

# Participation Recruitment for Rural Rheumatoid Arthritis Care Delivery Model Trial

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## Abstract

**Background:** The use of telehealth technology to perform RA patient follow-up appointments would allow them to stay in or nearer their home communities and continue to receive care. The second phase of this clinical study to evaluate whether a physiotherapist performing an RA patient assessment with the support of a rheumatologist via videoconferencing can provide equivalent follow-up care was commenced with patient recruitment.

**Methods:** The study population were RA adult patients identified through database screening for eligibility and invited to participate by the study coordinator. Consented participants were randomized to either control or intervention groups and followed up for nine months based on these arms.

**Results:** 87 patients consented to participate out of 318 initially contacted. 55 patients were randomized to intervention group while 30 patients dropped out post randomization. More than 25% of patients expressed preference for coming to the city rather than to the video conferencing clinics as it provided them some secondary advantages.

**Conclusion:** More RA patients prefer traditional rheumatology clinics to videoconferencing clinics.

## Background

Randomized Controlled Trials with defined outcome measures are an established method of comparing care delivery models. Study population selection therefore determines the degree of generalizability of trial findings. For this CIORA funded study of alternative care delivery models for Northern rural RA patients, we report on the outcome of the study population recruitment process.

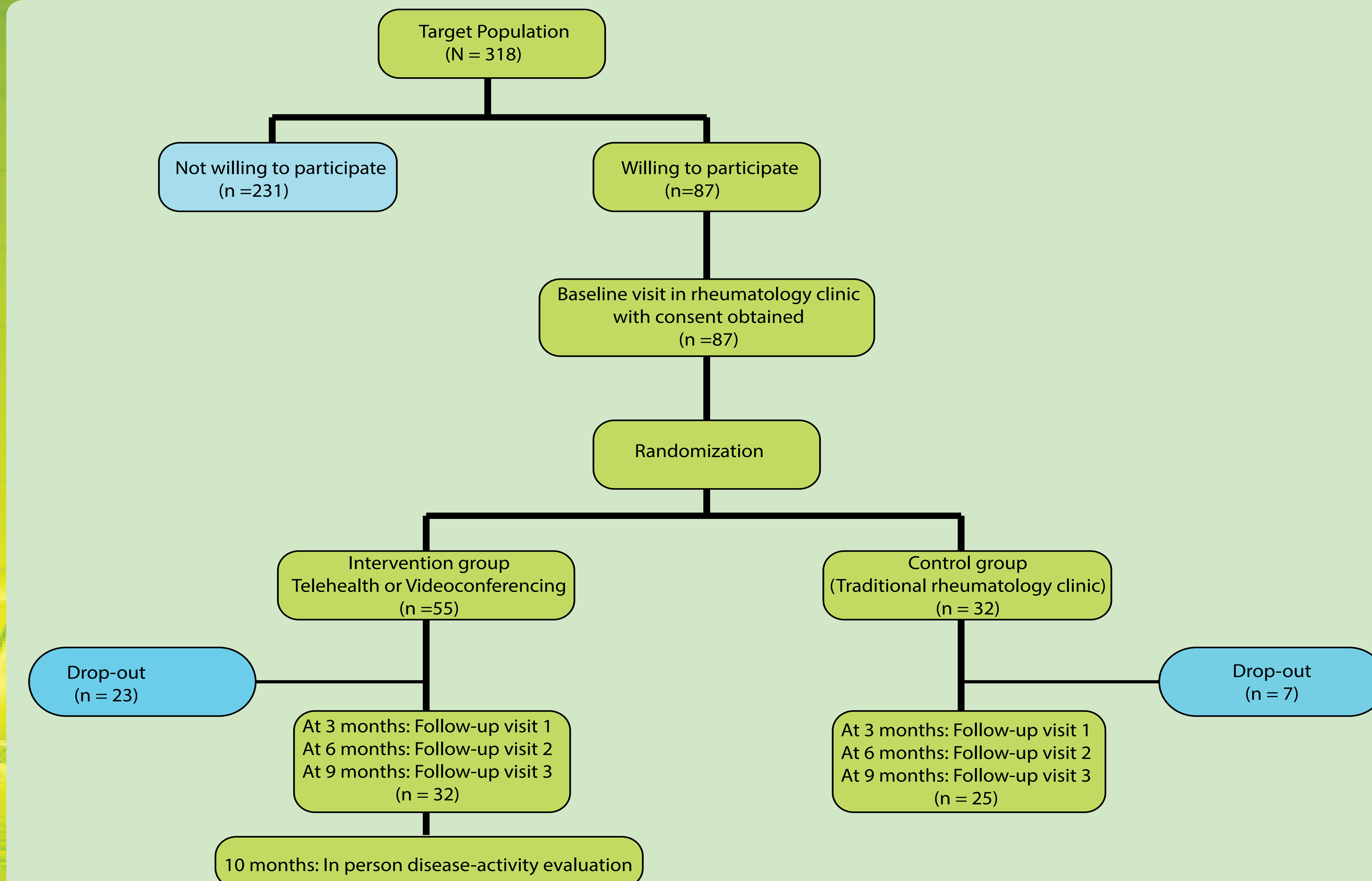
## Methods

- Study population were rheumatology clinic Rheumatoid Arthritis (RA) adult patients who resided 100+ kilometers outside Saskatoon.
- Interested patients who consented were randomly allocated to either continue travelling to regular RA clinics in Saskatoon, or be followed through videoconferencing located in five regional locations: Prince Albert, North Battleford, Rosetown, Wynyard and Arborfield.
- A rural-based physiotherapist examined patients in the videoconferencing review with the urban-based rheumatologists.
- Follow-up visits were conducted every three months in both groups for nine months
- Patients randomized to the intervention group were also scheduled for a tenth month visit with the rheumatologists.

## Results

- Of the 318 RA patients who met the geographic residence criteria, only 87 consented to participate and were thereafter randomized to either videoconferencing (intervention) group or traditional clinic (control) group.
- 55 patients were randomized into the intervention group and 32 patients, into the control group.
- A total of 30 patients dropped out post-randomization; 23 from the intervention group and 7 from the control group.
- A common reason given for declining invitation, or dropping out of study was a preference for coming to the city for other secondary reasons.
- Communicated rationales for this preference included opportunities to visit family, combine rheumatology appointments with other errands, and access various urban amenities.

## Results Summary



## Results

- 16% of patients preferred face to face clinic visits with their rheumatologists.
- 10% of patients did not wish to travel part-way to the regional videoconferencing clinic.
- Post-randomization, majority of the patients who dropped out indicated their unhappiness with their randomization allocation.

## Conclusion

A majority of RA patients living in Northern Saskatchewan declined to participate in a videoconferencing RA care delivery model. Many patients indicated they experienced auxiliary benefits or value from travelling to the city for their rheumatology care.

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