

#### Canada

#### NATIONAL SURVEILLANCE OF ARTHRITIS IN CANADA:

**Updates from the Canadian Chronic Disease Surveillance System** 

Public Health Agency of Canada, Ottawa, ON
February 27, 2020 • CANRAD Network meeting • Victoria, BC



PROTECTING AND EMPOWERING CANADIANS TO IMPROVE THEIR HEALTH

#### What will we discuss?

- 1. Overview of the CCDSS
- 2. Overview of CCDSS Arthritis Data
  - a. Prevalences & Incidences
  - Trends Over Time, Geographical Data and Age Distribution using the CCDSS Data Tool
- 3. Validation of Arthritis Case Definitions Update
- 4. Dissemination Plan
  - a. Fact Sheets
  - b. Data Blogs and Social Media Campaign
  - c. Landing Page Update
- 5. Next Steps



### 1. Overview of the CCDSS

UBLIC HEALTH AGENCY OF CANADA >

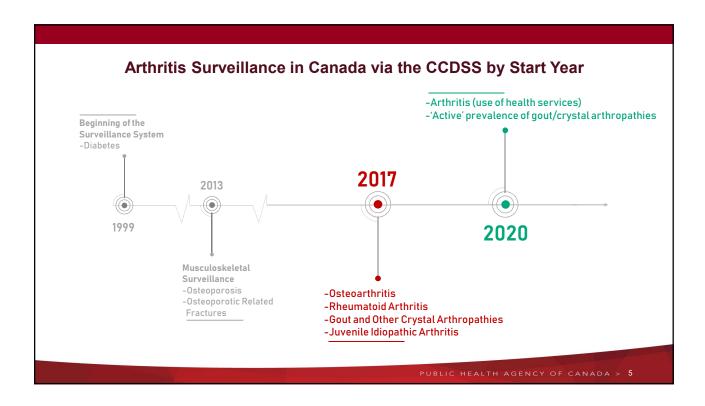
# **Quick Reminder - What is the Canadian Chronic Disease Surveillance System (CCDSS)?**

- A collaborative network of P/T surveillance systems supported by PHAC to track chronic diseases and the related burden to the health care system.
- It identifies chronic disease cases from P/T administrative health databases including physician billing claims and hospital discharge abstract records, linked to P/T health insurance registries.
- Case definitions are applied to these linked databases and data are then aggregated at the P/T level before being submitted to PHAC for reporting.
- CCDSS Overview See the fact sheet:
  - https://www.canada.ca/en/public-health/services/publications/canadian-chronic-diseasesurveillance-system-factsheet.html

THE CANADIAN CHRONIC DISEASE SURVEILLANCE SYSTEM

AN OVERVIEW

The Canader-Desire Surveillance Spean (COSS) is a subheriorian sense of previousle and territorial relationship of the contract and the development of health purposes and programs. It selects date on of the development of the select date on of the development of the select date on the development of the select date of the development of the select date on the development of the select date of the select date of the development of the select date of the select



### What does the CCDSS provide?

Indicators	By variables
Prevalence	Sex
(counts and proportions)	A management
	Age groups
Incidence	(5-year)
(counts and rates)	
	Provinces/Territories
All-cause mortality	(YT missing; NL excluded from RA estimates;
(counts, rates	and NB from JIA estimates)
with/without	
disease/condition & rate	Fiscal years
ratios)	2007/08 to 2015/16 - OA, RA & gout/crystal arthropathies
	2000/01 to 2013/14 - JIA

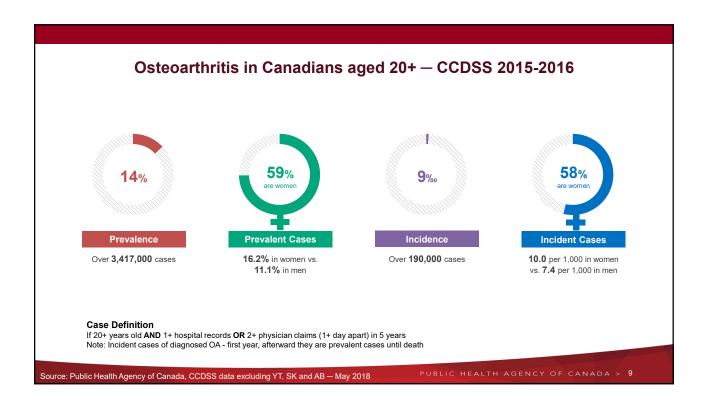
# What are the strengths and limitations of CCDSS data?

