



ARTHRITIS COMMUNITY RESEARCH & EVALUATION UNIT (ACREU)

*The Arthritis and Immune Disorder Research Centre
Health Care Research Division
University Health Network*

An Integrated Client-Centred Approach to the Management of Arthritis: A Pilot Project

Phase 1 Report to the Ontario Ministry of Health and Long Term Care: Needs Assessment, Evaluation and Intervention

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TABLE OF CONTENTS

	Page
LIST OF TABLES	<i>i</i>
BACKGROUND	1
GOALS AND OBJECTIVES	1
DESIGN TASK FORCE MEMBERS	2
DESIGN TASK FORCE MEETINGS	3
TASKS	4
ETHICAL CONSIDERATIONS	4
NEEDS ASSESSMENT AND EVALUATION: CLIENTS	
CHC Client Target Population	5
Development of Questionnaire Package	5
Translation of Questionnaire	5
Client Procedures	5
Data Analysis and Storage of Questionnaires	7
Telephone Interview Training	7
Interviewer Training Manual	8
Interviewer Training Procedures	9
Focus Groups	9
Dates of Focus Group Meetings	9
NEEDS ASSESSMENT AND EVALUATION: PRIMARY CARE PROVIDERS	
Primary Care Providers Target Population	10
Primary Care Providers Questionnaires	10
Primary Care Providers Procedures	10
Team Objective Structured Clinical Examination	10
INTERVENTION: PRIMARY CARE PROVIDERS & CLIENTS	
Getting A Grip On Arthritis Conference	11
MainPro C Accreditation	12
Client and Primary Care Providers Educational Toolkits	12
CHC Site Specific Implementation Plans	13
Arthritis Books	13
NEXT STEPS	13
REFERENCES	14
APPENDICES	16

LIST OF TABLES

Table 1: Arthritis Best Practices

An Integrated Client-Centred Approach to the Management of Arthritis: A Pilot Project

Phase 1: Needs Assessment, Evaluation, and Intervention

Background

With the predicted increases in the prevalence of arthritis in the population^{1,2}, providers must be well trained to distinguish self-limiting problems from those leading to chronicity and disability. They must also be trained to minimize the potential harm that accompanies many rheumatologic medications. As a group, providers are poorly prepared for these tasks. Providers in Ontario have low confidence in their ability to perform a comprehensive musculoskeletal (MSK) examination³. Many would not refer a client with a typical presentation of rheumatoid arthritis (RA)⁴ but only a small minority are confident starting a disease modifying anti-rheumatic drug³. Inappropriate prescribing of non-steroidal anti-inflammatory drugs appears to be common⁵. Late referral of inflammatory arthritis and inaccurate diagnoses are well documented⁶⁻⁸. These attitudes and practices likely reflect the minimal and inappropriate training in MSK problems received by many providers⁹. Enhanced MSK training through innovative rheumatology education interventions must be implemented now to improve the skills of providers.

The ACREU/ICES Practice Atlas on Arthritis and Related Conditions¹⁰ documented the enormous and growing burden of disease and disability due to arthritis. It also documented gaps in services across Ontario and the need for improved management and integration of care. Among its chief recommendations was the development of a comprehensive patient-centred model of care for people with arthritis at the primary care level. The Minister of Health, in responding to these issues, committed her staff to work with The Arthritis Society to implement the recommendations in the Atlas. This led to the formation of the Arthritis Strategic Action Group (ASAG), a committee of Ministry and Arthritis Society officials, together with other major stakeholders. The ASAG in turn commissioned a Design Task Force to work on the design, implementation and evaluation of a pilot project of an integrated client-centred approach to arthritis management in five community health centres.

Goal:

To pilot a comprehensive, integrated approach to managing arthritis that responds to clients' health status and wellness needs.

Objectives:

- 1. The design task force:**
 - a. understands the needs of clients and the primary care provider team, the Community Health Centre (CHC) model of care, arthritis best practices and current barriers to care

- b. identifies available local services, gaps in services and barriers to care and develop creative solutions
- c. considers in its implementation plan, methods for disseminating results and advocates for broader change

2. Clients and the CHC membership:

- a. have increased awareness and improved attitudes regarding arthritis and its management
- b. are knowledgeable about and/or increase the practice of arthritis self-management strategies (including exercise, nutrition, medication, assistive devices, support groups etc., and empowerment)

3. Primary Care Providers:

- a. are knowledgeable about arthritis self-management strategies (including exercise, nutrition, medication, assistive devices, support groups etc., and empowerment)
- b. have improved attitudes regarding arthritis and its management
- c. refine their assessment and management skills relating to:
 - ◆ diagnosis
 - ◆ prescription and monitoring of medications
 - ◆ education and support
 - ◆ referral to medical and non-medical services, including referrals to address psychosocial, cultural and economic issues
- d. communicate appropriately (team approach, case management and monitoring, community integration, continuum of care)

Design Task Force Members

The design task force consisted of the following individuals:

- Elizabeth Badley, PhD, Epidemiologist, Director, Arthritis Community Research and Evaluation Unit;
- Mary Bell, MD, M.Sc., Rheumatologist, Investigator, Arthritis Community Research & Evaluation Unit;
- Lorraine Duff, Program Associate, Community Health Centre Program
- Richard Glazier, MD, MPH, CCFP, FCFP, Investigator, Arthritis Community Research & Evaluation Unit;

- Carrie Hayward, Manager, Community Programs Unit, Program Policy Branch;
- Stephen Jones, MD, CCFP, West Elgin CHC;
- Nancy Knudsen, Health Promoter, Sandy Hill CHC;
- Sydney Lineker, Physical Therapist, Research Coordinator, The Arthritis Society & Investigator, Arthritis Community Research and Evaluation Unit;
- Anne Lyddiatt, Patient Partner, Ingersoll, Ontario;
- Kevin Mardell, MD, CCFP, West Elgin CHC;
- Alison McMullen, Health Promoter, Ogden-East End CHC;
- Wayne Oake, Program Associate, Community Health Centre Program;
- Catherine Schooley, Nurse Practitioner, Sandwich CHC; and
- Lynn Wilson, CEO, Four Villages CHC;

Ministry Staff

- Shirley Cooper, Policy Consultant, Community Programs Unit, Program Policy Branch

Research Support

- Victoria Elliot-Gibson, M.Sc, ACREU Research Associate, Study Coordinator
- Renee Elsbett-Koeppen, M.Sc., ACREU Research Associate
- Annette Wilkins, B.A., ACREU Research Associate

Design Task Force Meetings

The Design Task Force meetings took place on the following dates:

- July 22, 1999
- August 3, 1999
- August 25, 1999
- September 22, 1999
- October 7, 1999
- October 27, 1999
- November 18, 1999
- December 9, 1999
- January 13, 2000
- February 15, 2000
- April 6, 2000

To obtain objectives 2 and 3, the Design Task Force was divided into two separate working groups: the “provider” working group and the “client” working group. The two groups met separately during the morning session of the meetings, and reconvened during the afternoon session of the meeting. In addition to the meetings held by the Design Task Force, the investigators and research staff at ACREU held weekly meetings during the months of

December, 1999 and January, 2000.

Tasks

In order to meet the goal and objectives of the study, several tasks needed to be completed. The tasks included the following:

1. Ethics

- Writing an ethics proposal and obtaining ethics approval from the University of Toronto (see Ethical Considerations)

2. Needs Assessment and Evaluation

- Design, implementation and analysis of a CHC client survey (see CHC Client Baseline Target Population, Client Questionnaires, Development of Questionnaire Package, Client Procedures and Data Analysis)
- CHC interviewer training (see Telephone Interview Training, Interviewer Training Manual and Interviewer Training Procedures)
- Development of focus group questions and implementation of client focus groups (see Focus Groups)
- Design and implementation of a providers survey (see Primary Care Providers Target Population, Primary Care Providers Questionnaires, and Primary Care Providers Procedures)
- Design and implementation of a Team Objective Standardized Clinical Examination (see TOSCE)

3. Implementation

- Design and implementation of an arthritis educational intervention for CHC primary care providers (see Primary Care Providers Educational Intervention Conference)
- Design and development of educational resources for both clients and primary care providers (see Client and Providers Educational Toolkits, & Arthritis Books).

Ethical Considerations

ACREU investigators and research associates developed and submitted a research proposal to the University of Toronto for ethics approval. The ethics proposal was submitted on September 23, 1999 and ethics approval was received from the University of Toronto on October 29, 1999. Amendments to the consent forms and information letters was submitted on November 12, 1999 and approved on December 1, 1999. See Appendix 1 for consent forms and information letters.

Control group primary care providers and clients will be offered the interventions at the

conclusion of the study.

Needs Assessment and Evaluation - Clients

CHC Client Target Population

Participants who met the following criteria were included in the baseline pilot study : (1) adult clients (≥ 18 years); (2) categorized as an “active” client (e.g., not deceased) in 1 of 7 of the CHC databases (5 intervention sites and 2 control sites); (3) presenting for treatment or diagnosis of inflammatory or degenerative arthritis (using ICD-10 codes) between the period September 1, 1998 to August 31, 1999; (4) agreed to sign the informed consent form; and, (5) able to complete the questionnaire either on own or via a translator.

Development of Client Questionnaire Package

Several standard health measures were utilized in addition to the development of several measures by ACREU for the client questionnaires. The questionnaire took clients approximately 30 to 45 minutes to complete and asked questions regarding the following areas:

- *Arthritis Diagnosis*
- *Arthritis Best Practices (see Table 1)*
- *Characteristics of Current Treatment*
- *Arthritis Knowledge and Attitudes*
- *Client Self-Management*
- *Disability Status*
- *Client Satisfaction with their CHC*
- *Client Sociodemographic Characteristics*

Appendix 2 contains a detailed description of the measures used.

Translation of Questionnaire

The Ministry of Health and Long Term Care translated the questionnaire into French.

