Quality Improvement in RA – Overview

A quality improvement initiative from **New York University** with primary focus on rheumatologists and secondary focus on PCPs

Rheumatologists	Primary Care Providers
• Recognize CVD as an extra-articular manifestation of RA • Identify institutional care gaps related to CVD risk assessment and control and strategies to close these gaps	• Raise awareness on the importance of early referral/diagnosis of RA patients to rheumatologists as well as the elevated risk of CVD among this patient group

Common Objective: To encourage care partnerships between rheumatologists, PCPs and cardiologists to provide optimal care to RA Patients

BONUS (not in original protocol): A self-initiated 4-month checklist-based intervention with potential to be built into EMR

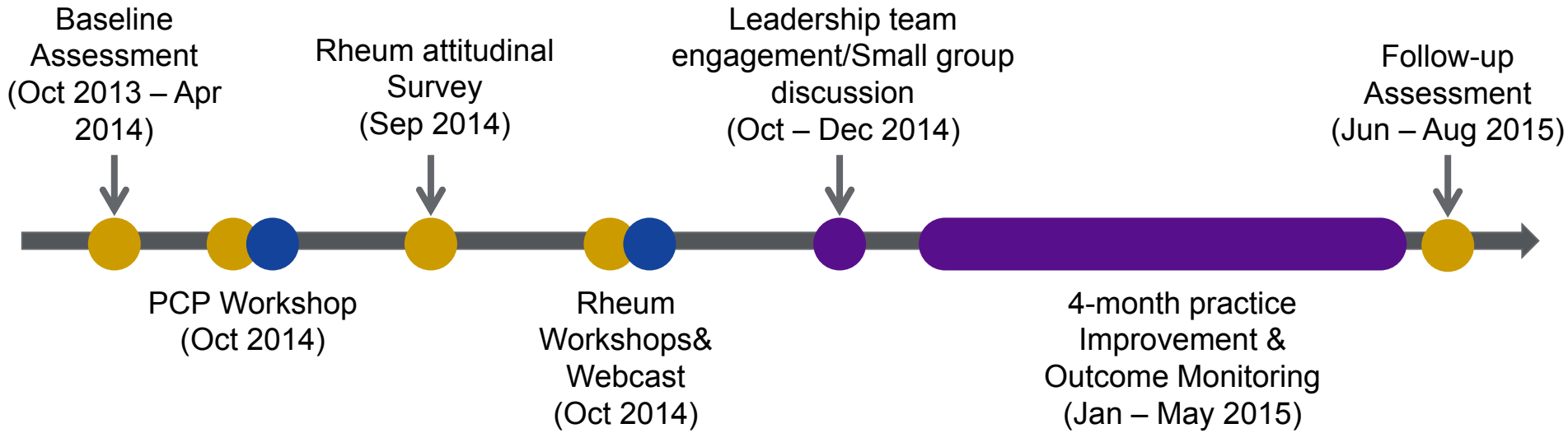
Program Design

A multi-faceted quality improvement design including 3 key interventions

Intervention 1: Audit and Feedback
Establish evidence of performance gap and/or improvement based on real world patient chart review. Disseminate these results to accountable provider groups as basis for review and discussions

