

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