

# TRACTION Learning Collaborative

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Monthly Webinar A

March 10<sup>th</sup>, 2021



# Agenda

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1. A Look Forward at the Final Month of Learning Collaborative
2. Discussion of Medications in Treat to Target
3. Discussion of New PDSAs
4. Data Review



# Medications in Treat to Target

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1. Do you recommend any specific DMARD sequences?
2. When patients are **not** at target, do you always switch mechanisms, or do you add conventional synthetic DMARDs?
3. How do you use glucocorticoids in TTT?



# New PDSAs

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# University of Iowa (March)

Title: Decreasing Steroid Burden in Chronic Steroid RA Patients

PLAN
<p><b>What is the objective for this cycle?</b></p> <p>During November and December 2020, we identified a very high proportion of our RA patients (~40%) being on chronic steroids (defined as &gt;1 month use without an intention to taper/decrease by the next visit). We wanted to improve our awareness of chronic steroid use in RA patients and pro-actively discuss tapering and/or discontinuation of steroids in the long-term.</p> <p><b>What do you predict will happen?</b></p> <p>We predict that we will discuss chronic steroid use in ~25% of our chronic steroid users.</p> <p><b>What is the plan for the cycle? What are the steps to execute the cycle, including data collection (who, what, where, when)?</b></p> <p>Each team member will track chronic steroid use in the RA patients and add documentation to their note which tracks steroid use in addition to DMARDs. Each team member will document their discussion with their patient regarding tapering/discontinuation of steroids.</p>

DO
<p><b>Carry out the cycle. What did you observe? Include descriptions of successful encounters, problems, and other special circumstances that may or may not have been part of the plan.</b></p> <p>In January 2021, in a sample of RA patients submitted for monthly webinar, we identified 5 patients on chronic steroids and the provider documented a discussion re chronic steroid use in 3/5 (60%). In February 2021, we identified all RA patients on chronic steroids amongst our TRACTION rheumatology team and we found an improvement in documentation to address chronic steroid use (74%).</p>
STUDY
<p><b>Summarize and analyze the observed results. What did you learn from this cycle?</b></p> <p>Our team members are more aware of chronic steroid users and are actively addressing chronic steroid use in their notes.</p> <p><b>Do the results agree with the predictions you listed in the “Plan” phase? (circle one)</b></p> <div><div>Yes</div><div>No</div></div>
ACT
<p><b>What action are you going to take as a result of this cycle? (circle one)</b></p> <div><div>Expand the Test</div><div>Adapt the Test</div><div>Abandon the Test</div></div> <p><b>Plan for the next cycle. What changes are needed? If expanding or adapting, what will you do to continue your learning while beginning to spread the successes?</b></p> <p>We will continue to emphasize the need to identify and address chronic steroid users in our RA population to improve further from the currently achieved rate of 60-74%. By having each individual team member review their RA patients for chronic steroid use, we hope that this leads to further improvement over time.</p>



# ARA Glendale (February) – Follow Up

Title: Tracking shared decision-making pertaining to the patient’s RA treatment goal

## PLAN

### What is the objective for this cycle?

To continue documenting the patient’s RA goal and the shared decision making agreed upon to reach that goal, but will also continue to discuss with the patient that the CDAI will be used as a disease activity measurement and note this in the shared decision-making area of the impression.

### What do you predict will happen?

That more charts than last cycle will have CDAI documented as part of the shared decision making as we already did this last month but wanted to improve the percentage of patients this was discussed with and number of charts with it charted.

### What is the plan for the cycle? What are the steps to execute the cycle, including data collection (who, what, where, when)?

To ask the patient what their goal of RA treatment is and the plan on how to get there based on shared decision making with the patient. CDAI will be discussed as part of the shared decision making, explaining to the patient it will be used to measure their disease activity.

## DO

Carry out the cycle. What did you observe? Include descriptions of successful encounters, problems, and other special circumstances that may or may not have been part of the plan.

A higher percentage of charts compared to last cycle had CDAI documented as the way we will measure the patient’s disease activity as part of shared decision making. This was the expected and intended outcome as we already did this last cycle, but wanted to improve on the percentage. There were not any standout problems and discussing this with the patients during their visits was quite successful.

## STUDY

Summarize and analyze the observed results. What did you learn from this cycle? 96% of charts had it documented that CDAI was discussed with the patient as the way we will measure disease activity in the shared decision-making section of the patients’ goal for RA treatment. Last cycle this was only 48%. Do the results agree with the predictions you listed in the “Plan” phase? (circle one)

Yes

No

## ACT

What action are you going to take as a result of this cycle? (circle one)

Expand the Test

Adapt the Test

Abandon the Test

Plan for the next cycle. What changes are needed? If expanding or adapting, what will you do to continue your learning while beginning to spread the successes?

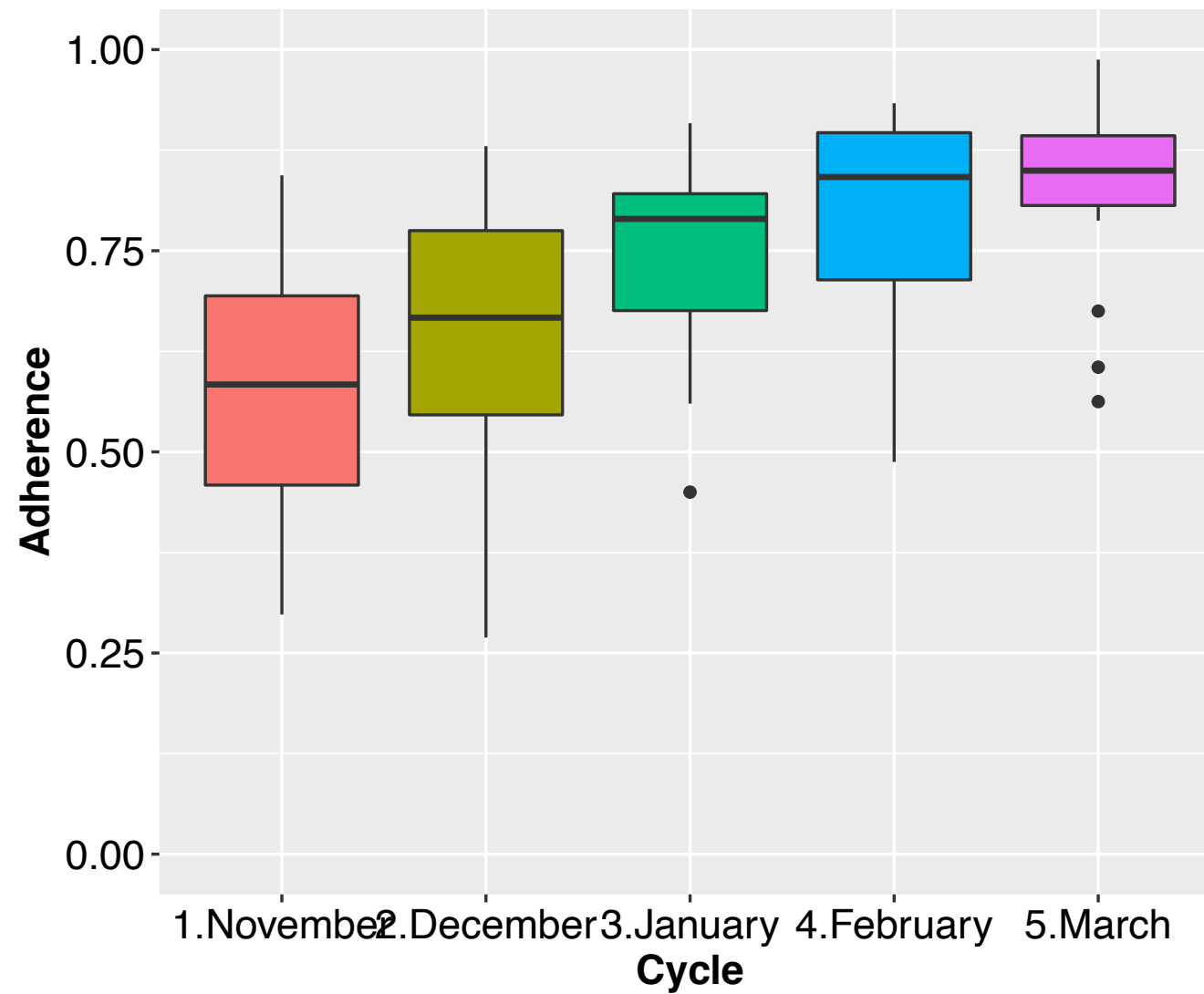
The plan for cycle 6 is to discuss and document all of the points implemented in previous cycles: goal of RA treatment, target, shared decision making to reach that goal, and that CDAI will be used to measure disease activity.



