BACKGROUND
Rheumatoid arthritis (RA) patients require regular follow-up care, which is often complicated by the substantial travelling that patients experience due to their location. This may lead to high disease activity and low patient satisfaction. The proportion of rural population of Saskatchewan is 33% as compared to the proportion of rural population of Canada (i.e. 19%). Agriculture is the root of Saskatchewan’s economy.

OBJECTIVE
The purpose of this 3-year research project, funded by the Canadian Initiative for Outcomes in Rheumatology Care (CIORA), is to evaluate the efficacy of providing long-term follow-up care to patients with Rheumatoid Arthritis (RA) living in rural and remote areas using videoteleconferencing technologies.

BACKGROUND
RA patients require regular follow-up to ensure their disease is well controlled, resulting in substantial travelling for people who live in rural/remote regions. Using telehealth technology to perform their follow-up appointments would allow people to stay in or nearer their home communities and continue to receive care. We have designed an innovative inter-professional care approach using videoteleconferencing technology to combine rural-based physical therapist evaluators with urban-based rheumatologist support.

METHODS
This study will be conducted in two phases. In Phase 1 all RA patients will be recruited to participate in a series of examinations. The patients will be evaluated 5 times during a single day: twice by Rheumatologists, twice by Physiotherapists, and once by a Physiotherapist supported by a Rheumatologist via videoconference. Resulting evaluations will be compared between and within specialties to ensure that the Physiotherapists can provide adequate assessments when supported by a Rheumatologist.

In the second phase of the study remote RA patients (those that live >100km from Saskatoon) will be randomized to the intervention or control group. Both groups will have 3 follow-up appointments at 3, 6 and 9 months after recruitment: the intervention group will be followed up by a physiotherapist supported by a Rheumatologist via videoconference, while the control group will continue to travel to Saskatoon for follow-up care. The patients will be monitored for disease severity, quality of life, and satisfaction compared to people attending traditional rheumatology clinics.

RESULTS
We expect that the telehealth approach will provide equivalent disease control and satisfaction compared to those seen in traditional rheumatology clinics over a nine-month period.

CONCLUSIONS
This study was funded by a grant from the Canadian Initiative for Outcomes in Rheumatology Care (CIORA), a grant from the Canadian Initiative for Outcomes in Rheumatology Care (CIORA), a grant from the Canadian Initiative for Outcomes in Rheumatology Care (CIORA), an organization committed to improve the care of Canadians living with all rheumatic diseases.