

ARTHRITIS COMMUNITY RESEARCH & EVALUATION UNIT (ACREU)

The Wellesley Hospital Research Institute

WORKING PAPER: 95-6

A SURVEY TO DETERMINE THE IMPACT OF THE ARTHRITIS COMMUNITY RESEARCH AND EVALUATION UNIT ON THE ARTHRITIS SOCIETY, CONSULTATION AND THERAPY SERVICE STAFF.

September 1995

Prepared by:

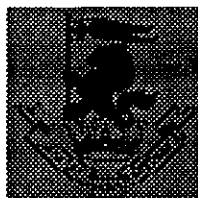
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The Wellesley
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*In Partnership with The Arthritis Society
Ontario Division*



University of
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Executive Summary

- The Arthritis Community Research and Evaluation Unit (ACREU) is funded by a Health System Link Research Grant (supported by the Ontario Ministry of Health) in partnership with The Arthritis Society (TAS), Ontario Division. This grant provides core funding for a team of investigators representing the fields of epidemiology, clinical medicine, social science and the allied health professions. The global objective of ACREU is to ameliorate the adverse impact of arthritis on individuals, their families and the population through comprehensive research leading to the development of innovative community health programs. In partnership with TAS, the unit collaborates specifically with the Consultation and Therapy Service (CTS).
- The work of ACREU has been shared extensively with the many programs of TAS. This work has influenced the design, implementation and evaluation of many of the programs and services that TAS provides. A Mapping Study and an evaluation of the Ontario Health Survey have proven very useful in TAS's representation of its constituents to the many levels of government planning health and social services for people with arthritis in Ontario. In an attempt to determine the impact of ACREU on the CTS staff, particularly with respect to their research skills and changes in their provision of care, a staff survey was conducted during the spring of 1995.
- The response rate for this survey was 100% with 53 CTS therapists (PT, OT or SW) and 6 CTS directors completing the questionnaire. In addition, the survey was distributed to CTS administrative staff, CTS head office staff and TAS Ontario Division staff.
- ACREU personnel most often identified by CTS staff and directors were Sydney Lineker, Dr Mary Bell and Lyn Maguire.
- ACREU had provided telephone consultations and reference materials to almost one-half of all CTS staff.
- The top three areas which CTS staff felt ACREU had impacted on were credibility of the CTS program (78%), therapist knowledge about research (71%) and therapist research skills (61%).
- Over one-half of all CTS staff felt that ACREU had a large to major impact on the CTS program.
- Results of the administrative staff data also reflected these findings.

**A survey to determine the impact of the
Arthritis Community Research and Evaluation Unit on
The Arthritis Society, Consultation and Therapy Service staff**

I. Introduction:

The Arthritis Community Research and Evaluation Unit (ACREU) is funded by a Health System Link Research Grant (supported by the Ontario Ministry of Health) in partnership with The Arthritis Society (TAS), Ontario Division. This grant provides core funding for a team of investigators representing the fields of epidemiology, clinical medicine, social science and the allied health professions. The global objective of ACREU is to ameliorate the adverse impact of arthritis on individuals, their families and the population through comprehensive research leading to the development of innovative community health programs. In partnership with TAS, the unit collaborates specifically with the Consultation and Therapy Service (CTS). The CTS (formally called the Home Therapy Program) was established in 1950 to provide home services for clients with rheumatic diseases whose therapeutic needs could best be met in the home setting. The CTS is funded by the Ontario Ministry of Health.

The work of ACREU has been shared extensively with the many programs of TAS. This work has influenced the design, implementation and evaluation of many of the programs and services that TAS provides. A Mapping Study and an evaluation of the Ontario Health Survey have proven very useful in TAS's representation of its constituents to the many levels of government planning health and social services for people with arthritis in Ontario. In an attempt to determine the impact of ACREU on the CTS staff, particularly with respect to their research skills and changes in their provision of care, a staff survey was conducted during the spring of 1995.

II. Methods:

1. *Sample selection*

All CTS therapists (physiotherapists, occupational therapists and social workers), directors and support staff who were on the active staff list on February 1, 1995 were surveyed. In addition, CTS office staff, CTS head office staff and TAS Ontario Division head office staff (TAS head office staff) were also surveyed.