Client Procedures

In order to implement the client questionnaires, a procedures manual was developed by ACREU. The manual, located in Appendix 3, details the following:

Table 1: Best Practices for Osteoarthritis (OA) and Rheumatoid Arthritis (RA) and Measures Used for Evaluation

Best Practice	OA	RA	Measure
Clients receive education about self-management strategies and a contact for further information (eg. CHC programs, Arthritis Society Help Line)	X	X	Client questionnaire measuring knowledge, attitudes and information resources
Clients receive a recommendation for exercise or referral to an exercise program or to a physiotherapist	X	X	Client questionnaire indicating whether exercise was recommended or a referral made.
Obese clients receive a recommendation for weight loss or referral to a weight loss group or professional	X		Client questionnaire indicating whether weight loss was recommended
Social support and coping is discussed with clients and counselling and referrals made as needed	X	X	Client questionnaire indicating whether social support was discussed or referrals were made
Clients requiring pharmacologic treatment for pain receive acetaminophen up to 1000mg four times per day as initial therapy	X		Client questionnaire recording medications for arthritis and pain; chart review; CHC information systems
Clients not responding to or not tolerating acetaminophen may progress to nonsteroidal anti-inflammatory drugs (NSAIDs), advancing to higher doses as necessary	X	X	Client questionnaire recording medications for arthritis and pain; chart review; CHC information systems
Clients with two or more of the following risk factors should avoid NSAID use: age > 75, history of peptic ulcer disease, history of GI bleeding, cardiovascular disease. If NSAIDs cannot be avoided, clients should receive misoprostol, a proton pump inhibitor, or a selective Cox-2 agent.	X	X	Client questionnaire recording medications for arthritis and pain; chart review; CHC information systems
Intra-articular corticosteroids or hyaluronans are considered for an OA painful knee.	X		Client questionnaire; chart review; CHC information systems
Surgical referral is discussed with clients who continue to experience significant pain and functional disability despite optimal medical therapy.	X	X	Client questionnaire recording medications for arthritis and pain; chart review; CHC information systems
Providers initiate a rheumatology consultation re: treatment for clients with suspected inflammatory arthritis		X	Client questionnaire; chart review; CHC information systems

- Obtaining the eligible client list for each CHC
- Preparation of questionnaire packages for each CHC
- Maintenance of master client list for each CHC
- Mailing the questionnaires to clients for each CHC

- Processing returned questionnaires for each client at each CHC

Questionnaires for each CHC were printed on different colours of paper. The colours chosen for the 5 intervention and 2 control sites were: blue, purple, salmon, yellow, pink, green and goldenrod. Sandy Hill CHC received the questionnaires, consent forms, and information letters in both English and French.

One hundred and fifty-six questionnaire packages were mailed to Sandy Hill CHC on December 1, 1999; 93 questionnaire packages were mailed to Four Villages CHC on December 1, 1999; 101 questionnaire packages were mailed to North Lanark CHC on December 1, 1999; 203 questionnaire packages were mailed to West Elgin CHC on December 1, 1999; 152 questionnaire packages were mailed to Ogden-East End CHC on December 2, 1999; 152 questionnaire packages were mailed to Regent Park CHC on December 3, 1999; 245 questionnaire packages were mailed to Sandwich CHC on December 15, 1999.

Four Villages CHC mailed out their questionnaires to their eligible clients on December 3, 1999; North Lanark CHC on December 6, 1999; West Elgin CHC on December 9, 1999; Sandy Hill CHC on December 8, 1999; Ogden-East End CHC on December 17, 1999; Regent Park CHC on December 16, 1999; and Sandwich CHC on December 29, 1999.

Data Analysis and Storage of Questionnaires/Consent Forms

ACREU is responsible for safely storing all returned questionnaires and consent forms in a locked cabinet.

Data were entered and analysed using SPSS for Windows version 9.0²². A final report with the results will be written at the end of the study.

Telephone Interview Training

ACREU prepared training modules for interviewer training. An ACREU research associate travelled and trained interviewers on site at each CHC. The training was coordinated to coincide with the focus group meetings. ACREU provided each CHC interviewer with additional copies of the questionnaires and copies of all written materials needed.

The interviewer training sessions were held on:

- Tuesday, December 7 – Regent Park CHC
- Friday, December 10 — Lanark CHC
- Monday, December 13 – Sandy Hill CHC
- Tuesday, December 14 – West Elgin CHC
- Monday, December 20 – Ogden - East End CHC
- Tuesday, December 21 – Four Villages CHC

➤ Monday, January 10 — Sandwich CHC

Telephone interviews were to begin 2 weeks after the mail out of the client questionnaire packages.

Interviewer Training Manual

The training manual was used as a teaching tool/document for teaching the interviewers how to do their job and as a reference/guideline during the interviewing process when conducting telephone interviews. The manual provided information about possible scenarios which the interviewers may encounter, described the interviewers obligations, and outlined interviewing techniques. The following topics were covered in the Interviewer Training Manual:

- Background Information about the Study
- The Role of the Interviewer
- Confidentiality
- Client Contact
 - Scheduling Calling Times
 - Scheduling
 - Calling a Client
 - The Consent Form
 - Response Rate
 - Asking the Questions
 - Preparing for the Interview
 - Answering Machine
- Sample Telephone Scripts
- Do's and Don'ts about Phone Contact
- Common Questions and Responses
- Handling Possible Problems Encountered Prior to Asking the Questions
- Handling Possible Problems Encountered at the Start of the Interview
- General Probes that can be Used
- Specific Probes that can be Used
- Data Management
- Useful Numbers (CHCs)
- Interviewer Forms
 - Confidentiality Agreement
 - Interviewer Job Description

Examples of the information letter sent to the client, the client consent form, the telephone interviewing scheduling form, the telephone log, and a copy of the questionnaire in its original colour were attached as appendices.

Interviewer Training Procedures

Each interviewer received information on the description of the client target population, objectives of the study, the study coordinators's name, and the funding/granting agency. Introduction to survey methods: basic steps of survey - emphasizing interviewer's role; data collection, data entry, data analysis, and reporting of results was also presented to each interviewer.

Focus Groups

The purpose of the focus groups was to investigate client knowledge of arthritis resources, gaps in services and satisfaction with services.

The overall objectives of the focus groups for this pilot study was to:

- increase the chance of designing successful intervention/information/educational tools (client tool kit, provider tool);
- collect information independent from the client surveys that indicate what information is missing in terms topics applicable to the client tool kit and provider tool; and
- assess whether the educational toolkit information would be useful to the client population receiving the intervention.

ACREU investigators and members of the Design Task Force developed focus group questions (see Appendix 4). ACREU also developed a summary statement to be used for inviting potential eligible clients to the focus group meetings.

The procedures for the focus groups is located in Appendix 3 as part of the Client Procedures.

Dates of Focus Group Meetings

The focus group meetings were held on:

- Monday, December 13, 1999, 1 - 3 pm at Sandy Hill CHC.
- Tuesday, December 14, 1999, 1 - 3 pm at West Elgin CHC.
- Friday, December 17, 1999, 2 - 4 pm at Sandwich CHC
- Monday, December 20, 1999, 1 - 3 pm at Ogden - East End CHC
- Tuesday, December 21, 1999, 10 am - 12 noon at Four Villages CHC.

Needs Assessment and Evaluation - Providers

Primary Care Providers Target Population

All primary care providers who worked with and provided care to clients with arthritis at participating CHCs and provided consent to participate were included in the pilot project. The primary care providers included: physicians, nurse practitioners, nurses, physiotherapists, and occupational therapists.

Primary Care Provider Questionnaires

A standardized questionnaire was completed by all CHC primary care providers at the study baseline. The questionnaire included case scenarios and elicited the physicians' confidence in aspects of arthritis management and inquired about learning needs, barriers to medical services, amount of medical training and interest in learning.

Questionnaires were mailed out at the same time the client questionnaires were mailed, with the exception of Sandwich CHC, whose primary care providers questionnaires were mailed out before the client questionnaires. Questionnaires were hand delivered to the primary care providers by their site coordinators. Regent Park CHC delivered the questionnaires to their primary care providers of December 14 and 16, 1999; Four Villages CHC on December 12, 1999; Ogden-East End CHC on December 6, 1999; North Lanark CHC on December 6, 1999; Sandy Hill CHC on December 6, 1999; Sandwich CHC on December 13, 1999; and, West Elgin CHC on December 8, 1999. All questionnaires were to be delivered back to ACREU before February 4, 2000.

Primary Care Provider Procedures

In order to implement the primary care provider questionnaires, a procedures manual was developed by ACREU. The manual, located in Appendix 5, details the following:

- Obtaining the eligible primary care provider list
- Preparation of questionnaire packages
- Delivery of the questionnaire packages
- Processing the returned questionnaire packages

Team Objective Structured Clinical Examination - TOSCE

A TOSCE was developed by ACREU investigators to assess, in a group format, the primary care providers diagnostic and management skills of arthritis relating to: history taking and diagnostic skills, prescription and monitoring of medications, education, support and exercise, and referral to medical and non-medical services.

A TOSCE format has examinees rotate through a series of stations where clinical skills are assessed as a group. A TOSCE uses multiple stations, each with a specific time limit, that every team passes through. At each station, the group is given a case scenario to read for 2 minutes, then enters the examination room where a standardized patient and evaluator are. The tasks at

hand may include such things as: 1) taking a history and/or doing a physical on the standardized patient; 2) interpreting x-rays, 3) analysing diagnostic test results, and/or 4) making referrals to other health care professionals. The evaluator uses a standardized checklist to indicate what areas were done well, and what areas need improvement.

The TOSCE developed by ACREU consisted of 4 stations, 2 rheumatoid arthritis stations and 2 osteoarthritis stations. Stations varied in length from 10 minutes to 20 minutes. The five participating CHC's were split into 7 groups. Groups consisted of at least 1 physician and 1 nurse practitioner. One group included an occupational therapists and physiotherapists.

