

Grant ID 36081867:

## **ALIGN PsA**

### ***Advancing a Multidisciplinary Approach in PsA***

September 18, 2017

The goal of the proposed educational initiative is to align rheumatologists and dermatologists in the identification and management of psoriatic arthritis (PsA) via regional summit meetings and a proceedings journal supplement focused on improving patient outcomes and satisfaction with a multidisciplinary approach.

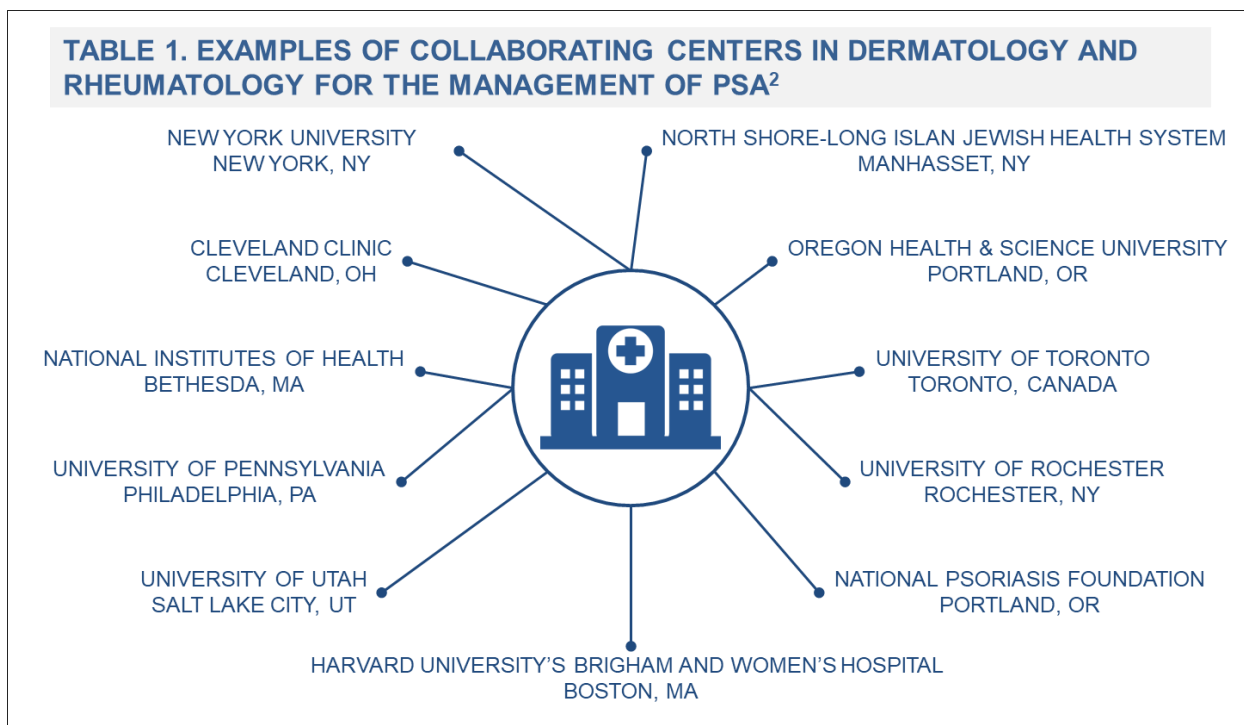
**1. Overall Goal and Objectives.**-This proposed educational initiative seeks to align rheumatologists and dermatologists in the identification and management of psoriatic arthritis (PsA) via a series of multidisciplinary regional summit meetings and a proceedings journal supplement that focus on improving patient outcomes and satisfaction. The proposed educational initiative directly aligns with the Annenberg Center for Health Sciences at Eisenhower's (Annenberg Center) commitment to excellence in patient care with education. The proposed initiative will target dermatologists and rheumatologists to establish a collaborative approach to the identification and management of PsA. The following learning objectives highlight the benefits of a multidisciplinary approach for improved management strategies and patient outcomes:

- Analyze the roles of the dermatologist and rheumatologist in the treatment of psoriatic disease
- Discuss how to integrate interdisciplinary collaboration into daily clinical practice
- Define PsA under the spondyloarthritis umbrella and discuss CASPAR
- Describe the detrimental effects of untreated PsA
- Discuss comorbidities associated with PsA, including aspects that affect quality of life, and recommend techniques to treat the "whole" patient
- Review data on new and emerging therapies for PsA
- Demonstrate strategies to incorporate diagnostic and treatment updates into clinical practice, to tailor treatment to individual cases

