

# Rheumatic Disease Functional Assessment Pays

BY SALLY KOCH KUBETIN

NEW YORK — Self-administered disease and functional status questionnaires accurately reflect disease activity in rheumatic conditions and—when incorporated in the chart—can be used to document compliance with Medicare Product Quality Research Initiatives.

In 2009, the Centers for Medicare and Medicaid Services added five PQRI measures relevant to the management of patients with rheumatoid arthritis: 176 (tuberculosis screening), 177 (periodic assessment of disease activity), 178 (functional status assessment), 179 (assessment/classification of disease prognosis), and 180 (glucocorticoid measurement). A sixth rheumatology-relevant

questionnaire). Information about the MDHAQ and RAPID 3 tests is available at <http://mdhaq.org>.

Dr. Yazici reported that the MDHAQ is reliable and easy to administer at routine patient care. Using the functional score, pain score, and global assessment on the MDHAQ, the clinician can calculate a RAPID 3 score, which can be used to monitor disease activity.

RAPID 3 correlated well with the

DAS28 (Disease Activity Score 28). In one study that compared the predictive value of each assessment tool in 274 patients from three clinical sites, only 1 patient who was classified as being in near remission on RAPID 3 was also classified as having high disease activity on DAS28. Conversely, 10 patients who were classified as having high disease severity on RAPID 3 were classified as being in remission on DAS28.

In Dr. Yazici's practice, every patient fills out the MDHAQ at every visit. "If there is a reason to see the patient, there is a reason for the patient to fill out the questionnaire and for physicians to collect the data, even if the patient has come in for a weekly infusion/injection," he said.

Dr. Yazici reported being a consultant and/or speaker for Bristol-Myers Squibb Co., Celgene Corp., Centocor Inc., Genentech Inc., Roche, and UCB SA. ■



If patients need to come into the office for any reason, they should fill out the functional assessment form.

DR. YAZICI

measure that was introduced this year is 109 (assessment of pain and function in osteoarthritis), according to Dr. Yusuf Yazici, director of the Seligman Center for Advanced Therapeutics at New York University Hospital for Joint Diseases in New York.

Rheumatologists who can document that they have recorded three of these measures in roughly 80% of their patients in the calendar year are entitled to receive an amount equal to 2% of their total Medicare billings for that year. This is a time-limited incentive program. After the third year, rheumatologists must document adherence to these performance measures, and failure to do so may result in a punitive decrease in their Medicare payment, said Dr. Yazici, who made these observations during a presentation at a rheumatology meeting sponsored by New York University.

In addition to the benefits of providing data to the CMS, keeping functional assessment data in the patients' charts helps to document to private insurers that patients on biologics need to continue therapy with those agents. "In New York, and perhaps some other states, private insurers are requiring proof of improved function before they will pay to cover renewal of biologic therapy," Dr. Yazici said. When the functional assessment shows no improvement, that data can be used to justify switching to another biologic, he noted.

CMS will accept a number of existing, validated disease activity or functional status tools for PQRI. Dr. Yazici praised this decision for its responsiveness to the requests of rheumatologists.

In his practice, Dr. Yazici favors the RAPID 3 (Routine Assessment of Patient Index Data 3), which is derived from the patient-administered MDHAQ (Multidimensional Health Assessment Ques-

REGISTER NOW

WWW.RHEUMATOLOGYNEWSPERSPECTIVES.COM

Earn up to  
11 Credits  
of CME

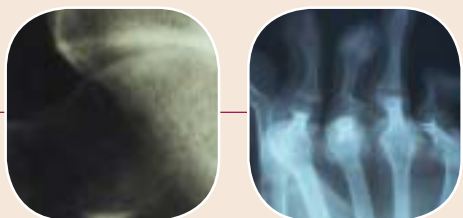
## Rheumatology News® • Family Practice News® • Internal Medicine News®

PRESENT A CONTINUING MEDICAL EDUCATION CONFERENCE

### PERSPECTIVES IN RHEUMATIC DISEASES 2009™

DECEMBER 4-5, 2009

Loews Santa Monica Beach Hotel  
Santa Monica, California



#### REGISTRATION

	Before 8/1/2009	After 8/1/2009
Physicians	\$350	\$450
Physician Assistant	\$250	\$350
Nurse Practitioner	\$250	\$350
Residents	\$250	\$350

#### HOTEL ACCOMMODATIONS

Loews Santa Monica Beach Hotel  
Santa Monica, California  
Phone: (310) 458-6700  
Mention **Rheumatology Conference** for preferred rates.

