

Joint Count Survey Results: The Quality Care Landscape Across Canadian Rheumatology

This issue's Joint Count survey, in collaboration with the CRA's Quality Care subcommittee, sought to find out what members feel to be the most significant gaps in and barriers to the delivery of optimal care in their practices. They were asked to consider the domains of equity, access, quality, patient management, resource stewardship/Choosing Wisely, telehealth and care transitions. A total of 60 members from across the country responded to the survey.

There were many gaps in and barriers to quality care mentioned by members. Below is a list of some of the most common issues that were brought up:

- lack of nurses and other allied healthcare professionals (physiotherapists, occupational therapists, etc.)
- access — long waitlists and very high volumes of referrals
- geographic disparities in access
- shortage of rheumatologists and lack of primary care physicians
- misuse/overuse of laboratory and imaging tests
- lack of financial assistance from the government
- inadequate information transfer from referring physicians
- lack of interoperability between EMRs/EHRs
- lack of adequate mental health supports
- inadequate pain management
- administrative responsibilities
- pandemic impacts on support staff
- inability to obtain timely access to specific biologics for pediatric patients
- access issues related to transitions from pediatric to adult care

Regarding barriers, one respondent wrote: "Barrier: Time — Patients now can access us via email (multiple ways), phone and office, and seem to want same-day answers for their questions. I have a great deal of difficulty in doing this, despite working long hours. In the relative absence of family physicians for many patients, many of the issues raised by patients are not specifically rheumatologic and this poses other challenges. Another barrier: EMR — It takes way longer to do anything and many tasks not required of physicians have been downloaded. Technology — many of our older, immigrant (English not a first language), or financially less advantaged patients do not have ready access to or are not comfortable with video platforms so although this helps reach some communities, it is a barrier for others."

The second question asked members if they were engaged in quality improvement (QI) work. Thirty-seven percent responded affirmatively. Respondents were involved through organizations such as the Canadian Early Arthritis Cohort (CATCH); by sitting on committees involved in reducing the number of unnecessary tests or being involved with their local Choosing Wisely group or sitting on committees that allocate funds to quality QI initiatives or being involved in QI research. Some are involved in EMR development, conducting chart reviews/audits, or training nurses. Others mentioned being involved in the Children's Arthritis and Rheumatology Research Alliance (CARRA), the Juvenile Dermatomyositis (JDM) Quality of Care (QoC) committee, or the Pediatric Rheumatology Care and Outcomes Improvement Network (PR-COIN).

With a better understanding of the present quality care landscape, the CRA Quality Care subcommittee can work toward finding solutions and ways to improve the quality of care. For any feedback regarding the survey, please reach out to Sarah Webster at swebster@rheum.ca.