

The Timmins Arthritis Clinic

Timmins and District Hospital

Serving Timmins, Kapuskasing and North Eastern Ontario

The Northern Ontario Arthritis Clinical Research Program



October 2014

Dear Colleagues,

Several years ago, we met with a number of the family doctors in the Timmins region, and we spent an evening discussing our clinic program, specifically our focus on inflammatory arthritis and related disorders, and how best to use the clinic and our consultative services.

While many of you are familiar with Dr. Carette, myself and Ms. Marcon, we feel that as a result of some important changes this past year, this is an important opportunity to review our program at TADH (the Arthritis Clinic) and related activities.

We are aware that there are several new family physicians in Timmins, and the recent departure of Dr. Debosset's from Kapuskasing has resulted in a shift of rheumatologic care to our clinic at TADH. When we were informed of Dr. Debosset's retirement, we quickly initiated a process to address this rather large gap in service by offering to see these patients in Timmins, increasing our clinic days but using the same process as described below.

For those new to our clinic, we intend that this review will clarify the process of referral, consultation and communication between you, the family physicians, and us.

We are also willing to hold an informal evening session in Timmins to meet with you at some future date, at a mutually convenient time. I have also asked that Lorna Green, TADH, explore the option of putting an executive summary of this document on the TADH website for easy access

Background

I have been an attending Rheumatologist in Timmins since 1987, and Dr. Carette since 2000. Our clinics are scheduled every three months (March, June, Sept/early Oct, Dec), for two full days, and always on the Thursday and Friday. We are very fortunate to be assisted by Ms. Mary Ellen Marcon, Arthritis Society therapist (TAS) and Advanced Arthritis Practitioner from Sault Ste. Marie., for over 15 years.

Mary Ellen attends the week of the scheduled clinics, during which time she sees both new referrals and follow ups. She also utilizes Telehealth for assessments during other time of the year with clients in Timmins and surrounding regions.

Clinic Focus

Our clinic is specifically focused on assessment and management of **inflammatory joint disease and related conditions**. The vast majority of patients either has or is likely to have Rheumatoid Arthritis, or other less common chronic inflammatory conditions (Psoriatic Arthritis, Ankylosing Spondylitis/ Spondyloarthropathies, SLE and related connective tissue disorders). We do accept referrals for Crystal (Gouty) Arthritis but not for degenerative joint disease, fibromyalgia or other soft tissue rheumatic /chronic pain syndromes. While we recognize that these latter musculoskeletal conditions are important and impact function, we have elected to focus specifically on inflammatory conditions, utilizing additional resources to provide a solution to these other concerns.

Referrals are processed as described below so as to select the appropriate options for review, and to assure you that your submissions are being properly addressed. This approach has been consistently used over the years in Timmins and has been well accepted by the referring physicians.

Referral Process

Paper referrals are submitted to me in Toronto by the TADH specialty clinic coordinator at least quarterly (prior to the upcoming clinic date) or more frequently (if needed). These are triaged based on the information you provide. In some cases, this information is adequate; in others there may be requests for more information and/or additional tests.

Three outcomes may occur:

- 1) An Arthritis clinic appointment will be booked by the TADH coordinator.
- 2) A referral to Ms. Marcon (TAS) will be made. She has the option to discuss these cases with us and/or to bring to next clinic if she feels it is indicated. These arrangements are made by her and the TADH coordinator and the patient advised directly.
- 3) No clinic or TAS appt is made- the request is returned back to you for disposition, with advice regarding affiliate local services or a more appropriate specialist.

The nature of this process is in largely driven by the information provided- symptoms, past history, lab and imaging studies, and these should be up to date and included. For those requests for review of patients seen distantly in the past, the most recent notes and data is always appreciated.

In the case of the TADH Arthritis clinic bookings, I make every effort to expedite if there is a clear and urgent need (by triaging with the clinic coordinator), but it is rare for a patient to wait more than one clinic cycle for an appointment.