# Data Visualizations and Month to Month Comparisons

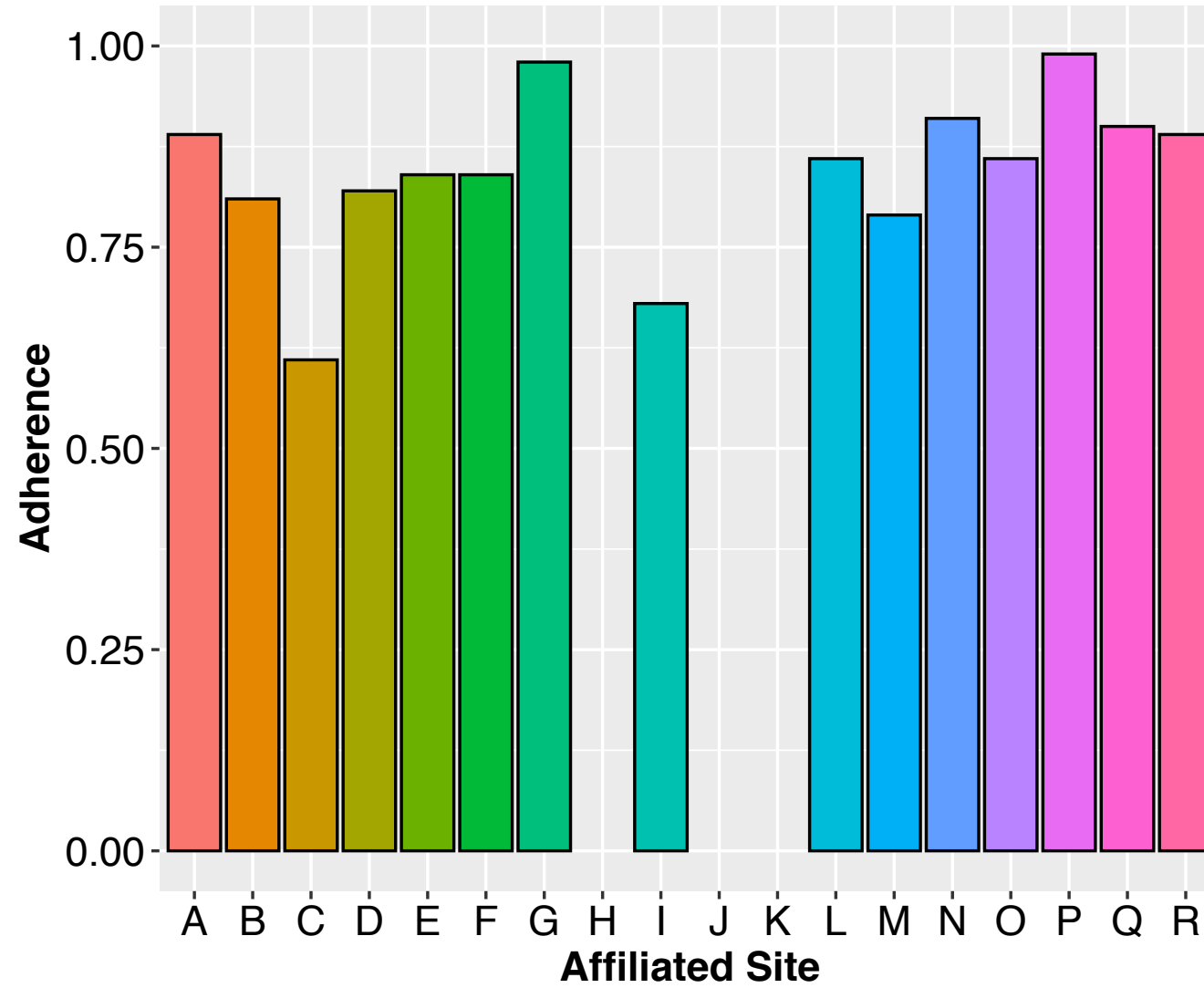


**Median Adherence Across All Sites by Month**





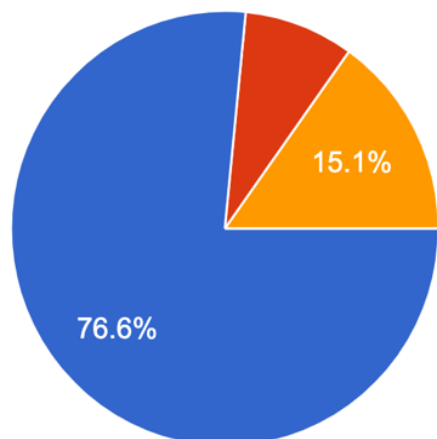
**Adherence by Site for March Webinar**



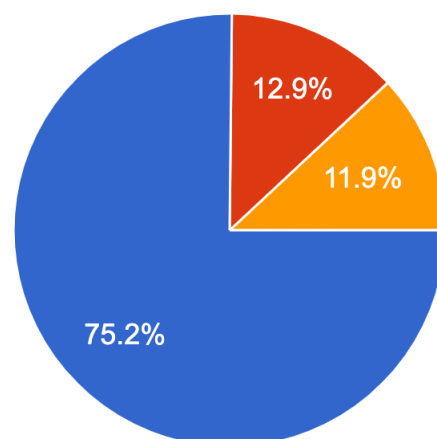


# Was This Visit Conducted In-Person or Virtually?

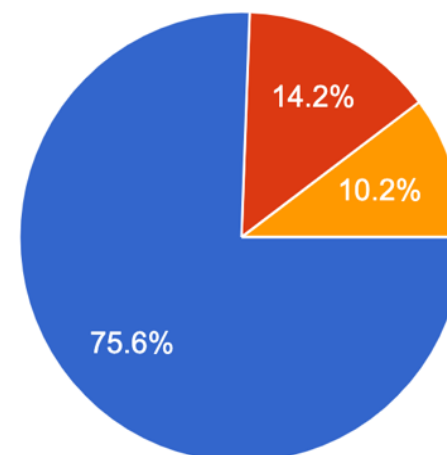
December



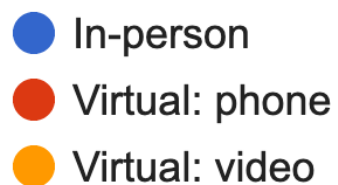
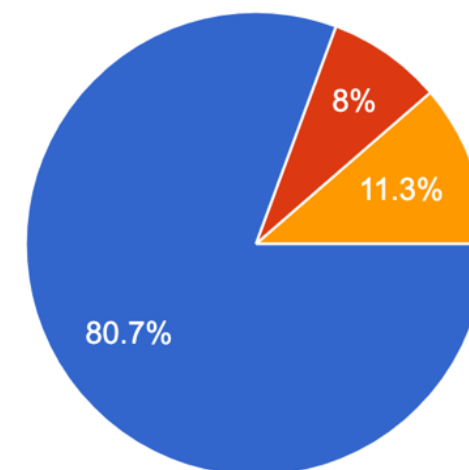
January



