Rheumatoid Arthritis and Treat-to-Target

A Case of Need Encountering Opportunity

Need

- RA affects approximately 1.5 million adults in the United States
- 20%-30% face permanent work disability if not treated within 2-3 years of RA diagnosis
- ~40% have moderate to high disease activity

Opportunity

- Similarities exist between diseases managed with T2T strategies and RA
  - Chronic conditions
  - Room for tighter control
  - Measurable outcomes

Challenges to applying T2T strategies in RA persist—
including limited measurement of functional status and disease activity

RA=rheumatoid arthritis; T2T=treat-to-target.
T2T Emerged as a Management Strategy for Chronic Conditions

T2T—A Three-Dimensional Foundation

Shared Decision Making Between Patient and Healthcare Professional
- Specific targets
- Medication regimen
- Risk-benefit conversation
- Commitment to monitoring
- Patient education

Specific, Sequentially Measured Goals
- Diabetes: HbA1c test scores
  - HbA1c ≤7%
- Hypertension: systolic and diastolic
  - Systolic blood pressure <140
  - Diastolic blood pressure <90

Ongoing Reassessment and Adaptation of Treatment
- Follow-up physician appointments
- Evaluate treatment options

In 1 study from the DREAM registry, treating to target in early RA was found to be cost effective compared with usual care

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*Treatment targets are for illustrative purposes only; in clinical practice they are based on individual patients and their associated risk factors and comorbidities.
DREAM=Dutch Rheumatoid Arthritis Monitoring; HbA1c=glycated hemoglobin.*
Three Reasons to Consider the Implementation of T2T in RA

Aggressive Treatment Is Possible
- Many treatment options are available to manage RA
- RA treatment has feasible, achievable, and measurable goals, including remission, low disease activity, and improved quality of life

Aggressive Treatment Produces Results
- Intensive management of RA is associated with improvements in disease activity, radiographic disease progression, and physical function
- Early initiation of DMARD therapy has been shown to be associated with reduced joint damage and improved physical function

ACR-Endorsed Tools to Measure Disease Activity, Including RAPID3, Are Available
- RAPID3 is easily used in clinical practice
  - Quick: can be completed in 3-5 minutes and scored in 5-10 seconds
  - Reliable: correlates with DAS28 and CDAI in clinical trials and clinical practice
  - Valid: can be used to classify RA disease activity
  - Accessible: can be completed and scored by patients

RAPID3, a patient assessment of functional status, pain, and overall well being, captures 2 of 6 RA quality measures included in the PQRS

ACR=American College of Rheumatology; DMARD=disease-modifying antirheumatic drug; PQRS=Physician Quality Reporting System; RAPID3=Routine Assessment of Patient Index Data 3. It is derived from 3 questions on the Multidimensional Health Assessment Questionnaire.
Measuring Disease Activity in RA May Benefit Multiple Stakeholders

Patients\textsuperscript{6,16}

• Improved communication with healthcare professionals

• Robust stream of disease information designed to engage patients, caregivers, and family members

Healthcare Professionals

• Access to quantitative data that enables ongoing assessment of progress and potential need for treatment modifications\textsuperscript{15}

Medical Directors of Public and Private Payers, Specialty Pharmacies, Group Practices, Independent Practice Associations, and Accountable Care Organizations

• Ability to use a database of longitudinal disease activity scores to assess care quality and affect population health management modifications\textsuperscript{15}

• Potential rewards and/or penalties associated with performance\textsuperscript{17,18}
  • Medicare Advantage plans with a performance rating of 4 stars or better receive payments from CMS\textsuperscript{17}
  • Eligible healthcare professionals and group practices to receive a 0.5% incentive payment beginning in 2015 for satisfactorily reporting PQRS measures under NQS domains\textsuperscript{18}
  • Payment adjustments will be applied to all eligible healthcare professionals who do not satisfactorily meet the quality measures for covered professional services\textsuperscript{18}

Quality measures are now linked to provider and health plan reimbursement\textsuperscript{7,18}

CMS=Centers for Medicare & Medicaid Services; NQS=National Quality Service.
Overarching Principles and Patient Commitment
Set T2T Strategy in Motion\textsuperscript{6,19}

Principles Give Dimension to T2T in RA\textsuperscript{6}

• **Engage and educate the patient**: set the stage for shared decisions with healthcare professionals

• **Establish a primary target**: arrive at the desired target of low disease activity or near remission

• **Treat, assess, and adjust**: after treatment, assess disease activity and adjust therapy accordingly to optimize outcomes

• **Focus on inflammation**: abrogate inflammation as a means of achieving treatment targets

Optimum Interactions Between Healthcare Professionals and Patients May Facilitate Patient Commitment\textsuperscript{19}

• Underscores the importance of understanding, accepting, and adhering to established goals

• Delivers T2T recommendations in a patient-friendly manner that empowers patients to participate in informed decisions about treatment

• Initiates patient-healthcare professional dialogue about the risks and benefits of tight control as an approach to managing RA

T2T is guided by principles to achieve tighter control
Key Recommendations: Pfizer Support Can Help Drive RA T2T Success

Potential Targets and Recommendations

- **Primary target**: state of clinical remission (ie, absence of signs and symptoms of significant inflammatory disease activity)

- **Alternative target**: low disease activity

- **Drug therapy assessment**: at least every 3 months and adjusted based on approach to target

- **Regular measurement and documentation**: as frequently as monthly for patients with high/moderate disease activity or less frequently (such as every 3-6 months) for patients in sustained low disease activity or remission

- **Decisions based on measurement**: clinical practice guided by valid composite measures of disease activity

- **Patient education**: patient understanding of the treatment target and the strategy planned to reach it

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References:


15. Pincus T, Skummer PT, Grisanti MT, Castrejón I, Yazici Y. MDHAQ/RAPID3 can provide a roadmap or agenda for all rheumatology visits when the entire MDHAQ is completed at all patient visits and reviewed by the doctor before the encounter. *Bull NYU Hosp Jt Dis*. 2012;70(3):177-186.