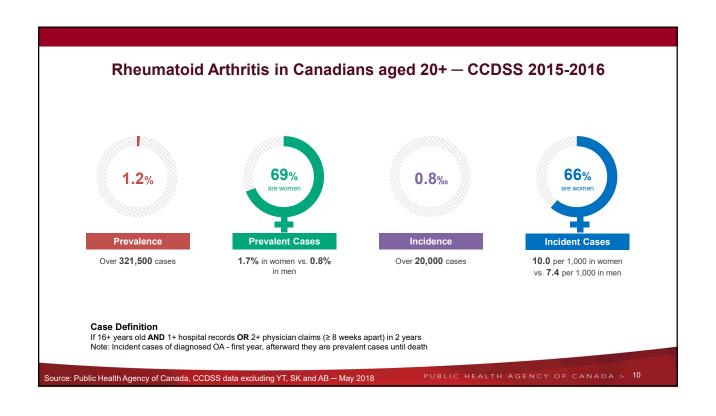


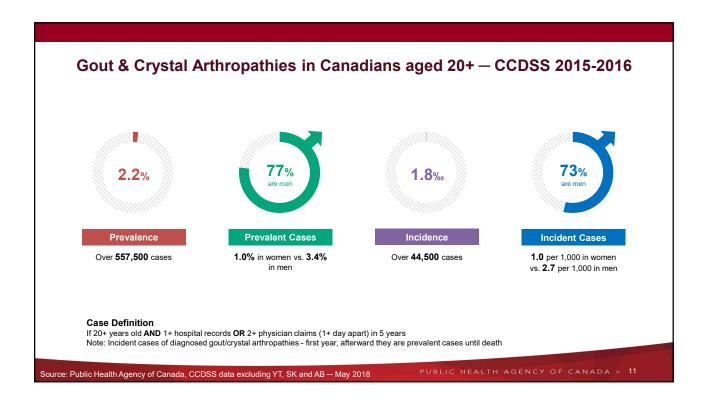
Strengths	Limitations			
Case definitions informed by validation studies	Does not capture all eligible cases			
Close to complete population coverage	Potential to carry forward false positives with lifetime prevalence case definitions			
Incidence and time trends				
Medically/clinically diagnosed conditions				
Potential for data linkage with other data sources (e.g. EMR and Statistics Canada's surveys)				