February

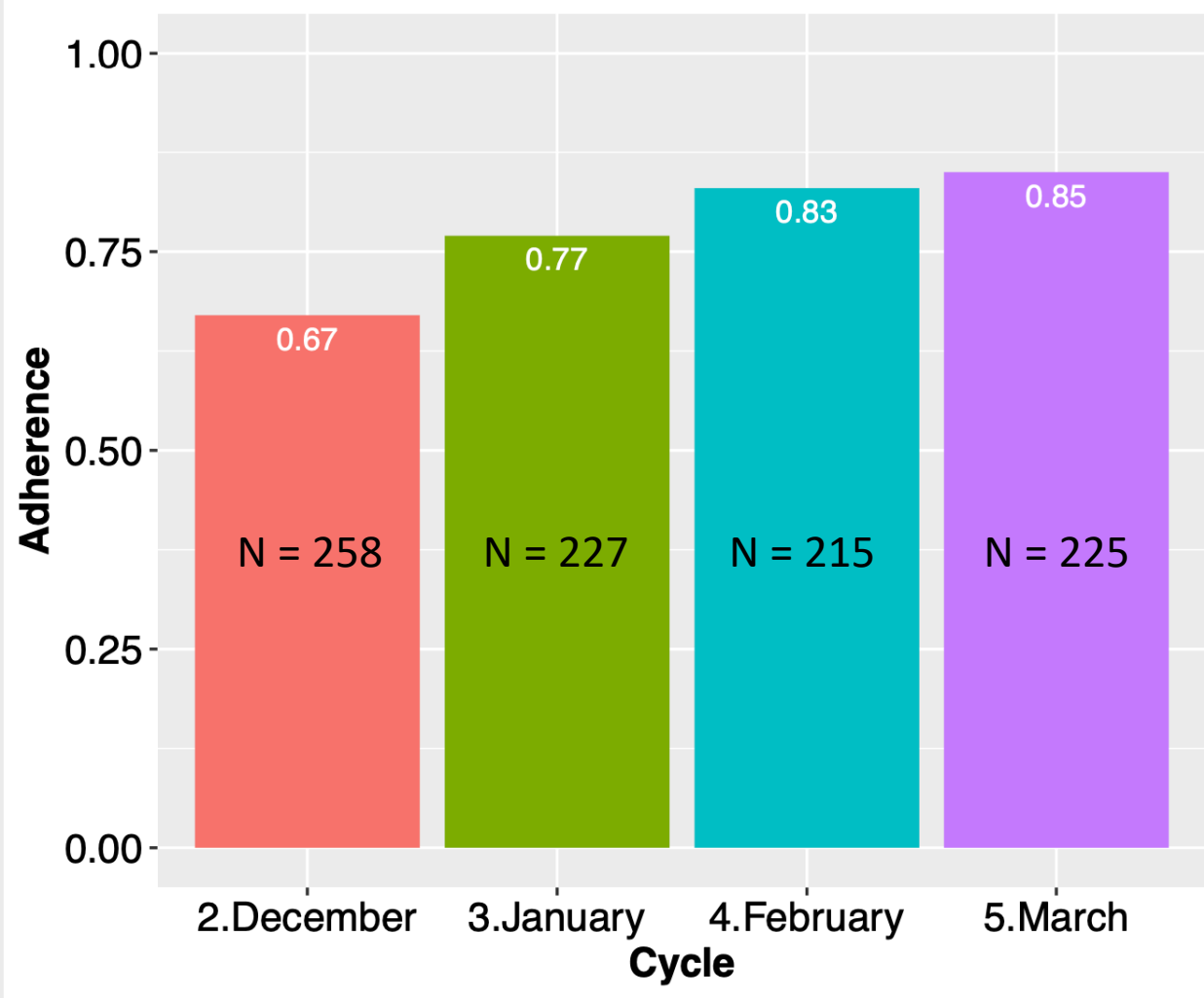


March

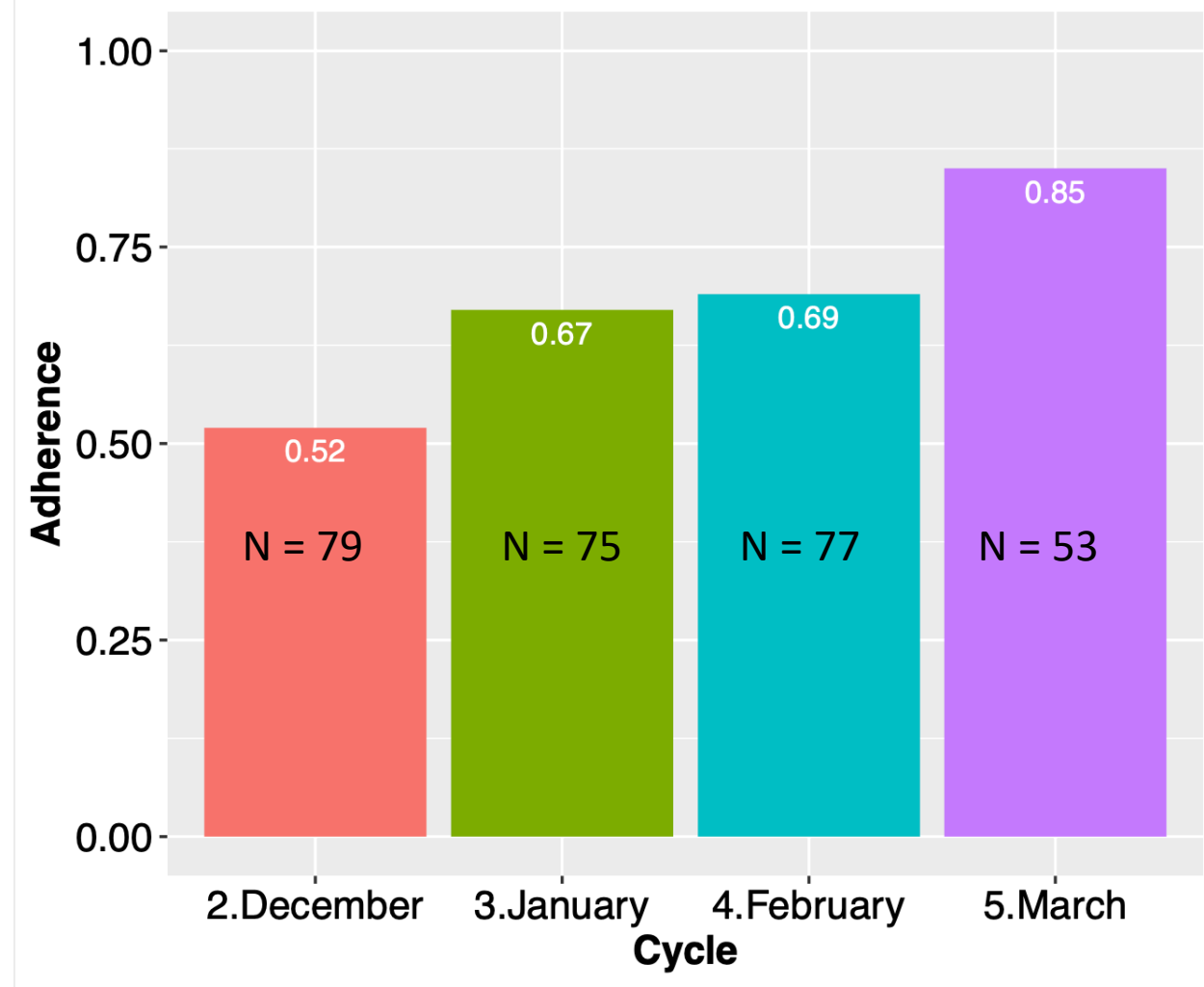




**Adherence for In-Person Visits**



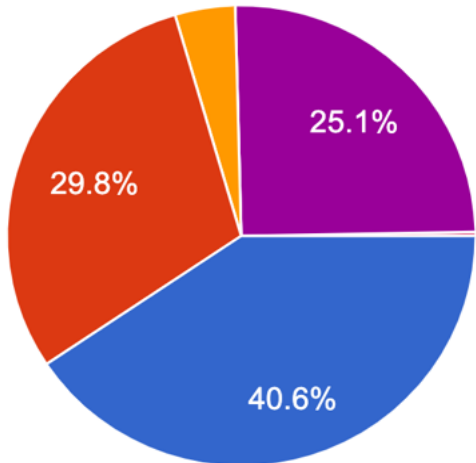
**Adherence for Virtual Visits**



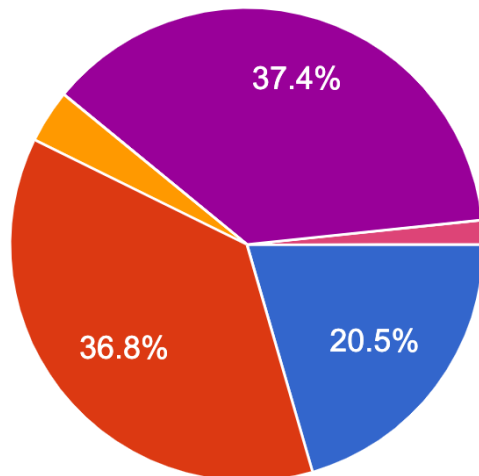


# Does the note mention a disease activity?

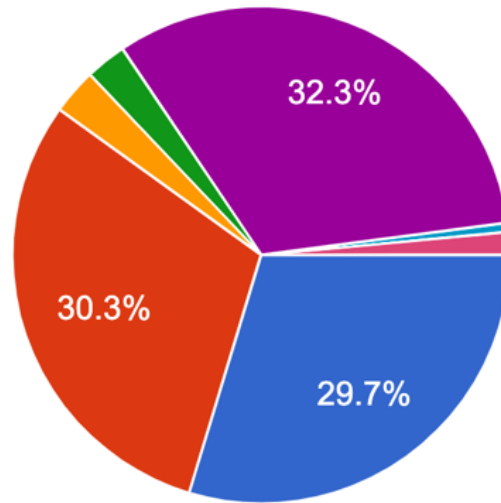