2. *Survey methodology*

All active CTS staff were surveyed by mail using a self-administered questionnaire. Nonresponding CTS therapists were sent followup surveys and their directors were also contacted to facilitate the completion of the surveys. CTS office staff, CTS head office staff and TAS head office staff were surveyed once, and nonresponders received limited followup.

3. Survey questionnaire development

A consensus approach was used to develop the survey questionnaire (Appendix A). Items of interest to ACREU were generated and reviewed by the CTS Research Coordinator as well as a multidisciplinary research team. Final approval was granted by the CTS directors and the director of ACREU.

4. Analysis

Data was managed and analyzed using SPSS PC+ Version 4.0 data entry and statistical package. Over 10% of all data entries were verified and the error rate was deemed acceptable (< 1%). Due to the nature of the analysis, missing data were minimal and, where necessary, considered in the interpretation of results.

III. Results:

Surveys were sent to CTS staff by courier on February 8, 1995. By April 25, 1995 all returns were received. The response rate to this survey was 100% for CTS staff with 53 CTS therapists and 6 CTS directors completing the questionnaire. This group (n = 59) will be referred to as "CTS Staff and Directors" throughout the rest of this document.

The CTS office staff received their surveys by courier while the TAS head office staff received their surveys personally from the CTS head office administrative assistant. The administrative assistant collected completed surveys for 2 weeks; she also recorded incomplete questionnaires as well as staff absences during the time of the survey. Three CTS office staff and 5 TAS head office staff refused to complete the questionnaire due to their lack of knowledge about ACREU. Three additional TAS head office staff were away during the time of the evaluation. Questionnaires completed by 2 TAS staff who are affiliated with ACREU were completed but excluded from analysis. The 20 completed questionnaires consisted of 6 from TAS head office staff, 3 from CTS head office staff and 11 from CTS offices. This group will be referred to as "Administrative Staff" throughout the rest of this document.

Those individuals who had completed short-term contracts or who were on maternity leave at the time of the survey were excluded from analysis. The survey results have been presented separately for each group.

1. CTS Staff and Directors (n = 59)

ACREU personnel were known to CTS staff through their presentations at TAS Annual General Meetings, local conferences and personal contact for specific projects. The three most commonly recognized CTS staff were Sydney Lineker, the CTS Research Coordinator and the TAS-ACREU liaison, Dr Mary Bell an ACREU co-investigator and Lyn Maguire, an ACREU research associate whose position is funded solely by CTS (Table 1).

Table 1: Which ACREU staff have you had direct contact with or have heard present?

Sydney Lineker	57	97%
Dr Mary Bell	50	85%
Lyn Maguire	50	85%
Dr Elizabeth Badley	41	70%
Linda Rothman	27	46%
Dr Gillian Hawker	26	44%
Dr Rick Glazier	24	41%
Dr Karen Yoshida	18	31%
Dawn Dalby	17	29%
Annette Wilkins	13	22%
Julie Arnold	7	12%
Dr Carolyn Rosenthal	6	10%
Sui Fong	6	10%
Marlene Stephens	6	10%
Leslie Krempulec	3	5%
Paula Mercuri-Fetterolf	2	3%
Greg Webster	2	3%

ACREU had provided phone consultations and reference materials to almost one-half of all CTS staff and had also provided other contacts or sources of information, outcome measures, and literature searches to almost one-third of all staff (Table 2).

Table 2: Please indicate if ACREU staff have assisted you in any of the following ways

provided phone consultation	29	49%
provided reference articles/materials	27	46%
provided other contacts or sources of information	18	31%
provided outcome measures	18	31%
literature search	17	29%
data analysis	16	27%
provided data	15	25%
proposal development	12	20%
abstract review	9	15%
provided written consultation	6	10%
access to information /resources for clients or the community	2	3%
other	2	3%

The top three areas which CTS staff felt ACREU had impacted on were: credibility of the CTS program (78%), therapist knowledge about research (71%), and therapist research skills (61%) (Table 3). Over half (58%) felt that ACREU had had an impact on the quality of client care and 42% felt that ACREU had had an impact on LTC reform.

