

## ONLINE SUPPLEMENTARY MATERIAL

### INTRODUCTION

As previously mentioned, the Canadian Rheumatology Association is updating the 2012 treatment guidelines. We are seeking expertise from healthcare practitioners, stakeholders and patients to provide considerations for more equitable care in 6 different populations:

- Rural/remote
- Indigenous peoples
- Minority (both first generation immigrant, and refugee)
- Low income and vulnerably housed
- Sex/gender
- Elderly with frailty

We recognized you as an expert **[role]** with **[population]**. I was hoping to discuss your perspective on barriers and facilitators that **[population]** patients encounter in receive care and treatment for their Rheumatoid Arthritis. Once again, can you confirm your consent to participate in this research project?

Reviewing the 2012 CRA guidelines and available literature we narrowed down identifiable barriers of equity to 5 overarching themes:

- Access to care
- Treatment
- Observed population differences
- Safety
- Social/emotional factors

Our discussion today does not need to stay within the lines of these themes. This is a loose structure that has been developed to build and support conversation and may change if you have any feedback for it. We are going to utilize information we seek from these interviews when developing the new recommendations.

#### (1) Access to Care

- Barriers/facilitators to access care at the recommended frequency of monitoring.
  - RA care providers monitoring disease activity at 1-3 months interval in patients with active RA
  - DMARD therapy should be adjusted every 3-6 months as long as the goal has not been achieved
  - Radiographs of the hands and feet every 6-12 months for patients with recent onset disease
- Baseline bloodwork and xrays, and ongoing monitoring labs prior to MTX
- Screening for Hepatitis B/C, HIV (in high-risk patients), TB should be considered
  - Considerations by population (minority/women)
- Causes for lost to Follow-Up

#### (2) Treatment

- Goals of treatment: remission or minimal disease activity
  - Do these goals align with the goals of the patient population?
  - Do patients and physicians understand/agree on the goal of treatment?

- Barriers/facilitators to access of the recommended medication
  - DMARDs, Biologics, Biosimilars, Glucocorticoids
- Barriers/facilitators to use of recommended medications
  - Methotrexate as preferred DMARD, combination DMARD therapy, Biologics or Biosimilars if refractory to DMARD combination therapy, Glucocorticoids for bridging
- Considerations when switching agents for adverse events/lack of response
- Barriers/facilitators to appropriate storage of medication
- Thoughts on tapering medications if a good treatment response is obtained

(3) Observed differences between populations – (provider question only)

- Population differences (physical) in manifestations of RA
  - Changes in screening recommendations to accommodate for these differences
  - Differences in treatment course
- AGE TRANSITIONS ONLY – How do you prepare your patient for the transition?

(4) Safety

- Consideration of population characteristics/comorbidities (pregnant/transitioning) in safety of treatment
  - Avoiding certain medications
  - Alteration to treatment plan
  - Referral/collaboration with other specialists
- Population differences in side effects or efficacy in response to treatment (DMARDs, Biologics, Biosimilars, Glucocorticoids)
  - Are there certain therapies you would not administer to this population?
  - Adaptation of treatment plan

(5) Social/emotional factors

- Stigma surrounding RA therapy and impact of this on seeking/continuing treatment and monitoring
- Accommodating/mitigating discrimination or inequity of care
- Patient preference for method of administration
- Patient preference for treatment course
- Population differences in emotional/social responses to treatment.
  - Adaptation of treatment plan
- Engagement of patient in their treatment course
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CONCLUSION:

Any other themes/direct threats to equity you believe we have missed?

Can you think of other healthcare practitioners/stakeholders/patients that we can connect with that may be willing to participate in the project?

- I can send you the invitation so you can send it to your contact (and cc me)
- OR they can contact us (email, phone)