ALIGN PSA: PSORIATIC DISEASE BOOT CAMP

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OUTCOMES REPORT - APRIL 2019

focus MEDICAL COMMUNICATIONS

Outcomes reporting by: Outcomes www.ceoutcomes.com

PROGRAM LEARNING OBJECTIVES

- Analyze the roles of the dermatologist and the rheumatologist in the treatment of psoriatic disease
- Discuss how to integrate interdisciplinary collaboration into daily clinical practice
- Define PsA under the spondylarthritis umbrella and discuss CASPAR
- Describe the detrimental effects of PsA
- Discuss comorbidities associated with PsA
- Review data on new and emerging therapies for PsA
- Demonstrate strategies to incorporate diagnostic and treatment updates into clinical practice

EDUCATION PROGRAM AND EVALUATION

- CE Outcomes, LLC conducted follow-up qualitative interviews with ALIGN PsA education participants to explore the program's impact on participant knowledge, skills and/or attitudes, to identify educational gaps and incorporate gained information/knowledge into future educational planning, especially in relation to the combined clinic model.

- Interviews were transcribed verbatim and imported into NVivo 12 for Mac (*QSR International*), a software package designed to support systematic analysis of unstructured textual data.

- Analysis was based on constant comparison method. Transcript content was coded into descriptive categories that broadly followed the structure and focus of the interview categories concerning the education activity impact on knowledge and practice.

Braun V, Clarke V. *Successful Qualitative Research*. London: Sage. 2015.

PARTICIPANT CHARACTERISTICS

Role	Specialty	Practice Setting	Patient Characteristics	Grad year	Pts/week
MD	Dermatology	Single specialty group practice	Psoriasis and other skin conditions	1994	100
MD	Dermatology	Single specialty group practice	Psoriasis and other skin conditions	1980	200
PA	Dermatology	Single specialty group practice	Psoriasis and other skin conditions	1996	200
MD	Rheumatology	Academic	All types of rheum disease	2014	40
MD	Rheumatology	Community (private, solo)	Inflammatory arthritis	1984	155

REASONS FOR ATTENDING ALIGN PsA

Rheumatology	Dermatology
Learn about psoriasis from the dermatologists because this is not a well-covered topic in medical school.	Acquire practical information on how to address the hurdle of authorization for and patient adherence to biologics.
How IL-17/IL-23 agents and JAK inhibitors compare to TNF inhibitors and how to incorporate these therapies into treatment.	Learn about the subtle symptoms of PsA that dermatologists might miss.

BASELINE KNOWLDEGE, ATTITUDES, AND PRACTICE

EVALUATION

- Participants identified themselves as aware of the pathogenic association of psoriasis with psoriatic disease and the concomitant need to tailor therapy for patients based on the specific manifestations of both psoriasis and PsA. They doubted that "community dermatologists" shared this awareness, even though all of the participating dermatologists interviewed were all community dermatologists.

- Dermatologists say they rarely refer patients for rheumatological evaluation and feel confident in handling this themselves.

- Rheumatologists doubt that dermatologists are evaluating patients for psoriatic disease at all and, if they are, doubt the ability of dermatologists to effectively do so.

BASELINE KNOWLDEGE, ATTITUDES, AND PRACTICE

TREATMENT

- Dermatologists say they initiate biologic therapy for their psoriasis patients with evidence of joint involvement.
- Rheumatologists doubt that community dermatologists are using a tailored approach to therapy in psoriatic disease.
- Participants highlighted the burden involved in trying to establish which therapy is best for which patients and in acquiring prior authorization for the selected therapy.

EDUCATION IMPACT: Dermatologists

- Dermatologists felt that ALIGN PsA provided reinforcement for what they were already doing in terms of patient evaluation and treatment initiation.

- ALIGN PsA stimulated one dermatologist to change his practice by asking about joint pain in patients with mild psoriasis, considering biologics alongside topicals in any patients with joint pain, and referring to a rheumatologist for additional evaluation.

> *Until you ask them, "Do you get up in the morning feeling like you've got pain in your wrist or your hands or your knees and then it goes away in the next half hour or an hour?" They're like oh, yes, that does happen. Until you ask that question they're not - they won't even think about it.*

EDUCATION IMPACT: Rheumatologists

- Rheumatologists felt that ALIGN PsA expanded their knowledge of treatment goals, therapies, and disease activity measures in psoriasis.

- One rheumatologist noted that his thinking on defining treatment success had shifted as a consequence of ALIGN PsA and understood that dermatologists were aiming for PASI 100; however, his goals for therapy in a patient with arthritis and psoriasis would remain modest (PASI 95).

You have to tailor-make your treatment regimen to the patient's needs and their perception of their situation. The conference was really helpful about how you have to think your choices through. You just don't want to kneejerk and choose a drug or just give a TNF.

EDUCATION IMPACT: Perspectives on the Combined Clinic

- Participants appreciated the focus on the combined clinic model and acknowledged its importance as an organizational structure to support co-management by dermatologists and rheumatologists.

> *Going from a rheumatologist trying to manage both psoriasis and psoriatic arthritis and messaging a dermatologist and catching then a few weeks later, "Oh, yes, I saw this patient and this is what happened," to trying to establish these multi-specialty, co-management clinics. I mean, I think it's great.*

- Enthusiasm for the combined clinic as a management model was tempered by challenges that make it difficult for participants to envision a combined clinic in their own settings. Some felt that even other co-management models were unlikely to work for most rheumatologists and dermatologists.

EDUCATION IMPACT: Perspectives on the Combined Clinic

Barriers to co-management/combined clinic include:

- Low availability of rheumatologists
- High patient volume in dermatology
- Absence of opportunities for dermatologists and rheumatologists to network with each other in their own communities

It's just hard to get two physicians to commit time to see one patient at a time, you know, in terms of billing for that.

Ongoing opportunities are needed to bridge a perceived and substantive communication gap between dermatology and rheumatology.

FUTURE EDUCATION

Rheumatology	Dermatology
Discussion of disease activity measures in both psoriasis and psoriatic arthritis, the benefits and pitfalls of using each one, and how experts use them in practice	Early detection of subclinical manifestations of psoriatic arthritis via ultrasound imaging
Provide a road map for using biologics in psoriasis in terms of what experts use as well as an overview of expert experience in using the more efficacious therapies for treatment initiation	Practical training on how to do a physical exam of the joint
More detailed practical advice to navigate the prior authorization process (eg. which data to provide to payers)	Invite primary care providers to address managing comorbidities in psoriasis/PsA

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