ARTHRITIS COMMUNITY RESEARCH & EVALUATION UNIT (ACREU)

THE ARTHRITIS SOCIETY

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Availability of Specialist Care for Arthritis and Related Conditions in Ontario, Year 2000 Survey

Brief Report

Part 1: Rheumatologist Services

ACREU, OCI/PMH
610 University Avenue
16th Floor, Room 16-706
Toronto, Ontario
M5G 2M9

phone: (416) 946-2924
fax: (416) 946-2291
www.acreu.ca

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University of Toronto

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

Introduction:

The Arthritis Community Research and Evaluation Unit (ACREU) is carrying out a coherent and comprehensive program of applied health services concerned with the delivery of care to people with chronic disabling disorders. The overall goal of this research is to reduce the impact of arthritis on individuals, their families and in the population.

ACREU is conducting research in partnership with the Ministry of Health and Long Term Care (MOHLTC) and The Arthritis Society, Ontario Division and is sponsored by the Research Institute of the University Health Network with some secondary sponsorship from the Graduate Department of Rehabilitation Science, University of Toronto. ACREU is currently receiving core funding through a contract with the Ontario Ministry of Health and Long-Term Care.

One of ACREU's objectives and research targets is to examine and document the gaps and needs in existing health professional services for people with arthritis in Ontario. The ACREU/ICES Practice Atlas on Arthritis and Related Conditions documented the enormous and growing burden of disease and disability due to arthritis. The atlas also documented, in one of its chapters, gaps in health professional services for arthritis and related conditions. The information on specialist services published in the ACREU/ICES atlas[1] and other reports[2-4] was based on results of surveys of rheumatologists and orthopaedic surgeons conducted in 1992/1993 and in 1997.

Following the publication of the ACREU/ICES Atlas, the MOHLTC asked ACREU to update their previous surveys of the geographic distribution of specialist services for arthritis in Ontario to identify the location and the amount of service provided. This included re-surveying all rheumatologists and orthopaedic surgeons currently practicing in Ontario to ascertain the geographic location of services and the amount of service being delivered to patients (expressed in half days of service) in the year 2000. This report addresses the current pattern of rheumatologic care in Ontario.

Objective:

The objective of this survey was to update the information from the 1997 Ontario Survey of rheumatologists and to ascertain the geographic location of all rheumatology practices in Ontario. The purpose of the study was to demonstrate the level of specialty care available to people with arthritis in Ontario.

Methods:

Using the mailing list of the College of Physicians and Surgeons of Ontario, the directory listings of the Canadian Rheumatology Association and of recent graduates from Rheumatology Disease Units across Ontario, we identified 214

potential subjects of whom 158 were rheumatologists with clinical practices. This number included all physicians who had received training in rheumatology and whose practice consisted of rheumatology care, even if they did not have fellowship accreditation in rheumatology (this accreditation did not exist prior to 1972). The questionnaire was mailed, along with a stamped and preaddressed return envelope, in October 2000. Telephone follow-up of non-responders commenced four weeks after the survey mailing and continued until at least the practice location data was collected for each eligible subject.

The self-administered questionnaire was based on a subset of questions used in the ACREU surveys of rheumatologists, which were conducted in 1992 and 1997. Questions relating to barriers to provision of optimal service and the impact of policy changes related to the provision of rheumatology services were added at the request of the Canadian Rheumatology Association. The volume of rheumatology service was measured by asking respondents how many clinic half-days they held a week (a typical half-day was considered to be four hours). For example, a rheumatologist who held clinic hours four days a week, two half-clinics a day, would be contributing 8 half-days a week. We summed the contribution of each rheumatologist to get the total service provision for all sites which were aggregated into county, regional municipality or district using a schema derived from the MOHLTC website. These data were further summed into each of the current District Health Councils (DHCs) (Year 2000, n=16), current Health Planning Regions (HPR) (Year 2000, n=7), and for the province as a whole. For each DHC and HPR, we obtained the service-to-population ratios (number of practitioners per 100,000 population), which are traditionally used in health resource planning. Although these ratios have their limitations, they can provide useful benchmarks for comparison purposes, particularly with respect to relative access to health care services.