Searle/Pfizer Patient Partners were trained on January 17, 29, and 31, 2000 at Sunnybrook and Women's College Health Sciences Centre for the TOSCE. The Patient Partners were utilized as evaluators and standardized patients for the TOSCE. Patient Partners are individuals who have clinical findings of rheumatoid arthritis (RA) or osteoarthritis (OA). The PPs are educated in anatomy, medical terminology, and how to conduct and evaluate a MSK examination.

The TOSCE was administered the evening before the educational intervention on February 3, 2000 at St. George Health Centre and immediately after the educational intervention on February 5, 2000 at Four Villages CHC. ACREU hired 2 individuals from the University of Toronto Standardized Patient Program to organize the TOSCE. A practice run was held at Sunnybrook and Women's Health Sciences Centre on Monday, January 31 with 1st year medical students.

Intervention: Primary Care Providers & Clients

Getting A Grip on Arthritis

“Getting A Grip On Arthritis” was held from February 3, 2000 to February 5, 2000.

Invitations to attend this conference were sent to all primary care providers at the 5 CHC intervention sites in December, 1999. In addition to the primary care providers being invited, invitations were extended to The Arthritis Society's therapists in the cities corresponding to the locations of the CHCs. CHC primary care providers also provided ACREU with a list of rheumatologists, orthopaedic surgeons and physiatrists to whom they refer their patients with arthritis. ACREU, in turn, invited these specialists to attend the conference. The final list of participants is presented in Appendix 6.

Travel and accommodations were arranged all participants by Travel 24 and paid for by the Ontario Ministry of Health and Long Term Care. The Arthritis Society therapists and the invited specialists were paid an honorarium to attend, in addition to having their expenses covered. A binder was developed which held hand-outs and details on all sessions. The agenda at a glance is presented in Appendix 7, and the detailed agenda is presented in Appendix 8. The objectives of the conference sessions are presented in Appendix 9.

The Ontario Ministry of Health and Long Term Care arranged for 5 facilitators to facilitate the small group sessions. ACREU arranged for a guest speaker on communication and The Arthritis Society display table on services. All other speakers at the conference were part of the Design Task Force.

MainPro C

Investigators at ACREU applied for MainPro C accreditation from the Canadian College of Family Physicians for the physicians attending the conference in November, 1999. Accreditation was received in January, 2000. Physicians who were members of the Canadian College of Family Physicians received 13.5 MainPro C credits for attending the conference.

Client and Primary Care Providers Educational Toolkits

The Design Task Force developed 10 tools and 2 posters for CHC clients and 3 tools for the CHC primary care providers based on the needs assessment and evaluation phase. The Ministry of Health and Long Term Care employed Jon Boynton to help design and produce these tools.

The 10 client tools were titled:

- Exercise : The Key to Better Health and Mobility
- What You Need to Know About Intra-Articular Injections
- Arthritis Medications
- Do I Have Arthritis?
- How Social Workers Can Help People with Arthritis
- Occupational and Physical Therapy for People with Arthritis
- Tips for Managing Pain, Avoiding Injuries, and Solving Everyday Problems
- Goals for People with Arthritis
- Recommended Books and Videos
- Financial and Other Resources for Ontario Residents with Arthritis

These 10 tools are to be collated together in a folder for providers to distribute to their clients with arthritis.

The 2 posters, to be displayed in the CHC's, were titled:

- Fitness Facts for People with Arthritis
- Healthy Choices for People with Arthritis

The primary care providers tools were titled:

- Best Practices
- Condensed Version: Recommended Books and Videos
- Condensed Version: Financial and Other Resources for Ontario Residents wit

Arthritis

All those who attended the “Getting A Grip On Arthritis” conference were introduced to the tools and were given the opportunity to give feedback on each tool. The changes the participants made to the tools were addressed and incorporated in the final revisions. The toolkits will be ready for distribution to the CHC clients and primary care providers at the end of April, 2000.

CHC Site Specific Implementation Plans

During the “Getting A Grip On Arthritis” the CHCs were responsible for designing an action plan for their CHC based on the Arthritis Best Practices (see Table 1). At the April 6, 2000 Design Task Force meeting the representatives from each CHC presented their specific arthritis implementation plans. An example of the table filled out by all CHCs is presented in Appendix 10.

It was vital that each CHC develop their own implementation plans because each CHC has different needs. For example, some centres have access to physiotherapists and occupational therapists on site, therefore, access to these services is not an issue. However, other CHCs do not have these resources, and there are long wait lists for these services, therefore, they addressed these issues in their action plans.

All the CHCs implementation plans were well received and the implementation was to begin immediately back at the centres.

Arthritis Books

ACREU purchased the 12 books and 1 video listed on the tool “Recommended Books and Videos”. Each CHC will receive 2 sets of books, one set is designated for use in the CHC and one set will be donated to their local library. The list of books is presented in Appendix 11.

The Next Steps

The next Design Task Force meeting is to be held on May 31, 2000. At this meeting, the Task Force will discuss how the implementation is proceeding and address issues that are brought forth.

The end of the intervention period and when post-test follow-up will be done will also be set at this meeting.

References

1. Badley EM. Population projections and the effect on rheumatology. *Ann Rheum Dis* 1991;50:3-6.
2. Helmick CD, Lawrence RC, Pallard RA, Lloyd G, Heyse SP. Arthritis and other rheumatologic conditions: Who is affected now, who will be later? *Arth Care Res* 1995;8:203-211.
3. Glazier RH, Dalby DM, Badley EM, Hawker GA, Bell MJ, Buchbinder R. Determinants of physician confidence in the primary care management of musculoskeletal disorders. *J Rheumatol* 1996;2;351-6.
4. Glazier RH, Dalby DM, Badley EM, Hawker GA, Bell MJ, Buchbinder R, Lineker SC. Management of the early and late presentations of rheumatoid arthritis: A survey of Ontario primary care physicians. *Can. Med. Assoc. J.* 155(1996):679-687.
5. Bellamy N, Gilbert JR, Brooks PM, Emmerson BT, Campbell J. A survey of current prescribing practices of antiinflammatory and urate lowering drugs in gouty arthritis in the province of Ontario. *J Rheumatol* 1988;15:1841-7.
6. Kidd BL, Cawley MID. Delay in diagnosis of spondarthritis. *Br J Rheumatol* 1988;27:230-2.
7. Hanly JG, McGregor A, Black C, Bresnihan B. Late referral of patients with rheumatoid arthritis to rheumatologists. *Ir J Med* 1984;153:316-18.
8. Sverdrup B, Allebeck P, Allander E. Tentative diagnoses among referrals versus diagnoses established at the department of rheumatology. *Scand J Rheumatol* 1983;12:377-8.
9. Badley EM, Lee J. The consultant's role in continuing medical education of general practitioners: the case of rheumatology. *Br Med J* 1987;20:100-3.
10. Arthritis and Related Conditions: an ICES practice atlas. Williams JI, Badley EM, editors. Institute for Clinical Evaluative Sciences. 1998.
11. Medical Treatment Guidelines for the Treatment of Osteoarthritis, Rheumatoid Arthritis, and Acute Musculoskeletal Injury. Ministry of Health of Ontario, draft, March 1999.
12. Lineker SC, Badley EM, Hughes EA, Bell MJ. Development of an instrument to measure knowledge in individuals with rheumatoid arthritis: the ACREU Rheumatoid Arthritis Knowledge Questionnaire. *J Rheumatol* 1996;24;647-53.

13. Lorig K, Stewart A, Ritter P, Gonzalez V, Laurent D, Lynch J. Outcome measures for health education and other health care interventions. 1996. Thousand Oaks: Sage Publications.
14. DeVellis RF, Callahan LF. A brief measure of helplessness in rheumatic disease: The helplessness subscale of the rheumatology attitude index. *J Rheumatol* 1993;20:866-9.
15. Fries JF, Spitz PW, Kraines RG, Holman HR. Measurement of patient outcome in arthritis. *Arth Rheum* 1980;9:789-93.
16. Ware JE, Sherbourne CD. The MOS 36-item Short-Form Health Survey (SF-36). I. Conceptual framework and item selection. *Med Care* 1992;30:473-483.
17. Lorig K, Chastain FL, Ung E, Shoor SM, Holman HR. Development and evaluation of a scale to measure perceived self efficacy in people with arthritis. *Arth Rheum* 1989;32:37-44.
18. Edworthy S, McGowan P, Green L et al. 1992. Evaluation of the national implementation of the Arthritis Self Management course. Internal document.
19. Downie WW, Leatham PA, Rhind VM. Studies with pain rating scales. *Annals of the Rheumatic Diseases* 1978;37:378-81.
20. Ferraz MB, Quaresma MR, Aquino LRL, Atra E, Tugwell P, Goldsmith CH. Reliability of pain scales in the assessment of literate and illiterate patients with rheumatoid arthritis. *J Rheumatol* 1990;17:1022-4.
21. Herr KA, Mobily PR. Comparison of selected pain assessment tools for use with the elderly. *Applied Nursing Research* 1993;6:1:39-46.
22. SPSS 6.0 for Windows, 1993.

Improving Arthritis Care in Ontario : A Pilot Project

Dear Community Health Centre Client,

Our Community Health Centre (CHC) has been chosen to develop and test a new arthritis educational program. Our CHC and The Arthritis Society are working together with the help of a research team at the University of Toronto. This project is funded by the Ontario Ministry of Health.

What Your Participation Involves:

If you wish to participate in this project, we ask that you fill out the questionnaire in this package. It should take you about 30 minutes to complete. The questions will ask you about the problems your arthritis gives you, how you manage and cope with your arthritis, and your opinion on the care you receive for your arthritis at your CHC. With your help, this project can improve the education of doctors, nurse practitioners and other health care providers on arthritis.

When you have finished reading this letter, and if you would like to participate please do the following:

1. Read and sign the attached consent form.
2. Complete the questionnaire.
3. Put the signed consent form and completed questionnaire in the envelope we have provided. The return address is already written on the envelope and the postage is already included on the envelope.
4. Mail the package back to the CHC **or** drop off your package at the CHC if you will be there this week.
5. Please return the questionnaire as soon as you can.