Table 3: What areas of the CTS, if any, do you think ACREU has had an impact on?

credibility of the CTS program	46	78%
therapist knowledge about research	42	71%
therapist research skills	36	61%
impact on future CTS funding	35	59%
the quality of client care (individual or group)	34	58%
the quality of client care (individual)	32	54%
therapist confidence in research	32	54%
visibility of the CTS program	32	54%
impact on Longterm Care Reform	25	42%
general administration/charting	23	39%
therapist confidence in treatment	20	34%
therapist knowledge about arthritis treatment	19	32%
the quality of client care (group)	19	32%
therapist treatment skills	11	19%
referral patterns	10	17%
therapist behaviour	8	14%
other	2	3%

In addition, 41% of all CTS therapists felt that they had changed how they manage clients as a result of ACREU's work and 20% have referred other people or agencies to ACREU for information. Overall, 54% of all CTS staff felt that ACREU had had a large to major impact on the CTS program (Table 4). Another 31% felt that ACREU had had some impact on the CTS program and 12% felt that ACREU had had a minimal or little impact on the CTS program.

Table 4: Overall, what impact do you think ACREU has had our program?

no impact	0	
minimal impact	4	7%
a little impact	3	5%
some impact	18	31%
a large impact	25	42%
major impact	7	12%
missing	2	3%

2. *Administrative Staff (n = 20)*

The three ACREU personnel most commonly recognized by the administrative staff who responded to the survey were Sydney Lineker, Lyn Maguire and Dr Mary Bell (Table 5).

Table 5: Which ACREU staff have you had direct contact with or have heard present?

Sydney Lineker	16	80%
Lyn Maguire	13	65%
Dr Mary Bell	12	60%
Annette Wilkins	9	45%
Dr Elizabeth Badley	7	35%
Julie Arnold	5	25%
Dawn Dalby	4	20%
Linda Rothman	4	20%
Paula Mercuri-Fetterolf	3	15%
Marlene Stephens	3	15%
Sui Fong	2	10%
Dr Gillian Hawker	2	10%
Dr Rick Glazier	1	5%
Dr Karen Yoshida	1	5%
Dr Carolyn Rosenthal	1	5%
Leslie Krempulec	1	5%
Greg Webster	0	

The three areas where ACREU staff had most often assisted the administrative staff were: provided data, provided telephone consultation and provided reference materials (Table 6).

Table 6: Please indicate if ACREU staff have assisted you in any of the following ways:

provided data	13	65%
provided phone consultation	9	45%
provided reference articles/materials	7	35%
data analysis	6	30%
provided written consultation	5	25%
literature search	4	20%
provided other contacts or sources of information	4	20%
provided outcome measures	3	15%
proposal development	2	10%
abstract review	2	10%
other	2	10%
access to information /resources for clients or the community	1	5%

The areas identified as those which ACREU had most had an impact were credibility of the CTS program (80%), visibility of the CTS program (80%) and impact on LongTerm Care reform, impact on future CTS funding, and the quality of client care (45%) (Table 7).

Table 7: What areas of the CTS, if any, do you think ACREU has had an impact on?

credibility of the CTS program	16	80%
visibility of the CTS program	16	80%
impact on LongTerm Care Reform	9	45%
impact on future CTS funding	9	45%
the quality of client care (individual or group)	9	45%
therapist research skills	8	40%
the quality of client care (individual)	8	40%
therapist confidence in research	7	35%
the quality of client care (group)	7	35%
referral patterns	7	35%
other	6	30%
general administration/charting	6	30%
therapist knowledge about research	5	25%
therapist treatment skills	5	25%
therapist behaviour	3	15%
therapist confidence in treatment	3	15%
therapist knowledge about arthritis treatment	2	10%

In addition, 35% of the administrative staff respondents had referred other people or agencies to ACREU for information. Overall, 55% of all respondents felt that ACREU had had a large to major impact on the CTS program. Another 20% felt that ACREU had had some impact on the CTS program and 20% missed the question (Table 8).

Table 8: Overall, what impact do you think ACREU has had our program?

no impact	0	
minimal impact	1	5%
a little impact	0	
some impact	4	20%
a large impact	4	20%
major impact	7	35%
missing	4	20%

Although the survey questions did not specify whether the 'impact' was positive or negative, the comments listed in Appendix B indicate that the impact of ACREU had been positive.

IV. Summary:

Almost all of the CTS therapists and directors had had direct contact with or had heard a presentation by ACREU personnel. ACREU had provided research support to over one-third of all CTS therapists and directors. In addition, two thirds of this group identified that ACREU had impacted on therapist knowledge about research as well as therapist research skills and, overall, almost 80% of all CTS therapists and directors agreed that ACREU had improved the credibility of the CTS program. Over 40% of therapists felt that they had changed how they manage clients a result of ACREU's work.

