

The Quality Care Committee Report

By Cheryl Barnabe, MD, FRCPC, MSc

The Quality Care committee continued to champion initiatives in equity (led by Cheryl Barnabe), quality (led by Claire Barber), access (led by Amanda Steiman) and resource stewardship (led by Shirley Lake) in 2019. Our committee activities are supported and guided by 25 committee members, representing academic and community practices, adult and pediatric, and the different regions of Canada, who are all passionate about issues in the field of optimal care for rheumatologic diseases relevant to Canadian practice.

On behalf of the committee members, I'd like to thank Michel Zimmer, the original chair of this committee, who instigated our coming together to enact solutions to ensure access to care and implementation of models of care to support early inflammatory arthritis diagnosis and management, as well as Stephanie Tom, who had been contributing to this committee through residency and early practice, for their service to the committee.

I'd also like to extend a great big warm welcome to Amanda Steiman, who has agreed to step in as the new Chair in 2020. We are in great hands with Amanda's innovation and leadership in implementing models of care that reach rural and remote populations, and in supporting the training and distribution of advanced care practitioners.

Committee activities this year included presenting results of the 2018 Indigenous Health Initiative at the Annual Scientific Meeting (ASM) and the National Continuing Professional Development Accreditation Conference, and providing training to another cohort of rheumatologists. We launched the monthly Indigenous Health Rheumatology Rounds, a virtual journal club format, but are recon-

sidering better ways of uniting this community of practice to maximize equitable participation in the discussions. We continued to advocate for access to medications for patients with coverage through the Non-Insured Health Benefits (NIHB) program, including coverage for triamcinolone hexacetonide for joint injections in pediatric care.

We also launched a project undertaken in collaboration with the CRA Guidelines Committee, specifically informing the evidence-to-decision process in the RA Guidelines update through an equity lens. Six population groups of particular relevance to Canadian rheumatology are included in the project: i) rural and remote; ii) Indigenous; iii) non-binary gender identities; iv) low socioeconomic status; v) refugee and minority populations; and vi) age transitions. Patients, stakeholders and healthcare providers with expertise delivering care to these population groups were recruited for interviews and focus groups to highlight barriers and facilitators to RA management (thank you to the participants!), followed by the development of logic models that mitigate inequities arising from implementation of the guidelines. The results will be finalized and prepared for an open-access manuscript in 2020, while being used to support the ongoing guidelines update process.

A special thanks to the engaged CRA and rheumatology stakeholder community for your input and feedback on the quality care report card, which will undergo testing this year. We are also anticipating the outcomes of the business case to support innovative models of care for inflammatory arthritis, a project in collaboration with the Arthritis Alliance of Canada, as well as the Stand Up and Be Counted 2 Survey, which provides an overview of existing allied health resources in rheumatology across Canada. Both will be critical advocacy tools for Canadian rheumatologists. Finally, two new Choosing Wisely statements have been developed, addressing opioid and biologic appropriateness, which will be disseminated in 2020.

*Cheryl Barnabe, MD, FRCPC, MSc
Chair, CRA Quality Care Committee
Associate Professor,
University of Calgary
Calgary, Alberta*



Dr. Kherani presenting the Indigenous Health Initiative results at the National Accreditation Conference in October 2019.