Answering the Questionnaire:

1. Please feel free to take breaks whenever you need to. Do some today and some tomorrow if you find it difficult to write.
2. It is important that you answer all the questions if you can.
3. If you have problems with any questions, please call (name) at (phone number). If (name) is not there, please leave a message with your name and phone number, and the best times for her to phone you.

THANK YOU for your help with this project. If you have any questions, please do not hesitate to contact (name) at (phone number).

Improving Arthritis Care in Ontario: A Pilot Project Consent Form

I have read the information letter provided to me about this study on the development and evaluation of a new arthritis education program which will take place at 7 participating Community Health Centres (CHCs) in Ontario during 1999 and 2000. I understand that if I consent to participate in this study, I agree to complete the attached questionnaire which asks about:

- my arthritis and any problems that my arthritis might cause me,
- my knowledge and attitudes about arthritis,
- my confidence in managing my arthritis and,
- my opinion regarding the arthritis care I received at the CHC

I understand that this questionnaire takes about 30 minutes to complete.

I also consent to the review of my medical records by the study team. All information is strictly confidential.

I understand that I may withdraw from this study at any time without jeopardizing my present or future care at the CHC. I understand that my responses to the written questionnaire are considered privileged and confidential information and will not be seen by anyone directly or indirectly involved in my care at the CHC.

I understand that all of the information collected during this study is regarded as confidential and that group data will be used in any publications.

I understand that if I have any questions or concerns regarding my participation in this study, I may contact the study coordinator, (name) at the (name) Community Health Centre at (phone number) or the investigators at the University of Toronto, Dr. Richard Glazier and Dr. Mary Bell at 416-946-2924.

I, _____, agree that I have read and understood the above explanation of this research study and that I have been given the opportunity to ask questions. I agree to participate in this study.

Signature of Client: _____

Date: _____

Improving Arthritis Care in Ontario: A Pilot Project
Consent Form for Focus Groups

I have been asked to participate in a special evaluation of a new arthritis education program which will take place at 7 Community Health Centres (CHCs) in Ontario during 1999 and 2000. I understand that if I consent to participate in this study, I will be asked to participate in a focus group with 6 or 7 other people with arthritis from the CHC to determine what new services might help people with arthritis. The focus group will take approximately 2 hours.

I understand that I may withdraw from this study at any time without jeopardizing my present or future care at the CHC. I understand that my responses in the group are considered privileged and confidential information and will not be seen by anyone directly or indirectly involved in my care at the CHC. I understand that all of the information collected during this study is regarded as confidential and that my name will not be used in any publications.

I understand that if I have any questions or concerns regarding my participation in this study, I may contact the investigators, Dr Richard Glazier and Dr Mary Bell at 416-946-2924 or (name) at the (name) Community Health Centre at (phone number).

I, _____, agree that I have read and understood the above explanation of this research study and that I have been given the opportunity to ask questions. I agree to participate in this study.

Client Signature: _____

Date: _____

Arthritis Community Research & Evaluation Unit



OCI/Princess Margaret Hospital
610 University Avenue, 16th Floor, Suite 704
Toronto, Ont., M5G 2M9
Telephone: (416) 946-2924
Fax: (416) 946-2291



University Health Network
Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital

Improving Arthritis Care in Ontario: A Pilot Project

Dear Community Health Centre Provider,

We are pleased that your Community Health Centre (CHC) has agreed to participate the development and evaluation of a unique arthritis education program. This is a joint project of several CHCs and The Arthritis Society and is being carried out with the help of a research team at the University of Toronto. This project is funded by the Ontario Ministry of Health.

The first step in this process is to determine current physician practices in the treatment of musculoskeletal (MSK) conditions. To do this, we ask you to answer questions regarding the diagnosis and treatment of the enclosed case scenarios of typical MSK cases seen in primary care. We appreciate that your time is valuable. For this reason, the questionnaire includes only questions which will provide information essential to our project and should take you approximately 20 minutes to complete.

This is a confidential survey. Please read and sign the consent form and complete the attached questionnaire. Place both the signed consent form and completed questionnaire in the envelop provided, seal it, and return the package to your site coordinator.

Thank you for your assistance with this project. If you have any questions, please do not hesitate to contact the investigators, Dr. Rick Glazier and Dr. Mary Bell, at 416-946-2924, or the study coordinator, Victoria Elliot-Gibson, at the Arthritis Community Research and Evaluation Unit at 416-946-4501, extension 4736.

Arthritis Community Research & Evaluation Unit



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Telephone: (416) 946-2924
Fax: (416) 946-2291



University Health Network
Toronto General Hospital Toronto Western Hospital Princess Margaret Hospital

Consent Form

As a Community Health Centre (CHC) provider, I have been approached to participate in a special evaluation of a new arthritis education program which will be implemented to all of the providers at 7 participating CHCs during 1999 and 2000. If I consent to participate in the evaluation component of this study I will be asked to complete:

1. A questionnaire which asks my opinion regarding diagnosis and treatment of common musculoskeletal disorders. I will be asked to complete this questionnaire during the fall of 1999 and at the end of the study (Summer/Fall 2000) and that this questionnaire takes about 15 minutes to complete.
2. An objective standardized clinical encounter (OSCE) by a specially trained arthritis client.
3. Participate in a two hour focus group or interview to help the study team learn more about the adaptation of new elements of arthritis care.
4. A record for each client with arthritis which collects information about diagnosis, investigations, interventions and referrals.

I understand that I will receive an educational intervention based on best practices outlined in the arthritis literature. The intervention will take place over a two day period in Toronto and will also include site visits to my CHC by peer arthritis educators. If I am in the intervention group, the intervention will take place in January 2000. If I am in the control group, the intervention will take place in the fall of 2000.

My responses to the written questionnaire are considered privileged and confidential information and will not be seen by anyone except the study team. I will be assigned an ID number by the study team which will be hard-copied only and kept in a locked cabinet for the duration of the study. All of the information collected during this study is regarded as confidential and that only group data will be used in any publications. I may withdraw from this study at any time without jeopardizing my present or future status in the CHC.

If I have any questions or concerns regarding my participation in this study, I may contact the investigators, Dr Richard Glazier and Dr Mary Bell at 416-946-2924, or the study coordinator, Victoria Elliot-Gibson, at the Arthritis Community Research and Evaluation Unit, at (416) 946-4501, extension 4736.

I, _____, have read and understood the above explanation of this research study and I have been given the opportunity to ask questions. I agree to participate in this study.

Signature of Provider: _____

Date: _____

Arthritis Diagnosis

Clients were asked to identify the types of arthritis or joint problems they had.

Best Practices

The Arthritis Best Practices which comprise the content of the educational intervention for CHC primary care providers are listed in Table 1. Clients were asked if they had ever discussed these best practices with their CHC provider.

Characteristics of Current Treatment

The questionnaire asked clients to indicate a) all health professionals seen within the past 6 months for their arthritis, and b) all programs they participated in within the past 6 months for their arthritis. They were also asked to list all medications they were currently taking because of their arthritis and indicate how often they exercised within the past week.

Arthritis Knowledge and Attitudes

Arthritis knowledge was measured using a modified ACREU Rheumatoid Arthritis Knowledge Questionnaire¹². The ACREU RA Knowledge Questionnaire is a 31 item self administered questionnaire developed using focus group methodology with people with RA of varying severity and duration. The wording was modified to be relevant to all types of arthritis and the number of questions were reduced to 26. Scoring ranges from 0 to 26 with a higher score indicating more knowledge of self-management strategies. The questionnaire covers the domains of prognosis, pain management, medications, joint protection, energy conservation, exercise and coping strategies (psychosocial issues).

Client Self-Management

The Self-Management Behaviors Questionnaire¹³ is a 29 item self-report measure which analyzes the clients involvement in self-management activities. Such activities include: exercise, cognitive symptoms management, mental stress management/relaxation, use of community services for tangible help, use of community services for emotional support, use of community educational services/support groups for health problems, use of organized exercise programs, and communication with physicians. Internal reliability coefficients ranged from 0.70 to 0.745. However, 4 subsets had reliabilities below 0.70 therefore, reliability of these scales need improvement.

Disability Status

The client questionnaire also contained health status tools including:

1. Stanford Health Assessment Questionnaire (HAQ): The HAQ¹⁵ was used to describe the

disability and pain status of clients in the study. The HAQ is a self-report questionnaire which measures the difficulty that people with arthritis have in performing activities of daily living, and the assistive devices used to manage their arthritis. The performance questions are categorized into 8 categories: dressing and grooming, arising, eating, walking, hygiene, reaching, gripping, and errands and chores. These category scores are then averaged into a Disability Index Score. Higher scores indicate higher levels of disability. The HAQ is a widely used validated questionnaire in the field of rheumatology.

2. **Numeric Rating Scale for Pain:** A numeric rating scale for pain was used to measure the level of pain attributable to illness within the past week. The scale ranges from 10 (no pain) to 100 (very severe pain).
3. **Stanford Self-Efficacy Scale (SES):** The SES^{17,18} is a self-administered questionnaire developed to measure changes in self-efficacy which could be attributable to a lay-led group self-management program, the Arthritis Self management Program (ASMP). Educational interventions provided by health care providers typically incorporate several components of the ASMP including education to increase client knowledge of their condition, increase the frequency and practice of energy conservation and joint protection techniques, and decrease the amount of perceived pain. Responses on the SES are recorded on a numerical rating scale with end anchors 10 on the left “very uncertain” to 100 on the right “very certain” for the domains of Pain Control and Other Symptoms. A higher score indicates greater self-efficacy.
4. **Short-Form 36 Health Survey:** The general health perception question from the Short-Form-36 Health Survey (SF-36)¹⁶ was used to determine the client’s perception of health status.

Client Satisfaction with CHC

A satisfaction questionnaire, currently used by the CHCs, was used to measure client satisfaction with the care they received for their arthritis.

Client Characteristics

The client questionnaire collected data about client demographics including age, sex and socioeconomic variables. Clients were also asked about whether the questionnaire was translated for them and if they had help to complete it.