With regard to administrative staff, the apparent lack of knowledge about ACREU as identified by almost one quarter of all of those individuals surveyed indicates that further attention should be paid to including this group in the dissemination of ACREU information. Of those who did respond, most had had direct contact with or had heard a presentation by ACREU personnel. ACREU had provided research support to over one-third of this group. Differing slightly from the therapists, almost one half of this group agreed that ACREU had impacted on LongTerm Care Reform and future CTS Funding. Overall 80% of this group agreed that ACREU had improved both the credibility and the visibility of the CTS program.

ARTHRITIS COMMUNITY RESEARCH AND EVALUATION UNIT (ACREU) TAS Survey

NAME: _____ ID: _____

1. This is a list of ACREU investigators and research staff.
 - a. Which ACREU Staff have you had direct contact with (personally or by phone or letter)?
 - b. Which ACREU Staff have you heard present?

If you run out of space, please use the back of this page.

ACREU Staff	Have had contact with/how/why	Have heard present/what/where
Dr Elizabeth Badley		
Dr Mary Bell		
Dr Rick Glazier		
Dr Gillian Hawker		
Sydney Lineker		
Dr Carolyn Rosenthal		
Dr Karen Yoshida		
Julie Arnold		
Dawn Dalby		
Sui Fong		
Leslie Krempulec		
Lyn Maguire		
Paula Mercuri-Fetterolf		
Linda Rothman		
Marlene Stephens		
Greg Webster		
Annette Wilkins		
Student:		
Student:		
Other:		
Other:		
Name Unknown		
Name Unknown		

2. Please indicate if ACREU staff assisted you in any of the following ways (check all that apply):

- literature search
- proposal development
- abstract review
- provided data
- data analysis
- provided reference articles/materials
- provided outcome measure
- provided other contacts or sources of information
- provided written consultation
- provided phone consultation
- access to information or other resources for clients or the community
- other (specify) _____

Comment:

3. What areas of The Arthritis Society, if any, do you think ACREU has had an impact on? (check all that apply)

- the quality of client care (individual)
- the quality of client care (group)
- therapist treatment skills
- therapist research skills
- therapist confidence in treatment
- therapist confidence in research
- therapist knowledge about arthritis treatment
- therapist knowledge about research
- therapist behaviour
- referral patterns
- visibility of The Arthritis Society
- credibility of The Arthritis Society
- general administration/charting
- impact on Longterm Care Reform
- impact on future TAS funding
- impact on fundraising
- other (specify) _____

Comment:

4. What, if any, do you think is the most important contribution that ACREU has made to The Arthritis Society?

5. Have you referred other people/agencies to ACREU for information?

- Yes No
- If yes, please specify: _____

6. Overall, what impact do you think ACREU has had on The Arthritis Society? Please check one only.

- no impact
- minimal impact
- a little impact
- some impact
- a large impact
- major impact

Responses by Question Number

Please indicate if ACREU staff have assisted you in any of the following ways

#	ID	Comment
2	101	They have been an invaluable source of help in many areas- a great resource!
2	110	A great addition and need for research other than 100% medical model (traditional)
2	161	Presentation assistance
2	161	Would be unable to be involved with program evaluation without assistance of Sydney and ACREU
2	175	included me in research proposal
2	175	eg. follow up to HAQ study
2	186	None- since my employment the push was on the increasing the numbers of clients seen not research. Switching now.
2	199	I have not had opportunity for above
2	340	I have never worked with ACREU but I am aware and appreciate information provided to TAS for newsletters etc
2	359	thorough, knowledgeable
2	370	Lisa Badley in researching for the TAS advocacy network/leveraging initiative
2	819	I work with ACREU on an administrative basis
2	820	Programming Data Base

What areas of the CTS, if any, do you think ACREU has had an impact on?

#	ID	Comment
3	84	Wonderful to have demographic information at our fingertips for presentations (especially to DHC's).
3	84	I made a presentation to the DHC in Renfrew County, I was the only speaker with research showing relevant data
3	102	added to the paperwork we must do on each client
3	110	Calling more for resources as more aware
3	138	Development & use of checklist for Home Visit Content Review was a reminder to address & review education modalities
3	175	choice of model of service delivery
3	175	eg. HAQ study led to increased use of clinics
3	199	I am new to system and I am still learning
3	190	I feel that I have very little knowledge of ACREU. I have been employed for less than 1 year, and it is not a priority right now
3	370	ACREU research provides the foundation of many initiatives. Data enables outcomes & measurements to be made.
3	819	These items have been what I observed given my position

Have you changed how you manage clients as a result of ACREU's work?

