



Advancing High Performance Health

AMGA's Rheumatoid Arthritis Virtual Discussion Forum

June 22, 2022 / Virtual Event

Meeting Summary





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*AMGA's Rheumatoid Arthritis (RA) Virtual Best Practices Discussion Forum focused on how to redesign RA Practice performance improvement programs for success. Four critical areas for a successful RA practice improvement program were discussed, including **patient access, practice care pathway, documentation of outcomes, and how to sustain and scale.** During the meeting, four organizations shared their strategies and care gaps in these areas.*

The four participating organizations, despite having to make pivotal changes during the COVID-19 pandemic, committed to pushing forward by implementing interventions to improve their RA practice. Whether collaborating with a pediatric rheumatology department, decreasing no-shows by rigorous patient outreach, or using virtual visits to facilitate follow-up appointments, the participating organizations found ways to adapt and improve while dedicated to providing the best care for their patients.

Patient Access

For improved scheduling efficiency, Florida Medical Clinic (FMC), utilizes an appointment registration platform, Phreesia, to assist with reducing no-shows. The Phreesia platform allows the front office to screen upcoming appointments within 72 hours to either confirm, cancel, or reschedule appointments via text message directly to the patient. Any canceled or rescheduled appointments are backfilled with patients identified as high priority. Since patients are more responsive to text, FMC has seen improvement in their no-show rates.

Though improving access is still a work in progress, they are finding ways of combating the workload issue by assigning mid-level employees to work with a rheumatologist. They assign two mid-levels to one rheumatologist. This way the rheumatologist can see as many patients as they can, even as many as 50 patients a day. Another way they have improved patient access is, during the COVID-19 pandemic, follow-up virtual visits were offered to stable patients without changes in treatment. This increased patient satisfaction, minimized patients' risk of exposure, and allowed their clinical team more flexibility with their schedule. Providers also communicate about patients with rheumatology emergencies, such as temporal arthritis, and arrange for them to be seen the same day by using Doc Halo, a secure messaging platform for clinicians.

Despite reduced hours during the pandemic and an increase in patient volume with limited staff, Henry Ford Health is finding ways to improve patient access. One method is using the waitlist tool in their Epic electronic health record (EHR) to schedule their patients. If a scheduled patient wants an earlier appointment, they are notified via email or text once a slot becomes available. In addition, if a patient does not show within five minutes of their scheduled appointment, it is converted to a virtual visit. Phone appointments are offered to patients who do not have internet access. A work queue is used for new patients if they are referred from other specialties. Part of their scheduling process is using a "decision tree" to weed out unnecessary appointments, such as those for patients who should be seen in other specialty departments or primary care.



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Lastly, Henry Ford Health temporarily offers clinic hours one Saturday a month for new patients. This has helped in reaching their organization's goal of seeing a new patient within 14 days. In their continued effort to improve access, they are working on offering patients the ability to self-schedule appointments through MyChart.

Hackensack Meridian Health also uses its Epic EHR to help schedule patients. They can schedule separate appointment times for new patients or follow-ups. They also have the ability to offer online scheduling; however, it is not currently utilized due to the high appointment demand. A few appointments are reserved for emergency visits when the physician deems it necessary for a patient to come in. These patients can be seen as soon as three or four days out.

As a response to the challenge of getting new patients in to see a rheumatologist, primary care physicians at Summit Health have direct access to schedule a patient for a rheumatology appointment. Appointment slots are saved for new patients, and they are scheduled within one week.

Furthermore, Summit Health has been able to see a big improvement in access due to telemedicine. Scheduling virtual follow-up appointments when the patient has a schedule conflict and cannot come to the office for a visit has been beneficial for both the patient and the provider. In the near future, Summit Health plans to have online scheduling that will include criteria questions to help determine if patients qualify for open appointment slots.

Patient Care Pathway

Florida Medical Clinic has developed a robust care pathway based on the American College of Rheumatology (ACR) guidelines for RA management. They collect various assessments such as RAPID3, CDAI, DAS28, and the Provider Global assessment. Musculoskeletal ultrasounds are also performed, providing an alternate way to assess inflammation. Performing these ultrasounds is advantageous in measuring the patient's disease activity. The data collected from these assessments are used to determine how the patients are managed and when they come in. Those with moderate to high disease activity are scheduled for a follow-up visit every three months. Those in remission or who cannot be managed are seen every seven months. Patients' status as being on or not on the pathway is recorded after the follow-up visits.