Results:

Of the 158 eligible rheumatologists, 131 completed the entire survey. The remaining 27 subjects provided practice location data only. The number of half-days per week per rheumatologist ranged from 0 through 12.

The average provincial rate for rheumatology service was 9 half-days a week (all rheumatologists) per 100,000 population (Table 1). Overall, the level and distribution of rheumatology care was similar between 1997 and 2000. While all of the 16 DHCs had some access to rheumatology services, this access ranged from 0.48 half-days per week (Muskoka, Nippising, Timiskaming & Parry Sound) to 15.75 (Hamilton-Wentworth). When combined into planning regions these data also demonstrate that the rates are highest in the Toronto (15.01 half-days per week) and the East (9.68) regions and lowest in the North region (3.03).

At the time of the 1992/93 survey, there were 33 DHCs divided into 6 health planning regions. Four of the 33 DHCs did not receive any rheumatology

services. The DHC regions were redistributed and at the time of our 1997 survey the number of DHCs was reduced to 16. While the number of DHCs without access to rheumatology services was reduced to one, 17 of the 55 counties that comprised these 16 DHCs did not have access to rheumatology services. With the latest reorganization, the number of DHCs remains at 16 and all of these DHCs have some access to rheumatology services. Despite this coverage at the DHC level, 14 of the 48 counties defined in this analysis do not have access to rheumatology services (Appendix A).

When asked about factors that impede rheumatologists' ability to practice rheumatology as they would like to practice, two-thirds of respondents indicated that financial factors, such as affordability of drugs to patients, created a barrier to practicing rheumatology as they would like (Table 2). In addition, 58.2% of respondents indicated that billing policies or regulations for consultation and follow-up visits were barriers to service. When asked whether quality of services to patients has been influenced by changes in OHIP policies and regulations, 41.1% of respondents indicated that they felt services had deteriorated, whereas only 1.9% of respondents felt that services had improved (Figure 1). Rheumatologists were also asked about their ability to 'make ends meet' from rheumatology practice alone (without resorting to third party billing, pharmaceutical trials, internal medicine patients, etc.). While 7.3% of respondents indicated that it was easy to make ends meet, almost 30% indicated that it was not possible (Figure 2).

Discussion:

The year 2000 ACREU survey of Ontario rheumatologists has demonstrated that there is considerable variation in the availability of rheumatologist services throughout Ontario, with the North continuing to be the most underserviced area. These findings are in keeping with earlier surveys performed in 1992/93 and again in 1997.

Lack of access to rheumatologic care may have significant implications for people with the more serious and debilitating types of arthritis. An analysis of patterns of primary and specialist care for arthritis and related conditions in Ontario using the 1996/97 OHIP dataset suggests that local availability of specialty rheumatologist services may affect the chances of a patient ever receiving rheumatological care, even though, in principle, patients could be referred elsewhere.[5] This is particularly crucial in light of emerging evidence that initiating early and effective treatments for inflammatory arthritis may prevent disability and improve outcomes.

This survey also identified a potential for crisis in the provision of quality care by rheumatologists. Responding rheumatologists identified several barriers to the provision of optimal care. Over 40% felt that the quality of services to their patients had deteriorated, and almost 30% felt it was impossible to make ends

meet from rheumatology practice alone because of recent changes in OHIP policies and procedures. The cost of the new and effective arthritis drugs to patients was also felt to be a barrier to care. For example new drugs for RA, which have been shown to have a dramatic impact on the disease, cost over $1,500 a month, but are not universally available due to the lack of comprehensive formulary and drug plan coverage.

The findings from the 2000 survey of rheumatologists demonstrate the need to improve both the geographical equity in the provision of rhematology services in Ontario and the need to address the perceived difficulty in providing adequate care that was expressed by the participating rheumatologists.

