

IMPROVING QUALITY of CARE in RHEUMATOID ARTHRITIS (RA) UTILIZING HOSPITAL-BASED SPECIALTY PHARMACIES IN MONITORING DISEASE ACTIVITY

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BACKGROUND

- The American College of Rheumatology (ACR) guidelines recommends a treat-to-target approach in managing patients to a goal of remission/low disease activity, yet many rheumatology practices do not routinely assess or document RA disease activity due to time constraints and uncertainty about which measure to use.
- The RA Periodic Assessment of Disease Activity Quality Measure (#177) was updated to require assessment of RA disease activity at $\geq 50\%$ of encounters for each RA patient during the measurement year.
- Treating Rheumatoid Arthritis to Target: 2015 Update of the Recommendations of an International Task Force, recommends: Disease activity assessments as frequently as monthly for patients in high/moderate disease activity and less frequently (3-6 months) when patients reach a target of remission or low disease activity.
- This Treat to Target (T2T) program seeks to demonstrate the impact of specialty pharmacy services in supporting T2T goals by engaging patients and delivering information to rheumatologists that can be used to improve patient outcomes utilizing the Routine Assessment of Patient Index Data 3 (RAPID3) Disease activity measurement.

OBJECTIVE

Leverage the capabilities of hospital-based specialty pharmacists and software to capture patient reported disease activity to collaborate with rheumatologists and enhance treatment management.

METHODS

- New or existing RA patients were identified in TherigySTM™ in 5 participating hospital-based specialty pharmacies.
- RAPID3 surveys were implemented in daily work flow of the pharmacy.
- TherigySTM™ generated RAPID3 surveys to be conducted telephonically.
- Initial and follow-up assessments were automatically scheduled based on the previous score. High or moderate activity: 1 month follow-up. Low or near remission: 6 months follow-up.
- Captured aggregated data by each pharmacy for unique patients managed over a 9-month period from May 2017 to September 2018.
- RAPID3 score calculated to non-simplified scale of 0-30.
- Observe change in RAPID3 scores, demographics, and disease duration.

RESULTS

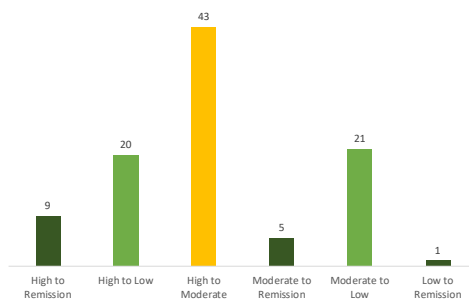
Table 1. Patient Demographics

Demographics	Female	Male
Average Age	55	58
Gender	82%	18%
Disease Activity		
High	44%	9%
Moderate	20%	5%
Low	8%	2%
Near Remission	10%	2%

Table 2. RA Disease Activity by Duration of Disease

Disease Severity	High	Moderate	Low	Near Remission	Total
0 to < 6 months	32	13	5	4	54
6 to < 12 months	33	17	6	7	63
1 to < 3 years	111	51	22	24	208
3 to < 5 years	77	33	14	18	142
5 to < 10 years	83	36	14	23	156
10 years or more	139	69	27	31	266
Grand Total	475 (53%)	219 (25%)	88 (10%)	107 (12%)	889

Figure 1: Improved RAPID3 by Disease Activity



RESULTS

Figure 2: Initial RAPID3 and Final RAPID3 Distribution

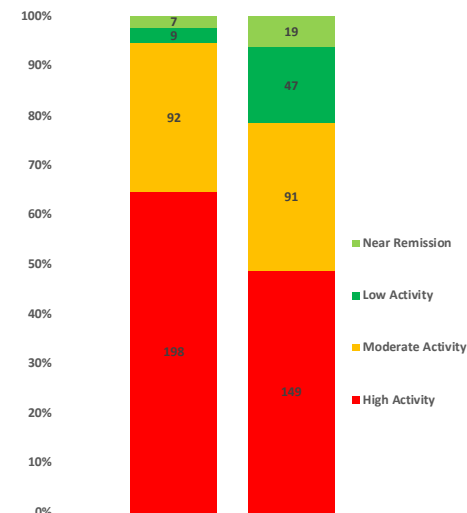
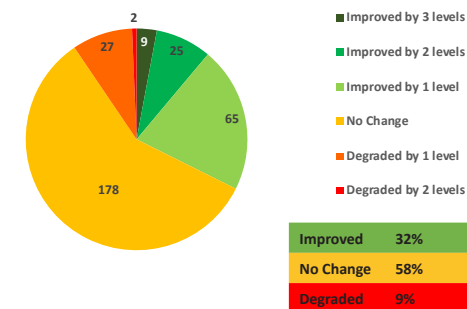


Figure 3: Changes in RA Disease Activity Level



RESULTS

- The five hospital-based specialty pharmacies collected a total of 889 patients ≥ 1 RAPID3 score evaluated during the review period, 306 patients had ≥ 3 RAPID3 scores over the 9-month evaluation.
- The average age of the patients was 56 years and 82% were females.
- Of those 306 patients, baseline disease activity was classified as 65% high, 30% moderate, 3% low, and 2% near remission.
- During the analysis period, 32% of patients improved by at least one disease activity level and 22% of patients ended in low or near remission.

CONCLUSION

- Enabling pharmacists to assist in monitoring RA patients can enhance quality of patient care and potentially improve outcomes. Pharmacists were able to consistently and more frequently follow up with patients to reassess disease activity per ACR guidelines.
- The best interval for RAPID3 reassessment needs to be re-evaluated to avoid survey fatigue and patient abrasion.
- Software supporting pharmacy's engagement with rheumatologist is an emerging opportunity in optimizing treatment management for RA patients.
- This tool improved patient engagement by helping the patients understand their disease progression and what elements contribute. This resulted in positive outcomes, better health and effective treatment.

REFERENCES

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SPONSORSHIP

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Improving Quality of Care in Rheumatoid Arthritis (RA) Utilizing Hospital-Based Specialty Pharmacies in Monitoring Disease Activity: A Review

- The American College of Rheumatology (ACR) guidelines recommend a treat-to-target approach in managing patients with Rheumatoid Arthritis (RA) to a goal of remission or low disease activity.
- New or existing patients were identified in TherigySTM™ in five participating hospital-based specialty pharmacies. Routine Assessment of Patient Index Data 3 (RAPID3) surveys were implemented in the pharmacies' daily workflows.
- Participating pharmacists were able to consistently and more frequently follow up with patients to reassess disease activity per ACR guidelines.
- During the analysis period, 32% of patients improved by at least one disease activity level and 22% of patients ended with low or near remission disease activity.
- Software supporting pharmacy engagement with rheumatologists is an emerging opportunity in optimizing treatment management for RA patients.



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