should not hesitate to call the CMPA for advice or guidance.

The CMPA provides advice, legal assistance, and risk-management education to more than 86,000 member physicians.

A valuable contributor to the Canadian healthcare system since 1901, the CMPA works with members to reduce risk in their medical practice, and is firmly committed to protecting the professional integrity of physicians and promoting safer medical care.

Suggested Readings

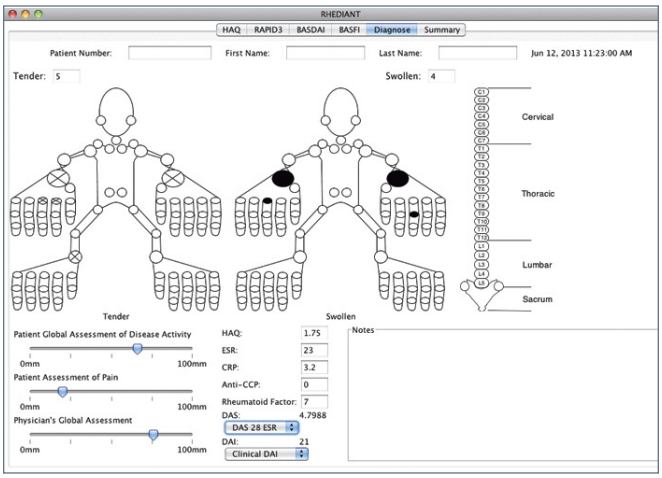
1. The CMPA. Using email communication with your patients: legal risks. Available at: *www.cmpa-acpm.ca/cmpapd04/docs/resource_files/infosheets/2005/com_is0586-e.cfm*
2. The CMPA. Privacy and a wired world—Protecting patient health information. Available at: *www.cmpa-acpm.ca/cmpapd04/docs/resource_files/perspective/2011/04/com_p1104_4-e.cfm*
3. The CMPA. Technology unleashed—The evolution of online communication. Available at: *www.cmpaacpm.ca/cmpapd04/docs/resource_files/perspective/2012/02/com_p1202_1-e.cfm*

The Canadian Medical Protective Association
Ottawa, Ontario

Rhediant Diagnostic Software

By Andrew Chow, MD, FRCPC

Every rheumatology trainee probably remembers "The Stamp" that we used for our homunculus during our rheumatology training. In the mid-2000s, physicians were becoming more computerized and were looking to minimize paper use, both for convenience and to be environmentally friendly. Furthermore, electronic medical records (EMR) were making their way into physicians' offices. At that time, most of the diagnostic tools physicians were using to assess rheumatoid arthritis (RA) were in paper format. All calculations had to be done manually, which was very time consuming; as a result, physicians were not using most of the assessment tools available.



The homunculus on the *Rhediant* software.

There was a real need to create an electronic format including a homunculus and other assessment measures, which could automatically calculate the Disease Activity Score (DAS), Simplified Disease Activity Index (SDAI), Clinical Disease Activity Index (CDAI), and Health Assessment Questionnaire (HAQ) scores. With a simple and fast calculation tool, more physicians would make use of the scores and patients would benefit from having a better assessment of their disease. Adjustment to patients' treatments could be implemented more rapidly, when required.

Development

In 2007, I compiled the content for the *Rheumatology Diagnostic Analysis Tool* (*Rhediant*) and approached Bristol-Myers Squibb for support to develop electronic software, which would automatically calculate the DAS, CDAI, SDAI, and HAQ. A few summer students worked on the tool and their work was presented at our CRA annual meeting. Bristol-Myers Squibb helped with the logistics and support, while the University of Waterloo developed the software.

By the end of 2008, we unveiled this new tool and found it to be very well received by rheumatologists across the

country. It was a very promising start! This tool travelled around the world internally within Bristol-Myers Squibb, as an example of true innovation and real collaboration, resulting in positive impact within the rheumatology community. A second version was developed to integrate a few updates and to improve upon its user-friendliness. To meet the needs of the rapidly evolving computerized world, an iPad application was also developed. The application was approved by Apple and was made available on the App Store for free download.

A large number of rheumatologists in Canada are using the *Rhediant* tool for their patients, thus measuring important disease assessment scores they would have utilized in the past. Truly, the people who benefit the most from this software are the patients. *Rhediant* can be downloaded via the CRA website at *www.rheum.ca/en/education/educational_resources*.

Program Attributes

The *Rhediant* tool is extremely easy to use; the graphics and layout are appealing and convenient for the users. The electronic file is small and takes only moments to install on a computer. All calculations for the DAS, CDAI, SDAI, and HAQ can be done quickly.

With *Rhediant*'s popularity and the increasing use of EMRs, the program was copied and re-created by each EMR company to create their own electronic homunculus. This is built right into the EMR and thus becomes much more convenient for physicians who use EMR.

Next Steps

Since the *Rhediant* iPad tool is not able to push results directly into an EMR, the next steps would be to assess modifying the software to render it compatible with other tablets beyond the iPad. It would then be easier to make the connection between a tablet and the EMR. Stay tuned for future developments!

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Mobile Apps for Your Practice

By Steven J. Katz, MD, FRCPC

Did you know Google will be turning just 15 years old this year? Technology has changed our world with the advent of the internet and, more recently, a mobile revolution. In the world of rheumatology, we are just beginning to appreciate and utilize these new opportunities. One area of interest that is often raised is smart-phone apps. Using the Apple App Store as an example (though many of these apps are available for the growing Android environment, too), a recent search found only 21 apps using the term "rheumatology"; this number increased to 45 when searching for "arthritis". With a focus on those available for free, here is a rundown of some apps physicians or patients may find useful.

1. Anatomy

There are a number of musculoskeletal (MSK)-focused apps where you can show your patients what may be wrong with their joint. *KneeDecide*,[1] *ShoulderDecide*,[2] and *SpineDecide*[3] describe and illustrate each condition, discuss symptoms and findings, and provide best-practice treatment recommendations. *Virtual Bone Model*[4] allows you to show patients the functioning of normal, arthritic, and replacement knees, hips, and shoulders.

2. Disease Activity Score (DAS) Calculators

There are a number of good options available, depending on whether you want access to a homunculus or other input formats. *ReumaMonitor*[5] offers the homunculus