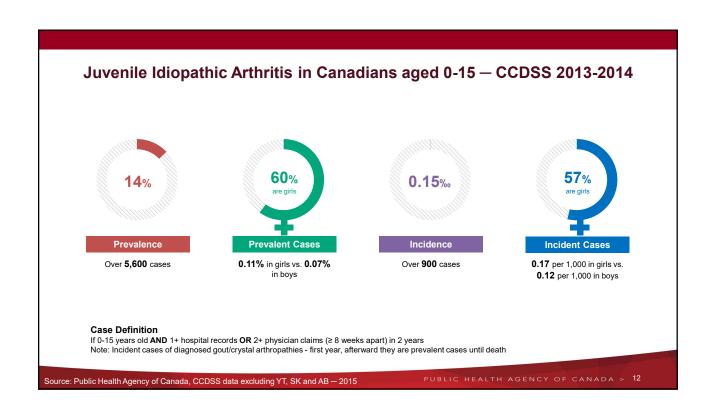
UBLIC HEALTH AGENCY OF CANADA >

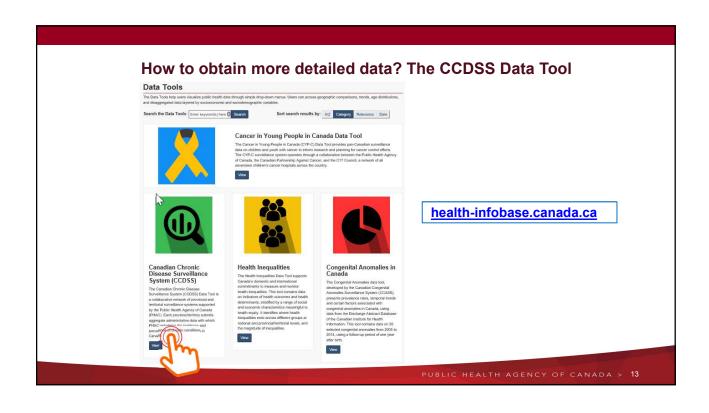
## 2. Overview of CCDSS Arthritis Data

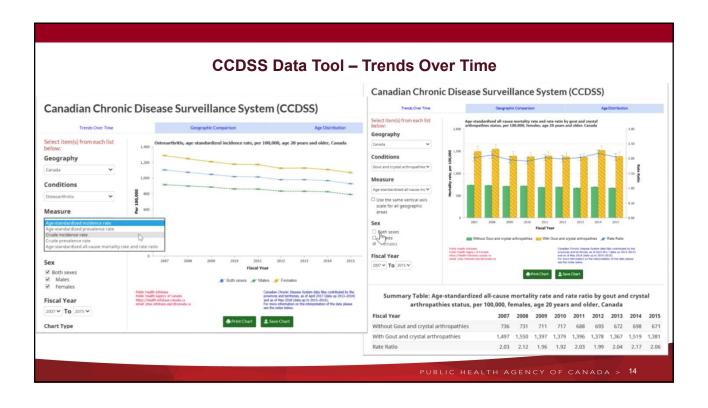


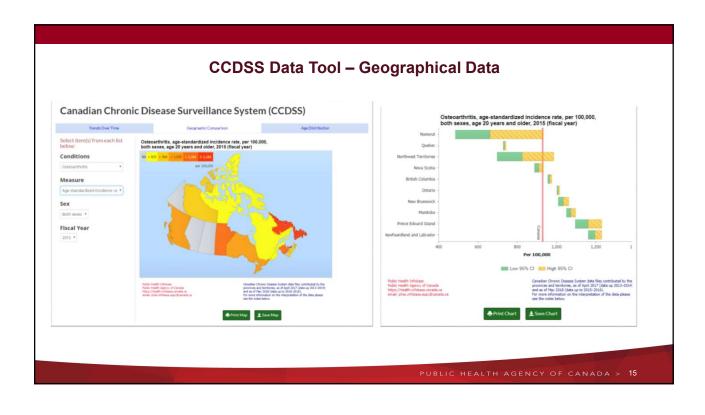


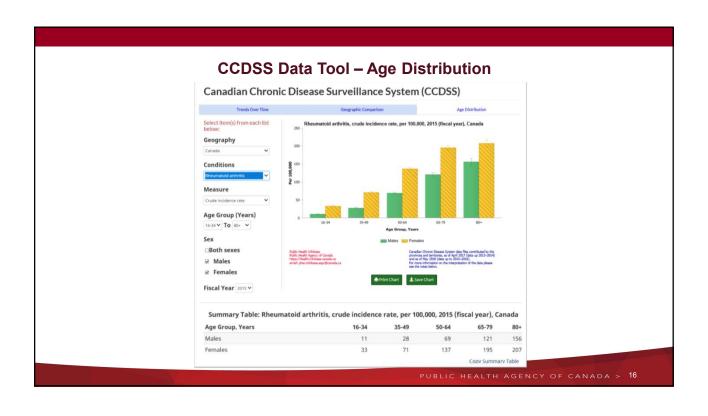












# 3. Validation Arthritis Case Definitions - Update

BLIC HEALTH AGENCY OF CANADA >

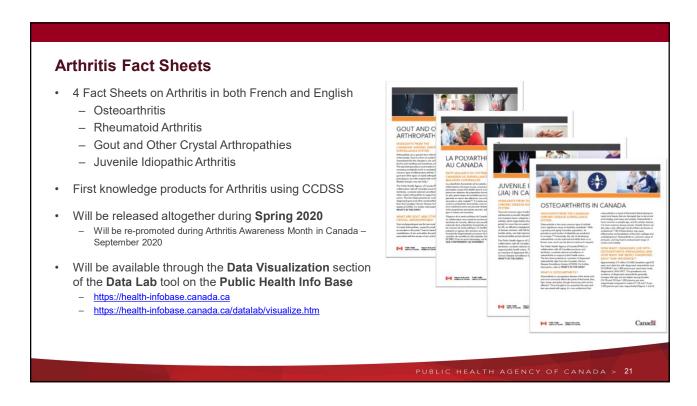
## **Update on the Validation Work of Arthritis Case Definitions**

