



Advancing High Performance Health

# AMGA's Rheumatoid Arthritis Virtual Discussion Forum

October 13, 2021 / Virtual Event

Meeting Summary





## AMGA's Rheumatoid Arthritis Virtual Discussion Forum

*AMGA's Rheumatoid Arthritis (RA) Virtual Best Practices Discussion Forum focused on how to redesign RA practice performance improvement programs for success.*

AMGA identified four critical areas of focus to improve RA practice: **patient access, disease activity assessment, practice care pathway, and documentation of outcomes.** During the meeting, six organizations discussed their innovative strategies and gaps in these areas. Not only were groups able to learn from their peers, but they were also able to determine next steps in their RA practice redesign journey.

The six participating organizations' shared attribute is provider and medical team devotion to improving patient care. They credited several successful strategies and interventions to this devotion: Flexibility to ensure patients are cared for in a timely manner, expanding their network to include pharmacy, and practicing evidence-based medicine at every visit. Synergy between primary care providers and rheumatologists of RA patients and standardizing the use of disease activity tools were also discussed as successful strategies that moved organizations along.

These organizations continued the conversation with a moderated discussion on their strategies and gaps in patient access, disease activity assessments, standardizing a care pathway, and documentation of outcomes.



## Patient Access

Through provider incentive programs and training medical staff, some groups have been able to improve access for patients. Summit Health utilizes incentive programs and weekend sessions for specialties, which has greatly affected access. Each of their 10 providers are required to do 10 weekend sessions a year. In part, their organization has grown so much that their rheumatology department had to be expanded. To help with the expansion, they apply a team-based approach, where they use the help of a pharmacist.

Florida Medical Clinic found best success in making rheumatology practices more efficient by delegating tasks to everyone on the medical team. Trained medical students and medical assistants handle non-rheumatology work, such as preauthorizations and medical exams. This lessens the load and encourages teamwork among the medical staff. Their approach of one rheumatologist to two mid-levels to work together as a team with frequent huddles to triage patients has immensely improved access to care for their patients. They are able to see about 50 patients a day thanks to this streamlined approach and utilizing all the resources available.

Another group agreed with this team-based approach. Colorado Permanente Group has seen improvement of access by training their pharmacists on administration of joint exams. Their goal is to start sending their low-acuity patients to the trained pharmacists. This would free up time for the rheumatologist to focus on the higher acuity patients. Their hope is to eventually expand to other sites in their organization.



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Telemedicine is also used as an approach to improving patient access. Kelsey-Seybold Clinic has now increased their virtual visits to include specialty care. In addition, patients are able to schedule virtual visit appointments via a phone application or call centers. Similarly, Henry Ford Health System implemented call/text reminders to help with the underutilization of existing slots (no shows, last-minute cancellations). Patients also have access to Fast Track in their electronic health record (EHR) portal to check for open slots to book appointments. In addition, Henry Ford started same-day clinics that are used for new patients or those who need to be seen within 48-72 hours.

## Disease Activity Assessment Practices

Florida Medical Clinic believes in collecting a “basket” of disease activity assessments including Routine Assessment of Patient Index Data 3 (RAPID3), Clinical Disease Activity Index (CDAI), Vectra DA, and musculoskeletal ultrasound. This approach helps avoid the pitfalls of patients with multiple chronic conditions and helps the provider to be better informed and prepared for the patient visit. It also helps to determine the signal measure, which is used in the Provider Global Assessment. Ultimately, this became the measure used in their treat to target process. Every patient at every visit, regardless of diagnosis, completes a RAPID3, tender swollen joint exam, and a pain assessment. All of these clinical scores are put into a flowchart, along with the patient and provider global assessments, CDAI scores, and the treatment drug of each patient. This flowchart allows providers to track the patient’s progress over time. In addition, every six months, a standardized musculoskeletal ultrasound is done on the patient by a certified technician.

At Henry Ford Health System CDAI scores are collected for every patient. If there is a discrepancy between patient evaluation and providers, then a Vectra DA is collected. In more difficult cases (deformities that are difficult to evaluate), a butterfly probe ultrasound is taken by the providers at point of care. Pharmacists are used during checkpoint visits to evaluate the patient’s RAPID3 with them over the phone. Depending on the score, the pharmacist will determine if the patient needs to be seen right away or can wait for a regular appointment.

