

The 29th Annual Conference of Continuing Medical Education (ACCME) 2004 – January 21-24 – Atlanta, Georgia

Paradigms of Chronic Care Treatment and Management: A Behavioural Needs Analysis of the Treatment Paradigm for Rheumatoid Arthritis

Authors: S. Hayes, S. Murray, L. Cochrane, A. Tsoulhas, B. Boose (AXDEV Group Inc., AXDEV Global, Abbott Laboratories Limited)

Abstract

TITLE: Paradigms of Chronic Care Treatment and Management: A Behavioural Needs Analysis of the Treatment Paradigm for Rheumatoid Arthritis

AUTHORS: Sean Hayes, PsyD, AXDEV Group, Brossard, QC
 Suzanne Murray, AXDEV Group, Brossard, QC
 Lorna Cochrane, PhD, AXDEV Global, Norfolk, VA
 Anna Tsoulhas, Abbott Laboratories Limited, Pointe-Claire, QC
 Bonnie Boose, Abbott Laboratories Limited, Pointe-Claire, QC

PURPOSE: Behavioural needs assessments derived in educational and psychological research are uniquely suited for research regarding the perceptions, skills, attitudes, and clinical behaviours of medical professionals. Such analysis is critical to a deeper understanding of the paradigms of care involved in the treatment and management of complex disorders, such as Rheumatoid Arthritis - a chronic, non-fatal disease.

METHODS: Effective evaluation of physician practice attitudes and behaviours incorporates both qualitative and quantitative methodologies, through a process of triangulation [Patton, 1990]. Triangulation is defined as a powerful research design that strengthens the research by using several kinds of methods, different data sources, and collects data at different times. Because each method reveals different aspects of empirical reality, multiple methods of observations must be employed, termed triangulation.

RESULTS: Utilizing this methodology, a National Needs Assessment on the screening, diagnosis, treatment, and management of Rheumatoid Arthritis among Canadian rheumatologists was conducted. The results indicated the following issues as primary themes of essential importance to rheumatologists:

- (a) The critical value of early recognition and referrals for Rheumatoid Arthritis
- (b) The challenges accessing appropriate pharmacological treatments and resources
- (c) The significant gaps in the management of the chronic care patient
- (d) The need to counter multiple myths and stereotypes among health care providers and patients

Moreover, the findings offered insight into the distinct psychological and professional profiles of Rheumatology patients and rheumatologists, providing direction as to how to better support their unique relationship.

CONCLUSIONS: Utilization of the rigor and value of triangulation methodology can yield findings that provide a depth of understanding of physicians needs, behaviours, and perceptions. This study offered valuable information regarding the paradigm of care in which rheumatologists are increasingly required to practice. There is a need to move to a chronic care model of care, using Rheumatologists to mentor GPs and other healthcare providers and for rheumatologists to take a leadership role in proselytizing the personal and professional value in this therapeutic area.

An unrestricted educational and research grant from Abbott Laboratories Limited, and AXDEV Group Inc.

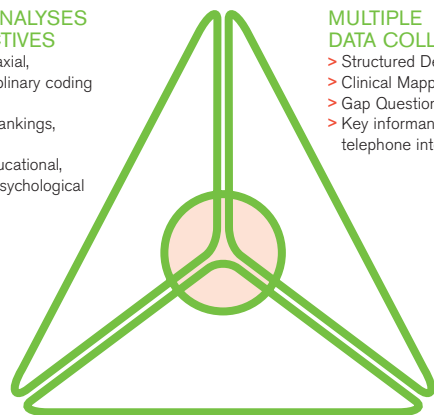
Methodology

MULTIPLE ANALYSES & PERSPECTIVES

- > Categorizing, axial, and multidisciplinary coding
- > Gap analysis
- > Frequencies, rankings, and means
- > Marketing, Educational, Medical and Psychological

MULTIPLE DATA COLLECTION

- > Structured Democratic Panel
- > Clinical Mapping
- > Gap Questionnaire
- > Key informant telephone interviews



MULTIPLE SOURCES

- > Literature review & monographs
- > Representative sample of Rheumatologists (N=10)

Objectives

- 1 Identify **knowledge, attitudes, and behaviours** of Rheumatologists
- 2 Assess **gaps** in their knowledge and behaviours
- 3 Identify learning and practice **needs**
- 4 Prioritize proposed topics and issues
- 5 Identify formats for learning

