Slowing the Progression of Rheumatoid Arthritis

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Why an APM focused on RA

- Rheumatoid arthritis is the most common autoimmune arthritis affecting 1.3 million people mostly women. It is a chronic illness.
- Untreated or undertreated RA costs society in lost productivity and increased disability and has a significant mortality rate
- There are significant direct and indirect costs for the diagnosis and treatment of RA

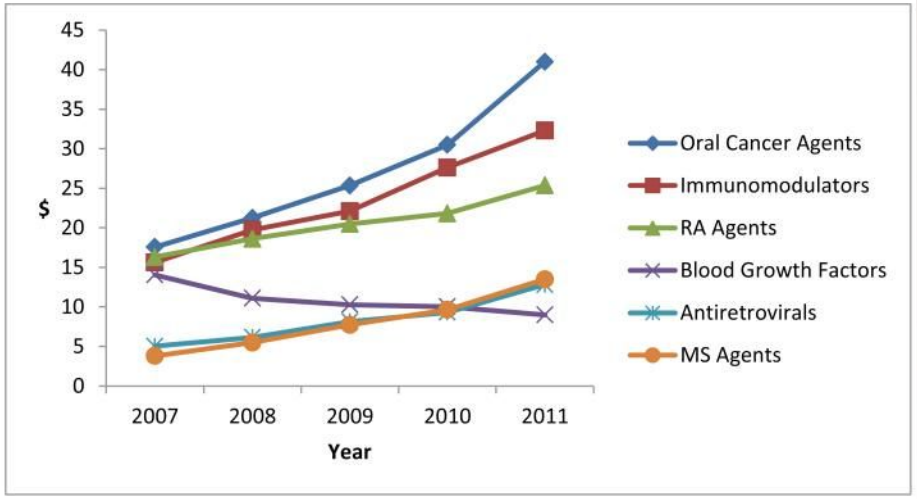
Where are we today

- In 2008, the incremental annual cost of RA per patient was $13,012 including specialty drug costs
- Yet only about 2.26% of expenditure goes to the specialist according to the WEA Trust(2)
- In the fee-for-service world there is no incentive to practice cost-effectiveness and there is no payment to cover the extra services needed for higher quality

(1)Direct Medical Expenditure Associated With Rheumatoid Arthritis in a Nationally Representative Sample From the Medical Expenditure Panel Survey. Kawatkar,A, et al. AC&R 2012:64(11),1649-56
(2) Bartholow,T. ***Using Data***, How Do I Keep the Insurance Company Out of My Clinical Care? WI Rheumatology Association tleleconference, June 22,2016

Cost Increase in Specialty Drugs

	2007	2008	2009	2010	2011
Oral Cancer Agents	17.55785	21.24585	25.34465	30.47893	40.99499
Immunomodulators	15.63242	19.73363	22.09838	27.61449	32.29525
RA Agents	16.30218	18.61474	20.48797	21.81168	25.35627
Blood Growth Factors	14.04831	11.08335	10.26414	10.03131	9.00006
Antiretrovirals	5.020953	6.139469	8.145117	9.314225	12.80986
MS Agents	3.792789	5.492935	7.72549	9.624917	13.49044



Specialty Drug Spending Trends Among Medicare And Medicare Advantage Enrollees, 2007–11: Trish,E, et al, Health Affairs 2014 Nov 1; 33(11): 2018–2024.

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Rheumatology consultation is more than a simple new patient visit

- Patients with inflammatory arthritis are complex needing an extensive history and physical exam and gathering and review of records from multiple sources
- Communicating with many other providers, including the PCP, other specialists, OT, PT to coordinate care is necessary and time consuming
- Hiring and developing staff to support these complex patients

Rheumatologic care encompasses the entire spectrum of care

- Developing a treatment plan with shared decision making with patient, family, care coordinators
- Helping patient obtain needed medication with prior authorization and patient assistance programs
- Frequent non face-to-face contacts occur now
- We believe that coordinated patient centered care will improve outcomes

Core concepts

- Bundled payment that includes all services including care coordination by developing treatment plans that are high quality and cost effective and patient centered
- Bend the cost curve and improve physician reimbursement
- Establish real world standards of care based on data

Elements of Care for an RA APM

- Diagnosis: initial diagnosis and treatment planning
- Support for primary care in evaluating joint symptoms
- Initial treatment of patients with RA up to 6 months
- Continued care for Difficult to Control RA
- Continued care for patients with low activity RA

Element 1: Diagnosis

- A rheumatologist would receive a one-time payment to support all of the costs of evaluation, testing, diagnosis, and treatment planning for a patient who has symptoms that potentially indicate RA and has not previously been diagnosed or treated for RA, or who has been treated unsuccessfully for RA by other physicians .

Element 2: Support for Primary Care

- A rheumatologist participating in the Alternative Payment Model would also be able to be paid for a phone call or e-mail with a primary care physician to assist the PCP in determining whether a patient's symptoms warrant referral to the rheumatologist for diagnosis.

Element 3: Initial treatment

- A monthly payment designed to support the initial treatment of a patient with newly diagnosed rheumatoid arthritis (or a patient who was diagnosed with RA in the past but has not previously been treated for RA) following the treatment plan developed for the patient. This payment would be available for up to six months. The payment would provide the flexibility to deliver services outside of traditional face-to-face visits with clinicians.

Element 4: Continued care for Difficult to Control RA

- This would be a monthly payment to support treatment of an RA patient who:
  - has not been able to successfully achieve remission or sustained low disease activity after an initial six month period of treatment following diagnosis; or
  - is being treated with a drug regimen requiring close monitoring and management; or
  - has experienced a significant increase in disease severity; or
  - has developed a new health comorbidity that requires a change in treatment for RA.

Element 5: Continued care for Low Disease activity

- For patients who are in remission or who have had sustained low disease activity following an initial period of treatment, rheumatologists and primary care physicians would be able to bill and be paid for non-face-to-face visits with the patient and for contacts between the patient's rheumatologist and primary care physician, in addition to traditional Evaluation & Management services, in order to enable the rheumatologist and primary care physician to jointly monitor and manage the patient's rheumatoid arthritis on an ongoing basis.

The Biggest Challenges

- What to include in each bundle
- How to properly estimate the cost of the bundle
- The lack of uniformity in the approach to the treatment of the patient
- Drug costs: in or out?
- Submitting data can be fraught. To overcome this barrier the ACR offers the RISE registry to its members

Rheumatology Informatics System for Effectiveness

- Collects data from the EMR
- Provides advanced quality measurement
- Data analytics and medication use
- Is a Qualified Data Registry and therefore fulfills national reporting requirements
- Is provided free to American College of Rheumatology members

Other Challenges

- That 25% (2019) 50%(2021) 75% (2023) of Medicare payments are for qualified patients in the alternative payment model.
  - Although RA is a significant part of a Rheumatology practice only about 30% are Medicare patients (3)

Yazdany, J. et al Rheumatology Informatics System for Effectiveness: A National Informatics-Enabled Registry for Quality Improvement. 2016:68(12), 1866-73.

Other Challenges

- Data from RISE show that there are multiple disease activity measures in use: Rapid 3 (56%), CDAI (36%) are the most common [3]
- However only 55% of clinicians were using any measure [3]

Questions?