Summit Health and Kelsey-Seybold Clinic have the RAPID3 embedded in the HER, and clinical staff are able to use and track scores. At Summit Health, the clinical staff print out the form from the EHR and give it to the RA patient as part of their intake. Patients fill it out, and it is scored. The values are then entered in their EHR discreet data field, which helps the clinical staff track trends over time. This visualization helps their approach to therapeutic management to treat patients and for de-escalation of therapy.

Utica Park Clinic uses the Disease Activity Score Calculator for Rheumatoid Arthritis (DAS-28) scoring system and joint exams integrated in their EHR to assess RA disease activity. RAPID3 is currently being built into their EHR. Currently, patients use their MyChart to fill out health questionnaires before visits.

### Terms Key

<b>CDAI</b>	Rheumatoid Arthritis Clinical Disease Activity Index
<b>RAPID3</b>	Routine Assessment of Patient Index Data 3
<b>Vectra</b>	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.
<b>DAS 28</b>	DAS stands for ‘disease activity score’, and the number 28 refers to the 28 joints that are examined in this assessment.



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### Care Pathway

For a more advanced approach, Florida Medical Clinic developed their care pathway based on the American College of Rheumatology (ACR) guidelines for RA management. The essential part of the pathway is treat to target with a goal of remission or low disease activity. It took some time to have it written down, but once standardized, it was “rinse and repeat.” With treat to target, patients are re-evaluated every 12 weeks. Moderate to high disease activity patients are seen every three months and are monitored closely. If the patient is not in remission or better after re-evaluation, then there is a change in therapy. All patients on or not on the pathway are tracked on the disease activity scores flowsheet. The medical teams monitor this flowsheet closely and meet regularly to go over the performance of all the disease activity measures. Currently, Florida Medical Clinic has about 90% of patients following the pathway, which exceeds their 80% compliance goal.

The gaps mentioned when trying to establish a standardized pathway were provider buy-in, lack of resources, and lack of good data. However, groups like Summit Health and Colorado Permanente are finding success in their pathway of de-escalation. At Summit Health, patients are identified based on the trends of their disease state activity and if stable, the provider will implement a dose reduction. Then the patient is closely monitored and follow-ups are scheduled. A pharmacist is fully engaged throughout as a touchpoint for the patient. At Colorado Permanente, providers developed clinical criteria in identifying patients for de-escalation. Then, the pharmacist helps identify these patients using the criteria.

### Documentation of Outcomes

At Kelsey-Seybold Clinic, documentation and follow-up of RA patients usually last three to six months. If a new patient has a new medication, they are closely monitored and follow-up ranges from two weeks to two months. Providers document the patient's medical adherence, DMARD therapy compliance and adherence, as well as functional assessments.

Florida Medical Clinic established a registry of their entire RA population, using their extensive collection of disease activity measurement scores. They run reports quarterly for each measure broken down by each provider. The providers meet regularly to discuss the reports and find ways to improve. Providers look at specific data, including patients who were lost to follow-up and a list of patients stratified by disease activity to be sure that high-disease patients are being addressed on a regular basis. When looking at their RA practice from an external perspective, Florida Medical Clinic mentioned that their approach helped them see higher patient satisfaction and better disease activity outcome scores.

Summit Health measures DMARD adherence as well as preventative screens: depression, tobacco cessation, pneumonia, and flu. They are able to track these in their EHR and provide monthly reports to their providers to know how they are doing. In addition, they provide patient experience net promoter scores for each provider. In order to ensure patients are getting priority access, Summit uses the quality management tab in their EHR, where they can flag patients falling behind control of their disease state. Therefore, the provider is better informed to deliver the best quality of care to their patients.

At the close of the meeting, participating organizations were unified in their commitment to improvement processes. Each group found opportunities to implement learnings from the meeting and shared next steps for their organization's redesign journey. Groups plan to add further disease activity measures into their EHR, create a care pathway and integrate into the EHR, create a business case for RA care, and close provider knowledge gaps. These organizations are committed to close the gaps in access and provide the best quality of care to their RA patients.

**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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