#### Daniel E. Furst, MD, CHAIR

Carl M. Pearson Professor of Medicine  
Department of Medicine, Division of Rheumatology  
David Geffen School of Medicine at the  
University of California, Los Angeles (UCLA)

#### Kenneth B. Gordon, MD, CO-CHAIR

Head, Division of Dermatology  
NorthShore University HealthSystem  
Northwestern University Feinberg School of  
Medicine, Chicago

#### PROGRAM HIGHLIGHTS\*

Predicting the Course of RA	Juvenile Idiopathic Arthritis
Co-Morbid Conditions and RA	Psoriasis Update
Vaccine Use in Vulnerable Patients	Psoriatic Arthritis
Gout and Hyperuricemia	Cutaneous Lupus: Better Outcomes
Systemic Scleroderma	Cardiovascular Risk Factors in RA
Rheumatic Diseases and IBD	Fibromyalgia
Steroid-Induced Osteoporosis	Update on Osteoarthritis
	Interactive Clinical Cases

#### FACULTY

Roy D. Altman, MD, University of California, Los Angeles  
Clifton O. Bingham, III, MD, Johns Hopkins University  
Chad S. Boomershine, MD, PhD, Vanderbilt University  
John J. Cush, MD, Baylor University Medical Center  
David F. Fiorentino, MD, PhD, Stanford University School of Medicine  
Daniel E. Furst, MD, University of California, Los Angeles  
Kenneth B. Gordon, MD, Northwestern University  
Thomas J.A. Lehman, MD, Cornell University  
Kimberly P. Liang, MD, University of Pittsburgh  
Brian Mandell, MD, PhD, Cleveland Clinic  
Kenneth G. Saag, MD, MSc, University of Alabama at Birmingham

\*Program subject to change. Go to conference website for updates.

#### TARGET AUDIENCE

This continuing medical education conference is designed for rheumatologists, internists, family practice physicians and healthcare professionals involved in the treatment of patients with rheumatic diseases.

#### LEARNING OBJECTIVES

- At the conclusion of this conference, participants will be able to:
- Identify the therapeutic options in the management of rheumatic diseases
  - Explain the connection between rheumatic diseases and CV risk
  - Recognize the aspects of care, treatment, and overall outcomes that are important to pediatric patients
  - Describe the long-term safety and efficacy of systemic and biologic agents in the treatment of psoriasis and psoriatic arthritis
  - Evaluate patients to determine their risk for disease progression that may indicate an increased risk for radiographic progression of rheumatoid arthritis
  - Recognize and describe the clinical manifestations and complications of scleroderma
  - Develop a strategy for a diagnostic workup to promptly and accurately establish (or rule out) fibromyalgia as a cause of a patient's symptoms
  - Discuss the challenges in managing the RA patient with IBD
  - List the clinical manifestations and risk factors associated with gout
  - Apply the most current and effective treatment practices regarding the pathophysiology of rheumatic disorders to patient care plans

#### ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Elsevier Office of Continuing Medical Education (EOCME) and Skin Disease Education Foundation (SDEF). The EOCME is accredited by the ACCME to provide continuing medical education (CME) for physicians.

#### AMA PRA CREDIT DESIGNATION STATEMENT

The EOCME designates this educational activity for a maximum of 11 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Application for CME credit has been filed with the American Academy of Family Physicians. **Determination of credit is pending.**

Jointly sponsored by



For more information go to  
[www.rheumatologynewsperspectives.com](http://www.rheumatologynewsperspectives.com) or call 973.290.8200