#	ID	Comment
4	5	More care to detail
4	6	Treatment goals better defined. Access to information; increased efficiency of delivery
4	20	I am more goal oriented
4	20	Made me more task oriented
4	38	As a result of research studies, it has made me analyse how I treat and why.
4	38	I don't think that I would mix early and end-stage clients in groups now.
4	45	Goals are set with evaluation of outcomes and earlier discharge. Charting has improved.
4	56	More groups
4	90	I have become more conscious about outcome measures
4	100	I am more thorough in hitting all areas they need to know
4	101	More aware of what we are offering in our treatment outcomes
4	104	more group work
4	105	Validation of class presentations boosts confidence that these are effective methods to provide client care
4	120	follow guidelines for PT project
4	129	FM Program
4	138	Client is now to work on goals for themself
4	138	Review topics
4	145	Easy to follow instructions, especially study clients
4	157	Increased confidence, informing them of research to their confidence to increase their compliance
4	160	I utilize much greater self-efficacy development
4	161	Involvement in CTS has increased overall complexity in treating patients.
4	161	Validated my abilities, strengths in treating RA patients
4	166	considering importance of outcome measures
4	175	increased use of clinics
4	186	Treatment recommendations re: research I've been exposed to since coming.
4	186	Exercise - what kind
4	186	Splinting- ulnar deviator splint
4	807	We give up to date stats
4	810	Paperwork
4	817	Validation of impact of arthritis on individual and society and of the impact of TAS / CTS can have
4	811	More attention given to specific arthritis

What is the most important contribution that ACREU has made to CTS

#	ID	Comment
5	5	Improve visibility
5	6	Validating credibility of CTS Program
5	2	Increased validity to our work
5	8	Validation of program and intervention
5	8	making the program evidence-based
5	9	visibility
5	9	credibility
5	9	funding
5	13	Outcome measures
5	18	Involves therapist in research that would not be done otherwise
5	20	ACREU validates what we do
5	20	ACREU develops stats to confirm the significant presence and impact that these diseases have.
5	28	Made research (outcomes and treatments) a viable ongoing process
5	31	Inclusion in pertinent research endeavours
5	37	Research in the field of Arthritis and it's treatment
5	37	Opportunity to take part in research
5	37	Hopefully positive impact in Research
5	37	Visibility of CTS through Mapping project
5	38	Credibility
5	45	Mapping study
5	46	Credibility of CTS program
5	49	Started research into the clientele that are not admitted to hospital but who need care in the community to manage.
5	56	treatment validation
5	83	give validity to intervention through research results
5	83	professionalism of organisation ie. research components
5	84	Increased credibility of CTS program
5	84	ACREU compiles the data, and makes it understandable and accessible
5	90	Made CTS aware that the program needs to be validated
5	91	We have to validate what we do through research
5	93	Improving therapists access to and knowledge of research
5	100	Helping us to become more credible because of the impact of research.
5	100	Helps us prove we can make a difference
5	101	They have provided us with a broader and more in-depth understanding of our work.
5	101	They have enhanced our credibility with other community professionals and funders
5	104	validation of what we do
5	105	Scientific validation of our program
5	107	Mapping Study
5	107	Pending outcome of Efficacy of Home PT
5	121	Availability for assistance
5	124	Made us more aware of the need for research
5	126	I have no idea
5	129	Validation of treatment through research
5	138	Validating programs
5	138	Testing programs
5	138	developing scientific data

