPH, FRCPC  
Professor of Medicine, Division Head,  
Division of Rheumatology,  
Department of Medicine,  
St. Joseph's Health Care,  
Western University  
London, Ontario*

You are invited to submit abstracts for presentation during the 2020 CRA Annual Scientific Meeting and AHPA Annual Meeting!

Deadline for submissions is October 11, 2019.

Details will be available at [www.rheum.ca](http://www.rheum.ca).