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AMGA's Rheumatoid Arthritis Virtual Discussion Forum

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Meeting Summary

AMGA's

Rheumatoid Arthritis

Virtual Discussion Forum

During AMGA's Rheumatoid Arthritis (RA) Virtual Discussion Forum, seven health systems and medical groups explored gaps of care and strategies in identifying patients, patient-centered data collection, clinical workflows, and care pathways. Attendees included rheumatologists and population health leaders. They detailed successes and challenges in their RA work.

While the successes vary for each organization, common themes emerged around patients' health, access, measurement, and the growth of their practices. A few group participants—Ochsner Health System, University of Rochester Medical Center (URMC), and Summit Health—mentioned that participating in AMGA's RA Best Practices Learning Collaborative between 2014 and 2015 contributed to their success to date. "I'm proud of having worked with AMGA several years ago on the RA Collaborative that got us up over 95% use of disease activity scores," said Robert Quinet, M.D., Ochsner Health System.

Summit Health has seen success in their practice by growing from three to eleven rheumatologists (including a pediatric rheumatologist). They have also reduced the time select patients spend receiving infusions at their infusion center by 50%, reducing average time from two hours to one hour.

With Valley Health System having a practice of four physicians, it became apparent that the communications among the providers were limited because they are constantly with patients. The organization found success with instituting "RA play dates," where the providers would come together regularly and present difficult patient cases. This forum allows the providers and team to reconnect, learn from each other, and work to improve the care of the patients presented to the team.

Utica Park Clinic shared their success in being able to drill down and give RA patients more attention since they do not have a large population of patients who are in need of RA services within their Medicare Advantage (MA) plans. They are able to have a 1:1 relationship with their patients instead of having to organize around a larger community population.

URMC started the "RA Champ Program," a program that takes a holistic approach to care for patients with RA. In the program, they utilize a social worker and part-time nurse who use care coordination, patient education materials, and mental health services to help patients navigate and overcome barriers.

Throughout the discussion, participants shared that what mattered most to them were that patients saw improvement with their mobility.

After sharing successes in their RA efforts, the group participants continued to a moderated discussion on their gaps and strategies in patient population identification, measurement and data collection, clinical workflows and evidence-based care pathways, and engagement.

Patient Population Identification

Question: Have you been able to identify how many RA patients that you have? How do you stratify or prioritize RA patients that you see?

During their participation in AMGA's RA Best Practices Collaborative, Summit Health established a patient registry based on diagnostic codes from their electronic health record (EHR). Their data analytics team is able to pull information related to RA, which allows them to keep track of how many RA patients they are serving.

URMC has a clinic on Mondays for new patients with RA. Patients who meet a criteria in three areas—positive anti CCP antibodies, history of joint swelling, and history of joint pain for more than six weeks—are prioritized for appointments within two weeks. They are currently working toward that target with the addition of advanced practice providers (APPs).

At SIMEDHealth, they pull their numbers by diagnosis code and search for unique patients seen over the last 24 months.

Although a few organizations have found a way to identify their RA patients, there were some challenges identified, particularly around access and accuracy. Utica Park Clinic is experiencing challenges with access, as they do not have any rheumatologists in their practice and have an estimate of 2,500 patients in their primary care clinic that have RA on their problem list. In their market, rheumatologists decide whom they treat, as they follow strict criteria.

Measurement and Data Collection

Question: What data do you collect and track? This includes patient-reported data, ACR approved measures, if you collect this type of data. Do you utilize a single measure or multiple measures to guide assessment?

For most of the organizations, data collection for disease activity is individualized. The participants mentioned utilizing several survey tools and specialized laboratory tests such as CDAI, RAPID3, and Vectra to track disease activity.

Ochsner Health system discussed tracking disease activity scores within their Epic system. Patients have the ability to participate in completing a RAPID3 prior to their office visit via the MyChart portal.

Valley Health shared that they rely heavily on Vectra DA and use a spreadsheet that also includes data for erythrocyte sedimentation rate (ESR or sed rate), C-reactive protein (CRP), patient global, and physician global. Their goal is to have RAPID3 available in their patient portal.

Terms Key

CDAI	Rheumatoid Arthritis Clinical Disease Activity Index
RAPID3	Routine Assessment of Patient Index Data 3
PROMIS	Patient-Reported Outcomes Measurement Information System
Vectra	A registered trademark for a blood test for RA disease activity. Vectra measures the levels of 12 protein biomarkers known to be important in RA and combines these levels into a single score, which can then be used to quantitatively measure and track RA disease activity.

Summit Medical Group uses athenahealth as their EHR and can track disease-modifying antirheumatic drug (DMARD) scores. They continue to track functional assessment and disease activity scores as they did during their participation in AMGA's RA Collaborative. Their next step will be to have RAPID3 placed into a discrete field.

