OPTIMAL CARE OF RHEUMATOID ARTHRITIS AND SPONDYLARTHRITIS:
A ROAD GOING THROUGH ENHANCED COLLABORATION AND COMMUNICATION FOR CANADIAN RHEUMATOLOGISTS

A PURPOSE

To identify the clinical practice gaps and educational needs of Canadian healthcare providers (HCPs) who care for patients with rheumatoid arthritis (RA) and Spondylarthritis (SpA) as well as unmet needs and expectations in the patient's experience, to guide the development of targeted evidence-based educational interventions.

B METHODS & SAMPLE

IRB-approved national multi-level needs assessment:

PHASE	METHOD
1 **Background Information**	▪ IRB approval – ethics review received December 2011 ▪ Background information collected through faculty input, review of selected literature, and discussions with field liaisons interfacing with HCPs on a regular basis
2 **Quantitative Surveys**	▪ Design / development of quantitative data collection instruments ▪ Recruitment through e-mail invitations ▪ Two quantitative online surveys deployed between February 2012 and April 2012 • One among patients and caregivers, and one among HCPs • HCP participants screened out if caseload of RA and SpA <10 %
3 **Analysis & Interpretation**	▪ Collaborative analysis and interpretation of findings: • Statistical analysis (means, frequencies, and mean group differences using ANOVA) • Source triangulation (combining perspective of different professions, and patients/caregivers to increase trustworthiness of findings) • Identifications of discrepancies between patients' needs/expectations and the care offered by HCPs

SAMPLE	
Rheumatologists	50
Nurses / Nurse Practitioners	47
Internists	18
Total Healthcare Providers	**115**
RA Patients / Caregivers	20
SpA Patients / Caregivers	34
Total Patients / Caregivers	**54**
Total sample	**169**

C RESULTS

Six key gaps identified across the continuum of care:

(1) Lack of confidence and skills in using MRI & ultrasonography

- 67% of Rheumatologists reported a lack of confidence in having an informed discussion with Radiologists about MRI results
- 50% of them acknowledge a challenge in ordering the proper MRI sequence
- Rheumatologists rarely use ultrasonography to diagnose or monitor RA (Scale from 1=never to 5 = on a regular basis; mean 2.05; SD 1.98)

(2) Knowledge gap and challenge on how to communicate long-term safety of biologics

- Rheumatologists lack confidence in prescribing biologics to special populations (immuno-compromised, high cardiovascular risk)
- 50% of Rheumatologists reported challenges in communicating risks and long-term safety to the patients.

(3) Challenges in managing patients' psychosocial issues

- Rheumatologists struggle with the management of patients' psychosocial issues, and perceive limited community resources to support their patients in that regard
  - Mainly due to confidence in addressing those issues
- 58% of patients reported that the effect of the disease on self-esteem is never or rarely considered

> *It has been about 2 years since my diagnosis and it was only recently that I have felt I am able to manage the related emotional side effects of being diagnosed and everything else that follows or accompanies with being diagnosed with RA. I believe there should have been more options presented to guide me through this process.*
> — RA Patient
>
> *…the most significant area that is rarely discussed or acknowledged from the healthcare professionals is the emotional pain and damage caused by AS. (…) The physical pain I can accept and deal with most of the time. But the emotional pain and depression sucks the life energy out of you.*
> — SpA Patient

(4) Lack of quality discussions on impact of disease on work

- 45% of Rheumatologists and 30% of Nurses reported rarely discussing missed work time or reduced on-the-job effectiveness with their patients
- 50% of patients cited poor quality of discussion on these topics

> *I wish more attention was paid to my continuing difficulties with work and real solutions provided.*
> — RA Patient
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> *For me the hardest thing is not always the pain, but the day to day stress that cause the most grief: missing work because of spasms, causing financial hard aches on my family, trying to pay for medications, missing 3 days of work a month, due to my condition, with no compensation.*
> — SpA Patient

(5) Lack of follow-up on patient educational materials

- Lack of follow-up to ensure patient's understanding on the materials provided, was identified by Rheumatologists
- Finding confirmed by patients: 64% reported rarely being asked if they read and understood the materials received

(6) Delayed and incomplete referrals from Primary Care Physicians (PCPs) and other Specialists

- Rheumatologists perceive that PCPs experience challenges in recognizing early symptoms of RA/SpA
- Translates to delayed and incomplete referrals, and patients not benefiting from timely disease management
  - Rheumatologists agreed that information received through referrals from PCPs and other specialists was incomplete (82%) and/or inaccurate (68%)
  - 27% of Rheumatologists agreed that PCPs are referring patients in an untimely fashion

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D CONCLUSIONS

- This needs assessment highlighted gaps that will guide the development of evidence-based educational interventions with the ultimate goal of improving providers' competencies and patient outcomes.
- Educational interventions could include inter-professional educational programs aiming to improve:
  - Providers' knowledge of biologic safety and use in special populations
  - Communication with patients on treatment decisions, psychosocial issues, and work impacts
  - Collaboration and the referral process between primary care and specialists

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