At Summit Health, each rheumatology office has a nurse supervisor who uses a triage template to determine how urgently a patient needs to be seen. In addition, within their EHR, athenaClinicals, a flowsheet is used to determine when and how often the patient needs to be seen. Summit Health uses an integrated care model in which primary care helps co-manage RA patients. Additionally, rheumatologists collaborate with Summit's robust pain management department to help support the patients who fall within their scope.

Henry Ford Health is working on implementing nurse visit appointments to help alleviate the burden on rheumatologists. The nurses help review medications with patients and discuss the side effects. If the nurse believes that the patient needs to

Terms Key

CDAI	Rheumatoid Arthritis Clinical Disease Activity Index
DAS28	Disease Activity Score in 28 joints
RAPID3	Routine Assessment of Patient Index Data 3



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be seen by a physician, they can determine if the patient should be scheduled for an urgent visit or can be seen within three months. Additionally, as part of their care pathway, Henry Ford implemented a referral system that requires a referral from a PCP or other specialists to lessen the number of wrong patients coming in for a visit due to patients self-referring.

Documentation of Outcomes

At Florida Medical Clinic, outcomes of disease activity measures are used to stratify their patients by risk to ensure that patients are seen in a timely manner. In addition, with the help of their RA database (a list of RA patients in a data set with their disease activity scores), they are able to find or look for patients who have canceled in the past or have not come in and ensure they are seen. Currently, they are not measuring how long it takes patients to get an appointment, as they are focused on getting patients in; however, they mentioned that measuring wait time would be beneficial.

In addition to documenting various quality measures, Summit Health uses Domo, a data analytics tool that tracks the third next available appointment measure, which helps with managing access. Similarly, Henry Ford also tracks the third next available appointment measure through their EHR and monitors closely, as they are trying to hit their goal of seeing new patients within 14 days.

When looking at patient gaps in outcome analysis, Florida Medical Clinic mentioned Provider Global assessments are performed during a virtual visit; however, not all the assessments can be performed on virtual patients. Therefore, their data set has been inconsistent. Another care gap identified by both Florida Medical Clinic and Henry Ford Health is patient hesitancy and/or distrust increasing during COVID-19. It has been a challenge getting existing patients back in for an appointment. Henry Ford noted that some patients were not taking their medications and by the time they are able to get the patient in for a visit, the provider finds them in worse shape than when they started.

Similarly, Summit Health also saw some medication adherence issues, specifically with patients coming in to receive infusions. In response, they set up home infusion services or converted patients to self-injectables. Getting this service implemented with support from a dedicated pharmacy team, Summit was able to bridge the gaps in patient care. Even with these gaps, Summit's quality performance has not had any fluctuations and has remained strong. As seen in patient comments, the relationship between patients and providers has remained close. As RA is a lifelong disease, providers have been able to solidify trust with their patients.

Sustain and Scale

When looking to sustain and scale, groups looked at their next step in bridging the gaps in their RA practice. Most of the participating organizations agreed that a major effort is to continue to improve patient access. One significant need expressed by all of the participating organizations was hiring more rheumatologists. Henry Ford Health mentioned filling in these physician positions will not only improve access, but also lessen the burden and stress on staff.

To sustain their practice, Florida Medical Clinic strongly encourages rheumatologists to focus on treating patients with autoimmune diseases and limit seeing the number of fibromyalgia or osteoporosis patients. To help with this, Florida Medical Clinic created a bone health clinic. This nurse practitioner-driven clinic manages osteoporosis patients, and thus



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those patients are taken off rheumatology schedules. In addition, they are looking to improve the screening of patients so the rheumatologist sees the right patient at the right time. They are committed to continuing their robust system for tracking disease activity measures, as this data will help identify other gaps where they can improve patient care.

Summit Health wants to improve on standardization and reduce the variation in treatment. Focusing on the true outcomes of the measures for patient improvement will assist in creating a pathway to follow. Having a care pathway will standardize best practices and outcomes, thus improving the quality of care.

At the end of the meeting, groups were not only able to identify their shared challenges but also find some solutions. Groups shared their takeaways and next steps. Some takeaways included considering creating a bone clinic to separate osteoporosis patients from autoimmune patients, implementing physician referrals, and using a RA database to reduce unnecessary appointments.

Participating Organizations	Location	FTE Physicians
Summit Health	Berkeley Heights, New Jersey	1,761
Florida Medical Clinic	Zephyrhills, Florida	221
Henry Ford Health	Detroit, Michigan	1,200
Hackensack Meridian Health Group	Edison, New Jersey	52

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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