

Survey Results: Digital Quality Improvement

This edition’s Joint Count survey focused on asking CRA members their perspectives on digital quality improvement. There were 47 surveys completed, equating to a response rate of 12%.

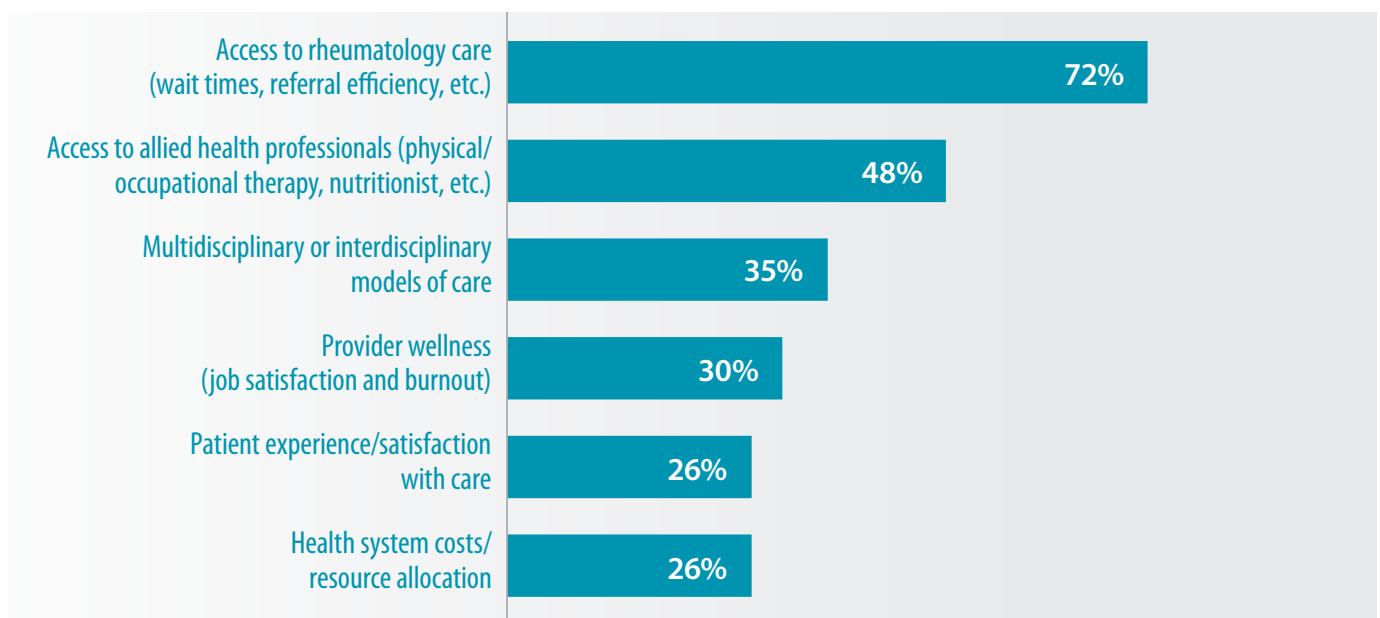
The first question regarding rheumatic diseases/conditions asked “Which of the following should be prioritized for quality measure development, endorsement, and implementation in Canadian Rheumatology Care? Select up to 3 choices.” The top 5 overall were (1) rheumatoid arthritis (54%); (2) systemic lupus erythematosus (52%); (3) spondyloarthritis (including psoriatic arthritis and ankylosing spondylitis) (30%); (4) osteoporosis (26%); and (5) vasculitis (20%).

The second query focused on diagnostic, therapeutic or preventive interventions, and asked survey takers “Which of the following should be prioritized for quality measure development, endorsement, and implementation in Canadian rheumatology care? Select up to 3 choices.” Here, the top 5 results were (1) comorbidity screening & management in rheumatology care (cardiovascular disease, diabetes, interstitial lung disease, osteo-

porosis, etc.) with 52% of votes; (2) tied for second place, vaccinations and appropriate use or overuse of imaging and laboratory testing (with 44% of votes each); (3) reducing and/or appropriate use of glucocorticoids (35%); (4) appropriate use of disease-modifying treatments (30%); and (5) patient-reported outcome measures (e.g., functional status, pain, fatigue assessment, etc.) (20%).

The topic of the final question was optimizing health-care service delivery, and the question was similar to the previous ones: “Which of the following should be prioritized for quality measure development, endorsement, and implementation in Canadian Rheumatology Care? Select up to 3 choices.” The top 5 here were (1) access to rheumatology care (wait times, referral efficiency, etc.) (72%); (2) access to allied health professionals (physical/occupational therapy, dietitian, etc.) (48%); (3) multidisciplinary or interdisciplinary models of care (35%); (4) provider wellness (job satisfaction and burnout) (30%); and (5) tied for fifth place both patient experience/satisfaction with care and health system costs/resource allocation (with 26% of votes each).

Chart 1. Optimizing Healthcare Service Delivery: Which of the following should be prioritized for quality measure development, endorsement, and implementation in Canadian rheumatology care? (Select up to 3 choices)



The Digital Quality Improvement Subcommittee is evaluating these results and is working on building resources

for CRA members. For any questions or feedback, please reach out to info@rheum.ca.