Baseline Survey Procedures for Clients

Revised: December 3, 1999

1. Obtain Eligible Client List

Mandexin

- ❖ Steven Koon, at Mandexin, will download the 7 CHCs databases and prepare a list of clients based on eligibility criteria provided. The eligible clients are those who are: over the age of 18 (use date of birth), have a diagnosis of arthritis based on selected ICD10 codes, seen for treatment of their arthritis from the period September 1, 1998 to September 1, 1999, and is an active client in the CHC database.
- ❖ The eligible client list, for each CHC, that Mandexin will generate must include: client names (alphabetic order by last name), address, phone number, and Chart ID for each client. Mandexin will also give each name a number which will be in sequential order (e.g., the first name on the list will be given a unique survey ID number 001 - therefore the list will be alphanumeric by last name). This number will be used as the unique survey ID number for each client.
- ❖ Mandexin will also provide the mailing labels for the CHCs on their eligible clients. Information on the labels will include: name, address, city, province, postal code, and unique survey number.
- ❖ Mandexin will inform Victoria at ACREU the numbers of questionnaire packages needed for each CHC and the unique survey IDs provided to each CHC.

2. Preparation of Questionnaire Packages

ACREU

- ❖ ACREU will prepare and courier the questionnaire packages to each CHC. Each envelope will be sealed and stamped with the unique survey number. An open *sample* package will also be provided to each CHC. Each package will contain: a copy of the questionnaire, consent form, information letter, instruction sheet regarding languages and use of translator, and a pre-addressed, postage-paid return envelope to return the questionnaire and consent form in. The return envelope will also have the unique survey ID stamped on it to easily identify the client who has returned their survey (see “4. Mailing of the Questionnaires” for example).
- ❖ Questionnaires for each CHC will be printed on different, unique colours. For example, Four Villages CHC may have their questionnaires printed on pale blue paper, West Elgin on pale pink, Sandy Hill on pale yellow, etc....
- ❖ *For the Ottawa site only:* Both English and French questionnaires, consent forms, information letters, and language instruction sheet will be sent to each eligible client. These clients will be requested to fill either the French or English questionnaire.

3. Maintenance of Master List

CHCs

- ❖ Each CHC site coordinator will make one photocopy the eligible client list provided by Mendaxin. One list must be stored in a safe, locked place as a master list. The information on the second list should be entered into a computer spreadsheet or table, protected by a password (or kept on a disk protected by a password). Security of this list is imperative and no one except the site coordinator should have access. A potential example of a table is provided in the appendix, along with the heading information required: unique survey ID, client ID, name, address, phone number, date questionnaire received, package returned uncompleted with reason code (e.g., moved, no such address)

4. Mailing the Questionnaires

- ❖ Each CHC will place the alphanumeric mailing label on each envelop with the corresponding survey ID number. This means that the client survey ID on each mailing label (provided by Mendaxin) must be placed on the envelop with the identical client survey ID. See example below:

EXAMPLE LABEL:

Unique Survey ID



John Appleby	0001
100 Anywhere Street	
Anywhereville, Anytown	
H0H-0H0	

EXAMPLE ENVELOP BEING SENT TO CLIENT:

You must stamp your return address on this envelop.



West Elgin Community Health Centre 168 Main Street, P.O. Box 761 West Lorne, Ontario N0L 2P0	Stamp Provided
Place mailing label here	
<i>(Unique survey ID) 0001</i>	

EXAMPLE RETURN ENVELOP BEING SENT TO CLIENT:

Stamp Provided
West Elgin Community Health Centre 168 Main Street, P.O. Box 761 West Lorne, Ontario NOL 2P0
<i>(Unique survey ID) 0001</i>

- ❖ Each CHC MUST stamp their return address on the envelope being sent to the clients..
- ❖ Each CHC will inform Victoria at ACREU (416-946-4501, ext. 4736) the day the questionnaires are mailed to their eligible clients.

5. Returned Questionnaires

CHCs

- ❖ Each CHC will enter into the master working list spreadsheet or table the day each questionnaire is returned by each client.
- ❖ The site coordinator needs to enter into the master working list spreadsheet or table if the packages have been returned uncompleted due to: wrong address, moved, deceased, etc...
- ❖ The site coordinator at each CHC will courier returned questionnaire packages each Friday (for Monday arrival at ACREU) (c/o Victoria Elliot-Gibson, ACREU, PMH/OCI, 610 University Avenue, 16th Floor, Suite 704, Toronto, ON, M5G 2M9). Please provide a note of the number of packages returned that week, the number of packages returned in total, the number of packages remaining to be returned, the number of packages returned uncompleted due to address problems.
- ❖ Two weeks after questionnaires have been mailed out, a list needs to be printed out of all the people who have not sent in their completed questionnaire. This list should include the persons survey ID number, name and phone number. This list should be passed along to the telephone interviewer (if this is not the site coordinator). Please see “7. Telephone Interviews”.

6. Data Analysis and Storage of Questionnaires/Consent Forms

ACREU

- ❖ ACREU will be responsible for safely storing all returned questionnaires and consent forms in a locked cabinet.
- ❖ ACREU will conduct all data analysis of completed questionnaires

7. Telephone Interviews

ACREU

- ❖ Renee will prepare training modules for interviewer training.
- ❖ Renee will train interviewers on site at each CHC. This training will be coordinated to coincide with the focus group meetings.
- ❖ Renee will provide each CHC interviewer with additional copies of the questionnaires and copies of all written materials needed. (See attached example telephone log)

8. Focus Groups

ACREU

- ❖ ACREU/Sydney/Lynn Wilson/Patient Partner will develop focus group questions.
- ❖ Renee/Sydney to develop blurb for inviting potential eligible clients to focus group discussion.
- ❖ ACREU/Syd/Renee will provide agenda for focus group meeting.
- ❖ Renee to record and analyze focus group sessions (see appendix for role of the recorder)

CHC

- ❖ CHC will provide focus group facilitator (facilitator should NOT be a physician, or other primary care provider). Please see appendix for role of the facilitator.
- ❖ CHC to provide date, time, name of facilitator, and name and address of participants to ACREU.
- ❖ CHC site coordinator to book, set-up, and clear room for focus group meeting and arrange catering/refreshments.
- ❖ Site coordinator at each CHC will select potential focus group participants from working master list of eligible clients.
- ❖ CHC site coordinator will call an invite (using blurb provided by ACREU) **at least 20** eligible clients to a 60 minute focus group meeting – 8 participants are required.
- ❖ The site coordinator needs to ask the potential participant if they have already filled out their questionnaire and mailed it back. *If they have filled out the questionnaire and mailed it back*, then they only need to attend the discussion group. *If they have not filled out the survey and mailed it out* then provide them with 3 options. **Option 1:** Ask if they would like to come 45 minutes early to the meeting and fill out the questionnaire at the CHC. **Option 2:** Ask if they will complete and mail it back. **Option 3:** Ask if they will complete and bring the completed questionnaire to the discussion group.
- ❖ Site coordinator will ensure that extra questionnaire packages for each client filling out the questionnaire before the focus group. Survey ID numbers (matching the persons name) need to be placed on the consent form and the first page of the questionnaire by the site coordinator or interviewer before it is given to the client. Once completed, the client will return the completed questionnaire to the site coordinator or interviewer. It then needs to be place in an envelope and

sealed, with the survey ID number written on the outside of the envelope, and entered into the spreadsheet or database that it has been returned.

- ❖ At the end of the discussion group the interviewer will thank participants, provide a contact person's name located at CHC if questions arise later on.
- ❖ Site coordinator to send out thank-you letters to clients who attended the session.

APPENDIX

EXAMPLE CHC Arthritis Pilot Client Information Table/Spreadsheet

Unique Survey ID	Chart ID	Name	Address	Phone Number	Date Questionnaire Received	Questionnaire Returned Uncompleted**
100	2564	Joe Smith	51 Anywhere Street, Anytown	555-1212	December 10/99	
101						
102						
103						
104						
105						
106						
107						
108						
109						
110						
111						

** Enter code: (1) = Moved; (2) = Wrong Address; (3) = Deceased; (4) No such person; (5) No such address

SAMPLE TELEPHONE LOG

Survey ID #: _____ Name of Client: _____ Interviewer: _____

Phone Number: _____ / _____ / _____ (separate log needed for each phone number listed)

Call #	Date	Time	Line Disconnected	No Answer	Busy	Answering Machine	Not Available	Voice Contact Made	No Contact
1									
2									
3									
4									
5									
6									



YES NO

CONTACT WITH NAMED INDIVIDUAL MADE:

IF YES:

- 11) Willing and able to complete questionnaire
- " Refused to complete
- " Will mail in completed questionnaire
- " Unable to complete - WHY? _____

IF NO:

- " Asked to call back. WHEN? _____
- P. Asked to call person at another number: _____

OTHER INFORMATION REQUESTED:

- " Requested information on arthritis: Arthritis Society Helpline # 1-800-321-1433



NO CONTACT:

- Not in Service
- Business Number
- Hostile - hang-up
- Does not speak English
- No contact/Not available in 6 tries

Role of the Recorder

- ❖ Develop a system for identifying all participants and attributing their remarks
- ❖ Assist the moderator by recording background information on the participants
- ❖ He/she lists topics as discussed
- ❖ He/she observes and records the group dynamics
- ❖ He/she lists reactions of the group participants
- ❖ He/she records other subtle reactions and interactions that might be of interest for the analysis
- ❖ He/she ensures that the entire discussion is tape-recorded
- ❖ He/she will use the notes and tapes to transcribe the focus group results

Role of the Focus Group Facilitator

- ❖ He/she introduces the topics to be discussed
- ❖ He/she needs to gain the confidence and trust of the participants
- ❖ He/she ensures the participation of everyone in the group
- ❖ He/she facilitates the discussion among group members
- ❖ He/she does not offer comments or judgements on what is said by group members
- ❖ He/she controls the timing and rhythm of the discussion group
- ❖ He/she must be sensitive to non-verbal communication

Client Focus Group Questions

Purpose: to investigate client knowledge of arthritis resources, gaps in service and satisfaction with services.

