Arthritis Alliance of Canada
Alliance de l'arthrite du Canada

Developing a patient-centered framework for measuring, monitoring and optimizing RA care

Report on the findings of the Balanced Scorecard Project for RA patients

AAC Final Annual Meeting

November 29th 2019

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Disclosure

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CIHR-Funded Project: *Developing a Patient-Centered Framework for Measuring, Monitoring, and Optimizing Rheumatoid Arthritis Care*

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Manager | Andrea Brose
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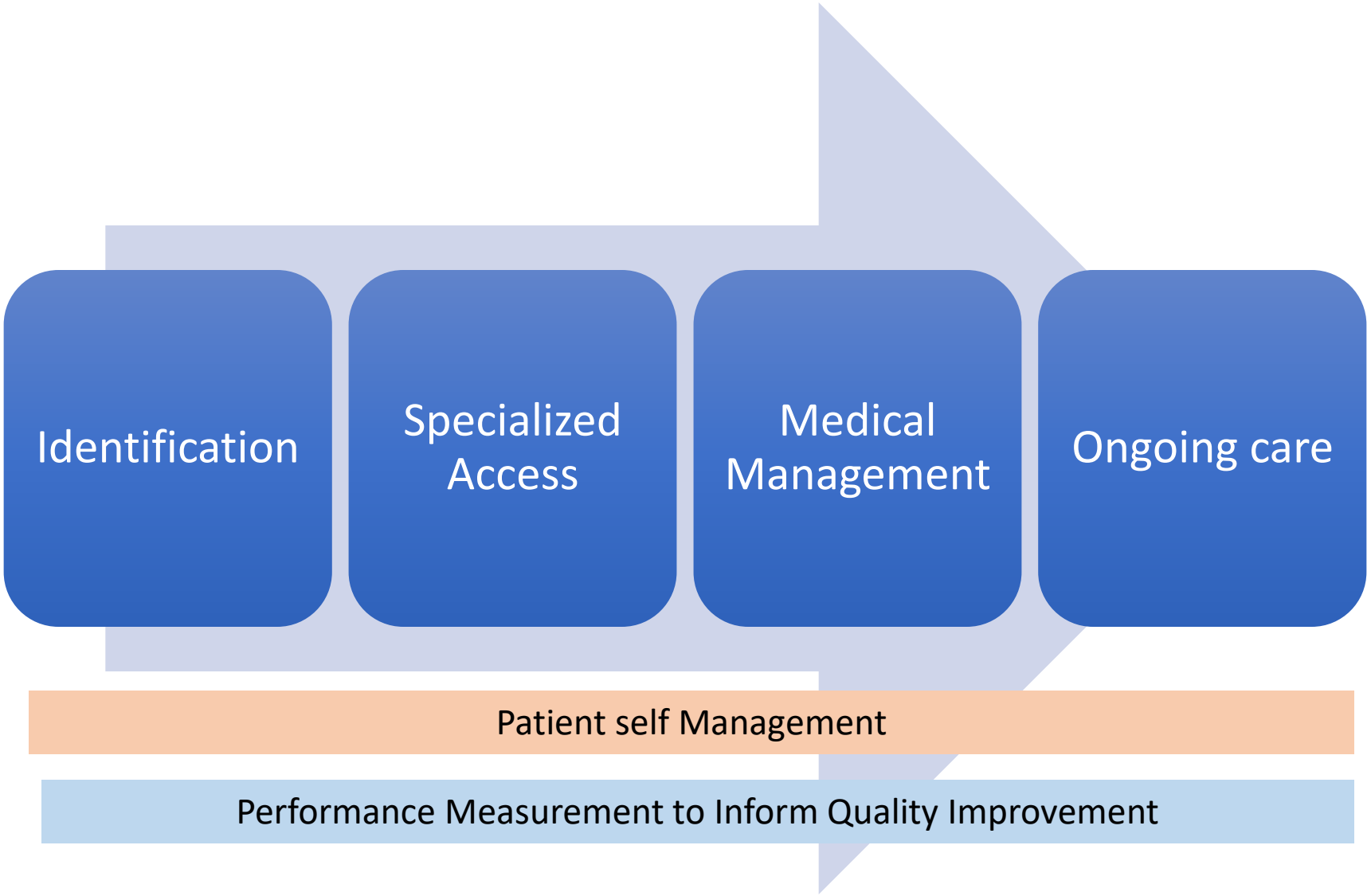
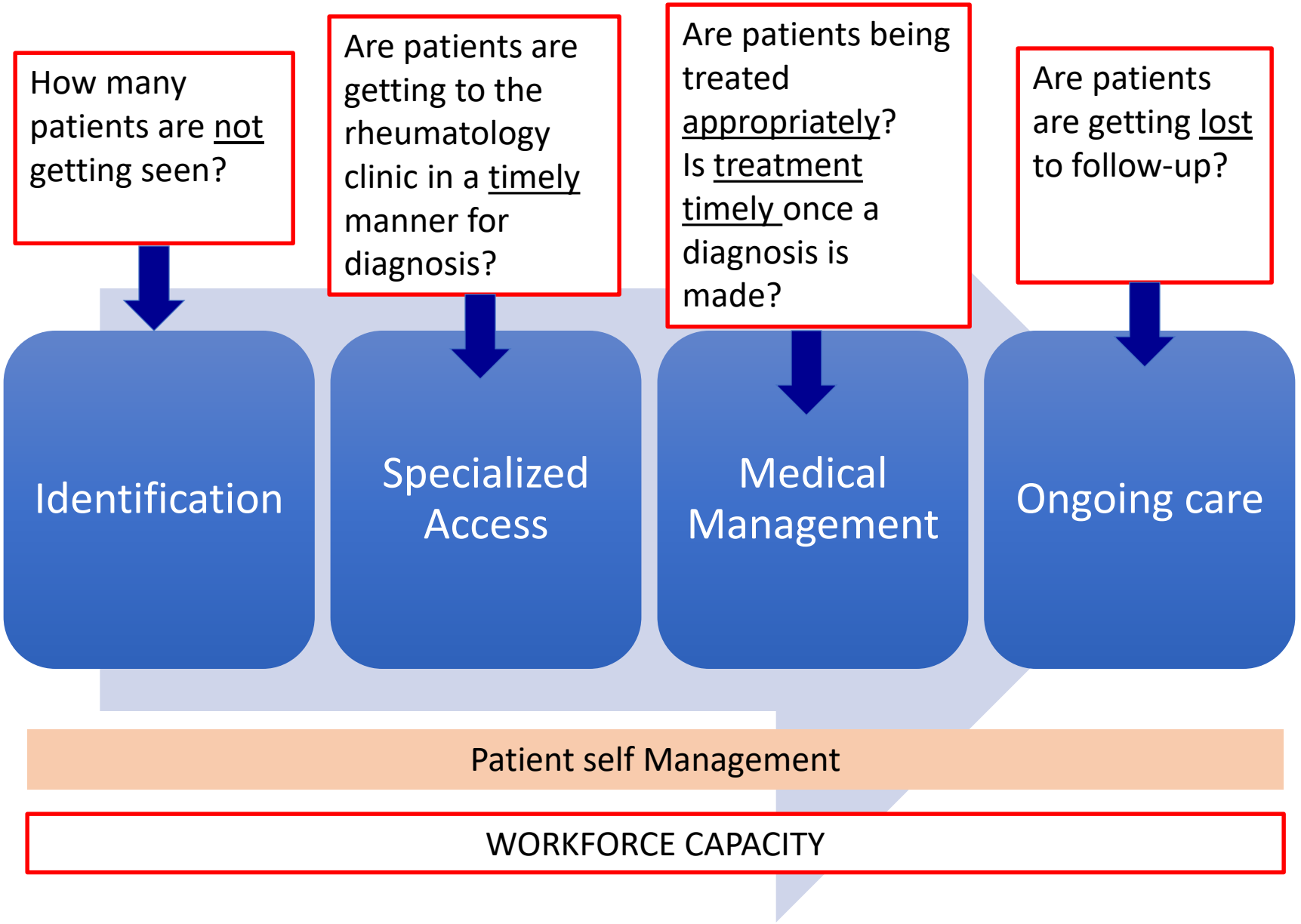
Rheumatology Clinic Staff & Patients
Richmond Road Diagnostic and Treatment Centre
South Health Campus

