

# Update From the Optimal Care Committee

By Cheryl Barnabe, MD, FRCPC, MSc

**W**hat is optimal care? It is the end product when we aspire to provide the highest level of care with the best outcome, and ensure patient-centric and coordinated health systems. The flip side of the definition is to “not be bad,” such as avoiding unproductive variations in practice, or only aiming to achieve minimal standards in our care. The Optimal Care Committee activities take the aspirational approach, and centre around access, quality patient management, equity, and resource stewardship. We collaborate with other CRA operational committees with complementary mandates.

**Access:** We continue to collaborate with the Arthritis Alliance of Canada (AAC) on identification and implementation of promising models of care that will support timely diagnosis, initiation of evidence-based therapies, and regular evaluation of disease activity. More on this will appear in the *CRAJ* in Spring 2018. Dr. Rachel Shupak and Dr. Katie Lundon are leading “Stand Up and Be Counted Too (2),” which will map allied health professional activities and distribution across Canada, and provide an important resource to the CRA membership.

**Quality Patient Management:** The core dataset was published by Dr. Claire Barber and the Arthritis Alliance of Canada and Optimal Care Committee in the *Journal of Rheumatology* this year ([www.jrheum.org/content/early/2017/09/26/jrheum.170421.long](http://www.jrheum.org/content/early/2017/09/26/jrheum.170421.long)). We are now working on processes of measurement that will adapt to clinical care settings across Canada. Dr. Claire LeBlanc has been representing the CRA on a collaboration led by the Canadian Academy of Sport and Exercise Medicine to promote the incorporation of physical activity recommendations in practice. A new award at the Annual Scientific Meeting (ASM) will recognize an outstanding abstract that addresses Quality Initiatives.

**Equity:** On October 26th, 2017, the Council of the Royal College of Physicians and Surgeons of Canada declared that Indigenous health is now a mandatory component of postgraduate medical education, including curriculum, assessment and accreditation. The Canadian Rheumatology Association is recognized as a leader in this (we were highlighted in the July 2017 Royal College Dialogue, [www.royal-college.ca/rcsite/publications/dialogue/dialogue-july-2017-e](http://www.royal-college.ca/rcsite/publications/dialogue/dialogue-july-2017-e)), through supporting members to participate in cultural competency education sessions online and in practice at a workshop at the ASM, while also providing a two-hour session to the rheumatology residents at the Basic Skills Week. Consolidative and expanded opportunities for this training are planned for the next year, in collaboration with the ASM and Education Committees. We also continue to meet with the Non-Insured Health Benefits (NIHB) branch around access to therapies for Status Indian and Inuk patients, and keep an up-to-date listing of formulary listings on the CRA website: [rheum.ca/en/members/non\\_insured\\_health\\_benefits\\_nihb](http://rheum.ca/en/members/non_insured_health_benefits_nihb).

**Resource Stewardship:** Dr. Shirley Lake and Dr. Carter Thorne remain active with the Choosing Wisely initiative. Further resources are being developed to assist in identifying how we can make better informed and effective choices in our practices.

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