Table 1: Availability of Selected Services by District Heath Council per 100,000 Population in Ontario

2000 Health Planning Regions	2000 ½ day Rheumatology Clinics per Week per 100,000	1997 ½ day Rheumatology Clinics per Week per 100,000
South West		
Essex, Kent and Lambton	8.14	5.13
Grey Bruce Huron-Perth	0.68	0
Thames Valley	8.34	7.66
Total	**6.78**	**5.11**
Central West		
Grand River	1.38	3.20
Hamilton-Wentworth	15.75	18.12
Niagara Region	6.43	6.39
Waterloo Region-Wellington Dufferin	4.61	4.80
Total	**7.62**	**8.59**
Central		
Halton-Peel	7.30	7.83
Simcoe-York	6.24	3.82
Durham, Haliburton, Kawartha & Pine Ridge	8.33	8.76
Total	**7.20**	**6.90**
Toronto	**15.01**	**14.68**
East		
Qunite, Kingston & Rideau	6.47	3.81
Champlain	11.16	14.44
Total	**9.68**	**11.05**
North East		
Muskoka, Nippising, Timiskaming & Parry Sound	0.48	0.25
Algoma, Cochrane, Manatoulin, Sudbury	3.59	4.93
Total	**2.52**	**3.35**
North West		
Northwestern Ontario	4.31	4.13
Total	**4.31**	**4.13**
Ontario	**8.93**	**8.89**

Table 2: Barriers to service factors that impede rheumatologist's ability to practice rheumatology as they would like to practice (N = 127)

Barriers to service	N	(%)
Financial barriers such as affordability of drugs to patients	104	65.8
Billing policies/regulations for consultation and follow-up visits	92	58.2
Long waiting times	77	48.7
Lack of access to allied health professionals	68	43.0
Non-referral by GPs	56	35.4
No access to hospital beds	52	32.9

Figure 1: Rheumatologists' response to the question "In your opinion, how has the quality of services to your patients been influenced by changes in OHIP policies/regulations in the last year (i.e. consultation reimbursement fee schedule specific to rheumatology fee codes)" (N = 123)

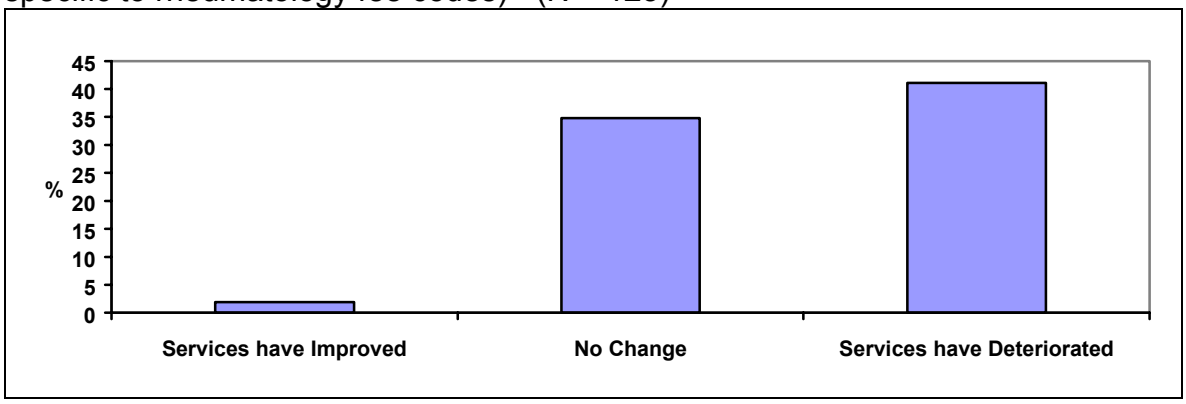
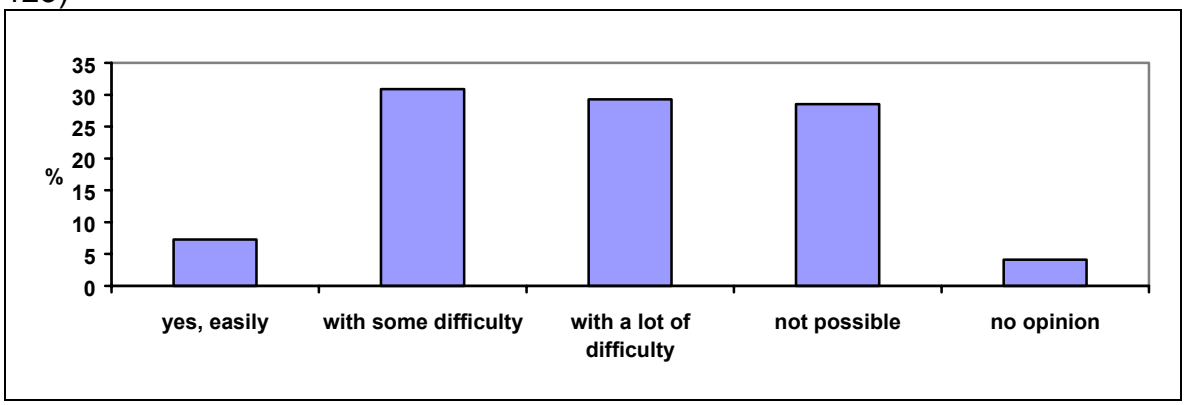


