

## A Snapshot of Access to Rheumatology Tests in Canada

By Dr. Shirley Lake, on behalf of the CRA Choosing Wisely sub-committee

Over the past several years, ordering certain medical tests and treatments has become more restricted. The Canadian Rheumatology Association (CRA) sent out a survey this spring to understand how this has impacted rheumatologists across the country. Thanks to the 132 respondents (approximately 22% of the membership), we have learned that there is a lot of variability in how these tests can be accessed both between and within the academic and community practice settings in different provinces. Furthermore, restrictions are often site-specific and don't apply to the province as a whole.

The anti-nuclear antibodies (ANA) test and anti-cyclic citrullinated peptide (CCP) test were identified as examples of this variation. ANA tests could be restricted in how frequently they could be ordered, anywhere from every month to every two years. One province had restrictions on ANA testing based on clinical criteria. Anti-CCP tests were restricted in many provinces, in that it was not accessible unless the patient paid for the test. In some provinces the test could only be ordered by a rheumatologist or other specialist.

An abridged version of the survey results for these two tests is shown below. The complete data table showing all provinces and territories can be found at [craj.ca](http://craj.ca).

There were many interesting comments from the membership. One common theme was that some restrictions are appropriate, as certain tests were not evidence based such as bone scans for inflammatory arthritis. There were comments about the most effective means of decreasing inappropriate

testing, whether education may be more effective than restriction, or allowing only specialists to order some tests, such as human leukocyte antigen B27 (HLA-B27) and anti-neutrophilic cytoplasmic antibodies (ANCA). Another comment was that, although there is inappropriate lab testing, it is not as high impact as inappropriate imaging or procedures such as magnetic resonance imaging (MRI) for knee osteoarthritis or arthroscopic surgery for osteoarthritic knees.

With increasing demands on health care, and an unsustainable rise in health spending, the CRA should help guide the development of additional cost-effective strategies, while continuing to maintain the highest level of care for our patients. More evidence on the best strategies for ordering these tests may help standardize care across Canada to ensure the highest quality care that is effective, efficient, equitable, timely, safe and patient centred.

For complete access to the survey data on restricted tests (anti-nuclear antibodies (ANA), extractable nuclear antigen (ENA), erythrocyte sedimentation rate (ESR), vitamin D, anti-CCP, ANCA, aspartate aminotransferase (AST), HLA-B27, bone mineral density (BMD), arthroscopic knee debridement, hyaluronic acid injection, bone scans, MRI, and others) please visit [craj.ca](http://craj.ca). We also welcome any updates or corrections to this information, as it is based on respondent knowledge/experience and may not fully reflect the current situation in a certain province or practice setting. These can be sent to [sranta@rheum.ca](mailto:sranta@rheum.ca).

### ANA Test Restrictions (varies by site, as reported by individuals):

| Test | Practice       | NS                      | QC  | ON  | AB  | BC                      |
|------|----------------|-------------------------|---|---|---|-------------------------|
| ANA  | University (U) | No repeat < q3month     | No repeat < 1month unless rheumatologist; < q3month | No repeat < 2yr; connective tissue disease panels screen for ANA +; some ENAs (just positive or negative) | Clinical criteria required at some centres; others report no restrictions | No restriction reported |
|      | Community (C)  | No restriction reported | No repeat <1yr                                      | No restriction reported   | No restriction reported   | No repeat <1yr          |

**No restriction reported:** NL-U; NB-U & C; MB-U & C; SK-U & C; NU-C; No response: NL-C; PEI-U & C; NU-U; NT-U & C

### Anti-CCP Test Restrictions (varies by site, as reported by individuals):

| Test     | Practice       | NL                   | NS                   | ON  | AB   | BC   |
|----------|----------------|----------------------|----------------------|---|--|--|
| Anti-CCP | University (U) | Rheumatologists only | Rheumatologists only | Restricted to patients seen at university hospital-based clinic | Responses include 'patients pay if not ordered by rheumatologist or specialist' and 'no restriction' | Responses include 'patients pay' and 'covered' |
|          | Community (C)  | No response          | Specialists only     | Patients pay  | Same as above for University   | Responses include 'patients pay' and 'covered' |

**No restriction reported:** NB-U & C; QC-U & C; MB-U & C; SK-U & C; BC-U & C; No response: NL-C; PEI-U & C; NU-U; NT-U & C

AB=Alberta; BC=British Columbia; MB=Manitoba; NB=New Brunswick; NL=Newfoundland; NS=Nova Scotia; NT=Northwest Territories; NU=Nunavut; ON=Ontario; PEI=Prince Edward Island; QC=Quebec; SK=Saskatchewan