Addressing Equity Considerations in the Canadian Rheumatology Association (CRA) Rheumatoid Arthritis (RA) Guidelines Update

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Background: In 2012, the CRA published the first Canadian RA recommendations in two parts: (1) treatment guidance, and (2) safety of pharmacological management. These guidelines are currently being updated by incorporating the novel methodology of a “living systematic review”, with plan for dissemination in late 2019. Beyond this anticipated update, we are developing equity considerations to reduce unwarranted variation in care and outcomes and avoid health-intervention generated inequities in the implementation of recommendations.

Methods

1.1 Population selection
A proposed structure to consider which populations may have threats to equity is PROGRESS-Plus. In considering this structure, the research team filtered through the lens of chronic disease guidelines and rheumatoid arthritis to reach a consensus on the inclusion of six population groups.

1.2 Data Collection
Engaging with patients with personal experience, expert providers for the selected populations, and health services researchers who have expertise with one or more of the selected population. A semi-structure interview model is used with the intention of identifying barriers to RA care, and recognizing potential facilitators.

1.3 Building Logic Models
Data is synthesized, analyzed and utilized to build logic models. These models are used to demonstrate threats to equity each population group faces independently, and blends commonalities experienced by more than one of the six groups. Integration of these into the CRA RA treatment guidelines living systematic review will aid in developing subgroup analyses and in drawing and applying policy-relevant conclusions from review findings.

Conclusion and dissemination plan: Logic models will be built to clarify the interpretation of RA treatment guidelines, and to ensure policy changes are not exasperating inequities. The dissemination strategy will include a stand-alone ‘Equity Considerations’ Chapter to accompany the updated CRA RA Guidelines update, as well as integrated specific health service interventions required to address equity issues in each individual guideline statement. This is an innovative approach that has not been done in any clinical chronic disease guidelines to date. The aim is to apply the 2019 CRA RA treatment guidelines to individual care and to minimize the opportunity to make assumptions when using guidelines. Explicit considerations will reduce threats to equity experienced by these six population groups and will standardize the updated system-level change.

Table 1: Participants stratified by area of expertise and role

<table>
<thead>
<tr>
<th>Area of expertise and role</th>
<th>Minority (n=2)</th>
<th>Indigenous (n=2)</th>
<th>Low income (n=2)</th>
<th>Frailty (n=1)</th>
<th>Rural/remote (n=1)</th>
<th>Sex/gender (n=1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare practitioners/ stakeholders</td>
<td>2</td>
<td>10</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Patients</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

Results: To date, 32 interviews have been conducted: 24 with healthcare practitioners, 8 with patients and 1 with a stakeholder. Currently, gathered data is being clustered by population group, with special interest in identifying reoccurring barriers and facilitators. The data will be used to identify implementation considerations and build logic models that will inform each individual guideline recommendation.

Figure 1: Geographical location of participants

“Methotrexate may have very well controlled a woman then she has to go off of it before she becomes pregnant and she’s off of it during the duration of her pregnancy”

Table: POPULATIONS INCLUDED THROUGH CONSENSUS BY RESEARCH TEAM:
- Minority
- Indigenous
- Low income
- Age transitions
- Rural/remote
- Sex/gender

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This study has been approved by the University of Calgary Conjoint Health Research Ethics Board (REB19-0695).