

ARE NEEDS BEING ADDRESSED?

MAPPING THE EVOLUTION OF CANADIAN RHEUMATOLOGISTS' GAPS AND CHALLENGES IN THE LAST DECADE

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A PURPOSE

To characterize the evolution of Canadian Rheumatologists' educational needs and practice gaps in the care of patients with rheumatoid arthritis (RA) over the last decade, and patients with spondyloarthropathies (SpA) over the last 5 years, in order to identify areas of progress and areas where educational efforts need to be increased.

B METHODS & SAMPLES

Secondary analyses of three National Needs Assessments (2003, 2008, 2012) were conducted.

2003 2008 2012

Focus	Screening, diagnosis, treatment, and management of RA	Screening, diagnosis, treatment, and management of Rheumatic Diseases (& Psoriasis)	Screening, diagnosis, treatment, and management of RA & SpA
Method & Samples	Qualitative Telephone Interviews • Rheumatologists (n:10)	IRB-Approved Qualitative Discussion Groups (n:6) • Rheumatologists (n:8) • Nurses (n:8) Telephone Interviews • Patients (n:8) Quantitative National Online Survey • Rheumatologists (n:50) • Nurses (n:21)	IRB-Approved Quantitative and Qualitative National Online Survey (90% quantitative / 10% qualitative) • Rheumatologists (n:50) • Internists (n:18) • Nurses (n:47) • Patients (n:54)

C RESULTS

Findings from the three Needs Assessments identified areas in which Canadian Rheumatologists' needs and practice gaps prevail (and thus, where educational efforts need to be sustained), and areas in which there is progress (or where gaps have been at least partly addressed).

Areas where educational efforts need to be increased sustained

- Challenge for Primary Care Providers (PCPs) to recognize RA symptoms in a timely fashion, leading to delays in referrals
 - 2003: Rheumatologists reported suboptimal collaborations between PCPs and Specialists due to incomplete referrals from PCPs and PCPs' lack knowledge of treatment options
 - 2008: Rheumatologists perceived PCPs as struggling to recognize early signs of inflammatory arthritis and lack knowledge of treatment options
 - 2012: Rheumatologists agreed that information received through referrals from PCPs and other specialists was incomplete (82%) and/or inaccurate (68%)

What we need from GPs [PCPs], is to refer the patient immediately to the rheumatologist to confirm the diagnosis and to start therapy ASAP... That is the message we need to send to the GPs [PCPs].
- Rheumatologist (2003)

I do believe that the concept of SpA is not as well understood. It is also difficult to get this message to family doctors. There is still the problem of having people wait too long for diagnosis due to a lack of recognition and lack of understanding.
Rheumatologist (2012)

2- Challenge for Rheumatologists to manage Patients' emotional stress and psychosocial issues

- 2003: 45% of Rheumatologists reported moderate to low levels of skill in dealing with patients' emotional issues
- 2008: Rheumatologists reported lack of confidence and skill in managing:
 - Patients' denial of disease / acceptance of treatment (49%)
 - Patients' fear of drugs & side effects (60%)
 - Patients' beliefs regarding "alternative / natural" therapies (43%)
- 2012: - 70% of Rheumatologists reported a gap in confidence in managing patients' psychosocial issues (Hypothesis: increased communication skills (see #3) have increase awareness of patients' issues)

Areas where gaps have evolved

- Communication and patient education
 - 2003: No data collected
 - 2008: High variability in Rheumatologists' reported levels of skill in communicating educational information to patients (14% low for treatment options, but 45% for physical activity)
 - 2012: Only 6% of Rheumatologists reported low levels of skill in effectively communicating with patients in time-limited situations, or in adapting their communication approach to the personality of their patient BUT: 49% of Rheumatologists reported only occasionally following up to ensure patients understood educational materials provided AND: 64% of patients reported never or rarely being asked if they read and understood the materials received

"There is no time to educate, support, and answer questions."
- Nurse (2008)

4- Rheumatologists' challenges in using imaging for diagnosis and monitoring of RA and SpA appear significantly different across the three NAs.

- 2003: No data collected
 - 2008: Rheumatologists indicated moderate to low levels of knowledge interpreting MRI tests (81%), and ultrasonography results (94%)
 - 2012: Rheumatologists rarely use ultrasonography to diagnose or monitor RA (mean 2.05; 5-pt scale) but do use MRI to diagnose or monitor SpA (mean 3.66; 5-pt scale) Rheumatologists reported a lack of confidence in having an informed discussion with Radiologists about MRI results, and a lack of knowledge in ordering the proper MRI sequence
- ### 5- Challenges with use of biologics have shifted in nature, but are still present:
- 2003: Rheumatologists reported challenges with special access to biologics
 - 2008: Rheumatologists reported lack of knowledge and confidence on specific aspects of biologics (long-term effects, discontinuation, early introduction)
 - 2012: The challenges revolved around prescription of biologics to special populations (immuno-compromised, high cardiovascular risk), and communication of risks to patients

D CONCLUSIONS

- Communication appears as an overarching theme across the gaps: providing psychosocial support, information on risks or any other education to patients, having informed discussions with radiologists, and collaborating with primary care for early diagnosis, all have important communication aspects
- Development of evidence-based educational interventions, to help Rheumatologists overcome residual challenges, is essential

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