

Quality Care Committee Report

By Amanda Steiman, MD, MSc, FRCPC

The mandate of the Quality Care Committee, true to its name, is to improve the quality of rheumatologic care delivery nationally. This can be viewed through patient-centered and physician-centered lenses: Quality care through patient lenses is a gold standard to which we all aspire — care that is safe, effective, patient-centered, timely, efficient and equitable. We are compelled, however, to balance this against the challenges of rheumatologic practice in Canada: supply/demand mismatch, a dearth of funding for extended role providers, lengthy wait times, and increased complexity.

Indeed, now, perhaps more than ever, the impact of the unrelenting demands of clinical practice in Canada has come to the fore. Burnout looms large in the context of these “system issues.” Odes to physician wellness are no more than platitudes without a lever by which we can lower the (system) floodgates — if only by a little. Free massages or coffee (as nice as they are) will not address the root cause and allow us to move meaningfully forward. How can we deliver the best quality care when the odds are stacked against us? This question is at the core of physician-centered quality care delivery.

What makes the launch of Project Athena so exciting is that it is meant to tackle both issues. Project Athena has been championed by Ahmad Zbib and will be supported by Dr. Karim Keshavjee and his team at the SRA

Academy, who will provide their expertise in digital lean sigma, to create an electronic medical records (EMR) output that makes life easier for clinicians AND captures core data elements for disease processes. EMR optimization and data quality subcommittees, comprised in large part of Quality Care Committee members, will serve as consultants, with opportunities for further CRA member engagement as the project progresses. At its core, Project Athena will work towards optimizing EMR workflows to ensure rheumatologists across the country are collecting core clinical data elements without additional effort. This, in turn, will bolster opportunities for quality improvement and for clinical and academic collaborations across the country while providing a tool to optimize care delivery.

I look forward to getting started with subcommittee launch meetings in the coming weeks, and to sharing updates as the project evolves.

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Report from the Human Resources Committee

By Dana Jerome, MD, MEd, FRCPC

The CRA Human Resource (HR) Committee has had two main foci over the course of this year. The first has been to continue the work on burnout to provide resources for our membership to identify and address this issue. The second is work on addressing access to rheumatology care, particularly in remote and underserved areas and populations.

The systematic review of published systematic reviews entitled, “An Overview of Reviews to Inform Organi-

zation-level Interventions to Address Burnout in Rheumatologists” led by HR Committee member Dr. Barber, her colleague Dr. Kheirhah, as well as registered psychologist Nicole Hartfeld, was completed and published in the *Journal of Rheumatology*. A link to this publication can be found on the CRA website: rheum.ca/resources/cra-workforce-and-wellness-surveys/.

The CRA membership survey demonstrated burnout as one of the top two issues of concern amongst Canadian

rheumatologists. Ongoing work to promote recognition of burnout and practical information to address the issue will be a focus for the upcoming year.

Outreach care, either through travelling clinics or virtual care, is one of the strategies for addressing access to rheumatology care. To eventually promote outreach care, a survey of current rheumatology training programs was performed. This has demonstrated that only 50% of our national training programs in rheumatology have outreach care as a part of the training program, and in most cases it is optional. However, 100% of program directors felt trainees would be interested in participating in outreach care as part of their training. Over the course of

the upcoming year, the committee will focus on gaining a better understanding of the landscape of outreach care across the country to identify steps that might be taken to promote and/or facilitate rheumatology care for patients and communities currently less well served.

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Update from the Guidelines Committee

By Glen Hazlewood, MD, PhD, FRCPC; and Orit Schieir, PhD

The Guidelines Committee is very much “alive”. CRA living guidelines are now active for rheumatoid arthritis, juvenile idiopathic arthritis (JIA) uveitis, and COVID-19 vaccination, with spondyloarthritis and transition of care slated for 2024. Living guidelines are continually updated over time, with new recommendations added and existing recommendations modified if necessary. All of CRA’s living guidelines are published through the MAGICApp, an online guideline publishing platform. They can be accessed through the CRA website at rheum.ca/resources/publications/. Each guideline is also published in journal format through the *Journal of Rheumatology*, but the online version will always be the latest version.

Over this year, we are also working on some CME activities linked to the guidelines, in collaboration with the Education Committee. Our “Guidelines Corner” section of the *CRAJ* launched in the Fall issue and will highlight selected recommendations from our guidelines.

The Guidelines Committee would like to thank all the people who have contributed to the success of the committee over the past year: Sarah Webster for the amazing administrative support to the committee; Jordi Pardo and Cochrane Musculoskeletal for providing methodological support; Arnav Agarwal and the MAGICApp team; and of course all members of the Guidelines Committee and panelists, including the dedicated patients who participate in the guideline panels.

There are many opportunities to be involved in evidence reviews or guidelines through the CRA, either as a trainee or a practicing rheumatologist. CRA members, please reach out to Sarah Webster at swebster@rheum.ca.

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