Developing a patient-centered framework for measuring, monitoring and 
optimizing rheumatoid arthritis care

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This Canada-wide study is divided into three phases. Each phase builds toward the goal of implementing and testing a patient-centered framework for quality improvement for rheumatoid arthritis (RA) care. The framework incorporates an existing set of 6 system-level performance measures of early access to care and treatment for patients with inflammatory arthritis. We invite you to join us in helping to finalize this project by providing your review and comments on the RA quality framework and selected measures.

Phase 1: Defining the Vision and Strategic Objectives for Quality Improvement

This phase involved 54 stakeholders who participated in focus groups and interviews to define what quality rheumatology care means. We engaged people living with RA, rheumatologist physicians, allied health providers, healthcare managers and policy-makers. This allowed us to develop a vision for quality RA care and 6 strategic objectives to be used as a foundation for the quality framework. As well, equity was identified as an important theme that applied across all 6 strategic objectives. This model is presented in Figure 1.

Figure 1:

VISION: “ENSURING PATIENT-CENTERED, HIGH QUALITY CARE FOR PEOPLE LIVING WITH RHEUMATOID ARTHRITIS”

1. To provide early access to rheumatology care and timely diagnosis for patients living with RA.

2. To provide high quality, evidence-based, and patient centered care for ongoing management of RA and comorbidities.

3. To provide patients with the right information at the right time to be able to participate as informed partners in their care and be supported to self-manage as appropriate.

4. To provide access to multidisciplinary healthcare providers with training and expertise in the assessment and management of RA.

5. To measure and optimize outcomes for patients living with RA, such as disease activity, pain, function, fatigue, and quality of life.

6. To measure and optimize patient experience & satisfaction with care

EQUITY

Phase 2a: Selection of Performance Measures
A performance measure is a number or a percentage that describes a process, a structure, or an outcome of care. Performance measures help us understand healthcare performance and guide quality improvement. A review of existing, validated performance measures in RA was used for this phase. A final set of 15 measures was selected from this previously published review by a modified Delphi process. These were added to the 6 system-level performance measures mentioned above to create a final list of 21 measures.

This modified Delphi process involved a group of 17 experts including clinicians, researchers, and patients living with RA. Group members worked together to choose the measures that best aligned with the vision and strategic objectives defined in Phase 1. Measures were chosen because they ranked highest in terms of importance for RA care and feasibility of measurement. Finally, they were matched with the Canadian Institute for Health Information (CIHI) quality themes shown in Figure 2.

Figure 2:

Phase 2b: Public Comment
We invite you to participate in this phase by sharing your review and comments on the framework and the measures. The components of the framework are shown in Table 1. The performance measures are grouped according to each of the 6 strategic objectives. As well, the coloured boxes show which CIHI theme is linked to each measure.

Measures have been adopted from the primary sources shown in the linked references; however, we have worded each as a performance measure so the original wording may have been changed to create a harmonized terminology throughout our framework.

Phase 3: Testing the Measurement Framework
Once this phase of public comment is complete, we can begin Phase 3, which is to test an electronic version of the framework in rheumatology clinics in Alberta.
Table 1:

<table>
<thead>
<tr>
<th>VISION: Ensuring Patient-Centered, High Quality Care for People Living with Rheumatoid Arthritis*</th>
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<tbody>
<tr>
<td>STRATEGIC PRIORITY 1: To provide early access to rheumatology care and timely diagnosis for patients living with RA</td>
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**STRATEGIC PRIORITY 3: To provide patients with the right information at the right time to be able to participate as informed partners in their care and be supported to self-manage as appropriate**

| PC | Percentage of RA patients with a treatment plan developed between him/her and his/her clinician / health professionals at each visit$^{11}$ |

**STRATEGIC PRIORITY 5: To measure and optimize outcomes for patients living with RA, such as disease activity, pain, function, fatigue, and quality of life**

| AE | Percentage of RA patients with active RA (i.e. disease activity score-28 (DAS-28) > 3.2) who have low disease activity (i.e. DAS28$^{i} < 3.2$) achieved 6 months after treatment has been initiated$^{11}$ or other composite score for disease activity |
| AE | Percentage of RA patients in remission (DAS28 < 2.6) during the measurement period$^{6}$ |
| AE | Percentage of RA patients with >=50% of total number of outpatient encounters in the measurement year with assessment of disease activity using a standardized measure$^{7,8}$ |
| HS | Percentage of visits for RA patients with documentation of a pain assessment using a standardized tool(s) on each visit AND documentation of a follow-up plan when pain is present$^{9,10}$ |

No PMs meeting criteria for inclusion addressed STRATEGIC PRIORITY 4 or STRATEGIC PRIORITY 6.

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1. CIHI Quality Themes

| Access (A) | Safety (S) | Appropriateness & Effectiveness (AE) | Person - Centeredness (PC) | Social Determinants (SD) | Health Status (HS) |

* Refers to adults age 18 years and older, unless otherwise specified
References