**2. Assessment of Need for the Project.** According to expert KOL opinion, interdisciplinary cooperation between dermatologists and rheumatologists remains a significant practice gap in the management of psoriasis/psoriatic arthritis (PsA). Organizations that combine specialties at a national and international level, such as the Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA),<sup>1</sup> have emerged to address this issue. In 2013, the Psoriasis and Psoriatic Arthritis Clinics Multicenter Advancement Network (PPACMAN), was formed to provide dermatologists and rheumatologists with a research consortium where they could collaborate in the management of PsA. Examples of these collaborating centers are listed in Table 1.<sup>2</sup>

Combined clinics offer a promising care model because they increase collaborative care for patients with complex diseases, enhance professional development, provide unique training opportunities for medical students, residents, and fellows in a setting where they can learn the importance of communication between patients and provider and allow the opportunity to study long-term outcomes and outcome measurements in patients with complex diseases.<sup>1</sup>

**TABLE 1. EXAMPLES OF COLLABORATING CENTERS IN DERMATOLOGY AND RHEUMATOLOGY FOR THE MANAGEMENT OF PSA<sup>2</sup>**



Recently published cross-sectional survey results from PPACMAN centers in the US and Canada represent the first broad portrayal of collaborative clinics/centers for psoriasis and PsA across North America. A rheumatologist and dermatologist were surveyed from each institution with 32 completing the survey (response rate of 97.1%), including 16 dermatologists, 14 rheumatologists, and 2 dual-trained physicians, on behalf of 25 combined clinics. Although there was variation in the types of care models used (e.g., in-person and “virtual” combined clinics) and some challenges were noted, the benefits were “numerous”. The most commonly identified benefits of combined clinics included improved communication among healthcare teams (100%, 25 responses), excellent training opportunities (n = 23, 92%), and prompt and accurate diagnosis of PsA (92%). More than half of respondents said that combined clinics enabled 1 or more of the following: more frequent monitoring (e.g., of skin and joint manifestations, medications, medication side effects, disease flares), improved recruitment for clinical trials and observational studies, and satisfying and rewarding interactions with colleagues (i.e., learning from colleagues, becoming more “skin aware,” establishing closer ties between colleagues).

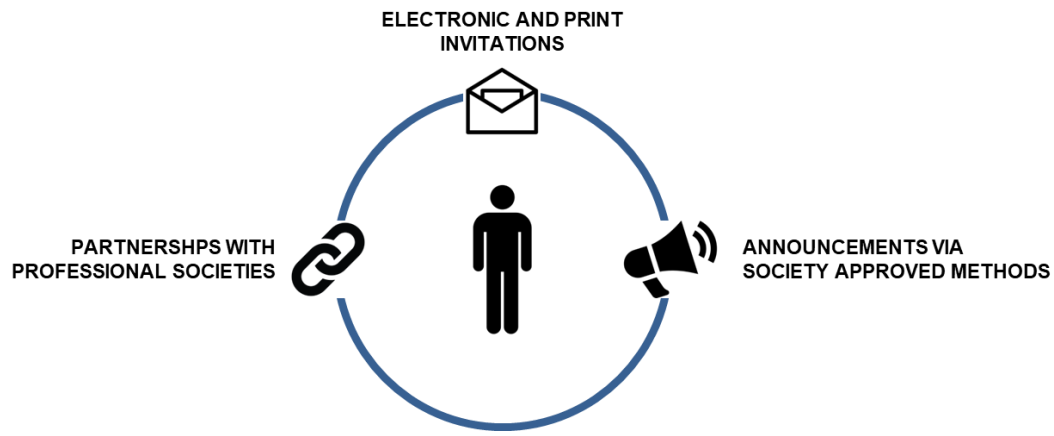
Although these dual management clinics are a step in the right direction, they are few and far between (as noted in Table 1). This and other clinical practice barriers persist in the management of PsA. As such, educational initiatives that leverage the coordinated management and identification of patients with PsA by both rheumatologists and dermatologists can contribute to sustained changes in practice behavior (Table 2).