Participants: clients with arthritis, preferably of long duration

Questions:

1. Where do you get information about arthritis for yourself and your family? Prompts: library, internet, Arthritis Society, videos, pamphlets, etc. How useful was each resource? What was learned? What proved to be most helpful? How could this be improved? If a provider was involved, what was their role and how satisfied were you with that role?
2. Where do you get information about your arthritis medications? Prompts: physician, nurse practitioner, pharmacist, Arthritis Society, library, internet. How useful was each source? What was learned? What proved to be most helpful? How could this be improved? If a provider was involved, what was their role and how satisfied were you with that role?
3. What community or CHC services are available for providing you and your family with social support? Prompts: support groups, social work services, ASMP, nurse, community health worker, etc. What services have you used and what was your experience with them? What would make these services better? What was learned? What proved to be most helpful? If a provider was involved, what was their role and how satisfied were you with that role?
4. What exercise opportunities are available for you in your community or CHC? Prompt to consider physiotherapy or fitness programs or videos, etc. How useful was each resource? What was learned? What proved to be most helpful? How could this be improved? If a provider was involved, what was their role and how satisfied were you with that role?
5. Has your primary care provider talked to you about surgery for your arthritis? Tell us about that. Prompts: What was learned? How satisfied were you with the information you received? What happened as a result of the discussion? What decision did you make about having surgery and why? How could this discussion be improved?
6. Has your primary care provider talked to you about joint injections for your arthritis? Tell us about that. Prompts: What was learned? How satisfied were you with the information you received? How could this discussion be improved? What happened as a result of this discussion? What decision did you make about having a joint injection and why?
7. Do you have any other concerns about the care you have received for your arthritis? Prompts: wait lists, limited availability of resources, etc.

8. What additional services would be useful to help you deal with your arthritis? Prompts:
Internal services or educational materials or community resources?

Baseline Survey Protocol for Providers

Revised: November 25, 1999

1. Obtain Eligible Provider List

CHCs

- ❖ Each CHC will provide Victoria, at ACREU, the names and professional designations of their GPs, NPs, OTs, PTs (providers that diagnose and treat).

2. Preparation of Questionnaire Packages

ACREU

- ❖ ACREU will prepare and courier the questionnaire packages to each site-coordinator. Each envelope will be sealed and labeled with the eligible providers name on the envelope. Each package will contain: a copy of the questionnaire, information letter, consent form, and a return envelop.
- ❖ ACREU will stamp an ID number on the consent forms and on the questionnaire. The ID numbers which are linked to the providers are stored on hard copy only at ACREU in a safe, locked cabinet.
- ❖ ACREU will prepare, for each CHC, a table with a list of each eligible provider at their site on it. This list will have a column with the providers name, the date the package was delivered to the provider and the date the consent form and completed questionnaire was received back from the provider (please see attached).

3. Delivery of the Questionnaire Packages

CHCs

- ❖ The site coordinator will hand deliver the packages to each named provider, and inform Victoria (416-946-4501, ext 4736) when they were delivered.
- ❖ The site coordinator must write on the table of providers (provided by ACREU) the day the package was delivered to each provider and received back from each provider. This table should be kept in a safe, locked place when not in use.
- ❖ One week after delivery to the provider, the site coordinator will remind the providers to complete and return the package if they have not done so by this time.
- ❖ Each provider has been informed, in their information letter, to return the consent form and completed questionnaire in the provided envelope (sealed) to their site coordinator.
- ❖ **AT NO TIME SHOULD THESE COMPLETED PACKAGES BE OPENED BY ANYONE AT THE CHC.**
- ❖ The site coordinator may cross out the providers name on the return envelop with a black marker before it is couriered back to Victoria at ACREU. *Not to worry if this is not done. Victoria will discard the envelop (not the contents in it) when she receives it.*

4. Returning Questionnaire Packages

CHCs

- ❖ The site coordinator will courier the completed table with the list of providers, the signed consent forms and completed questionnaires packages to ACREU (c/o Victoria Elliot-Gibson, ACREU, PMH/OCI, 610 University Avenue, 16th Floor, Suite 704, Toronto, ON, M5G 2M9. Phone 416-946-4501, ext. 4736) when **ALL** questionnaire packages been collected from the providers.

ANY QUESTIONS?? PLEASE CALL VICTORIA AT 416-946-4501, EXT. 4736.

CHC Provider List

Improving Arthritis Care in Ontario: A Pilot Project

Name of Provider	Date Hand Delivered	Date Consent Form and Questionnaire Returned
Dr. John Smith	36483	36488

PLEASE RETURN THIS FORM TO VICTORIA, AT ACREU, ONCE COMPLETED.

Getting A Grip On Arthritis

List of Participants

David Bell, Rheumatologist
London, ON

Jon Boynton, Words and Images
Toronto, ON

Robert Bourrier, Physician
Sandy Hill CHC, Ottawa, ON

Janice Coates, Physician
Sandwich CHC, Windsor, ON

Moira Coates, Clinical Coordinator
Ogden-East End, Thunder Bay, ON

Anne Czemerynski, Physician
Four Villages CHC, Toronto, ON

Edithe Cloutier, Community Health Nurse
Sandy Hill CHC, Ottawa, ON

David Collins, Rheumatologist
Chatham, ON

Shirley Cooper, Ministry of Health
Toronto, ON

Paula Cousins, Nurse Practitioner
West Elgin CHC, West Lorne, ON

Carolyn Davies, Nurse Practitioner
Sandwich CHC, Windsor, ON

Kathleen Davis, Rheumatologist
Ottawa, ON

Susie Duff, Rheumatologist
Ottawa, ON

Paul Dupuis, Physician
Ogden-East End CHC, Thunder Bay, ON

Margaret Dziedzic, Psychiatrist
Windsor, ON

Nalaka Edirisinghe, Physical Therapist
The Arthritis Society, Windsor, ON

Wesley K Fidler, Rheumatologist
Thunder Bay, ON

Kasia Filaber, Health Promoter
Four Villages CHC, Toronto, ON

John Gibson, Family Physician
Four Villages CHC, Toronto, ON

Karen Haberman, Physical Therapist
Four Villages CHC, Toronto, ON

Daniel Inch-Cushman, Medical Student
London, ON

Stephen Jones, Physician
West Elgin CHC, West Lorne, ON

Vivian Johnston, Nurse Practitioner
Ogden-East End CHC, Thunder Bay, ON

Erin Keely, Endocrinologist
Ottawa, ON

Gunnar Kragg, Rheumatologist
Ottawa, ON

Rosemary Katz, Physical Therapist
The Arthritis Society, Ottawa, ON

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Sandy Hill CHC, Ottawa, ON

Christine Lancaster, Registered Nurse
Four Villages CHC, Toronto, ON

Suzanne MacMillan, Rheumatologist
Ottawa, ON

Kay Marsh, Nurse Practitioner
Four Villages CHC, Toronto, ON

Fiona McGaw, Physical Therapist
The Arthritis Society, Toronto, ON

Ann McGoey, Nurse Practitioner
Ogden-East End CHC, Thunder Bay, ON

Alison McMullen, Health Promoter
Ogden-East End CHC, Thunder Bay, ON

Gordon Milne, Physician
Ogden-East End CHC, Thunder Bay, ON

Shari Mizzen, Community Dietitian
West Elgin CHC, West Lorne, ON

Suzanne Morin, Registered Nurse
Sandy Hill CHC, Ottawa, ON

Lorne Parent, Physician
Sandy Hill CHC, Ottawa, ON

Louise Perlin, Rheumatologist
Toronto, ON

Vanessa Petrilli, Nurse Practitioner
Sandwich CHC, Windsor, ON

Jane Proulx, Nurse Practitioner
Sandy Hill CHC, Ottawa, ON

Sally Prystanski, Physical Therapist
The Arthritis Society, Thunder Bay, ON

Pramila Rao, Physiatrist
Thunder Bay, ON

Jude Rodrigues, Rheumatologist
Windsor, ON

Susan Ross, Regional Director, CARS
The Arthritis Society, Toronto, ON

Catherine Schooley, Nurse Practitioner
Sandwich CHC, Windsor, ON

Kelly Shiell, Physical Therapist
The Arthritis Society, London, ON

Jennifer Shin, Occupational Therapist
Four Villages CHC, Toronto, ON

John Thompson, Rheumatologist
London, ON

Lynn Wilson, CEO
Four Villages CHC, Toronto, ON

Monica Wright, Registered Nurse
Four Villages CHC, Toronto, ON

Facilitators

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Ministry of Health, Toronto, ON

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Aboriginal Healing and Wellness
Strategy, Toronto, ON

Carrie Hayward, Manager
Community Programs Unit
Ministry of Health, Toronto, ON

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Community Health Centre Program
Ministry of Health, Toronto, ON

Searle/Pfizer Patient Partners

Michelle Alexander
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Carol Beswick
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Rita Britto
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John Hamelin
Toronto, ON

Catherine Hofstetter
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Kathleen Jolly
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Anne Lyddiatt
Ingersoll, ON