A Pan-Canadian Approach to Models of Care for Inflammatory Arthritis



http://www.arthritisalliance.ca/en/pan-canadian-approach-to-ia-models-of-care

Measuring a Model of Care for Inflammatory Arthritis



Barber et al. J Rheumatol 2016; 43(3):530-40

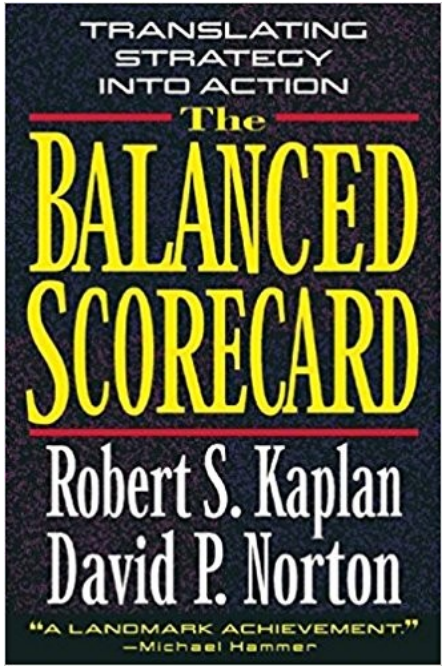
AAC System-Level Performance Measures- Key learnings to date

- Testing measures in 5 Models of care revealed challenges in measurement[1]
- Workforce evaluation revealed a looming shortage of rheumatologists and a regional maldistribution[2]
- High adherence to performance measures demonstrated in CATCH[3]
- Provincial measurement- suboptimal access and ongoing follow-up for patients with JIA in Manitoba[4,] and RA Alberta[5] and BC[6] with suboptimal DMARD use

[1]J Rheumatol 2018; 45(11):1501-08
[2]J Rheumatol 2017; 44(2):248-257
[3]Arthritis Care Res 2018; 70(6):842-850
[4]BMC Health Ser Res 2019; 19(1):572
[5]J Rheumatol 2019; 46(7) [abstract]
[6]Submitted Arthritis Care Res

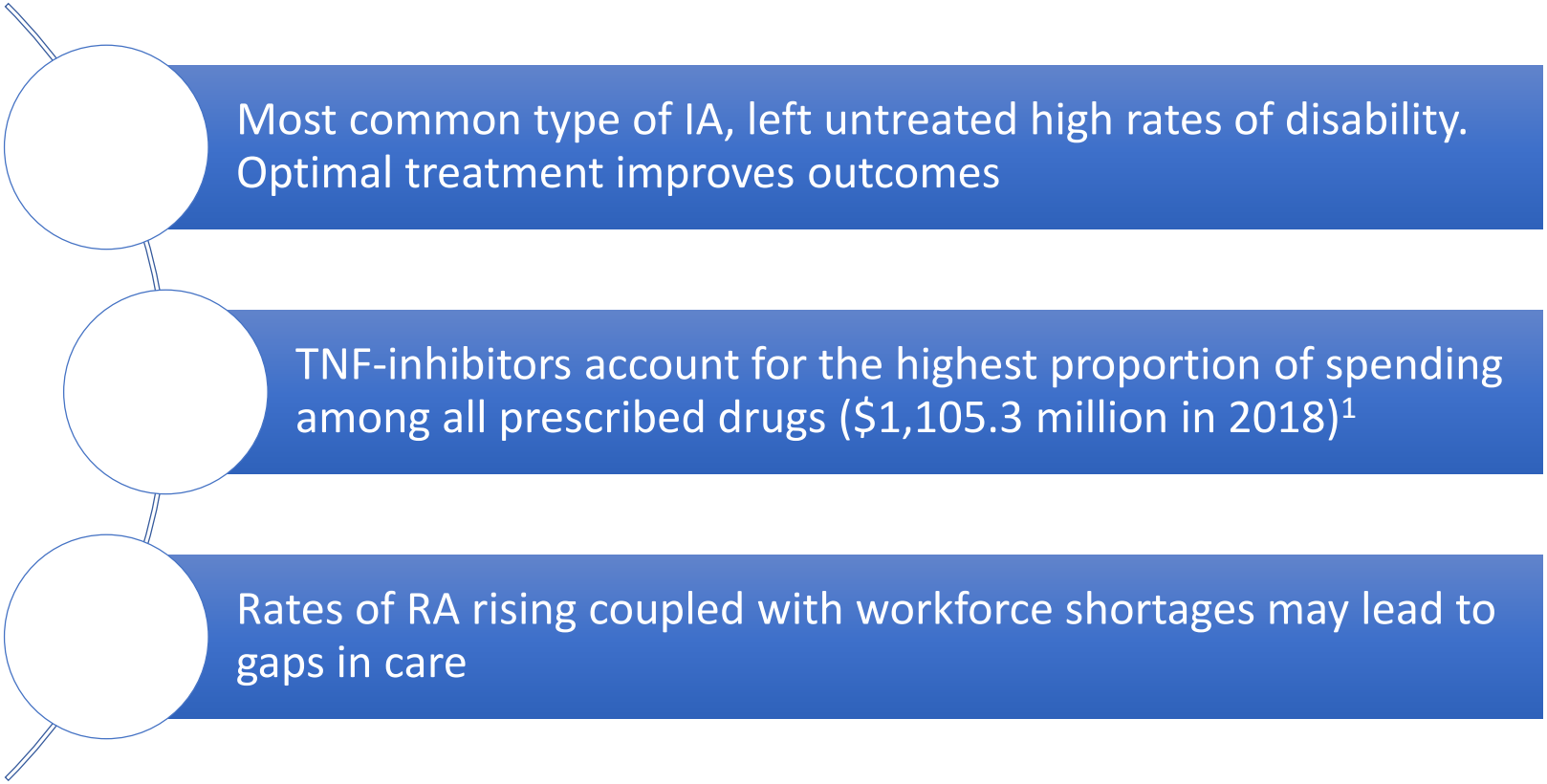
Balanced Scorecard – What is it?