5	138	developing outcome measures
5	144	Assisted in research conducted by our program and to validate the existence of our program
5	145	By giving information re: difficult subjects
5	157	Validation of therapy and CTS program
5	160	viability - sold research findings, backing up treatment protocols
5	161	Facilitating program evaluation
5	161	Increased awareness of our service to the overall community
5	166	Validate our services and improve our visibility
5	175	Increased knowledge and understanding of proper research techniques
5	177	They give us credibility and validate our services
5	178	To validate the work that we do
5	179	Enhanced staff's understanding and appreciation of the value of research and our involvement in research
5	182	As a social worker, I hope a good measurement tool will come out of a recent work to devise an appropriate instrument
5	186	Impact on LTCR and future CTS funding
5	189	provide research that validates treatment in community
5	190	Research
5	192	Do not feel I know enough about ACREU to comment
5	195	To provide assistance and consultation on clinical research
5	198	Increased visibility and credibility of CTS program
5	323	Knowledge about the impact and prevalence of arthritis
5	340	data regarding the effect of arthritis in the community such as health costs and services available
5	341	credibility re data need for visibility and fund raising
5	359	research facts & credibility
5	370	data would assist in determining future direction of TAS & assist in acquiring funding on various levels. eg. gov't, corporate
5	390	increased public awareness about the serious nature of arthritis and its impact on society & the workplace
5	801	None
5	803	Demographic surveys and statistics provided have been very useful.
5	803	Therapy staff have been grateful for assistance with abstracts, research etc.
5	804	Visibility of CTS services
5	807	Giving us the stats to back up our opinion that Arthritis should receive top \$ funding from government grants
5	810	Arthritis statistical data: mapping project: CTS P.T. study proving efficacy of program
5	819	Research / Client care
5	820	Research on client care and client info management
5	821	provide research support, increasing professional credibility
5	821	Physicians, students

Have you referred other people / agencies to ACREU for information?

#	ID	Comment
6	8	Epidemiology students
6	8	Biostatisticians
6	13	Patient at Grandview Treatment Centre
6	20	District Health Council for stats
6	20	Patients and therapists for resources
6	45	District Health Council: Mapping survey
6	48	Suppliers / Manufacturers who want to do arthritis studies
6	49	Epidemiologist / Thunder Bay District Health Council
6	49	Dr. J. Roddy - research into native health
6	90	Students
6	107	UWO Program in Physiotherapy
6	107	Activity and Aging Centre - London
6	110	Don't recall, but I have discussed ACREU with others over the years
6	157	I have informed professionals (P.T.'s and physicians) but not really "referred"
6	161	Sue Elms
6	175	Students, new service providers (eg. acupuncture) requesting consultations re program development
6	341	health care specialists who need data
6	370	normally I would get info to them or arrange for someone like Dr Inman to contact - not certain referrals were appreciated
6	390	various professionals
6	803	Health professionals looking for statistical information about the arthritis program
6	810	No, but I know I will now
6	817	Members of HPAC, rheumatologists, consultants
6	820	People who want information on Arthritis Research

The Arthritis Society

Partner's Statement

October 1996

**Prepared for the Arthritis Community Research and Evaluation Unit
Annual Progress Report 1995 -1996**

The Arthritis Society 1996 Partner's Report

Introduction

The Arthritis Society, Ontario Division (TASOD) is a not-for-profit organization devoted solely to the funding and promoting of research, client care and public education in arthritis. Its Consultation and Therapy Service (CTS) is funded by the Ministry of Health and provides comprehensive, community-based rehabilitative services to people with arthritis. This province-wide program is administered by TASOD. Occupational therapists, physiotherapists and social workers focus management to maximize the client's functional independence, ability to manage their disease and their ability to direct their care. Service is provided in the context of the client's support network, home, work and school environment.

ACREU is an integral part of TASOD's planning, development and evaluation of programs and services at all levels. Active participation by both partners has been facilitated through the secondment of two CTS staff to ACREU's research team (Lineker, Maguire), and the ongoing support of each others activities. ACREU continues to be an agenda item on all CTS directors' meetings and at our annual general meeting. Staff, clients and volunteers of TASOD have been formally involved in the identification, evaluation and subsequent design or redesign of both therapist and volunteer driven programs and services. ACREU's provision of literature searches, formalized and ongoing program evaluations and direct design of evaluation tools has helped TASOD to effectively evaluate existing services.

A full account of the working relationship between TASOD and ACREU is well documented throughout ACREU's annual report.

Impact on The Arthritis Society

The ACREU grant was developed to support the strategic plan of the CTS, accepted by the Board of Directors of TASOD and The Ministry of Health in 1990. TASOD incorporated findings from many of the ACREU studies and enlisted ACREU's assistance in conducting specific reviews to facilitate the strategic direction for the next five years. This review highlighted several areas for future attention, in particular volunteer development and participation in community program planning, a shift in emphasis from inflammatory arthritis to osteoarthritis in response to the increasing prevalence as the population ages, development of a health promotion strategy for people with arthritis, and the development of a health strategy for arthritis in Ontario.