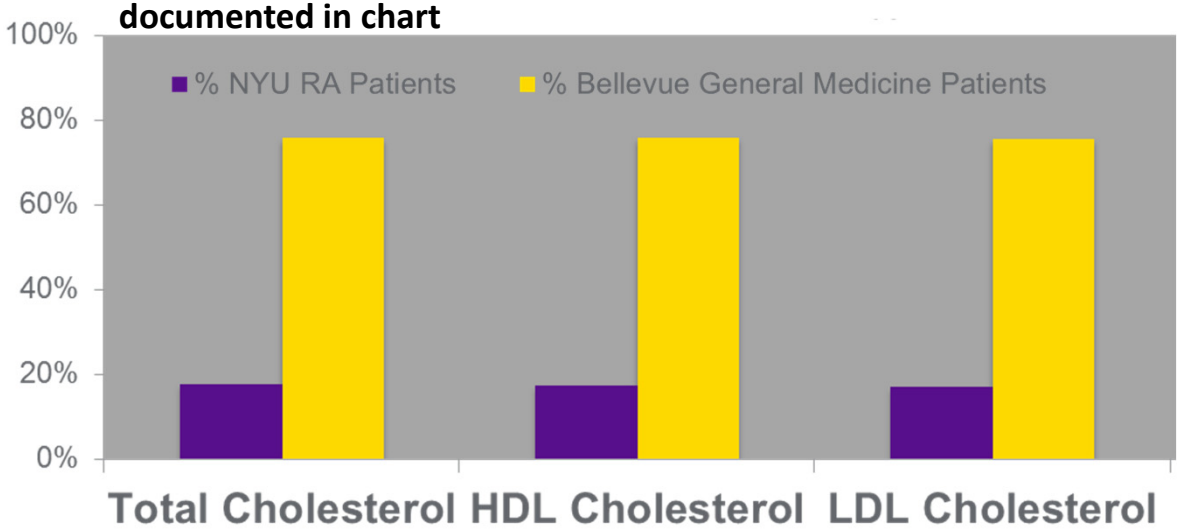
Intervention 2: Didactic Workshops
Small group workshops led by institutional leadership and cardiologists during which clinical evidence and practice guidelines were reviewed in parallel to results from chat review and practice surveys

Intervention 3: QI Team Pilot
Self-initiated 4-month pilot involving 8 rheumatologists and a team of nurses. The intervention includes a chart flagging protocol that alerts rheumatologists to patients in need to risk factor assessment and management