Results

PROFILES

Rheumatologists are:

- > Investigative
- > Patient
- > Think long-term
- > Holistic in their approach
- > Focused on small goal attainment
- > Isolated
- > Emphasize QOL – their own and their patients
- > Are proactive on behalf of their patients

"We are interested in science or basic science. We must know respirology, medicine, pharmacology, motor systems, infections, and connective diseases. We don't know everything because nobody out there knows it either. It is just part of the game. And that's OK"

"Geriatrics and Rheumatology have to be the two professions in which there is least positive feedback. We are all dealing with chronic disease that is not going to go away and you don't develop patients, you develop friends."

REFERRALS

"Some have RA, fibromyalgia, or non specific joint pain, but they are all lumped up into the same waiting list because we don't have a better way of identifying them."

"Sometimes we are lucky that the GP did a good job and did all the essentials. An X-ray report, etc."

"What we need from GPs, is to refer the patient immediately to the rheumatologist to confirm the diagnosis and to start therapy ASAP. That is the message we need to send to the GPs."

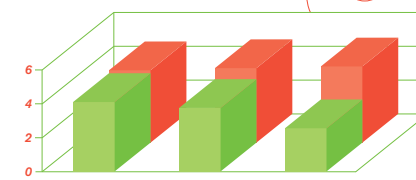
"Patients come with pain, treatment has not worked or they (GPs) don't really know what is going on, don't have the time to do a proper assessment so they refer them for blood work or consultation or both."

GPs DIAGNOSING RA

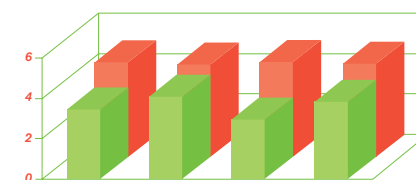
GPs struggle in diagnosing RA because:

- Based on clinical assessment / judgment
- > No objective measures (e.g. lab tests)
- > Diffuse / systematic disease
- > Knowledge gaps in joint evaluation
- > Uncomfortable with medications
- > Uncomfortable treating pain
- > Baseline is low

GAPS



TREATMENT	Current	Desired	Gaps
Treatment Response	4.11	4.25	0.13
Treatment Restrictions	3.78	4.44	0.66
Narcotics Dependence	2.56	4.56	2.0



PHARMACOLOGICAL	Current	Desired	Gaps
Analgesics	3.44	4.67	1.23
Corticosteroids	4.11	4.56	0.45
Non-Pharmaceutical	3	4.67	1.67
Contraindications	3.89	4.56	0.67

BIOLOGICS

"Nurses are training our patients to give themselves injections. The self injections are very good for the biologics but some of my patients have been told they have to flush the toilet twice. They can't use the same utensils as anyone else in the family. They have been told all these very bizarre things. So you have to do a lot of demystifying about their current prescriptions, the dosages..."

INJECTIONS MYTHS & STEREOTYPES

- > Work the same everywhere on body
- > Very painful
- > Limited number per year
- > Limited number in lifetime
- > Destroy bones
- > Risk of infections
- > Unsafe during pregnancy

Conclusions: A New Paradigm of Care for RA

- 1 Compared to other specialists, rheumatologists have a distinct profile and differentiate themselves in their approach to treatment because of the nature of RA and RA patients
- 2 Rheumatologists face a major challenge in their interaction with family physicians who struggle with recognizing RA early enough to benefit from timely initiation of treatment and prevent further physical damage to their patients
- 3 The management of RA patients by rheumatologists was reported as the biggest gap in their practice. They have difficulties managing their patient's stress associated with this chronic disease. They also have difficulties managing patient expectations and empowering their patients to be active in their treatment. Rheumatologists did not report gaps in their own assessment, diagnosis and treatment of RA
- 4 Rheumatologists acknowledge their own challenges in assessing appropriate resources, management of special access to Biologics, and long-term chronic care patient stress issues
- 5 Because of the small number of rheumatologists practicing in Canada, they are somewhat isolated and experience difficulties positioning themselves within the medical community. They desire to and need to associate themselves with larger groups of specialists if they wish to obtain more visibility and a bigger share of medical resources

Unrestricted educational research grant from Abbott Laboratories Limited