Rheumatology Quality Improvement Summary
3-22-16

Division Quality Leads
Tim Laing
Puja Khanna

QI Priorities
• Adherence to guidelines in a) Rheumatoid Arthritis, b) Gout, c) osteoporosis, d) vaccinations

Highest Volume Conditions
1. Rheumatoid Arthritis
2. Musculoskeletal pain including Fibromyalgia

Division Specific Specialty Conditions
1. *Rheumatoid Arthritis
2. *SLE
3. *Systemic Sclerosis

Note: For high volume and specialty conditions, indicate with an * what your division does well, and with a # what your division does poorly.

Quality Projects

Current Work
• Immunosuppressed adults to ED, failure to monitor
• System to track patients on immune-suppressants, doing QI work around it to make sure system is working well
• Some choosing wisely activities about minimizing overuse of MRIs and use of non-biologics before biologics
• Michelle Kahlenberg is leading project on vaccinations of patients on DMARDS and biologics. Recommendations shared with faculty and protocol adopted.
• TB screening guidelines protocol adopted.
• Lab monitoring guidelines protocol adopted and implemented.
• MiChart Inbasket Work Standardization Project – protocols have been developed, all levels of staff and providers have been trained. Training protocols are being developed that can be used to train future staff. Now in phase 2 – circling back to user groups for questions/concerns

Maintenance of Certification
• Lead: Puja Khanna

Quality Groups and Committees
• Quality review committee
• Clinical Innovations Committee
  o Lead: Tim Laing

Institutional Quality Roles with Division Lead
• Unknown
  → Leads:

Potential Projects
• Puja Khanna will test pilot ACR based guideline measures for gout and RA
• David Fox wants to develop things that should be measured in a patient with RA to generate a score that can trigger provider if patient has exceeded threshold and needs new regimen- Disease activity measures

BCBS Collaborative Quality Initiatives
• None currently
Measurement

Peer Review
Rate-Based Indicators
• Resident evaluations
• Unexpected deaths
• Admission through the emergency department

Case-Based Indicators
• Deaths
• ER visits of monitored patients
• Complaints

Registries
• Lupus
• Scleroderma
• RISE (ACR registry)

Regularly Reviewed Data
PACE
• ER admissions for all rheumatology patients

QMP
• Dashboards

Choosing Wisely
1. Don’t test ANA sub-serologies without a positive ANA and clinical suspicion of immune-mediated disease.
2. Don’t test for Lyme disease as a cause of musculoskeletal symptoms without an exposure history and appropriate exam findings.
3. Don’t perform MRI of the peripheral joints to routinely monitor inflammatory arthritis.
4. Don’t prescribe biologics for rheumatoid arthritis before a trial of methotrexate (or other conventional non-biologic DMARDs).
5. Don’t routinely repeat DXA scans more than once every two years.
   → Status: unknown

Barriers and Challenges
• Measurement of patient satisfaction is all physician-care oriented, need tools to evaluate other stakeholders involved in care including nurses, office and inpatient staff in both outpatient and inpatient setting.
• Appropriateness of testing of labs and follow-up
• Faculty awareness of Performance measures and Quality Indicators across diseases and their engagement.