We have also advised referring MDs, that in those cases where there is an urgent need for assessment, you are welcome to call us directly at our offices in Toronto or email for advice regarding investigations

and treatment while waiting for our next visit. This has been relatively infrequent, but can quickly mitigate concerns.

This option above also refers to those referrals which have been refused # 1 and 2 above, and for which you feel strongly that you have additional important information that could change the decision.

Follow up process

Clinic patients requiring follow up are provided appointments at the time of their clinic visit, or by a call from the coordinator or clinic nurse (Denise Marin) shortly thereafter. For requests for review of those individuals discharged or for whom no follow up is needed, a repeat referral request is required, and interval information regarding status is appreciated. We can access the TADH EMR remotely but some laboratory studies or outside referral notes are not on file, so including these is appreciated.

Patients who have achieved clinical remission or adequate control are often followed by Ms. Marcon, who as noted above, has the option at the time of the scheduled clinic, to request an assessment by us if she feels there has been a significant change or other issue that requires our intervention. In addition, many of our patients are on a long term medications, such as disease modifying agents or biologics, and are doing well, but they still require re-application and approval for some of these drugs on an annual basis. This process facilitates timely review, without limiting clinic space for new patients or those that require more frequent follow up.

Finally, Dr. Carette (and less frequently myself) have been using Telehealth assessments for select individuals, and exclusively for follow up (not new consultations). This is arranged through our centres, following the clinic visits, and is not part of the routine referral process as described above. Ms. Marcon will also organize Telehealth appointments for some of the referrals that are sent to her.

Other Specialist Arthritis Services in the region

Over the years, we are aware that some of you refer patients to other arthritis care providers, such as the March of Dimes and centres in southern Ontario. We have also been contacted directly by these specialists to assume care of these patients. As long as the patient's diagnosis (established or under consideration) falls within the mandate of our clinic as noted above, we are happy to review the request. The same triage process applies.

However, we discourage the use of multiple practitioners for the same rheumatic issues in any individual patient. We are happy to provide a "second opinion" if asked, for those who are appropriate for our clinic or TAS. A decision regarding long term disposition should be made by yourself and the patient. Our clinic resources are limited; our goal is to provide the highest quality service while avoiding confusion for the patient and yourself. You are also welcome to contact us directly to discuss.

Other related issues

Prior to or at the clinic , patients may be provided with laboratory requisitions and other tests. We make every effort to copy you on these results. Our consultation notes are dictated at the time of the visit, and may contain specific recommendations for follow-up or additional investigations/ referrals. The latter are generally organized by clinic staff at TADH at the time of the clinic, but if there has been a failure to do so, please advise the clinic office at TADH, who can also contact us if further clarification or information is needed..

We discourage clinic referrals being faxed to our Toronto offices directly, as all of these will still be processed as outlined above. By faxing to Toronto, this may result in further delay. Please send all referrals to the Timmins Specialty clinic office only.

A final comment to our Kapuskasing colleagues....

Since Dr. Debosset's departure, we have undertaken to address the clinical needs for your patients. We review, and when necessary, clarify previous clinical diagnoses. This effort includes both us and Ms. Marcon; in some cases it has resulted in substantial changes in the diagnosis and the management.

Our objective is and always will be to provide the best care to your patients. We trust that you will assist on communicating to these individuals that change does not necessarily discount past impressions or decisions by another physician, but reflects, to the best of our knowledge, the clinical presentation and related investigations presenting to us, on which we base our clinical assessment and management decisions.

We hope that this brief outline helps to clarify our clinic program and focus. Your comments are welcome.

Best regards,

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Executive Summary for the Website

TADH Arthritis Clinic

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Telehealth

Follow up may be organized by Telehealth for certain patients. These arrangements are made by the specialist through their Telehealth program and by Ms. Marcon through the Ontario TH network.

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