November



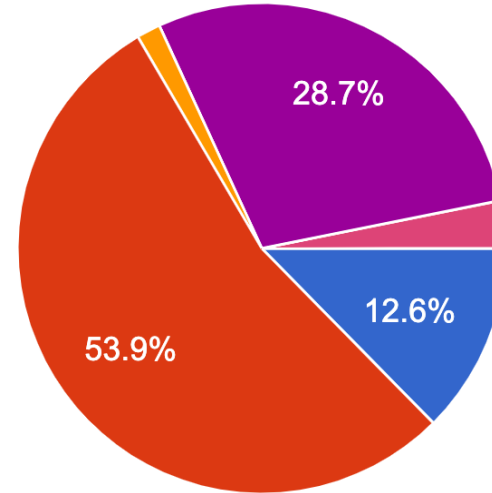
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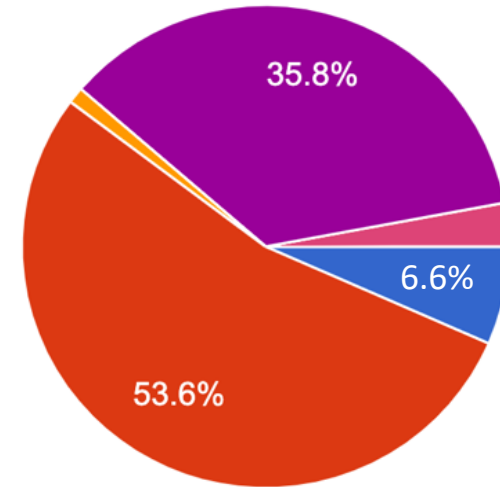
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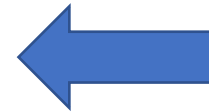
February



March



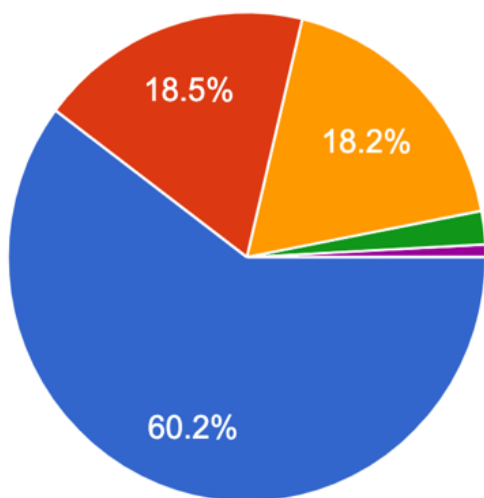
- None
- CDAI
- DAS28
- MDHAQ
- RAPID3
- SDAI
- JDAS



