The Arthritis Society Can Help Manage Wait Lists For Rheumatology Patients

Who are we?

The Arthritis Society's occupational therapists and physiotherapists work in a screening/triage/follow-up role with rheumatologists to help manage their wait lists. In this new role, Arthritis Society staff focus on assessment.

Training

All therapists work exclusively with patients who have rheumatic disorders, and have had thorough post-graduate training in the assessment and management of these conditions.

In addition, some therapists have received training through a certified University of Toronto program called the Arthritis Clinician Practitioner in Arthritis Care (ACPAC) program where therapists acquire advanced skills in the assessment, diagnosis, triage and independent management of selected musculoskeletal and arthritic disorders.

Why contact The Arthritis Society for patients on your wait list?

• to see the patient in the optimal treatment window and expedite those patients on the wait list who need more urgent care; and
• to provide the patient more comprehensive management while on the wait list.

What are we able to provide?

• complete individual assessments, joint count and management for rheumatology patients;
• pre-assessment/triage of patients to expedite referrals to rheumatologists;
• attendance at rheumatology clinics to screen patients;
• custom solutions to help rheumatologists manage wait lists;
• consultations to other health care providers including family physicians in order to expedite appropriate referrals to rheumatology; and
• Ontario Telemedicine Network interventions: off-site assessments in conjunction with rheumatologists.

Where do we provide this support?

• rheumatology clinics;
• over 115 Arthritis Society clinic locations province-wide;

Cost to receive service:
The services of The Arthritis Society’s ACPAC therapists are delivered at no cost to you; they are funded by Ontario’s Ministry of Health and Long-Term Care.

How can you access this program?

You must establish this relationship with a staff member of The Arthritis Society.

Examples of current relationships and outcomes

* In Thunder Bay, Anne MacLeod, an ACPAC therapist, and Sally Prystanski, an Arthritis Society physiotherapist, work with Dr. Fidler and the visiting rheumatologists to more effectively provide rheumatology care to patients in the north. Anne works collaboratively in Dr. Fidler’s office to provide initial and follow-up assessments. She also manages all of the referrals to the rheumatology community and triages these clients to the most appropriate services. Sally’s role is to provide pre-assessment for clients triaged with potentially complex needs, provide joint counts for Dr. Scocchia’s (visiting rheumatologist) patients with regards to medication adjustments and to provide rehabilitation for diagnosed rheumatology clients.
In Sault Ste. Marie, Mary Ellen Marcon, an Arthritis Society physiotherapist and ACPAC trained therapist, works with an internist, Dr. Patricia Ciaschini, at the Group Health Centre. Mary Ellen works collaboratively in her rheumatology office and Dr. Ciaschini reports that this has greatly improved access to rheumatology care in Northern Ontario. Mary Ellen also works with rheumatologist Dr. Frances Leung in her outreach clinic in Sault Ste. Marie. Dr. Leung is a visiting rheumatologist from Toronto and reports that Mary Ellen has been an invaluable help, particularly in the intervention clinic.

In the Sudbury area, Jocelyne Murdoch, an Arthritis Society occupational therapist and ACPAC trained therapist, works with nurse practitioners to assess patients in remote communities using Telemedicine. For patients with suspected inflammatory arthritis, Jocelyne expedites the referral to specialists. As well, Jocelyne consults with family physicians about patients with suspected arthritis and recommends appropriate tests. Family physicians use this coaching to get the tests done and refer more appropriately.

In London, Sue MacQueen, Arthritis Society physiotherapist and ACPAC graduate spends two days per month in a clinic at Children's Hospital with pediatric rheumatologist Dr. Roberta Berard. Sue sees children who have been newly referred for a rheumatology consult, as well as follow-up appointments. She presents the results of her full assessment to Dr. Berard and participates in forming the management plan, including investigations and treatment. This allows Dr. Berard to see twice the number of children in a given clinic day.

In Hamilton, Irene Rand, Arthritis Society physiotherapist, works with Dr. Khalidi to screen patients already on an urgent wait list. While this has not reduced Dr. Khalidi’s wait list, he reports that he has more time to spend with his patients, because Irene completes his Health Assessment Questionnaires and screens his patients for further input by The Arthritis Society.

In Brampton, Dr. Ahluwalia, Dr. Bajaj, and Dr. Joshi refer patients who are waiting for their initial appointment and may have early inflammatory arthritis for a comprehensive pre-assessment by Jean McKellar, Arthritis Society physiotherapist or Mercedes Reeb, an Arthritis Society occupational therapist. Results of these assessments are used to expedite clients who require more urgent rheumatology consults. The client is also provided with applicable therapeutic management tools at the time of the pre-assessment and is made aware of the opportunity to be seen by the therapists again as required once a diagnosis is established.

In Newmarket, Lois Derrick, an Arthritis Society physiotherapist and ACPAC graduate, works in the office of Dr. Thorne once a week. Clients are scheduled for the day - both follow up appointments and new consults. Either Dr. Thorne or Lois assesses the clients as they arrive. Lois then presents any clients she assesses to Dr. Thorne having completed any orders for x-rays, blood work or medications. Lois and Dr. Thorne then discuss Lois’ recommendations.

In Markham, Connie Roberts, an Arthritis Society physiotherapist and ACPAC graduate works in the office of Dr. Lewtas approximately twice a month. The office books new consults for Connie who are expected to be inflammatory, or clients who have been referred through emergency who are deemed to be seen immediately. Connie presents her assessment to Dr. Lewtas with the client. Dr. Lewtas usually does a brief examination and the client is informed of their diagnosis and/or if further tests are required to confirm the diagnosis or manage the condition. Dr. Lewtas finds she can see more patients while Connie is there, in particular, the inflammatory patients and she is able to put the emergency referrals in as required.

In Markham, Connie works in the office of Dr. Tupchong approximately twice a month. The office books the clients for Connie to assess and triage. Connie completes a triage form and Dr. Tupchong and Connie then meet to discuss her recommendations. Clients are then scheduled for future appointments for Dr. Tupchong according to urgency. Dr. Tupchong has found this helps manage her caseload and assists in having inflammatory clients seen in a timely fashion.

In Waterloo and Wellington regions, Sue MacQueen performs triage assessments for local rheumatologists within weeks of their initial referral. This helps to ensure timely and appropriate access to rheumatology care in communities where waiting times can reach six to nine months.