Dr. Stephanie Ingram from SIMEDHealth discussed her preference for using Vectra tests and the lack of a uniform tool to assess patients within their group.

URMC uses CDAI, as they did during their participation in AMGA's RA Collaborative. They are now considering a new measure developed by the National Institutes for Health (NIH) called "PROMIS," which is a measure not specific to RA, but for all diseases.

Fully integrating patient and provider disease activity assessment tools and specialized laboratory results into searchable fields in the EHR remains an ongoing challenge for most medical groups.

Question: What would you want to see in the measures that would prompt clinical action?

Allen Anandarajah M.D., M.Sc., from URMC stated, "When evaluating a patient's inflammatory activity, there are other diseases to consider that can affect scores. The plan of care, therefore, may not always cause a change in the patient's medication, but may require further follow-up using other tools such as an ultrasound. Essentially, clinical judgement is still required."

Dr. Robert Quinet from Ochsner Health System was in agreement with Dr. Anandarajah. He also discussed that RA is a lifelong disease, therefore continuous evaluation of the status of the patient is important.

Clinical Workflows and Evidence-Based Care Pathway

Question: Do you have a standardized clinical workflow for your practice for the care of patients with RA?

Many of the participating groups do not utilize standardized workflows. Every patient is considered unique in their disease process. Therefore, care is individualized.

Ashima Malik, M.D., from Inova shared that in the ideal world, they would like to have a separate physician or radiologist in house in order to have access to clinical, lab, and radiological data at the same time. Not having enough time to perform a thorough assessment and lack of bedside access to an ultrasound machine are also barriers to complete care. She said, "Evaluation of patients has to be the whole picture and not just numbers." Her comment highlights that a future challenge to coordinated care for patients with RA is the availability of a complete record of patient clinical, lab, and radiology data in a single source, which is readily available to the clinician at the point of care.

The participants also highlighted the importance of team-based care for patients with RA. When discussing non-medical management, Dr. Anandarajah shared that URMC's new RA Champ Program has "a nurse provide patient education based on medication adherence, exercise, diet, and vaccination comorbidities."

At Valley Health System, patients have access to physical therapy. Prior to COVID-19, they had aqua therapy and a tai chi class for fibromyalgia patients. They are hoping to continue these services in the future post pandemic.

Question: Do you have a care pathway using evidence-based care (i.e., Treat to Target) for your practice?

As part of the past RA Collaborative, Summit Health developed a paper-based treatment algorithm based on American Academy of Radiology (ACR) guidelines, which they still use today. Laura Balsamini, Pharm.D., BCPS, from Summit Health stated, "Our providers helped develop the algorithm so they have buy-in. They still use their judgement with every patient, but this helps them to have guidelines. It also helps reduce costs."

However, the majority of participants stated that their organization does not have a standardized pathway. These providers use their own individual approach or judgement with each patient. Dr. Anandarajah specified, "Treat to Target is not easy to do consistently in a practical sense when you have a busy clinic." His statement highlights the complexity of individualized care for patients who often have multiple chronic conditions.

Obtaining approved insurance coverage for prescribed medications is another hurdle with treatment. Evan Leibowitz, M.D., Valley Health System, shared, "Identifying the best medication for each patient is challenging, and then to have that medication declined by insurance is another hurdle."

Organization Engagement

Question: Describe the level of RA engagement at your organizations.

Dr. Malik, Inova, stated that RA is a top priority for their organization leadership, saying, "We are committed to providing care to RA patients. We created a service line so that patients have better access. Also we recently started a Tele-consult Rheumatology Pilot program to provide consult services for admitted patients at all the other INOVA hospitals."

Participants are actively working to elevate RA as a system priority within their organizations and securing leadership support to sustain and scale existing RA programs. Challenges include addressing total cost of care, aligning RA care with system strategic priorities, and adapting existing EHR for RA specific needs.

Many participants thought that while they had leadership support to some extent, RA was not as high as it could be on their organization's priority list. "This is a total cost of care issue,"said Daniel Duncanson, M.D., of SIMEDHealth. He further attributes the perceived lower priority level to a single national quality metric associated with RA, whereas other chronic conditions with multiple quality metrics tend to receive greater attention from system leadership.

Other barriers to engagement include aligning the organization's mission with RA care, working through organization complexities and regulations, and inability to use EMR for RA specific needs.

At the close of the discussion, the participants agreed that more improvement work remains to advance clinical care, better coordinate care, and improve outcomes of patients with RA. Opportunities include a great focus on shared decision-making, leadership engagement, standardizing care pathways, and improving patient access. All medical group participants expressed being committed to the charge, with a goal to continue improving the care of their patients with RA while improving their quality of life and clinical outcomes.

Mission:

AMGA advances multispecialty medical groups and integrated systems of care as the preeminent model to deliver high performance health care.

Vision:

We are leading the transformation that results in healthier people.

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