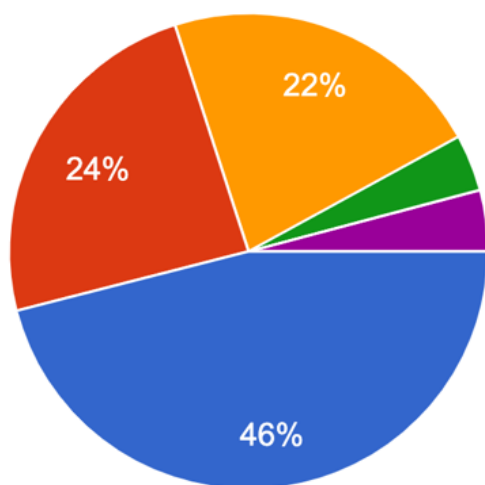


# Is There a Treatment Target Noted?

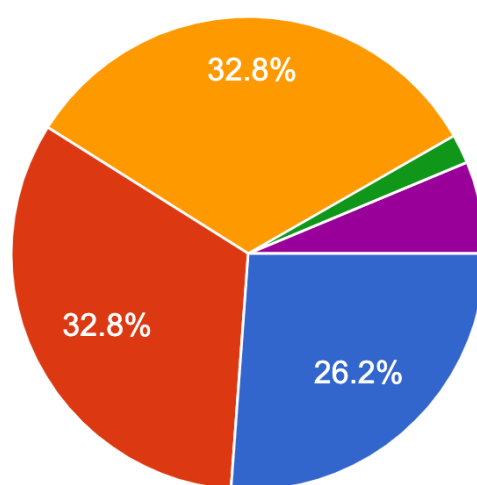
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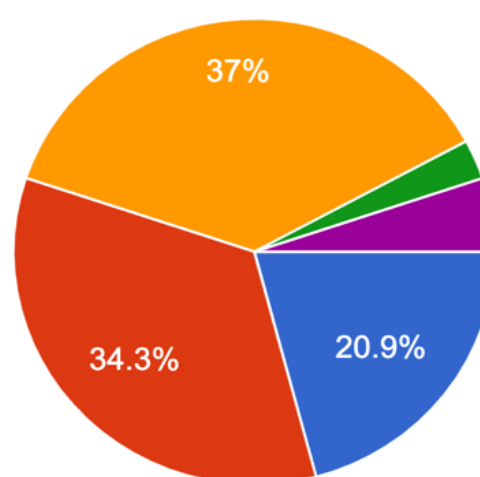
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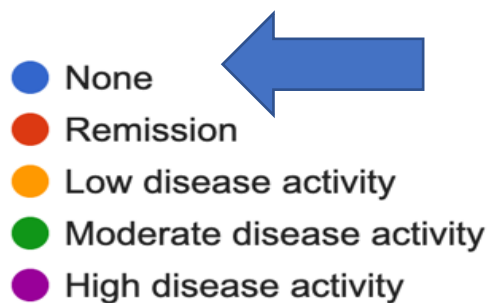
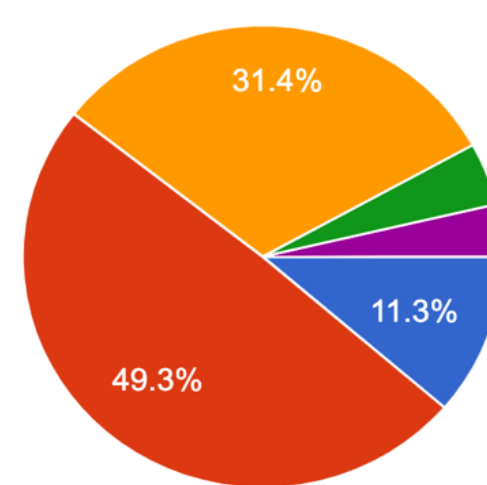
January



