



**Joslin Diabetes Center**



Affiliated with  
Harvard Medical School

***Cardiovascular Risk Assessment in People with  
Rheumatoid Arthritis***

**Final Report  
April 2015**

# Project Overview

This project was a multispecialty educational and quality improvement initiative designed for rheumatologists and primary care providers (MDs and NPs) and their clinical and office staff members

- Goal:

- Improve rates of cardiovascular risk screening for people with rheumatoid arthritis (RA) and improve corresponding clinical measures.



# Criteria, Measures & Key Outcome Metrics

## Performance Metrics

- Body Mass Index
- Glucose and fasting glucose levels
- HgA1c
- LDL, HDL & TC
- SBP & DBP
- Smoking status

## Comorbidity Measures

- Diabetes Mellitus (DM) Dx
- Coronary Artery Disease (CAD) Dx
- Hypertension (HTN) Dx
- Hyperlipidemia (HYPLIP) Dx

## Patient Inclusion Criteria

- At least 1 visit with a PCP or rheumatologist with an RA diagnosis in the last year
- AND at least 1 visit with a rheumatologist within the last year
- AND at least 2 total visits with PCP WITHIN the last 18 months
- AND age 18-79 at last visit



# Patient Demographics

	Baseline	Follow-up
<b># Primary Care* Providers</b>	16	16
<b># Rheumatologists</b>	4	4
Number of patients	309	326
Age	64.7	64.9
Gender - female/male	F 77% / M 23%	F 76% / M 24%
Average BMI	30.7	30.7
<b>Comorbid disease</b>	<b>Patients (%)</b>	<b>Patients (%)</b>
Type 2 Diabetes	29%	32%
Coronary Artery Disease	23%	24%
Hypertension	72%	73%
Hyperlipidemia	78%	80%

\* = PCPs with enough patients with RA (>10)



# Results Summary

- There was excellent screening for BP, BMI and smoking status both at baseline and follow up.
- Screening rates for most CVD risk factors improved slightly from baseline to follow up as there were fewer patients with missing data.
- Lowest rates of screening at baseline and follow up was for Diabetes
  - Random blood glucose was the most common glucose test performed. This alone is not highly sensitive or specific for diagnosing diabetes.
- Patients without diabetes achieved improvement in blood pressure control and management of dyslipidemia from baseline to follow up
- There was a small decrease in smoking rates.
- The proportion of patients with diabetes that achieved target goal for HDL increased for both men and women from baseline to follow up while patients at goal LDL and total cholesterol decreased slightly.
- The proportions remained relatively similar from baseline to follow up for A1C at goal and blood pressure at goal.
- Recommendations to the practice:
  - Continue to work to increase screening rates of all CVD risk factors to 100%.
  - DM screening is important in this patient population because of their increased risk for CVD and greater likelihood of exposure to medications that antagonize insulin action and increase insulin resistance like steroids.

