



Advancing High Performance Health

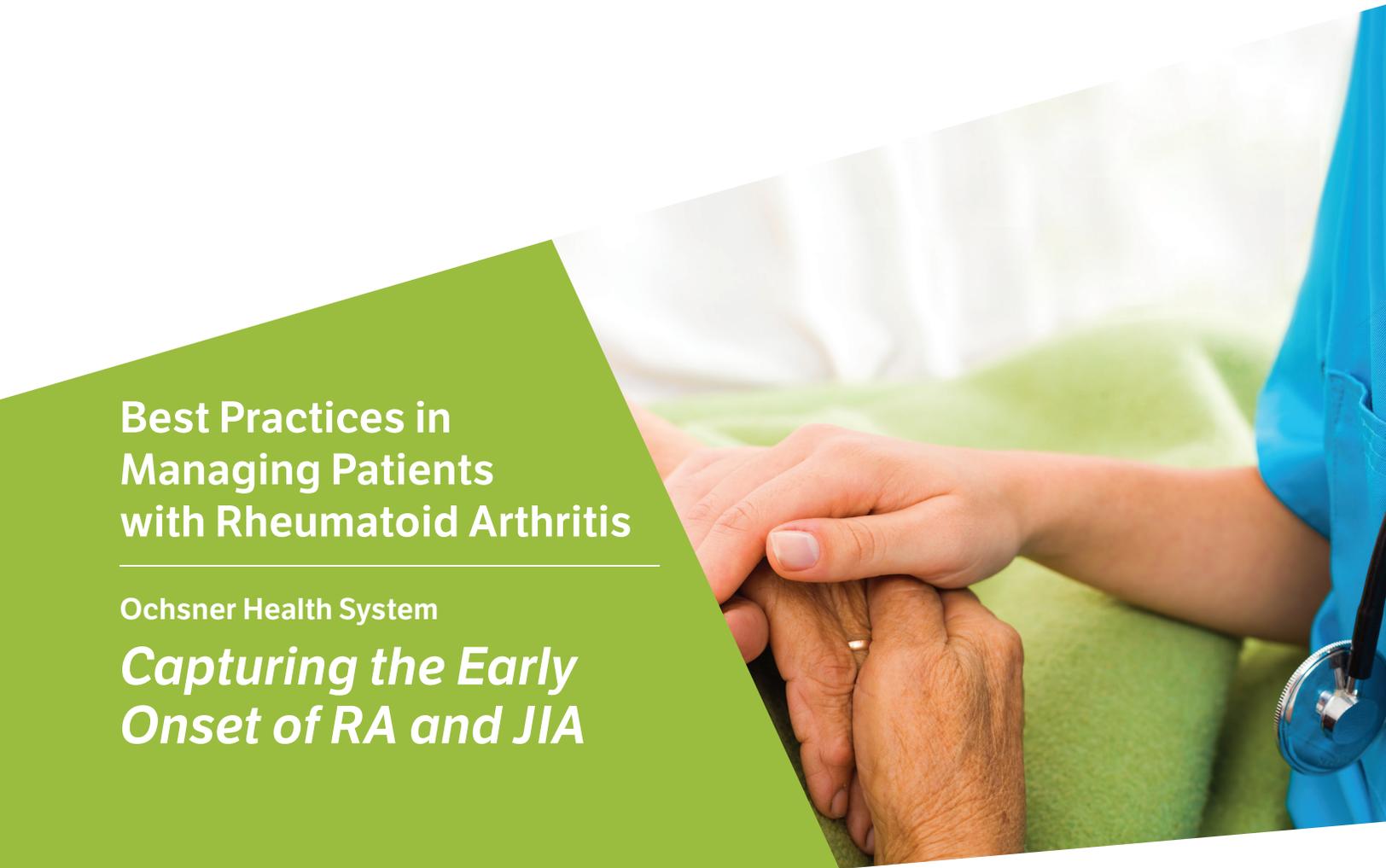
AMGA Foundation

## Best Practices in Managing Patients with Rheumatoid Arthritis

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Ochsner Health System

*Capturing the Early  
Onset of RA and JIA*





## Organizational Profile

Ochsner Health System is an integrated healthcare system that has been providing high-quality clinical and hospital patient care to Louisiana residents since 1942. The organization's healthcare family is comprised of more than 17,000 employees and over 2,700 affiliated physicians. Ochsner owns, manages, or is affiliated with 25 hospitals and more than 50 health centers across the region, all connected electronically to provide convenience and the best possible care for its patients.

