Implementing Interprofessional Rapid Assessment Clinic Models for Rheumatology to Support Equitable and Timely Access to Care

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The best chance a patient with inflammatory arthritis has to achieve optimal outcomes and quality of life is to receive an accurate diagnosis and medical/pharmaceutical management from a rheumatology specialist, through the referral of a family physician. However, there exists a physician crisis in Canada that prevents those suffering from receiving timely referrals from primary care and assessment from specialists. About 6.5 million Canadian adults (more than one in five) report having no family physician.[1] Patients who do not have a primary care physician are at greater risk of developing serious health complications, placing additional pressure on other areas of our overworked healthcare system, including hospitals, emergency departments and long-term care homes. For those with arthritis, this challenge is further compounded with difficulties in accessing timely specialist care. A 2022 article noted a deficit ranging from 1–78 full-time equivalent (FTE) rheumatologists per province/territory and 194 FTE rheumatologists nationally to meet the CRA's workforce benchmark. The current shortage of rheumatologists is expected to intensify with roughly 28% of the rheumatology workforce planning to retire between 2025–2030.[2]

The development of Rheumatology Rapid Access Clinics (Rheum-RAC) is an innovative way to provide those suffering from arthritis fast and accurate triaging and referrals to rheumatologists, by leveraging existing but underutilized healthcare providers.

The Rheum-RAC is an upstream, shared-care model of practice in which patients receive rapid joint assessment and triage, education, and evidence-based self-management plans, which may include referral to local services. It is designed so that patients with active inflammatory arthritis can be fast-tracked to specialists and diagnostic services when indicated, to commence earlier treatment for better disease control, preventing irreversible joint damage and disability. Patients are assessed by an Extended Role Practitioner (ERP) in Arthritis Care (physiotherapist or occupational therapist) who will work with them to determine the appropriate care pathway and facilitate streamlined access.

The Rheum-RAC supports family physicians by providing in-person rheumatological care, triaging and/or virtual consultation in partnership with associated rheumatologists either locally or across each province. This shortens the wait time to see a specialist rheumatologist. It also frees time for physicians to see more patients in a more efficient manner. Additional benefits of this model include a reduction in emergency room visits, a reduction in unnecessary diagnostic imaging as well as unnecessary specialist referrals, improved patient satisfaction, and an improved doctor-patient relationship with effective holistic care. Studies have demonstrated that a well-trained and experienced ERP can shorten the time-to-rheumatologist-assessment and time-to-treatment-decision for patients with suspected inflammatory arthritis (IA) with a very high agreement in diagnostic accuracy between the rheumatologist and the ERP.[3] Arthritis Society Canada's Ontario based Arthritis Rehabilitation and Education Program (AREP) has implemented this model in key geographies where there is a lack of specialist support, and a recent article published in the *Journal of Rheumatology* demonstrated the success of this model in decreasing days to access rheumatologist, decreasing travel costs for patients and improving patient experience.[4] A gap currently exists in terms of government support for these types of care models, making advocacy efforts essential to enabling and expanding implementation. With a looming physician crisis in both primary care and specialist care, the time is now to introduce and implement more interprofessional models of care. The Rheum-RAC model provides a viable solution to bring effective, timely and equitable care to the 6 million Canadians suffering with arthritis.

References:

1. Kiran T, Daneshvarfard M, Wang R, et al. Public Experiences and Perspectives of Primary Care in Canada: Results from a Cross-Sectional Survey. *CMAJ.* 2024; 196(19):E646-E656.
2. Kulhawy-Wibe SC, Widdifield J, Lee JY, et al. Results From the 2020 Canadian Rheumatology Association's Workforce and Wellness Survey. *J Rheumatol.* 2022; 49(6):635-643.
3. Ahluwalia V, Larsen TLH, Kennedy CA, et al. An Advanced Clinician Practitioner in Arthritis Care Can Improve Access to Rheumatology Care in Community-based Practice. *J Multidiscip Healthc.* 2019; 12: 63-71.
4. Steiman A, Inrig T, Lundon K, et al. Telerheumatology Shared-Care Model: Leveraging the Expertise of an Advanced Clinician Practitioner in Arthritis Care (ACPAC)-Trained Extended Role Practitioner in Rural-Remote Ontario. *J Rheumatol.* Sep 2024; 51(9):913-919.

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