February



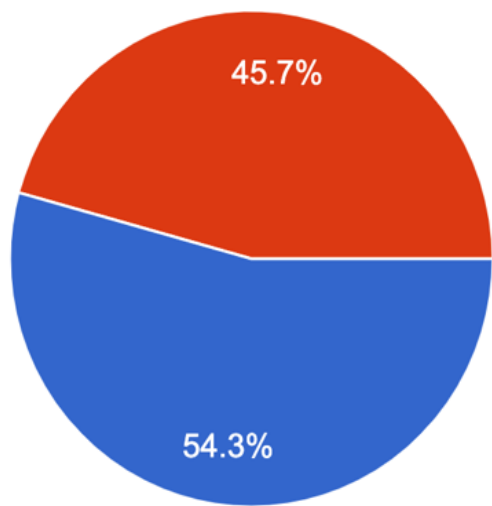
March



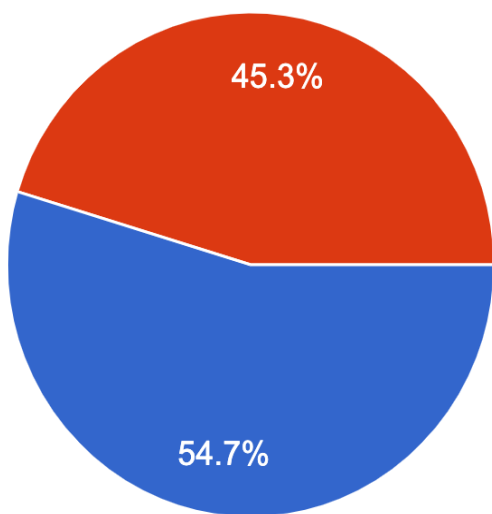


# If the Patient Is Not at Target, Was There a Change in Treatment?

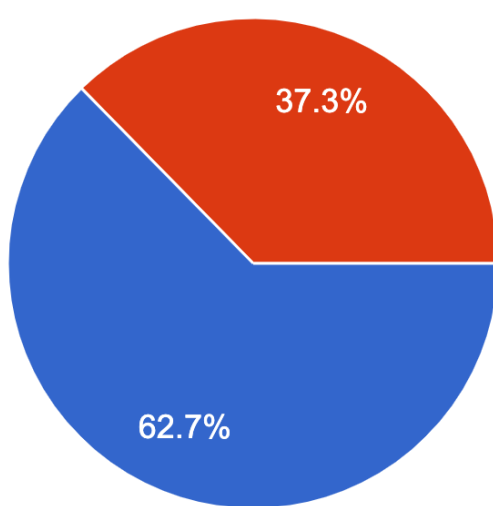
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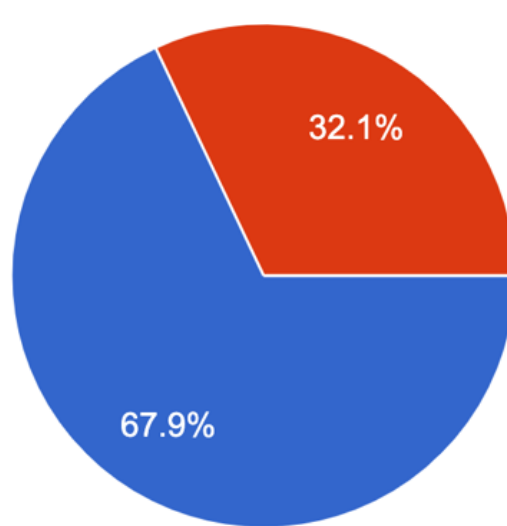
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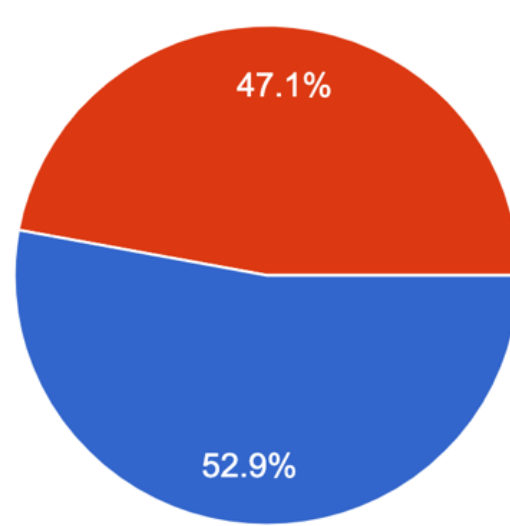
January