Anne MacFarlane
Toronto, ON

Dorothy Popa
Hamilton, ON

OSCE Coordinators

Donna Hardaker

Kerry Knickle

ACREU Investigators

Elizabeth Badley, Director,
Epidemiologist

Mary Bell, Rheumatologist

Rick Glazier, Family Physician

Sydney Lineker, Physical Therapist

Other Contributing ACREU Staff

Victoria Elliot-Gibson, Research
Associate, Study Coordinator

Renee Elsbett-Koeppen, Research
Associate

Annette Wilkins, Research Associate

Design Task Force

CHC Arthritis Pilot Project

- ! Elizabeth Badley, PhD, Epidemiologist, Director, Arthritis Community Research and Evaluation Unit;
- ! Mary Bell, MD, M.Sc., Rheumatologist, Investigator, Arthritis Community Research & Evaluation Unit;
- ! Shirley Cooper, Policy Consultant, Community Programs Unit, Program Policy Branch;
- ! Lorraine Duff, Program Associate, Community Health Centre Program
- ! Richard Glazier, MD, MPH, CCFP, FCFP, Investigator, Arthritis Community Research & Evaluation Unit;
- ! Carrie Hayward, Manager, Community Programs Unit, Program Policy Branch;
- ! Stephen Jones, MD, CCFP, West Elgin CHC;
- ! Nancy Knudsen, Health Promoter, Sandy Hill CHC;
- ! Sydney Lineker, Physical Therapist, Research Coordinator, The Arthritis Society & Investigator, Arthritis Community Research and Evaluation Unit;
- ! Anne Lyddiat, Patient Partner, Ingersoll, Ontario;
- ! Kevin Mardel, MD, CCFP, West Elgin CHC;
- ! Alston McMullen, Health Promoter, Ogden-East End CHC;
- ! Wayne Oake, Program Associate, Community Health Centre Program;
- ! Catherine Schooley, Nurse Practitioner, Sandwich CHC; and
- ! Lynn Wilson, CEO, Four Villages CHC;

Research Support

- ! Victoria Elliot-Gibson, M.Sc, ACREU Research Associate, Study Coordinator
- ! Renee Elsbett-Koeppen, M.Sc., ACREU Research Associate
- ! Annette Wilkins, B.A., ACREU Research Associate

Getting A Grip On Arthritis

February 3 to 5, 2000

Four Villages CHC, Toronto, Ontario

Agenda at a Glance

Thursday, February 3, 2000

4:00 - 6:00 PM	Participants' Arrival
5:00 - 7:00 PM	Buffet Dinner at Quality Midtown Hotel *
5:00 - 8:00 PM	Clinical Skills Workshop - CHC providers only at St. George Health Centre
8:00 - 11:00 PM	Group Social at Madison Avenue Pub

Friday February 4, 2000

7:20 AM	Leave Hotel
7:45 AM	Continental Breakfast at Four Villages CHC
8:15 AM	Introduction and Welcome
	Goals and Objectives
9:00 AM	Medical Treatment Guidelines for the Treatment of OA, RA and Acute Musculoskeletal Injury - Review
9:45 AM	REFRESHMENT BREAK
10:00 AM	Local Adaptation of Medical Treatment Guidelines
11:30 AM	Feedback from Small Group Sessions
12:00 PM	LUNCH
1:00 PM	Non-pharmacological Interventions Workshop
3:15 PM	REFRESHMENT BREAK
3:30 PM	Referral and Communications Workshop
5:30 PM	GROUP DINNER *

Saturday, February 5, 2000

7:20 AM	Leave Hotel
7:45 AM	Continental Breakfast at Four Villages CHC
8:15 AM	Case Studies from each CHC
9:30 AM	Educational Toolkit Review
10:30 AM	REFRESHMENT BREAK
10:45 AM	CONCURRENT SESSIONS: Mobilizing Your Community and Musculoskeletal Examination Review with Patient Partners
12:15 PM	LUNCH
1:00 PM	CHC's Create a Plan for Local Implementation
2:30 PM	Wrap Up / Next Steps
3:00 PM	Clinical Skills Workshop
5:30 PM	FINISHED

* Guests are invited for a cost of \$25.00 per person

Getting A Grip On Arthritis

Agenda

DAY ONE . THURSDAY . FEBRUARY 3, 2000

4:00 - 6:00 p.m. Arrival

Participants' arrival in Toronto, Ontario. Staying at the Quality Midtown Hotel, 280 Bloor Street West. Phone Number: 416-968-0010.

5:00 - 7:00 p.m. Dinner

Buffet dinner at Quality Midtown Hotel Obie's Restaurant banquet room.

5:00 - 8:00 p.m.
Clinical Skills Workshop

Clinical Skills Workshop for CHC Providers ONLY at the St. George Health Centre, 310 Bloor Street West (beside the hotel).

8:00 - 11:00 p.m. Social

Social at the Madison Avenue Pub, 14 Madison Avenue (Bloor Street West and Spadina). 6th Floor is reserved for our event.

DAY 2 . FRIDAY . FEBRUARY 4, 2000

7:20 a.m. Leave Hotel

Meet in hotel lobby at 7:20 a.m. to travel to Four Villages CHC via the TTC. Tokens will be provided.

7:45 a.m. Continental Breakfast

Continental breakfast at Four Villages CHC. Breakfast includes fresh fruit, muffins, croissants, danishes, cinnamon buns, bagels with cream cheese, coffee, juice and milk.

8:15 a.m. Introduction & Welcome

Introduction and Welcome. Goals and Objectives.

Dr. Elizabeth Badley, Director, ACREU;
Ms. Carrie Hayward, Manager, Community Programs Unit, Ministry of Health; &
Dr. Mary Bell
ACREU Investigator, Rheumatologist

9:00 a.m. MSK Guidelines

Holbrook medical treatment guidelines for the treatment of OA, RA and acute musculoskeletal injury - Review.

Dr. Rick Glazier
ACREU Investigator, Family Physician

9:45 a.m. REFRESHMENT BREAK

10:00 a.m. Local Adaption of MSK Guidelines : Breakout Session

Introduction of Session Objectives

Dr. Rick Glazier
ACREU Investigator, Family Physician

CHC's and specialists will breakout into small groups according to CHC location to discuss local adaptation of the medical treatment guidelines.

Sandwich CHC and Windsor area Specialists
Facilitator: Wayne Oake

West Elgin CHC and London area Specialists
Facilitator: Carrie Hayward

Four Villages CHC and Toronto area Specialists
Facilitator: Richard Jenkins

Ogden-East End CHC and Thunder Bay area Specialists
Facilitator: Lorraine Duff

Sandy Hill CHC and Ottawa area Specialists
Facilitator: Michele Harding

11:30 a.m. Feedback

Groups will reconvene and present their plans to implement the MSK guidelines in their facility.

Facilitator: Wayne Oake, Ministry of Health

12:00 p.m. LUNCH

Lunch on site includes: variety of sandwiches, caesar salad, garden salad, pasta salad, soft drinks and juice.

1:00 p.m. Non-pharmacologic Interventions Workshop

Best Practices for education, social support, exercise, weight loss and nutrition.

Sydney Lineker, PT,
The Arthritis Society, ACREU Investigator;
Nancy Knudsen, Health Promotor, Sandy Hill CHC; &
Anne Lyddiatt, Searle/Pfizer Patient Partner

3:15 p.m. REFRESHMENT BREAK

3:30 p.m. Referral & Communications Workshop

Dr. Mary Bell
ACREU Investigator, Rheumatologist &
Dr. Erin Keely, Endocrinologist, University of Ottawa

5:30 p.m. Group Dinner

Travel by TTC to J.J. Muggs at 500 Bloor Street West for an all expense paid dinner. TTC tokens will be provided.

Day 3 . Saturday . February 5, 2000

7:20 a.m. Leave Hotel

Meet in hotel lobby at 7:20 a.m. to travel to Four Villages CHC via the TTC. Tokens will be provided.

7:45 a.m. Continental Breakfast

Continental breakfast at Four Villages CHC. Breakfast includes fresh fruit, muffins, croissants, danishes, cinnamon buns, bagels with cream cheese, coffee, juice and milk.

8:15 a.m. CHC Case Studies Breakout Session

Introduction of Session Objectives

Dr. Mary Bell
ACREU Investigator and Rheumatologist

CHC's and specialists will breakout into small groups according to CHC location to discuss specific case studies brought by the CHC physicians and nurse practitioners.

Sandwich CHC and Windsor area Specialists
Facilitator: Wayne Oake

West Elgin CHC and London area Specialists
Facilitator: Carrie Hayward

Four Villages CHC and Toronto area Specialists
Facilitator: Richard Jenkins

Ogden-East End CHC and Thunder Bay area Specialists
Facilitator: Lorraine Duff

Sandy Hill CHC and Ottawa area Specialists
Facilitator: Michele Harding

9:30 a.m. Educational Toolkit Review

Introduction of Session Objectives

Sydney Lineker, PT
The Arthritis Society, ACREU Investigator

Review of the development and contents of the physician and client educational toolkit.

Jon Boynton, Words and Images

10:30 a.m. REFRESHMENT BREAK

10:45 a.m. CONCURRENT SESSIONS

Session 1: Mobilizing Your Community

Introduction of Session Objectives

Sydney Lineker, PT
The Arthritis Society, ACREU Investigator

CHC health promoters, The Arthritis Society therapists, and Specialists will meet to develop a list of resources to educate people and raise awareness in the community on arthritis.

Session 2: MSK Examination Review

Introduction of Session Objectives

Dr. Mary Bell
ACREU Investigator and Rheumatologist

CHC physicians, nurse practitioners, nurses, occupational therapists, and physiotherapists will meet to review the musculoskeletal examination with the Searle/Pfizer patient partners.

12:15 p.m. LUNCH

Lunch on site includes: variety of sandwiches, garden salad, Greek salad, coleslaw, potato salad, soft drinks and juice.

**1:00 p.m. Local Implementation
Breakout Session**

Introduction of Session Objectives

Dr. Rick Glazier
ACREU Investigator and Family Physician

CHC's create plan for local implementation

Sandwich CHC and Windsor area Specialists
Facilitator: Wayne Oake

West Elgin CHC and London area Specialists
Facilitator: Carrie Hayward

Four Villages CHC and Toronto area
Specialists
Facilitator: Richard Jenkins

Ogden-East End CHC and Thunder Bay area
Specialists
Facilitator: Lorraine Duff

Sandy Hill CHC and Ottawa area Specialists
Facilitator: Michele Harding

2:30 p.m. Wrap Up/Next Steps

Dr. Mary Bell
ACREU Investigator, Rheumatologist
&
Dr. Rick Glazier
ACREU Investigator, Family Physician

3:00 p.m. Clinical Skills Workshop

Clinical Skills Workshop for all CHC
providers who participated in Thursdays
Clinical Skills Workshop.

5:30 p.m. FINISHED

Arthritis Best Practices

Time: Friday, February 4th: 9:00 a.m. to 9:45 a.m.