**TABLE 2. CLINICAL PRACTICES BARRIERS IN THE MANAGEMENT OF PSA HELP IDENTIFY LEARNING OPPORTUNITIES**

CLINICAL PRACTICE BARRIER	SUPPORTING EVIDENCE	PROPOSED LEARNING OBJECTIVE(S)
Dermatologists should be attentive and alert to the articular phase of psoriasis and rheumatologists should understand the serious impact that psoriasis has on PsA patients. However, PsA is not managed this way <sup>1</sup>	In one study, 29% of patients attending dermatology clinics had undiagnosed PsA. <sup>3</sup> In other diseases, multiple articles across diverse disciplines demonstrated that cohesive teamwork improved communication between different levels of healthcare workers, limited adverse events, improved outcomes, decreased the length of hospital stay and yielded greater patient “staff” satisfaction. <sup>4</sup>	<ul style="list-style-type: none"> <li>Analyze the roles of the dermatologist and rheumatologist in the treatment of psoriatic disease</li> <li>Discuss how to integrate interdisciplinary collaboration into daily clinical practice</li> </ul>
Lack of universal diagnostic and classification criteria for PsA results in missed diagnosis, improper management, progressive joint damage, deformities and disability.	In a PsA study (n=283), 30 % of patients were diagnosed within six months of the onset of symptoms, while ~ 70 % had up to a two-year delay in diagnosis. Patients with a diagnostic delay of more than six months had worse clinical outcomes. <sup>2</sup> Existing Classification Criteria for Psoriatic Arthritis (CASPAR) are simple and easy to use, with a high degree of specificity and good sensitivity, <sup>5</sup> but may require more guidance in early onset disease. <sup>6</sup>	<ul style="list-style-type: none"> <li>Define PsA under the spondyloarthritis umbrella and discuss CASPAR</li> <li>Describe the detrimental effects of untreated PsA</li> </ul>
Comorbidities associated with PsA affect morbidity and mortality and psychosocial and emotional health. <sup>7</sup> Focus lies mainly on dermatologic and rheumatologic manifestations and not on interventions to improve quality of life. <sup>4</sup>	A survey by the National Psoriasis Foundation, found that ~ 75% of patients believed that psoriasis had moderate to large negative impact on their QoL, with alterations in their daily activities. The prevalence of depression reached almost 60% and at times led to suicidal ideations. The physical and emotional effects of psoriasis were found to have a significant negative impact at patients' employment as measured by validated scales. <sup>8</sup>	<ul style="list-style-type: none"> <li>Discuss comorbidities associated with PsA, including aspects that affect quality of life, and recommend techniques to treat the “whole” patient</li> </ul>
Non-treatment and under treatment of psoriatic disease are a problem.	A total of 5604 patients with psoriasis or PsA completed a survey by the National Psoriasis Foundation. From 2003 through 2011, patients who were untreated ranged from 36.6% to 49.2% of patients with mild psoriasis, 23.6% to 35.5% of patients with moderate psoriasis, and 9.4% to 29.7% of patients with severe psoriasis. Of those receiving treatment, 52.3% of patients with psoriasis and 45.5% of patients with PsA were dissatisfied with their treatment. <sup>9</sup>	<ul style="list-style-type: none"> <li>Review data on new and emerging therapies for PsA</li> <li>Demonstrate strategies to incorporate diagnostic and treatment updates into clinical practice in order to tailor treatment to individual cases</li> </ul>

**3. Target Audience.** The proposed initiative will target a total of 25,200 dermatologists and rheumatologists in the United States with the goal to improve PsA identification and management via a multidisciplinary approach to care. Approximately 200 participants will attend the two regional summit meetings and 25,000 participants will be reached via the proceedings journal supplements. Because of this educational initiative, health care professionals managing PsA will have a more supple understanding of how collaborative care ultimately benefits patients through improved clinical outcomes and satisfaction. A comprehensive reach optimization effort will be driven by a proprietary database and through partnerships with professional societies. Outreach will concentrate on rheumatology and dermatology health care professionals who have opted-in for educational updates from Focus Medical Communications (Focus) and/or a professional society. Both Focus and the societies will actively recruit appropriate clinicians for this initiative. Focus will work with the society partners to disseminate invitations and supporting information to their respective memberships.