February



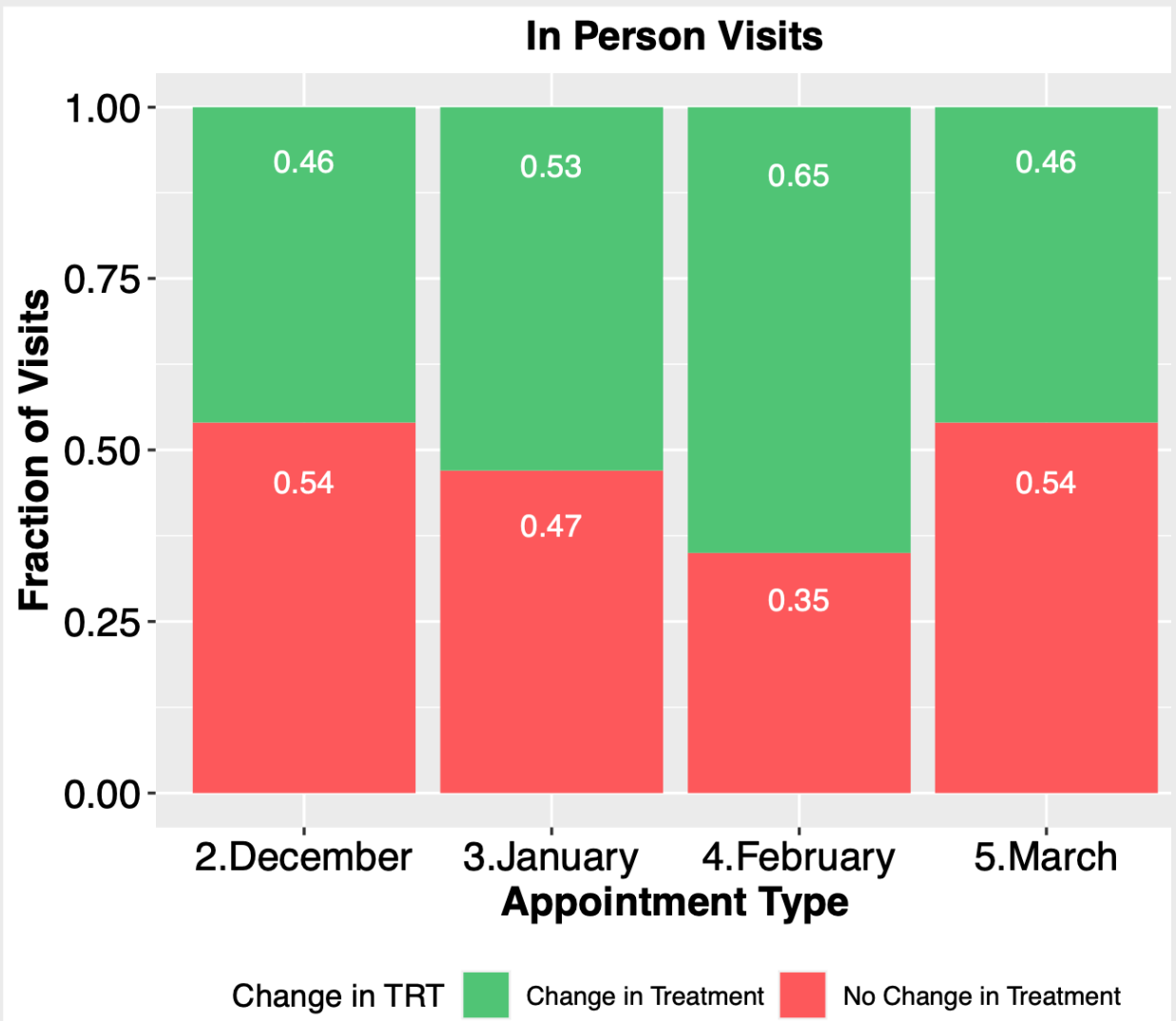
March



● Yes  
● No

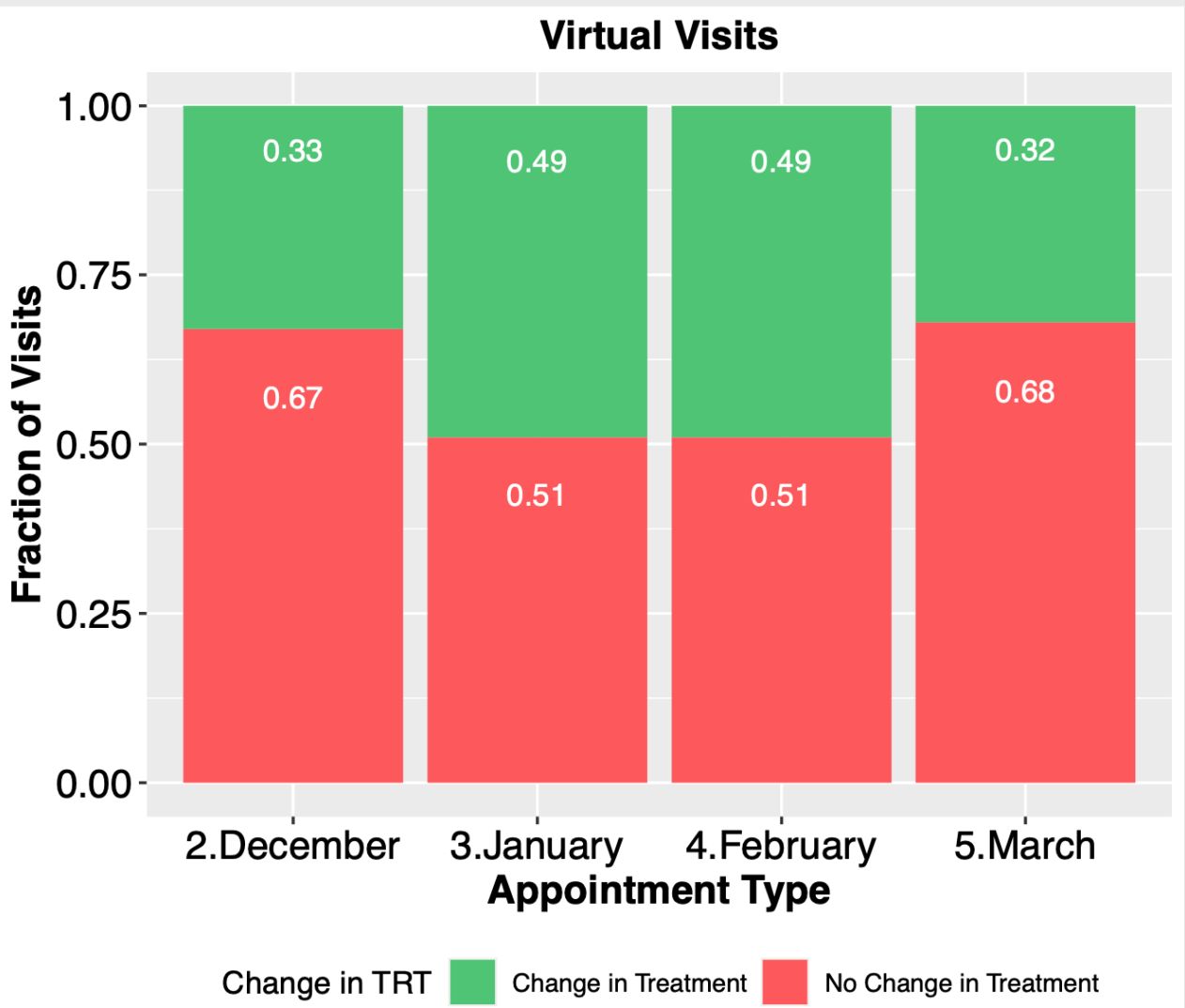


# Change in Treatment for Patients Not At Target



**In Person Visits: Patients Not At Target**

December	January	February	March
195	143	138	123



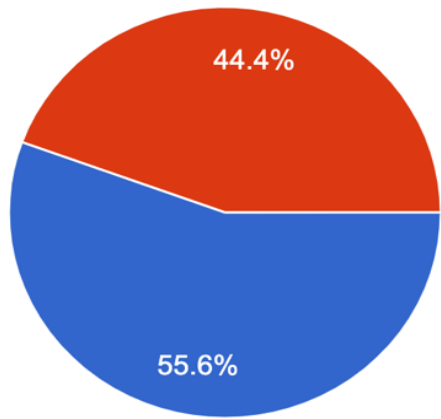
**Virtual Visits: Patients Not At Target**

December	January	February	March
63	45	47	28

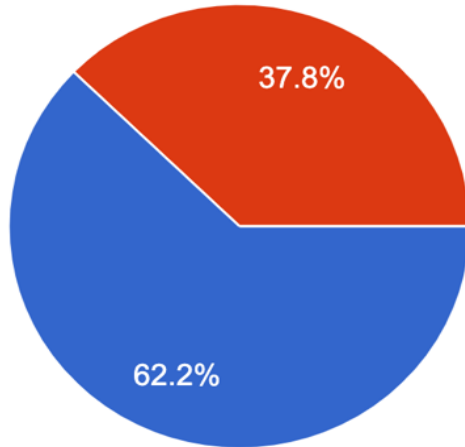


# If a Decision About Treatment or Treatment Target Was Made, Is There Evidence of Shared Decision Making?

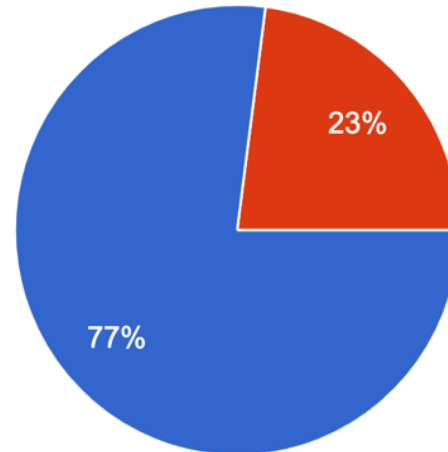
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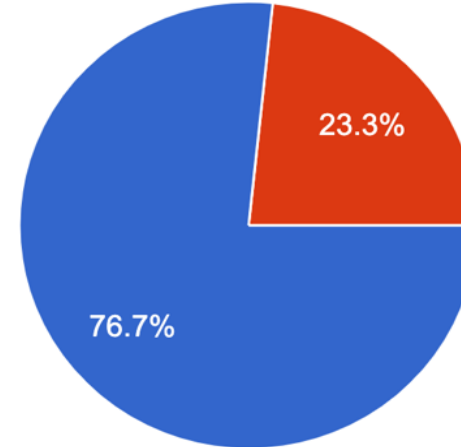
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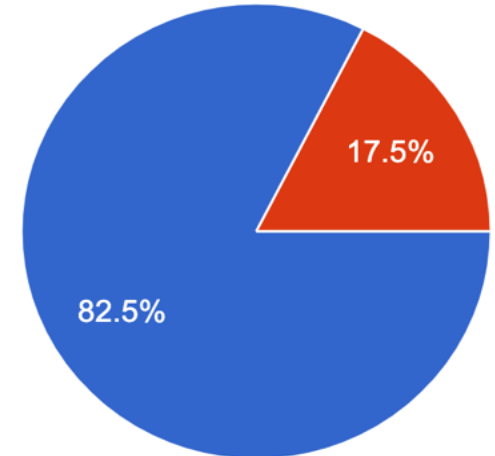
January