- A tool for system improvement
  - Described originally for business by Kaplan and Norton in 1996
  - Expanded reporting beyond traditional lens of financial performance
  - Allows for tracking of multiple **domains** representing different stakeholder **viewpoints**
  - Higher-order system that uses measurements specifically linked to vision, mission, and strategy as the driver of organizational success over time
  - Widely used / highly effective across for-profit and not-for-profit sectors



https://www.amazon.ca/Balanced-Scorecard-Translating-Strategy-Action/dp/0875846513

Balanced Scorecard for RA – Why Now?



Given the incredible economic burden of this disease, it is counterintuitive that the quality of RA care, namely the adherence to evidenced-based practices and monitoring of patient outcomes, is not routinely measured and reported in Canada.

[1]CIHI Prescribed Drug Spending in Canada, 2018: A Focus on Public Drug Programs. 2018

Balanced Scorecard – How is it built?

1. Define **Vision** *(what do we want to be in the future)* & **Mission** *(what do we do and who are our clients/stakeholders?)*
2. Define **Strategy**: how do we get from where we are today to our future state *(the vision)*
3. Identify Actions (short-term, specific activities to implement the strategy)
4. **Key Performance Measures**: specific measurements tied to the actions ← what the scorecard is populated with

http://www.balancedscorecard.org/BSC-Basics/About-the-Balanced-Scorecard accessed January 12, 2018

CIHR-Funded Project

Developing a Patient-Centered Framework for Measuring, Monitoring, and Optimizing Rheumatoid Arthritis Care

PHASE I:
Establish National Stakeholder Priorities for Quality of RA Care

January – June 2018

Focus Groups and Interviews with 54 stakeholders (RA patients, rheumatologists, allied healthcare providers, managers, policy-makers/government)

Output:
Vision & 6 Strategic Objectives for Quality RA Care

PHASE II:
Select Performance Measures & Finalize Quality Measurement Framework*

July 2018 – April 2019

Modified Delphi consensus process with 17 panelists (RA patients, rheumatologists, researchers)