Format: Large Group Presentation

Objectives:

1. To understand what clinical practice guidelines are and what role they can play in improving delivery of health care.
2. To become familiar with current best practices for arthritis care and the evidence base which supports those practices.
3. To begin to consider the appropriateness and feasibility of implementing arthritis best practices in your community.
4. To disseminate the preliminary results of the primary care providers survey completed before the intervention.

Presenter: Dr. Rick Glazier, ACREU Investigator, Family Physician

Note: All people attending the conference had to complete a confidentiality agreement in regards to the draft Holbrook medical guidelines.

Local Adaptation of Holbrook Medical Treatment Guidelines

Time: Friday, February 4th: 10:00 a.m. to 11:30 a.m.

Format: Small Group Discussion (5 Groups, by CHC location)

Objective:

1. To discuss the appropriateness and applicability of arthritis guidelines and best practices in your setting.

Issues to be discussed related to the guidelines and best practices:

1. Do the guidelines seem appropriate as ideal practices?
2. Are there any best practices that you disagree with as ideal practices?
3. Are there any best practices that you would like to add?
4. Which of the best practices would be difficult or impossible to implement in your setting?
5. If you cannot implement a best practice, can you suggest alternative ways of achieving similar ends?

Deliverable:

1. Develop a plan to implement the MSK guidelines in your CHC.

Small Group Assignment:

Sandwich CHC and Windsor area Specialists
West Elgin CHC and London area Specialists
Four Villages CHC and Toronto area Specialists
Ogden-East End CHC and Thunder Bay area Specialists
Sandy Hill CHC and Ottawa area Specialists

Facilitator:

Wayne Oake
Carrie Hayward
Richard Jenkins
Lorraine Duff
Michele Harding

Small Group Feedback of Local Adaptation of the Best Practice Guidelines

Time: Friday, February 4th: 11:30 a.m. to 12:00 p.m.

Format: Large Group Presentation

Objective:

1. Groups will reconvene and present their plans to implement the MSK guidelines in their CHC.

Facilitator: Wayne Oake, Ministry of Health

Non-pharmacological Interventions Workshop

Time: Friday, February 4th: 1:00 p.m. to 3:15 p.m.

Format: Large Group Presentation / Role Playing

Objectives:

1. To understand the best practice guidelines relating to the non-pharmacological interventions for arthritis (self-management, exercise, and social support).
2. To understand the barriers to exercise and identify some solutions to those barriers.
3. To understand the stages of change approach to behaviour change.
4. To practice new skills in helping clients change or improve their exercise behaviours.

Deliverables:

1. Participants will understand the best practice guidelines for the non-pharmacological management of arthritis.
2. Participants will know the key messages to deliver to their clients around exercise and social support.
3. Participants will understand the stages of change approach to behaviour change and learn skills to help them talk to their clients about behaviour change.
4. A list of barriers to exercise and potential solutions.
5. Take home materials: ASMP materials, PACE materials.

Workshop Agenda

Best Practice: Education and Social Support (15 minutes)

Introduction of best practices regarding education about self-management and social support.

Presenter: Sydney Lineker, PT, ACREU Investigator

Arthritis Self-management Program (ASMP) (15 minutes)

Presenter: Nancy Knudsen, Ottawa ASMP leader

Best Practice: Exercise (15 minutes)

Introduction of best practices for exercise.

Brainstorm list of barriers and potential solutions - develop list for clients (15 minutes)

Stages of Change: The PACE Approach (15 minutes)

Presenter: Sydney Lineker, PT, ACREU Investigator

Role Play: Demonstration: Exercise scenario (5 minutes)

Presenter: Sydney Lineker, PT, ACREU Investigator & Anne Lydiatt, Patient Partner

Role Play: Exercise or weight loss - in pairs, scenario provided (15 minutes)

Feedback (10 minutes)

Please see the display table of Arthritis Society services and resources.

Referral and Communications Workshop

Time: Friday, February 4th: 3:30 p.m. to 5:00 p.m.

Format: Large Group Presentation and Small Group Discussion

Goal:

1. To improve the referral-consultation process by enhancing written communication between primary care providers and specialists.

Objectives:

1. Understand the referral-consultation process and the role of written communication.
2. Reach consensus on the most important content items in a referral and consultation letter.
3. Develop an effective writing style for referral and consultation letters including the use of templates.
4. Develop strategies for including CME on new practice guidelines and new therapies in letters.

Workshop Agenda

Large Group Session (20 minutes)

Introduction/General Overview

1. Objectives
2. CanMEDS 2000 roles
3. Expectations of clients
4. Lack of training of HCP

Consultation Process

1. Steps in consult process/ expertise required
2. Role of referral letter
3. Role of consult letter

Role play - to highlight what is not working

Small Group Discussion (break into 2 groups) (50 min)

Content of referral and consult letter

1. Have group individually rank order several different content items.
2. Try to reach consensus as a group for top 4-5 items for each type of letter
FOR THIS PATIENT POPULATION.

Improving readability of letters

1. Introduce importance of style issues (type of words, length of sentences, length of paragraphs, headings, use of point form, handwriting in referral notes, etc...).
2. Develop a template for referral and consult letters specific to patients with arthritis.

Reconvene large group and compare templates, discuss strategies for including CME (15 minutes)

Wrap up (5 minutes)

Presenter: Dr. Erin Keely, Endocrinologist, Associate Professor, Department of Medicine & Obstetrics and Gynecology, University of Ottawa

Small Group Assignment:

Sandwich CHC and Windsor area Specialists
West Elgin CHC and London area Specialists
Ogden-East End CHC and Thunder Bay area Specialists
Sandy Hill CHC and Ottawa area Specialists
Four Villages CHC and Toronto area Specialists

CHC Case Studies

Time: Saturday, February 5th, 8:15 a.m. to 9:30 a.m.

Format: Small Group Discussion (5 Groups by CHC location). Physicians and nurse practitioners have been asked to bring a summary of a current arthritis client to be presented to the group.

Objective:

1. To provide an opportunity for participants to apply guidelines and best practices to current CHC client cases.

Issues to be discussed related to the best practices:

1. Ensure best practices are being addressed for each client case presented.
2. If you cannot implement a best practice, what are the alternative ways of achieving similar ends?

Small Group Assignment:

Sandwich CHC and Windsor area Specialists
West Elgin CHC and London area Specialists
Four Villages CHC and Toronto area Specialists
Ogden-East End CHC and Thunder Bay area Specialists
Sandy Hill CHC and Ottawa area Specialists

Facilitator:

Wayne Oake
Carrie Hayward
Richard Jenkins
Lorraine Duff
Michele Harding

Educational Toolkit Review

Time: Saturday, February 5th, 9:30 a.m. to 10:30 a.m.

Format: Large Group Presentation

Objectives:

1. To understand the process that resulted in the toolkit.
2. To introduce participants to the developed materials.
3. To evaluate the tools in terms of usefulness, format and implementation.

Deliverables:

1. Participants will have an opportunity to review and choose materials that they think will be useful in their practice environment.
2. Participants will have input into the final content/format of the materials.

Presenters: Sydney Lineker, PT, ACREU Investigator &
Jon Boynton, Words and Images

Mobilizing Your Community

Time: Saturday, February 5th: 10:45 a.m. to 11:45 a.m.

Format: Small Group Discussion (2 Groups). **This workshop is for CHC health promoters and other staff, The Arthritis Society therapists, and specialists only.**

Objective:

1. To identify potential opportunities and resources for disseminating information on arthritis to educate the community and raise awareness in the external community.

Issues to be discussed:

1. What are the resources available in the community to educate the general population on arthritis and how can these resources be utilized (The Arthritis Society, libraries, support groups).
2. What are the opportunities available to disseminate the educational messages (media, arthritis awareness month, local papers, local cable network, community and senior centres, etc...).

Deliverables:

1. A list of local resources for a fact sheet for clients.
2. A list of targets.
3. A plan for utilizing the local resources.

Small Group Assignment:**Facilitator:**

Sandwich CHC and Windsor area Specialists	↘	
West Elgin CHC and London area Specialists	→	Carrie Hayward
Ogden-East End CHC and Thunder Bay area Specialists	↗	
Sandy Hill CHC and Ottawa area Specialists	↘	
Four Villages CHC and Toronto area Specialists	→	Lorraine Duff

Format 11:45 a.m. to 12:15 p.m.: Reconvene group and have rapporteur present deliverables.

Musculoskeletal Examination Review with Searle/Pfizer Patient Partners

Time: Saturday, February 5th: 10:45 a.m. to 12:15 p.m.

Format: Hands on workshop for CHC physicians, nurse practitioners, nurses, physical therapists, and occupational therapists only.

Objective:

1. To review to musculoskeletal examination with patient partners.
2. To learn to differentiate between physical findings of OA and RA.

Local Implementation

Time: Saturday, February 5th, 1:00 p.m. to 2:30 p.m.

Format: Small Group Discussion (5 Groups by CHC location)

Objective:

1. To identify how to apply the arthritis best practices in your CHC environment and develop a plan for the next steps.

Issues to be discussed:

1. What is the process to orientate your colleagues to arthritis best practices and what materials do you need to achieve these goals?
2. Are there any barriers/obstacles to implement the plan into the community and generate potential solutions?

Deliverables:

1. Develop a preliminary plan for the site visit.
2. Obtain commitment from the participants to implement the plan.

Small Group Assignment:

Sandwich CHC and Windsor area Specialists
West Elgin CHC and London area Specialists
Four Villages CHC and Toronto area Specialists
Ogden-East End CHC and Thunder Bay area Specialists
Sandy Hill CHC and Ottawa area Specialists

Facilitator:

Wayne Oake
Carrie Hayward
Richard Jenkins
Lorraine Duff
Michele Harding

Wrap-Up/Next Steps

Time: Saturday, February 5th, 2:30 p.m. to 2:50 p.m.

Format: Large Group Interactive Discussion

Objectives:

1. To summarize what next steps will be developed and followed.
2. To gather feedback on the conference from participants.