## PARTICIPANT OUTREACH



**4. Project Design and Methods.** The proposed initiative will include two regional summit meetings that will unite both rheumatologists and dermatologists in a unique educational setting to review and discuss the benefits of a multidisciplinary approach in the identification and management of PsA. Expert rheumatology and dermatology faculty will present both didactic lectures and case-based instruction that demonstrate how the collaborative management of PsA leads to improved patient outcomes and satisfaction. A coalition of professional dermatology and rheumatology societies will endorse the program and its overall goal — to unite and align these two disciplines in the identification and management of PsA. The reach and educational message of the initiative will be further buttressed and sustained through a proceedings journal supplement.

**Regional Summit Meetings.** The regional summit meetings will be led by a group of expert rheumatologists and dermatologists who are at the forefront of the movement to shared management and treatment of PsA. Faculty will include experts from institutes such as Cleveland Clinic, Harvard University’s Brigham and Women’s Hospital, New York University, University of Pennsylvania, Hospital for Special Surgery and others. The regional summit meetings will feature didactic presentations and clinical case discussions. The morning sessions will provide participants with updates and new data on current and emerging therapies in PsA. Content will include emerging data from new treatment guidelines and recent publications and congress abstracts and their impact on current diagnostic and management approaches. The remaining portion of the summit meeting will be dedicated to sessions focusing on multidisciplinary approaches to the management and treatment of patients with PsA. Data and critical information on the evolution and success of combined clinics will be presented. Faculty will address the perceived burdens to the combined rheumatology-dermatology approach and will highlight the number of clinics that have overcome such barriers. The clinical cases will assess the patient perspective – those who received a multidisciplinary consultation versus those who were seen in routine separate consultations – followed by discussion of how patient outcomes differed. The goal of the clinical cases is to highlight real-world instances that

demonstrate improved patient outcomes and experience when dermatologists and rheumatologists use a collaborative approach.

## PROGRAM AGENDA

8:30 AM	WELCOME AND INTRODUCTION
8:35 AM	NEW MANAGEMENT OPTIONS FOR PsA
9:15 AM	REVIEW OF PsA TREATMENT GUIDELINES
10:00 AM	BREAK
10:30 AM	EVOLUTION OF THE COMBINED DERMATOLOGY-RHEUMATOLOGY CLINIC
11:15 AM	CLINICAL CASE STUDIES AND DISCUSSION
12:00 PM	LUNCH
1:00 PM	COMBINED CLINICS: ADVANTAGES AND CHALLENGES
1:45 PM	OVERCOMING PRACTICAL ISSUES TO THE DUAL TREATMENT APPROACH
2:30 PM	CLINICAL CASE STUDIES AND DISCUSSION
3:15 PM	ADJOURNMENT

The clinical case discussions will be moderated by a program chair. The program chair will comment on presentations, reinforce key learnings and use real-time feedback to support teaching points that address the core educational objectives of the program. For each case presented, the expert panel will use current guidelines and the latest clinical evidence to support their opinions on improving co-management of PsA patients between rheumatologists and dermatologists. At each clinical decision point, the audience will provide input on how to best manage the patient through an interactive audience response platform.

This platform will encourage greater audience participation, increase educational value by enabling participants to view resources, submit questions to the faculty, complete the program evaluation and claim credit. The platform also will allow for electronic, real-time note taking on slides during the program. The audience will be able to view and “like” questions submitted in the queue. Questions with the most “likes” will move up in the queue, notifying the moderator that the question has piqued the interest of the audience. Additionally, Q&A cards will be available to all participants and collected during and after the activity.

Credit Estimation. Annenberg Center for Health Sciences at Eisenhower estimates the educational activity for a maximum of 5.0 *AMA PRA Category 1 Credits*<sup>™</sup>.

**Proceedings Journal Supplement.** To emphasize the initiative’s key educational updates and to sustain the overall educational reach, we propose that a proceedings journal supplement be developed and published in the peer-reviewed *Seminars in Cutaneous Medicine & Surgery*. Expert opinions, recent publications, abstracts and presentations from congress meetings will be reviewed as part of the journal supplement development process. The supplement will be poly-bagged and indexed on PubMed and reach the journal’s print circulation of 2,000 subscribers. In addition, the journal supplement will be published in the monthly *Dermatology News* and *Rheumatology News* which have a print circulation of 15,000 and 8,000, respectively.

The journal supplement also will be featured daily in the on-line newsletter of both *Dermatology News* and *Rheumatology News*.