Ochsner is also a national leader in medical research, conducting more than 750 clinical research studies every year and producing 200 annual publications in medical literature. It is one of the largest non-university-based physician training centers in the U.S. It is deeply dedicated to its patients and is honored to have been the only Louisiana hospital recognized by *U.S. News & World Report* as a "Best Hospital" across nine specialty categories.

## Project Summary

The Ochsner Clinic Foundation Rheumatology Section specializes in the diagnosis and treatment of RA. About 1.3 million Americans have RA and more than 300,000 children have the juvenile form of the disease, juvenile rheumatoid arthritis (JIA). Ochsner's goal is to capture the early onset of RA and JIA in patients and treat to target with low disease activity.

## Program Goals and Measures of Success

Recognizing that RA patients with high disease activity have been drivers of poor quality outcomes, Ochsner has developed an action plan and implemented a department-

wide documentation of RA disease activity with each patient encounter. It has assembled a multidisciplinary team to further improve its performance measures and enhance patient care.

### **Goals and Objective**

Overall, Ochsner's goal was to evaluate the use of DMARDs in its RA population, develop an action plan, and implement a department-wide documentation of RA disease activity at each patient encounter. Ochsner is using the RAPID 3, DAS28, or CDAI to monitor its patient's disease activity level during each clinic visit. We also wanted to improve our documentation of functional status (MDHAQ), evaluate the use of the biologic order sets including pre-DMARD labs and vaccination checks, and improve the utility and safety of EMR by displaying facility administered therapies in outpatient medication lists.

### **Clinical Standards**

Ochsner is currently following the 2012 ACR RA Guidelines for RA Disease Activity Measure Recommendations Data collection and measurement.

Individuals with a diagnosis of RA were identified from data obtained from Ochsner's EMR system, Epic, starting from July 1, 2013, to June 30, 2014. It surveyed the use of DMARD therapy, the measure of disease activity (RAPID 3, DAS28, or CDAI), and the recording of HAQ scores in its patient population. Our medical assistants recorded HAQ score on all our patients.

### **Outcomes and Results**

Fortunately, we were able to maintain starting DMARD therapy greater than 90% each quarter, increase documentation of HAQ score and measured disease activity in each quarter (Figure 1).

**Figure 1**

Organization Name		Ochsner Health System								
Reporting Period		Measure 1 – DMARD Therapy			Measure 2 – Disease Activity Assessment			Measure 3 – Functional Status Assessment		
		Denominator	Numerator	Percentage	Denominator	Numerator	Percentage	Denominator	Numerator	Percentage
Baseline	2014 Q2 (07/01/2013 – 06/30/2014)	595	538	90.4%	595	219	36.8%	595	270	45.5%
Collaborative 1	2014 Q3 (10/01/2013 – 09/30/2014)	588	534	90.8%	588	308	52.4%	588	327	55.6%
Collaborative 2	2014 Q4 (01/01/2014 – 12/31/2014)	587	532	90.6%	587	397	67.7%	587	387	65.9%
Collaborative 3	2015 Q1 (04/01/2014 – 03/31/2015)	584	526	90.1%	584	479	82.0%	584	474	81.2%
Collaborative 4	2015 Q2 (07/01/2014 – 06/30/2015)	788	726	92.1%	788	756	95.9%	788	750	95.2%

**Figure 2**

AMB EARLY ONSET OF RHEUMATOID ARTHRITIS	
<input checked="" type="checkbox"/> Ambulatory referral to Rheumatology	Internal Referral
<input checked="" type="checkbox"/> ANA	■ Status: Future, Expected: 2/5/15, Expires: 4/5/16, Routine, Lab Collect
<input checked="" type="checkbox"/> Cyclic citrul peptide antibody, IgG	■ Status: Future, Expected: 2/5/15, Expires: 4/5/16, Routine, Lab Collect
<input checked="" type="checkbox"/> C-reactive protein	■ Status: Future, Expected: 2/5/15, Expires: 4/5/16, Routine, Lab Collect
<input checked="" type="checkbox"/> Rheumatoid factor	■ Status: Future, Expected: 2/5/15, Expires: 4/5/16, Routine, Lab Collect
<input checked="" type="checkbox"/> Sedimentation rate, manual	■ Status: Future, Expected: 2/5/15, Expires: 4/5/16, Routine, Lab Collect

## Population Identification

Ochsner was established 1946 and has four Rheumatology sites in New Orleans, Slidell, Covington, and Baton Rouge. It also has 7.4 full-time faculties and two Rheumatology nurse practitioners. Its EMR is EPIC which is fully integrated in our rheumatology sites.

## Intervention

### Background/ Program

Ochsner’s goal was to capture early onset rheumatoid patients in its health system and start DMARD therapy to prevent long term complications.