Figure 2: Rheumatologists' response to the question "In your opinion, is it possible to make ends meet from rheumatology practice alone (without resorting to third party billing, pharmaceutical trials, internal medicine patients, etc.)" (N = 123)



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Appendix A: Availability of Rheumatology Services by regional Municipality/District per 100,000 population

2000 County/Regional Municipality/District	Population	½ day Clinics/wk	½ day Clinics/wk/ 100,000
Essex County	381,672	12.00	3.14
Lambton County	131,643	31.00	23.55
Municipality of Chatham-Kent	112,897	8.00	7.09
Grey County	91,127	0.00	0.00
Bruce County	66,537	2.00	3.01
Huron County	61,097	0.00	0.00
County of Perth	75,238	0.00	0.00
County of Middlesex	412,976	50.00	12.11
County of Oxford	102,561	0.00	0.00
Elgin County	84,182	0.00	0.00
County of Brant	126,481	2.25	1.78
Haldimand/Norfolk County	109,536	1.00	0.91
Hamilton – Wentworth	498,553	78.50	15.75
Regional Municipality of Niagara	423,600	27.25	6.43
Regional Municipality of Waterloo	446,833	26.00	5.82
County of Wellington	191,459	5.75	3.00
County of Dufferin	50,318	0.00	0.00
Regional Municipality of Halton	375,705	39.00	10.38
Region of Peel	1,008,163	62.00	6.15
County of Simcoe	377,405	9.50	2.52
York Region	724,969	59.25	8.17
Regional Municipality of Durham	512,271	28.04	5.47
County of Victoria	73,134	0.00	0.00
Haliburton Highlands	16,146	0.50	3.10
County of Peterborough	128,881	34.00	26.38
Northumberland County	86,776	5.50	6.34
Hastings County	124,792	0.00	0.00
County of Lennox-Addington	40,708	0.00	0.00
Frontenac County	139,517	30.00	21.50
Prince Edward County	26,360	0.00	0.00
Leeds & Grenville County	100,128	0.00	0.00
Lanark County	63,015	2.00	3.17
Ottawa-Carlton Regional Municipality	779,274	114.00	14.63
County of Renfrew	100,407	1.77	1.76
Prescott & Russell United Counties	79,061	0.12	0.15
United Counties of Stormont, Dundas & Glengarry	115,884	4.00	3.45
Timiskaming District	36,788	0.04	0.10
Nipissing District	84,985	0.00	0.00
Parry Sound District	41,683	0.50	1.20
Muskoka District	54,712	0.50	0.91
Algoma District	126,467	1.50	1.19
Sudbury Regional Municipality & District	186,573	12.62	6.76
Manatoulin District	13,046	0.00	0.00
Cochrnae District	92,322	0.89	0.96
Kenora District	68,643	0.31	0.45
Rainy River District	23,277	0.00	0.00
Thunder Bay District	158,698	10.50	6.62
Toronto Metropolitan Municipality	2,542,844	381.75	15.01

[1] County/Region/Municipality groupings derived from ICES database & MOHLTC website 06-06-01: population estimates derived from ICES database