Framework posted on CRA website for public comment

Output:
Quality measurement framework including 21 performance measures

PHASE III:
Implementation & Evaluation

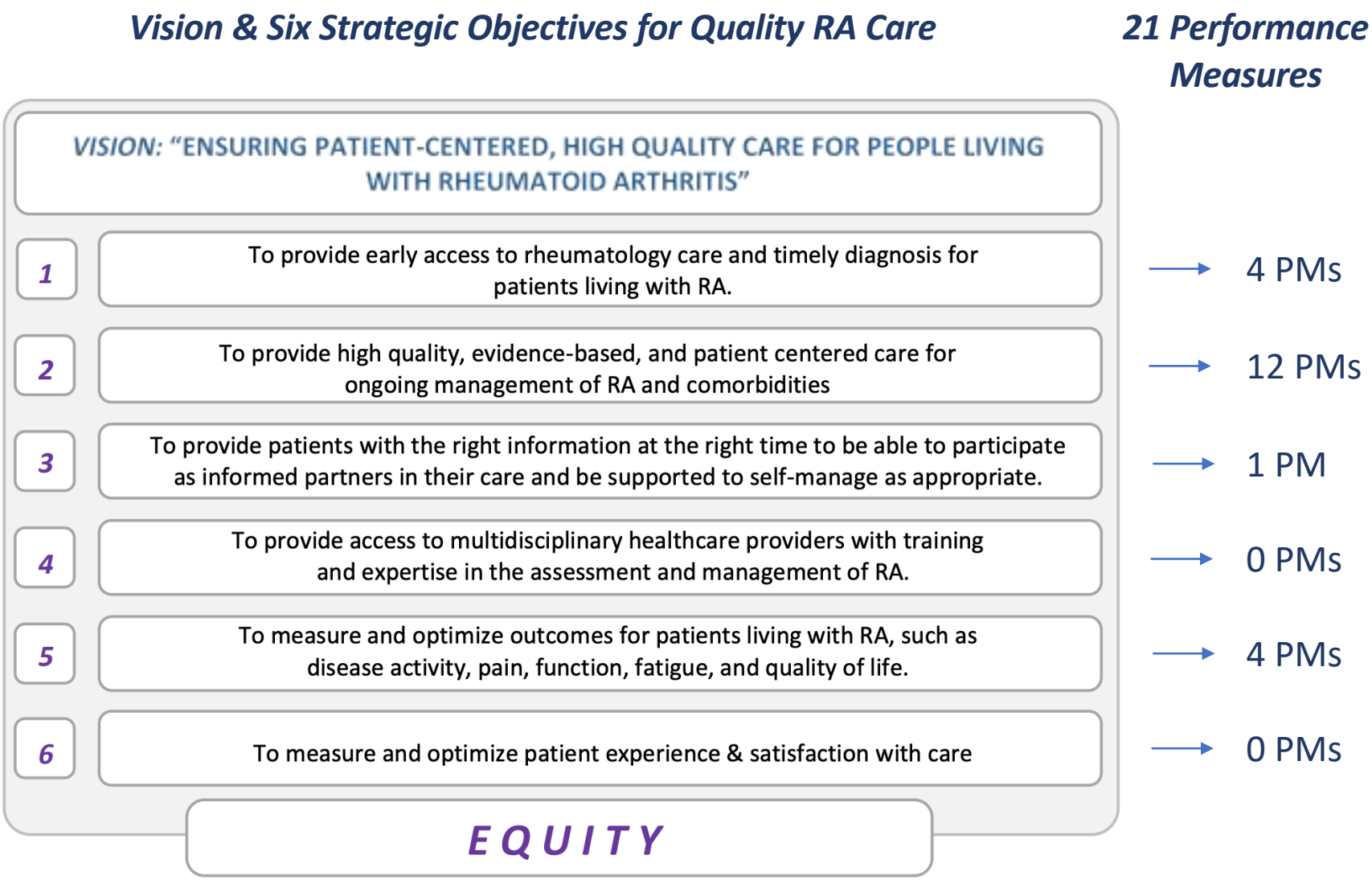
May – December 2019

Operationalize and test measures using Rheum4U data & Collaboration with Physician Learning Program

Output:
Audit and Feedback session with PLP for 5 PMs related to T2T

Rheum4U implemented, August 2016 — *Rheum4U recruitment ongoing (> 1,000 patients)*

CIHR-Funded Project – Phase 1 & Phase 2 Results



Rheum4U[1]