### Modification and Workflow Change

Ochsner created an early onset RA screening questionnaire for its primary care providers, which was adopted from Paul Emery. This screening questionnaire consisted of three

questions: Does the patient have three or more swollen joints? Is there MTP/MCP joint tenderness with squeezing the hand? Does the patient have morning stiffness for greater than 30 minutes? Unfortunately, Ochsner’s primary care providers were overwhelmed with competing disease screens and felt uncomfortable in detecting RA.

Ochsner’s next step was to create an order set in Epic for early onset RA for primary care providers and referring providers (Figure 2). This order set allowed patients to be seen within two weeks in our arthritis clinic. Unfortunately, education for primary care providers to use the order set was attempted unsuccessfully and Ochsner is re-educating them along with their Epic support person. Ochsner also created a pre-DMARD order set to help facilitate ordering essential labs as well as vaccination review and administration (Figure 3).

It has also met with physical therapists, occupational therapists, and dieticians who will participate in group educational visits for its rheumatoid patients. Ochsner

unsuccessfully attempted to standardize its physical therapy (PT) and occupational therapy (OT) services at all its satellite facilities. In addition, its nurse practitioner has created four modules to educate its early onset rheumatoid patients. These modules consist of:

- Module 1 - Introduction to RA
- Module 2 - Nutrition and Alternative Modalities:
  - Dietician to present foods with anti-inflammatory properties
- Module 3 - Activity & RA:
  - Physical therapist & occupational therapist
  - Exhibit assistive devices for ADLS & splints if needed
- Module 4 - RA & Medication:
  - Pharmacist will present and discuss RA drugs
  - RN will discuss living on immunosuppressant therapy—education, lifestyle, preventing infections, etc.

## Leadership Involvement & Support

Developing an action plan and implementing a department-wide documentation of RA disease activity requires commitment and dedication. Ochsner would like to thank our physicians, nurse practitioner (NP), IT department, and support team for all their efforts.

## Lessons Learned and Ongoing Activities

Ochsner has encountered many challenges and road blocks during its systematic approach in enhancing care for its patients. It provided constant reinforcement at monthly meetings, engaged support staff to be present, and had one-on-one interaction/dialog involving RA project members and other rheumatology faculty and fellows. Ochsner's next steps are to establish an RA registry in Epic, establish shared

**Figure 3**

Visit Orders Procedures (8 Orders)	
Pre-DMARD	Re
<input checked="" type="checkbox"/> HIV-1 and HIV-2 antibodies	Expected-6/25/2015, Expires-8/23/2016, Routine, Lab Collect, Resulting Agency - OCHS SOFT LAB
<input checked="" type="checkbox"/> Hepatitis A antibody, IgG	Expected-6/25/2015, Expires-8/23/2016, Routine, Lab Collect, Resulting Agency - OCHS SOFT LAB
<input checked="" type="checkbox"/> Hepatitis B surface antigen	Expected-6/25/2015, Expires-8/23/2016, Routine, Lab Collect, Resulting Agency - OCHS SOFT LAB
<input checked="" type="checkbox"/> HBcAB	Expected-6/25/2015, Expires-8/23/2016, Routine, Lab Collect, Resulting Agency - OCHS SOFT LAB
<input checked="" type="checkbox"/> Hepatitis B surface antibody	Expected-6/25/2015, Expires-8/23/2016, Routine, Lab Collect, Resulting Agency - OCHS SOFT LAB
<input checked="" type="checkbox"/> Hepatitis C antibody	Expected-6/25/2015, Expires-8/23/2016, Routine, Lab Collect, Resulting Agency - OCHS SOFT LAB
<input checked="" type="checkbox"/> Quantiferon Gold TB	Expected-6/25/2015, Expires-8/23/2016, Routine, Lab Collect, Resulting Agency - OCHS SOFT LAB
<input checked="" type="checkbox"/> Ambulatory referral to Infectious Disease	Internal Referral, Routine, Infectious Diseases, Specialty Services Required

medical appointments, analyze HAQ scores to optimize utilization of PT/OT to improve function as well as the adjustment of pharmacologic therapy, and continue analyzing disease activity scores to improve achievement in remission and low disease activity as part of “treat to target.”

### **Acronym Legend**

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CDAI: Clinical Disease Activity Index

DMARD: Disease-Modifying Anti-Rheumatic Drug

HAQ: Health Assessment Questionnaire

MDHAQ: Multi-Dimensional Health Assessment Questionnaire

PQRS: Physician Quality Reporting System

RAPID 3: Routine Assessment of Patient Index Data 3

SDAI: Simple Disease Activity Index

## **RA Team**

### **Team members from Ochsner Health System**

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