Implementation of the Clinical Disease Activity Index to Treat to Target Rheumatoid Arthritis in the Ambulatory Setting

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Introduction: In the recent years CMS has moved away from the traditional fee-for-service to paying physician based on quality of care delivery. Currently in Rheumatoid Arthritis management there is no one standard scoring system to monitor disease activity objectively. We chose the Clinical Disease Activity Index (CDAI) and Simple Disease Activity Index (SDAI) to evaluate in our Rheumatology clinic.

Materials and Methods: Spearman rank and interclass correlation (ICC) were computed between the individual scores. The Kappa agreement and McNemar’s test were conducted for agreement of disease categories. One-way ANOVA was used to test the association between categorized SDAI and CDAI and selected lab variables. The quality analysis of the project was performed with quarterly meetings with rheumatologist and the information technology (IT) department to discuss implementation and data collection.

Results: The “CDAI calculator” was launched on October 2014 by December we achieved a 100% EHR documentation rate. At the baseline pop on CDAI disease activity categories the distribution for Remission, Low, Moderate, and High activity were 43.79%, 31.37%, 15.03%, and 9.8% respectively. The association between CDAI and SDAI scores and categories was found to be very high with ICC and Kappa analysis respectively. Analysis of discordant pairs, meaning CDAI scores that switched classification when converted to SDAI were negligible (p-value 0.4815).

Conclusion: Incorporation of the CDAI into clinical visits was possible with coordination of an interdisciplinary team and the Plan Do Study Act quality methodology. This project would set a model for any rheumatologist that wishes to implement quality measures in their clinical practice in order to comply with the quality care initiative under CMS. On analysis, it was shown that in the absence of a CRP one could still categorize disease activity properly. Currently we are working on further analysis to prove that the use of the CDAI will display treat to target goals in RA management.

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