ACREU's continued collection of prevalence data and service availability across the province is critical to TASOD's ability to effectively allocate resources and plan programs. CTS staff continue to use this data to facilitate health-services planning at the local, regional and provincial levels. Of note, ACREU documents were used by the DHC Hospital Restructuring - Musculoskeletal sub-committees in Ottawa and Thames Valley. Data from ACREU's analyses of the Ontario Health Survey (refs) are raising awareness of the impact of arthritis on the people of Ontario. In particular, these reports are drawing our attention to the huge impact of osteoarthritis (OA) in the population. Historically, the emphasis of TASOD and CTS programs has been on those affected by inflammatory forms of arthritis. We have developed programs and materials targeting this OA population. Specifically, we have offered OA programs in 18 cities and towns across the province. Clients with OA currently make up 27% of the total CTS caseload. ACREU is providing both TASOD and The Arthritis Society, Canada with the data they need to demonstrate the critical impact of musculoskeletal disorders. The objective is to influence both internal and external policy makers on the allocation of government resources. ACREU reports and other publications have provided the data for Arthritis News and Arthroscopy articles on the prevalence, impact and consequences of

arthritis. ACREU's evaluation of support programs is helping TASOD to maintain corporate sponsorship for the Arthritis Self-Management Program (ASMP) by Searle and for the arthritis support and information line by Bell Canada.

Specifically for the CTS, ACREU has provided documented evidence to the Ministry of Health about the impact of arthritis in the province and the role of the CTS in reducing that impact. The CTS physiotherapy study is the only Canadian randomized controlled trial (RCT) of home-based physiotherapy for people with arthritis. This study justifies the Ministry's continued support of the CTS program and the expanded mandate of the program and its broad mandate (direct client care, consultation, advocacy, research, public and professional education).

An objective of the 1990 CTS strategic direction was to reach more people with arthritis. Introducing a variety of service delivery models has resulted in more clients being seen with no increase in staff. In 1989/90, staff provided service to approximately 6800 children and adults with arthritis; in 1995/96, this increased to over 15,000 clients. Direct client care alone increased by 82.26% and brought with it substantial savings on a cost-per-case basis (from \$743.00 to \$428.00). This was accomplished with only a 0.8% increase in budgeted dollars over five years. With the support of ACREU, we have been able to validate several strategies to accomplish this. These have been outlined in the document *1990 Strategic Direction 5 Year Report for the Consultation and Therapy Service, 1991-1996*, submitted to the Ministry of Health in July, 1996.

One strategy is the training of other health professionals through an annual one week training program for occupational and physical therapists interested in enhancing their skills in the field of rheumatology. In 1976, TASOD established a two-week training program for OTs and PTs in the assessment of inflammatory arthritis. In the first fifteen years, over 300 therapists had received training. This program is a basic requirement for all CTS staff and as well provides training to therapists in arthritis centres throughout the province. In 1991, an ACREU study of those who had taken the program between 1980 and 1990 was conducted. This research supported the long term

benefit of this program and has ensured its continued support by the Ontario Division board. The Journal of Rheumatology has invited us to write an editorial about the history, development and evaluation of this program. We hope this editorial will help us reach other potential participants for this program. In the past five years, the program was restructured into a one-week format through the development of better educational tools and the use of local resources in the evaluation of the participants. Further discussion about the evaluation of this restructured program is on the agenda of January 1997 CTS directors' meeting. ACREU will be supporting this evaluation process.

ACREU surveys of CTS clients identified that many clients seen in the home were able to get out of the house and had access to transportation suggesting that many could be seen in an ambulatory setting. Using this information, CTS developed community services using clinic and group formats. In 1990, no group programs were offered; since then, 51 groups have run across the province.

ACREU was consulted about outcome measures for our group programs and is currently analysing the results of these evaluations. A biannual reporting system has been put in place. These validated programs are being used in several of our community partnerships. To date, we have established 47 partnerships with service providers in the local communities. This has resulted in more people with arthritis being reached. For example, the partnership with The Queensway Hospital in Etobicoke has put service into a high demand area with previously no designated rheumatology services beyond that of one rheumatologist. In Durham (identified as under-serviced in the mapping study), after consultation with the local community, CTS staff established a weekly arthritis clinic and home visiting service and provides consultation to Home Care and other providers. Free space for the clinic was provided by one of the local rheumatologists.