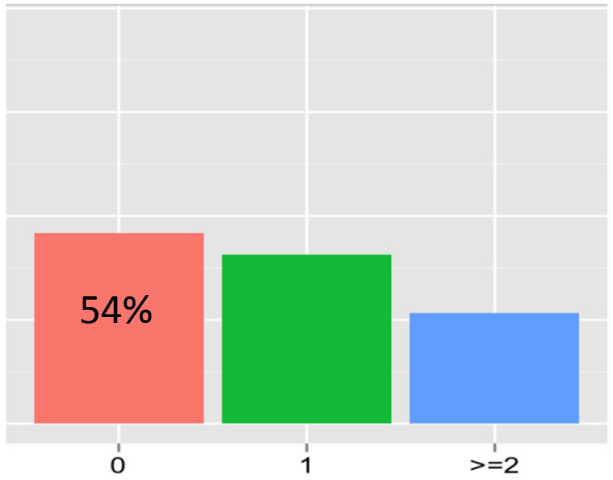


Baseline Assessment Highlights

% of patients with the following CVD risk factor documented in chart

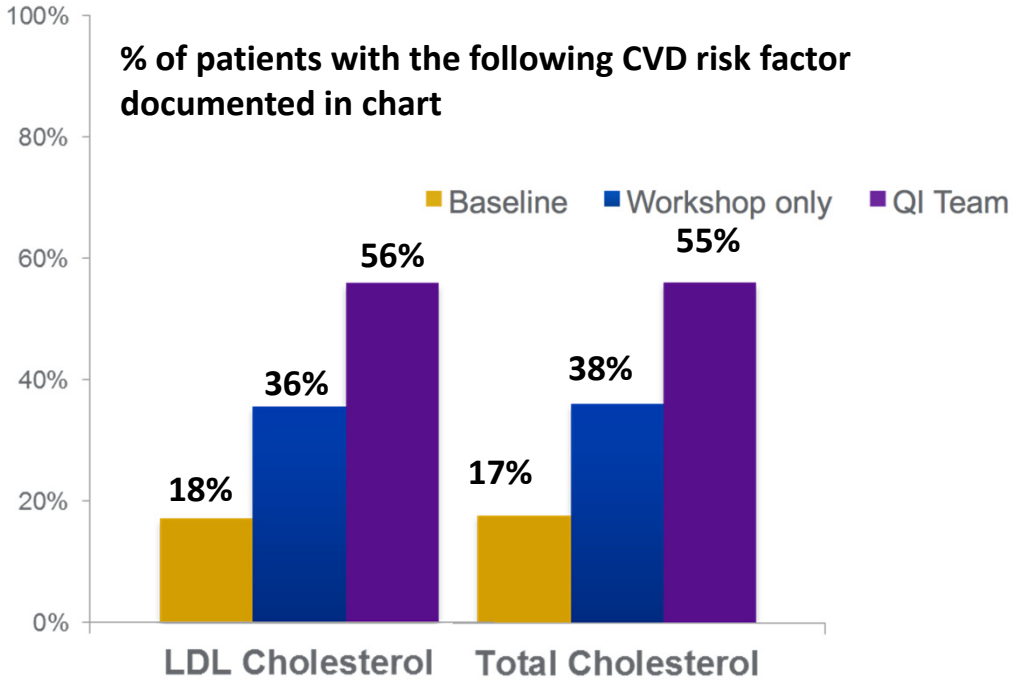


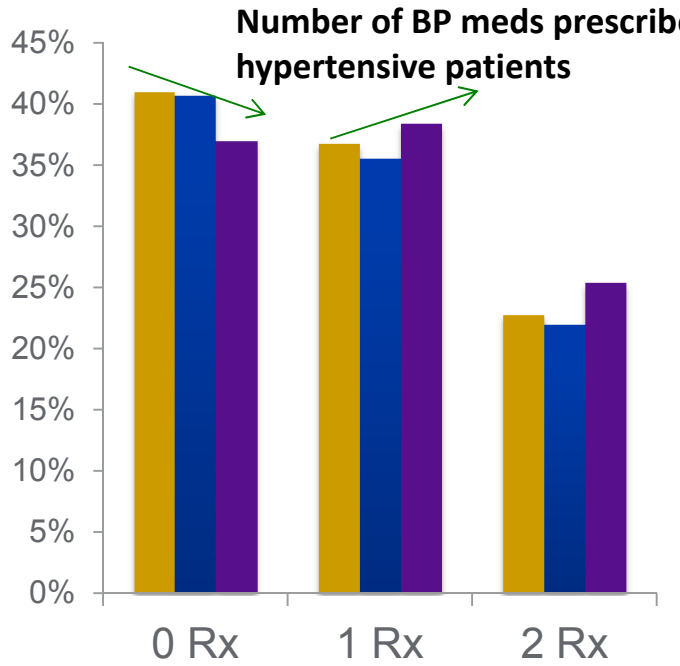
Number of BP meds prescribed to hypertensive patients



- 1036 NYU RA patients compared to 6778 Bellevue GM patients
- Only 10.5% of RA patients received full assessment of CV risk factors
- 13.5% of RA patients were hypertensive, yet 54% of hypertensive RA patients were not managed by any BP medication
- 59% of patients with history of CHD or equivalent not on statins
- Only 4% of RA patients who are current smokers received documented smoking cessation
- Few RA patients (N=8) are referred to cardiologists
- Attitudinal survey revealed significant confusion regarding guidelines and accountability

Program Outcomes Highlights





- Assessed two groups of program participants– workshop-only group and QI team members; 271 patients from workshop-only group; 261 pts from QI team
- Drastic improvement in lipid assessment More hypertensive patients managed by QI team participants received BP medication
- 26% of current smokers received documented smoking cessation
- QI team participants referred more patients to cardiologists (22 out of 261)
- **NYU leadership in discussion to build checklist-based protocol into EMR for sustainability**

Conclusion

- A multifaceted program that effectively combined practice data (audit & feedback), provider education (didactic workshops) and improvement science (QI pilot), resulting in significant improvement across a variety of process measures
- Successfully raised awareness around CVD risk assessment, and facilitated the translation of knowledge into behavioral change
- Demonstrated the power of clinical data and practice surveys as foundation for effective audit/feedback and provider education
- Easily scalable and can be widely adopted by other specialties to address their practice improvement needs