*Seminars in Cutaneous Medicine and Surgery (SCMS)* presents well-rounded and authoritative discussions of important clinical areas, especially those undergoing rapid change in the specialty. Each issue, under the direction of the Editors and Guest Editors selected because of their expertise in the subject area, includes the most current information on the diagnosis and management of specific disorders of the skin, as well as the application of the latest scientific findings to patient care. SCMS is published quarterly in March, June, September and December.

*Dermatology News* is a monthly publication that reaches a circulation of over 15,000. *Dermatology News'* audience consists of office- and hospital- based dermatologists, dermatologic surgeons, procedural dermatologists, dermatology nurse practitioners and the membership list from the Society of Dermatology Physician Assistants (SDPA). *Dermatology News* provides practicing clinicians with timely and relevant news and commentary about clinical developments in their field and about the impact of health care policy on their specialty and their practice. All articles are researched, written and produced by a full-time staff of professional medical journalists.

*Rheumatology News* is the leading independent newspaper for the practicing rheumatologist. With specialty focused news and insightful commentary — in a clear, concise, accessible format — *Rheumatology News* keeps busy rheumatologists up to date on clinical advances that impact their daily practice of medicine. *Rheumatology News* is published 18x per year and circulates to 8,000 rheumatologists, selected primary care physicians and NP and PA specialists in rheumatology. All articles are researched, written and produced by professional medical journalists.

Credit Estimation. Annenberg Center for Health Sciences at Eisenhower estimates the educational activity for a maximum of 1.0 *AMA PRA Category 1 Credit*<sup>™</sup>.

**ALIGN PsA Web Portal.** Central to the ALIGN PsA initiative will be a web portal, [www.AlignPsA.com](http://www.AlignPsA.com), disseminating information on the live meetings, agenda, faculty, registration, CME information and the proceedings journal supplement. Additionally, targeted educational resources will be included, providing a comprehensive learning experience.

**5. Evaluation Design.** Educational outcomes will be measured to assess the program's impact on participant knowledge, skills and/or attitudes to identify educational gaps and incorporate gained information/knowledge into future educational planning. Where appropriate, an audience response system may be used to collect assessment data during the program. Outcomes will be collected via:

- A pre-activity questionnaire to evaluate baseline competence
- A post-activity questionnaire to measure post-activity learning and capture intent to change practice behavior/performance

**Level 5 Assessment.** In addition to the above approach, the joint-providers will evaluate the impact that the live programs will have on health care professionals' performance and decision-



making patterns related to managing patients affected with PsA. We propose assessing educational impact through a series of patient case vignettes with questions for a survey instrument based on the educational objectives.

### **Clinical Case Vignettes**

Survey Design: A series of patient case vignettes with questions will be developed for a survey instrument based on the educational objectives and content of each meeting series. Case vignettes have gained considerable support for their value in predicting physician practice patterns. Results from recent research demonstrate that case vignettes (compared to chart review and standardized patients) are a valid and comprehensive method to measure processes of care in actual clinical practice. Furthermore, case vignettes are cost-effective and less invasive than other means of measurement. In addition to clinical cases and questions, items will be designed to evaluate attitudes, perceptions, and barriers to care regarding the management of patients affected with PsA. This framework for the assessment of learning, based on Moore's 7 levels of CME outcomes measurement, is Level 5 Performance.

Potential items for assessment are determined by the specific learning objectives and goals of the education, and may include:

- Developing an evidence-based treatment regimen using the latest clinical evidence
- Proper communication of the disease and treatment options to patients
- Recognition and communication of risks and benefits of therapy
- Confidence in managing patients affected with PsA
- Perceived barriers to optimal management of patients affected with PsA

A survey will be administered via fax or email to a sample of participants at least 30 days after participation in each meeting series on a rolling basis. We expect to receive survey responses from at least 50 participants for this study. After the first 50 eligible respondents are collected, data collection will close and analysis will begin.