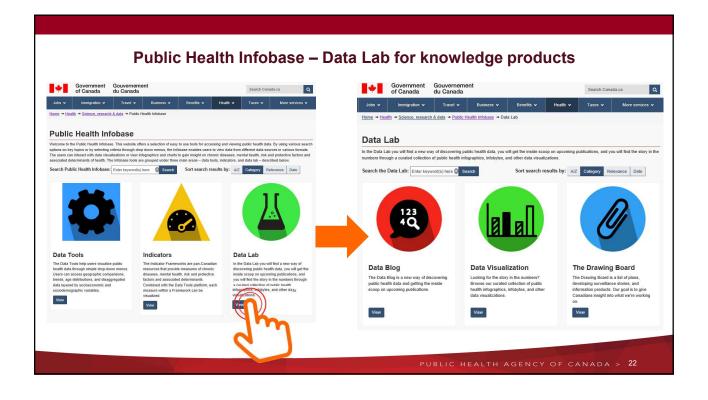
Disease (Age)	Case Definition Validated	Province (Year/Author)	Sensitivity (%)	Specificity (%)	PPV (%)	NPV (%)	Kappa (Goldstandard)	Notes regarding case definition implemented by PHAC
Arthritis (20+) – annual use of health services	1H or 1P in 1Y (MRDx or 1st diagnostic field)							Not validated.
Osteoarthritis (20+)	1H or 2P (at least 1 day apart) in 5Y (H - all diagnostic fields; P -							Initially informed by results from BC validation study. <sup>5</sup>
	1 <sup>st</sup> diagnostic field)					Valid	lation performed by ICES	in 2019, report is under reviev
Rheumatoid arthritis (20+)	1H or 2P (≥8 weeks apart) in 2Y with no exclusions (H - all diagnostic fields; P - 1st diagnostic field)	Ontario (Widdifield et al., 2014 <sup>6</sup> )	83.0	99.0	52.0	100.0	NR (primary care EMR abstracted charts)	Data collected on 16+. Modified version of Lacaille et al's exclusion criterion <sup>7</sup> implemented.
Gout/crystal arthropathies (20+)	Lifetime case definition:1H or 2P (at least 1 day apart) in 5Y (H - all diagnostic fields; P - 1st diagnostic field) Active case definition: Once qualified as a case, 1H or 1P in 5Y							Not validated but informed by results from US study.8
Juvenile Idiopathic arthritis excluding cases with seronegative enthesopathy and arthropathy (SEA) syndrome (SI5)	1H or 2P (≥8 weeks apart) in 2Y (H - all diagnostic fields; P - 1st diagnostic field)	Manitoba (Shiff et al., 2017 <sup>9</sup> )	89.2	86.3	90.6	88.0	NR (population-based pediatric rheumatology clinical database)	ICD-9 code 721.x (ON only) and ICD-10 codes M07.0- M07.3 (all P/Ts) also included.

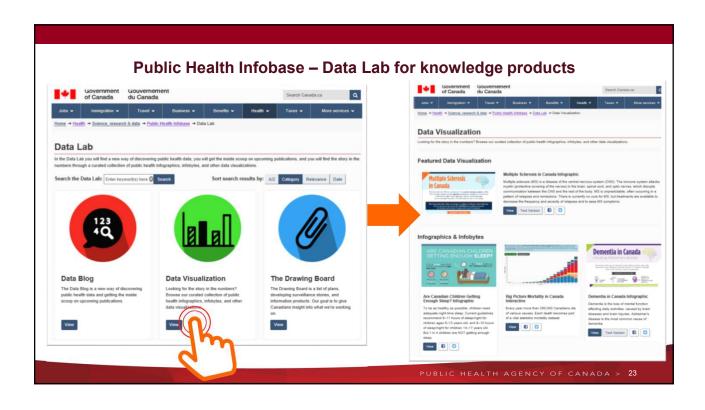
## 4. Dissemination Plan

JBLIC HEALTH AGENCY OF CANADA >

## What are PHAC's dissemination methods (external)? Chronic Disease Update -Public Health Infobase: (infobase.phac-aspc.gc.ca/index-en.html) CCDSS Data Cubes, Canadian Chronic Disease **Mailing List** (phac-aspc.gc.ca/cd-mc/maillist-eng.php) Indicators, Infographics & Data Blogs Webinars hosted by CHNET Social media Reports, Factsheets, Peer-reviewed Papers (HPDCP Journal and other scientific journals) Twitter (@PHAC\_GC), Linkedin & Facebook & Poster/Oral Presentations Open Data (open.canada.ca/en/open-data) Canada.ca (canada.ca/en/public-health.html) & Partner Websites





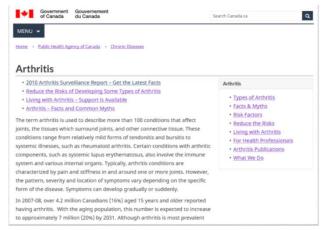




# Canada.ca Arthritis Landing Page Update



- Planned to be deployed at the same time than the Arthritis Data Blogs in September 2020
- · What will change?
  - Structure
  - Visual aspect
  - Update of data and information
  - Emphasis on the most recent knowledge products



PUBLIC HEALTH AGENCY OF CANADA

# What's next?



- 1. Continued national surveillance of arthritis
- 2. Documenting the CCDSS methods pertaining to arthritis
- 3. Revisit the case definitions when required based on new evidence (e.g. validation)
- 4. Exploration of:
  - Projections
  - Multimorbidity
  - Economic cost

### **Acknowledgments**

- P/T Governments
- · CCDSS Arthritis Working Group
- · CCDSS Science Committee
- CCDSS Technical Working Group
- Public Health Agency of Canada Production Team



BLIC HEALTH AGENCY OF CANADA >

#### Questions?

#### **Caroline Doyon**

Epidemiologist
Centre for Surveillance and Applied Research
Health Promotion and Chronic Disease Prevention Branch
Public Health Agency of Canada



(343) 542-6057



caroline.doyon@canada.ca



@CaroYDoyon



Caroline Y Doyon