ACREU has supported two major advocacy projects. It has provided staff with the information to present to the Ministry of Health, DHC's and the Long Term Care planning committees, increasing their awareness of arthritis as a serious disease. As well, ACREU data were used to produce a one-

page advocacy position paper targeted to all candidates in the last provincial election.

CTS has incorporated the knowledge gained from accessing ACREU's expertise in data base systems into our participation in several of the MOHs Long-Term Care Service Providers' Advisory Committees, such as, for Information Systems Development and Determining Method of Payment for Professional Services.

In an attempt to quantify the impact of ACREU on TASOD, a survey of all CTS staff (therapists/directors/support) and Ontario Division head office staff (directors/managers/coordinators/support) was conducted in the spring of 1995. The response rate was 100%. CTS staff were asked specific questions to determine impact on CTS generally, and on their research skills and clinical practice. Almost 80% of CTS staff felt that ACREU had increased the credibility of the CTS program. Seventy-one percent reported increased therapist knowledge about research. Sixty-one percent reported enhanced therapist research skills. Fifty-eight percent felt ACREU had an impact on the quality of client care and 45% felt that ACREU had an impact on Long Term Care (LTC) reform and the future funding of the CTS program. ACREU had provided telephone consultations and reference materials to almost one-half of all CTS staff. Over one-half of all CTS staff felt that ACREU had a large to major impact on the CTS program. Results of the administrative staff survey further supported the positive impact of ACREU on the services and programs of TASOD.

Over the next five years, ACREU will carry out several major projects in partnership with the CTS program involving all three disciplines (OT/PT/SW):

1. Evaluation of the social work therapeutic groups: Several pilot studies have been completed and two recent meetings with CTS social workers have identified several potential outcome measures which will be piloted in 1997. The results of this work will identify an outcome measure for ongoing evaluation of our therapeutic support groups. ACREU staff

also provided support to two CTS social workers who wrote a paper describing these groups (in press).

2. Evaluation of lay-run aquatics programs for people with all types of arthritis: CTS therapists currently train and provide support to over 50 lay leaders across the province. The current ACREU pilot study will identify those outcomes that show change after a 10 week community lay-run aquatics program. Our therapists will participate in the design of a study which will be submitted for funding.

3. Evaluation of splinting of the OA thumb: Splinting of the OA thumb is a simple and probably under-used treatment for pain and decreased function. We are currently doing a pilot study in our splint clinic in Guelph to test the efficacy of splinting of the thumb in our clients with OA. Our therapists will be involved in the design of the final study which will be submitted for funding in December, 1996.

4. Primary Therapist Model: An additional strategy to decrease cost of services and to reach more people, was the move to the primary therapist model of service delivery. In this model, therapists (whether OT or PT), provide the same comprehensive assessment and treatment and consult with each other as necessary, thus reducing the number of clients seen by more than one discipline. We have asked ACREU to help us evaluate this model and have put in a joint grant to NHRDP. Four CTS staff are co-investigators on this grant.

An ACREU survey of family physicians showed potential deficiencies in primary care which may prevent early diagnosis and treatment. ACREU is addressing the CME requirements of family physicians. ACREU and TASOD will be developing a communications strategy for reaching clients through family doctors.

A new TASOD initiative which is dependent upon the partnership with ACREU and is the development of a provincial health strategy for arthritis care in Ontario. Dr. Badley has been

seconded to the Health Professional Advisory Committee (HPAC) of TASOD. She is the chair of the working group to develop the Strategy.

The Arthritis Society is well positioned to continue the dissemination of ACREU work. Recently, the Arthritis Canada home page (arthritis.ca) was established on the World Wide Web. Through the work of ACREU, now we can report arthritis-specific data demonstrating its prevalence and impact on the Canadian population. This site has received much attention and acclaim.

Summary

In summary, the partnership with ACREU has helped us to accomplish more for people with arthritis than we would have been able to without this direct and ongoing access to research support. ACREU has been responsive to the changing needs of our organization and has supported The Arthritis Society's mission to provide the best services for people with arthritis in Ontario. It has helped us use our limited resources in the best possible way and provided us with evidence based data to further plan services for people with arthritis.