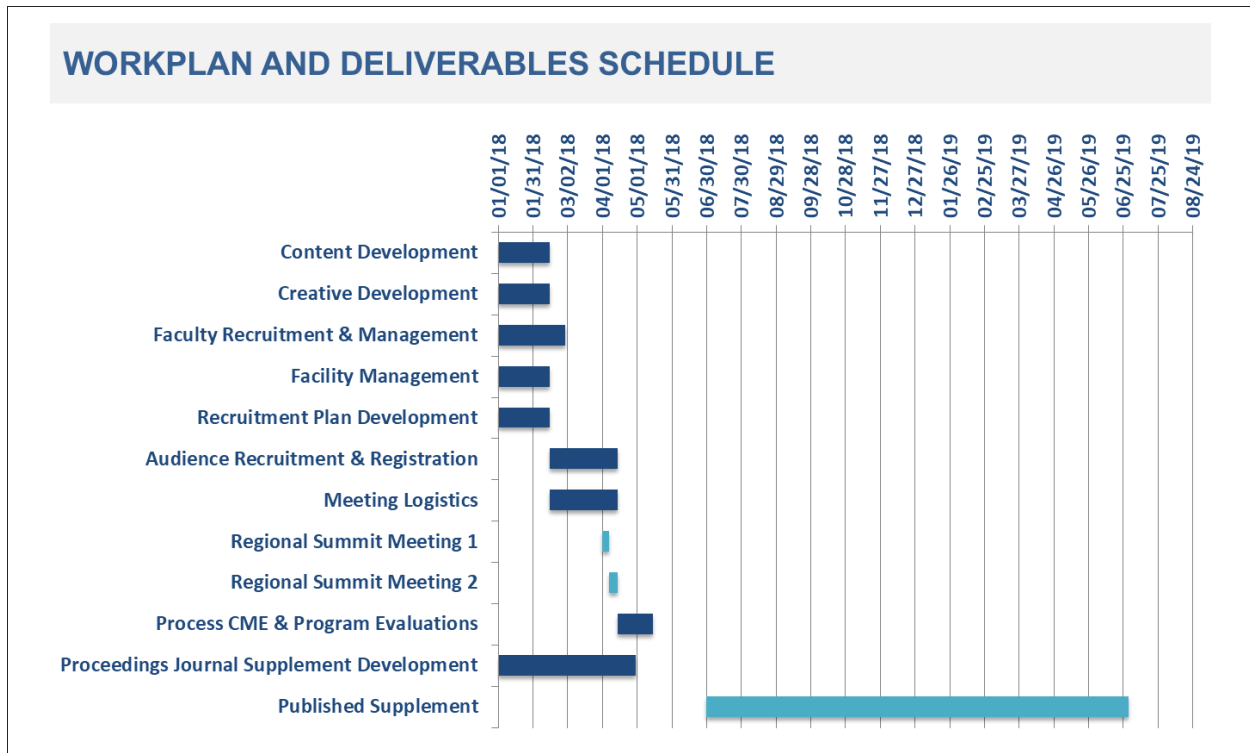
Analysis: Measurement survey responses will be compiled and analyzed to determine differences and the level of statistical significance in evidence-based decision-making, as well as to assess the summative impact of an educational activity on participant practice choices, knowledge and attitudes.

**Evaluation Reporting.** The final report will include a detailed profile of the participants, perceived barriers to optimal disease management, perceptions and attitudes. We will measure educational program effectiveness with clinical case vignettes using a case-based survey designed to measure whether the clinical decision-making of program participants is consistent with the evidence-based content of the educational activity.

The results of the above outcomes assessments and program evaluations will be utilized to measure the impact that each of the initiative's components has had on the participants' knowledge, skills and/or attitudes, to identify existing educational gaps and to incorporate the information/knowledge gained into future educational planning.



**6. Detailed Workplan and Deliverables Schedule.** The workplan and deliverables schedule outlined below projects that our proposed educational initiative will commence in January 2018 and conclude by June 2018. The Annenberg Center and Focus will be responsible for the success of this educational initiative. The initiative will begin with the development of patient-focused, scientifically relevant and accurate content for the regional summit meetings and proceedings journal supplement. Creative development will include the design and development of all program materials (i.e., invitations, correspondence, post-meeting evaluations, etc.). Expert faculty presenters in dermatology and rheumatology will be identified for the educational initiative. Faculty recruitment and management will also include speaker disclosure forms or contracts and logistics coordination for travel. In partnership with professional societies, a comprehensive participant recruitment plan will be developed to optimize audience attendance. Participant recruitment will include mail, e-mail, fax and online recruitment strategies. Meeting logistics (i.e., venue selection, contracting, food and beverage, audiovisual, etc.) will be managed by an experienced and professional project manager. The project manager also will manage the development of the proceedings journal supplement and coordinate content development, editorial and proofing with the faculty reviewer, the Annenberg Center and the medical journal. Program evaluations and outcomes measurement will be conducted upon program completion and will be compiled and prepared for reconciliation.



## References

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