



Advancing High Performance Health

AMGA Foundation

A photograph showing a healthcare professional in blue scrubs holding the hand of an elderly patient. The professional's hand is on top, and the patient's hand is on the bottom. The patient's hand shows signs of aging and arthritis. The background is a blurred hospital setting with white curtains and a green chair.

Best Practices in Managing Patients with Rheumatoid Arthritis

Sutter Medical Group of the Redwoods
*Gaining Data Points to
Improve Treatment and
Better Utilize the EHR*



Organizational Profile

Spread out across California's Sonoma and Lake counties, Sutter Medical Group of the Redwoods (SMGR) was established in 1995. Offering primary, specialty, and complex medical care in 23 clinics, the healthcare organization employs more than 122 physicians, two of whom are full-time rheumatologists, who oversee 3,000 rheumatology visits annually.

Project Summary

Taking part in the Collaborative, SMGR sought to gain data points not only on the treatment of its patients with RA, but to gain information on ways to better utilize its EHR in the care of rheumatology patients without a large time investment from the clinic.

In the past, SMGR Rheumatology had not used any form of benchmarking. After assessing the feasibility of various methods of assessment—determining the appropriate measurement tool to be used and how to maintain an uninterrupted flow of patients through the clinic—SMGR began giving RAPID 3 to all patients with RA prior to their visits to the Rheumatology Clinic. Clinic staff administered the form and manually tabulated the numbers. SMGR's IT Department eventually created an entry capability for the EHR to allow the digital tabulation of population results and clinical tracking.

Program Goals and Measures of Success

SMGR realized the importance of properly using the EHR to collect data on treatment of RA patients so that they could assess their success. Their goal was to create a systematic way to enter data and benchmark progress on identifying patients and making sure they were properly being treated with DMARDs.

Initially, medical assistants (MAs) compiled results from RAPID 3 questionnaires manually. SMGR's IT Department was able to create a space in the Epic chart for RAPID 3 results to be entered under "Vitals" by the MA at the time of patient rooming. This also allows data to be electronically retrieved through an EMR search and to be shared for benchmarking purposes.

As a result of these efforts, SMGR has been able to incorporate its first clinic-wide RA benchmarking project.

Population Identification

With two rheumatologists at a single site, the population for the Collaborative was drawn from Epic data on visits to the Rheumatology Clinic within the past year using DX codes 714.0, 714.1, and 714.2, as well as DMARD searches using HEDIS/Grouper code 11278. All interventions were done through EHR searches, with the receptionist and medical assistants collecting and entering the data. Results revealed that of the 633 RA patients, 531 were on DMARDs.

Intervention

Initially, SMGR gave the RAPID 3 questionnaire to only RA patients at check-in, as identified by doctors listed on the schedule the day prior to an appointment. After reviewing its Q1 results, however, a program of "every patient, every time" was instituted, so that all patients coming to the Rheumatology Clinic are given RAPID 3.

Integrating this data into the EHR, SMGR was able to track RAPID 3 scores in tandem with other measures such as labs and medication doses. This in turn allowed patients' assessment of their status to be part of the clinical decision-making process. Improvements to the intervention included the use of forms that were available in English and Spanish.

Leadership Involvement & Support

Through its progression, this Collaborative was aided by the support of Peter Valenzuela, MD, CMO; Gary McLeod, MD, Medical Group President and Director of Quality; and Bob Andrews, Sutter Pacific Medical Foundation Director of IT Services. Andrews and his IT team allowed the project to fast track an improved data entry system and create a “synopsis” feature for clinical tracking. Valenzuela and McLeod, meanwhile, provided public support by attending data release luncheons for the staff and by publishing SMGR’s participation in the group’s newsletter. SMGR’s Human Resources Department provided appreciation certificates for the staff with coffee coupons.

Lessons Learned and Ongoing Activities

Despite many challenges—including high staff turnover, patients who required additional time to complete the questionnaire, complications arising from moving to a new facility, and limited resources for this kind of ongoing initiative—the Collaborative was a fairly streamlined project, experiencing minimal disruption to the clinic’s operational flow.

Moving forward, SMGR may undertake a study of a random selection of patients who are not on DMARDs to assess the accuracy of its diagnoses. It is also looking for information on V-codes to indicate patients for whom DMARDs are contraindicated or who refuse conventional DMARDs, as this may make the percentage of patients on DMARDs more accurate.

Software builds in the future may additionally incorporate needed features that can efficiently document DAS28 and other benchmarking tools. Because IT changes to the EHR were system-wide, steps may be taken to start a system-wide education of all 22 Sutter Health Rheumatologists about using the RAPID 3 and data on DMARD use as benchmarking tools.

Looking back at the experience of the Collaborative, it is clear that teamwork is essential.

Acronym Legend

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

Sutter Medical Group of the Redlands

Team Members:

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