- Electronic platform for capturing patient data related to care for inflammatory arthritis since 2016, >1,000 patients enrolled
- Enables:
  - Patients to enter routine medical forms online, at hor or in the clinic
  - Rheumatologists and clinic staff to enter and access patient information during clinical appointments
  - Measure reporting and feedback to support research quality improvement

[1]Clin Exp Rheumatol. 2019; 37:385-92

Physician Learning Program

- Physician driven AMA benefit program
- Based at University of Calgary and University of Alberta
- Facilitation of audit and feedback
- Vision: By 2025, all Alberta physicians will care for patients in a supportive culture, driven by evidence-informed, reflective practice improvement
- Benefits:
    - Eligible for self-directed CPD credits

https://albertaplp.ca/

Treat-to-Target

According to current Canadian RA guidelines[1]:

"…the goal of RA treatment is remission and, when not possible, minimal disease activity while controlling symptoms, preventing damage, preventing disability and improving quality of life." [1]

- RA care providers should monitor disease activity as frequently as every 1 – 3 months in patients with active RA
- Traditional and biologic DMARD th should be adjusted every 3 – 6 mo as long as the goal has not been achieved

[1]Bykerk et al., J Rheumatol;. 2012 39:1559-82

Treat-to-Target Performance Measures (PMs)

1. Percentage of RA patients seen in follow-up by a rheumatology team member at least once per year[2]

2. Percentage of RA patients with ≥50% of total number of outpatient encounters in the measurement year with assessment of disease activity using a standardized measure (DAS28 ESR or CRP, CDAI)[3]

3. Percentage of RA patients seen within 3 months when remission has not been achieved[4*]

4. Percentage of RA patients with active RA who have low disease activity or remission within 6 months[5*]

5. Percentage of RA patients in remission during the measurement period[6*]

[3] Barber et al., J Rheumatol. 2016; 43:530-40
[4] Yazdany et al, Arthritis Care Res. 2016; 68:1579-90
[5] Van Hulst et al, Ann Rheum Dis. 2009; 68:1805-10
[6] Petersson et al., Ann Rheum Dis 2013; 73(5):906-8
[7] Van Hulst et al, Ann Rheum Dis. 2009; 68:1805-10
** Measure assessed separately for visits and patients*

Percentage of RA patients with active RA for whom low disease activity or remission was achieved within 6 months

Numerator	# patients with at least 1 visit where active disease was proven that have a follow-up visit within 6 months where low disease activity or remission was proven.
Denominator	# patients with at least 1 visit during the measurement year where active disease was proven

- *Active disease = DAS28 ESR or CRP > 3.2 or CDAI > 10*
- *Low disease activity or remission = DAS28 ESR or CRP < 3.2 or CDAI < 10*

Exclusions:

- *Patients were removed from the denominator if it was documented that treatment was refused at the visit where active disease was proven*
- *For physician-specific reporting, patients were excluded if the index and follow-up visits were not with the same physician*
- *Patients who withdrew from Rheum4U or were lost to follow-up for any other reason during the measurement year were not included in the analysis*

Cohort Baseline Demographic Characteristics

- Measurement years 2017, 2018

Cohort Inclusion Criteria:

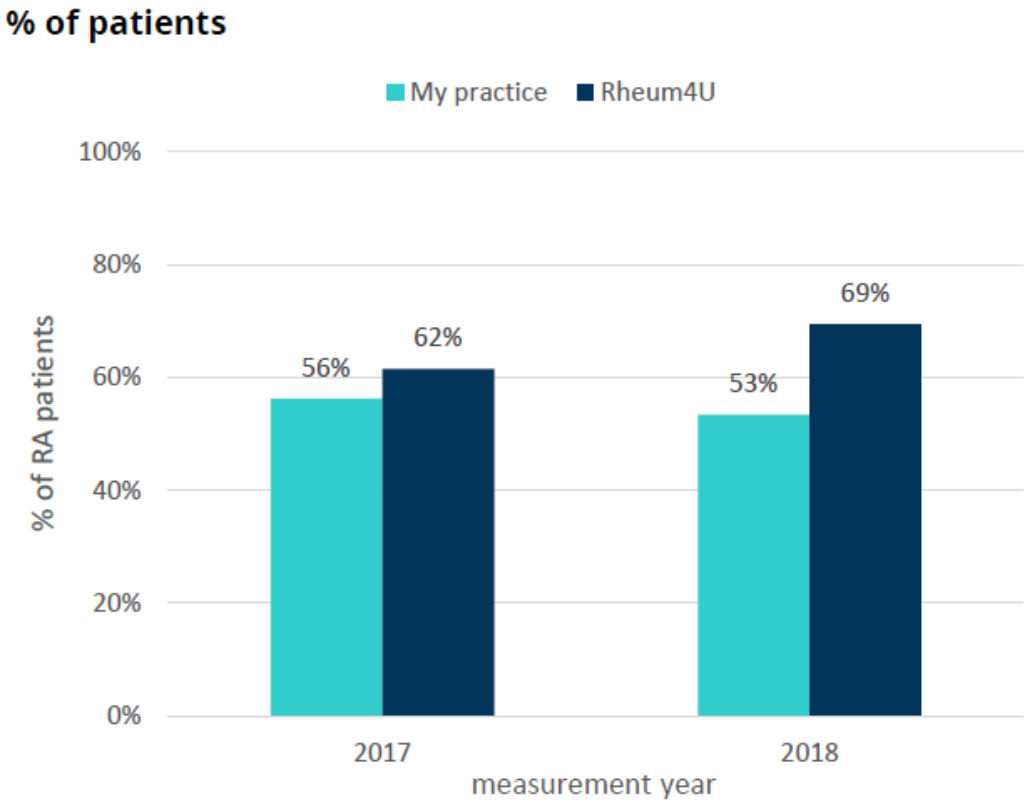
- ✓ Rheum4U patient
- ✓ Confirmed diagnosis of RA
- ✓ At least 1 clinic visit at RRDTC or SHC Rheumatology Clinic
- ✓ Have "active status" in Rheum4U for entire measurement year

Baseline Demographic Characteristics

Cohort (n)	454	By year of cohort entry (n) 2016 = 79, 2017 = 127, 2018 = 248	
% Female*	78%		
	Mean (SD)	Median (IQR)	Range
Age at first Rheum4U visit (y)	55.7 (13.9)	57.54 (46.7 - 65.4)	20.8 - 92.9
Disease Duration at first Rheum4U visit (y)	7.8 (9.3)	5.0 (1.0 - 11.3)	- 0.7 - 50.2

** n = 448, 6 patients missing demographic information*

Percentage of RA patients with active RA for whom low disease activity or remission was achieved within 6 months



My 2018
RA patients

53%

(24 / 45)

2018 Rheum4U
RA patients

69%

(93 / 134)

Limitations

- Results were calculated using data for RA patients in Rheum4U; thus, results are not representative of all RA patients seen in the RRDTC and the SHC clinics.

- Results reflect practice patterns of only those physicians recruiting patients to Rheum4U.

- Patient data in Rheum4U is recorded at all clinic visits; thus, due to changes in scheduling, it is possible that a visit could have been missed.

Ideas for Improvement

- Increase use of measurement through Rheum4U with reporting to target treatment/care
- Mechanisms for tracking patients lost to follow-up
- Different mechanisms for follow-up for patients who are stable, in low-disease activity, or remission vs patients in moderate/high disease activity
- Patient portal to help with education/awareness around T2T
- Physician dashboards to view metrics for practice and for individual patients at point of care

CIHR-Funded Project – *Moving Forward*

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DoM Clinical Analytics Grant: Continuous Reporting and data-linking with Health Analytics Working Group (HAWG)

*DoM * Clinical Analytics Grant: Developing a Patient survey for RA quality of care*

Updating Rheum4U to include PMs in the final framework (i.e., vaccinations, TB screening)

Finalize evaluation of RA Quality Measurement Framework

Initiatives to consider tracking in a similar way:

- *Shared Decision-Making / Decision-Aids*
- *Gout*
- *Ankylosing Spondylitis*
- *Others?*

Ongoing Rheum4U recruitment

CIHR Project Research Team

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Research Coordinator | Namneet Sandhu
Research Coordinator | Martina Stevenson

Physician Learning Program, University of Calgary
Dr. Shawn Dowling | Assistant Dean
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CIHR IRSC
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