February



March

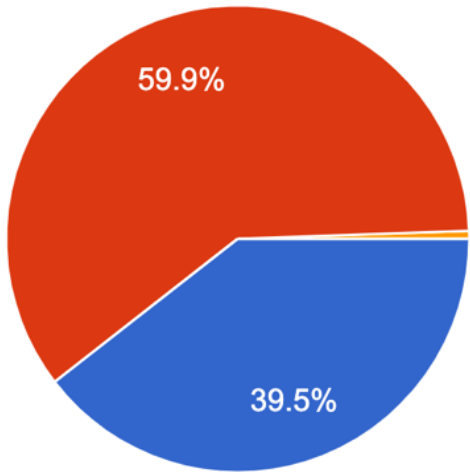


● Yes  
● No

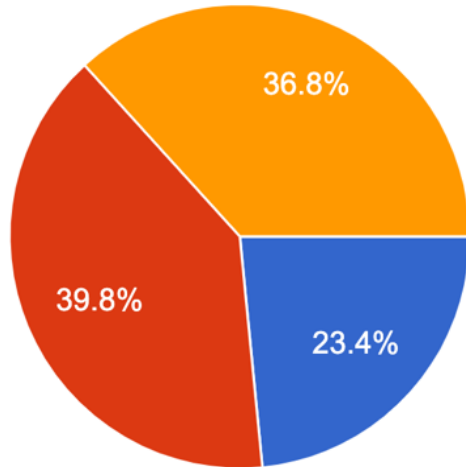


# Is the Patient at Target?

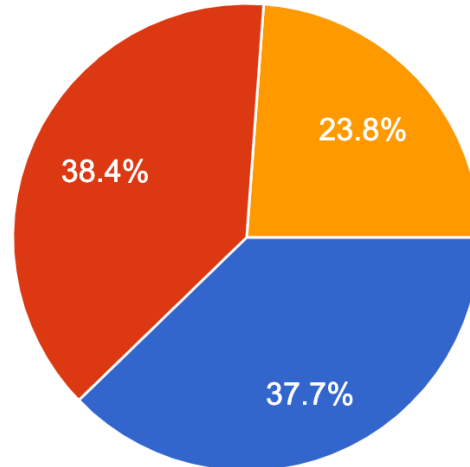
November



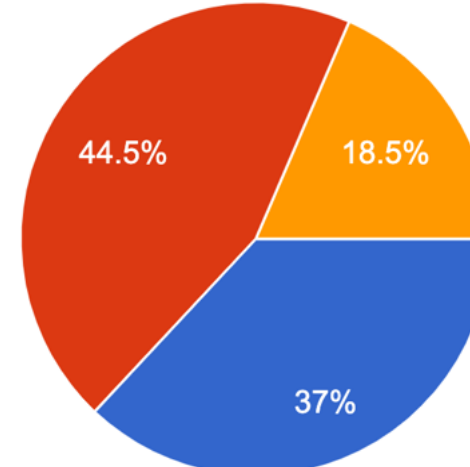
December



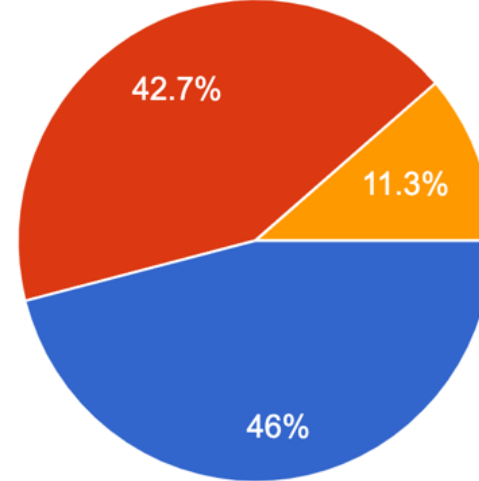
January



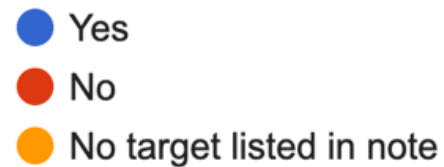
February



March



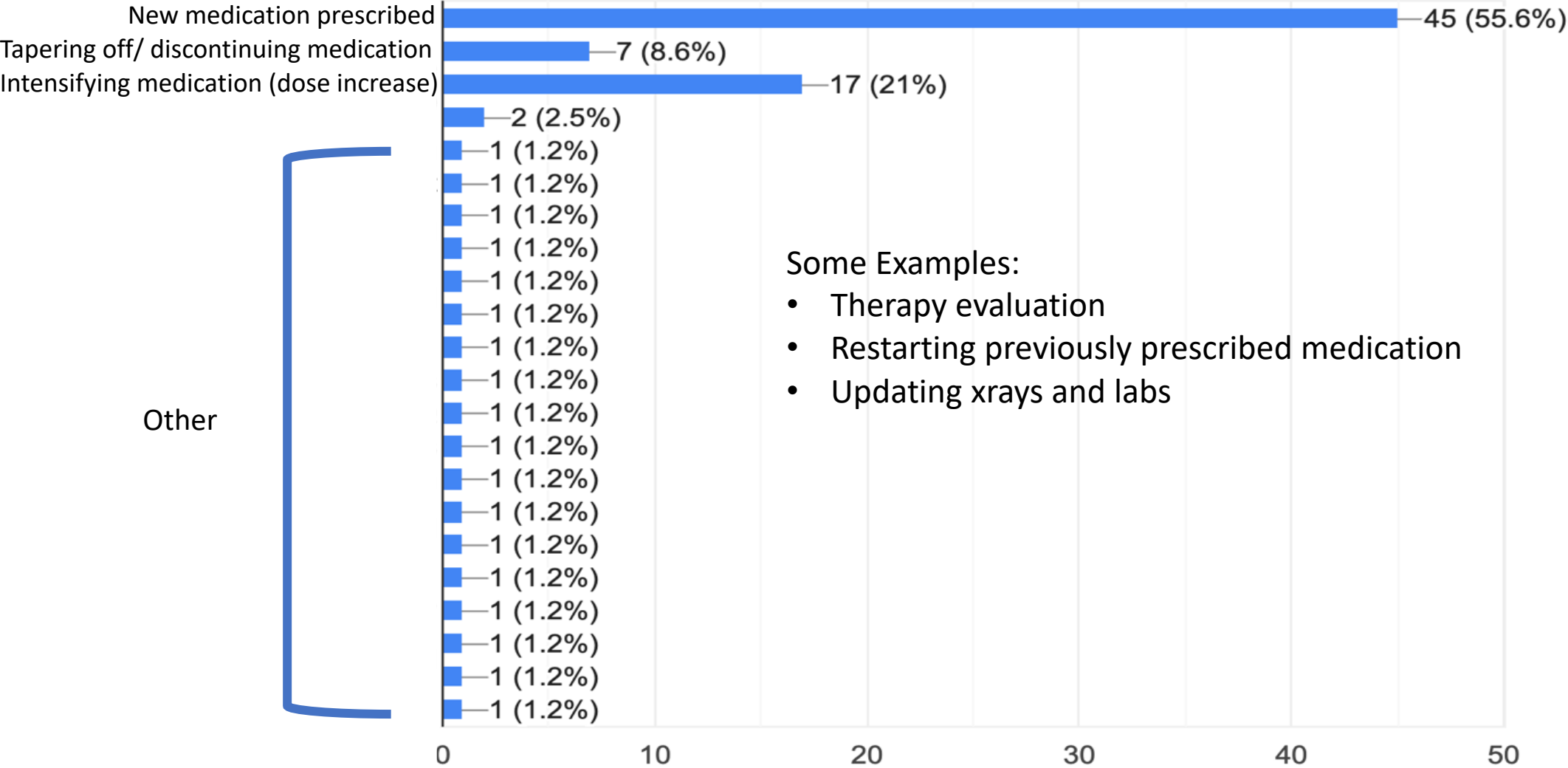
\*Option for “No target listed in note” added in December webinar





If there was a treatment change noted, please select all that apply.

81 responses



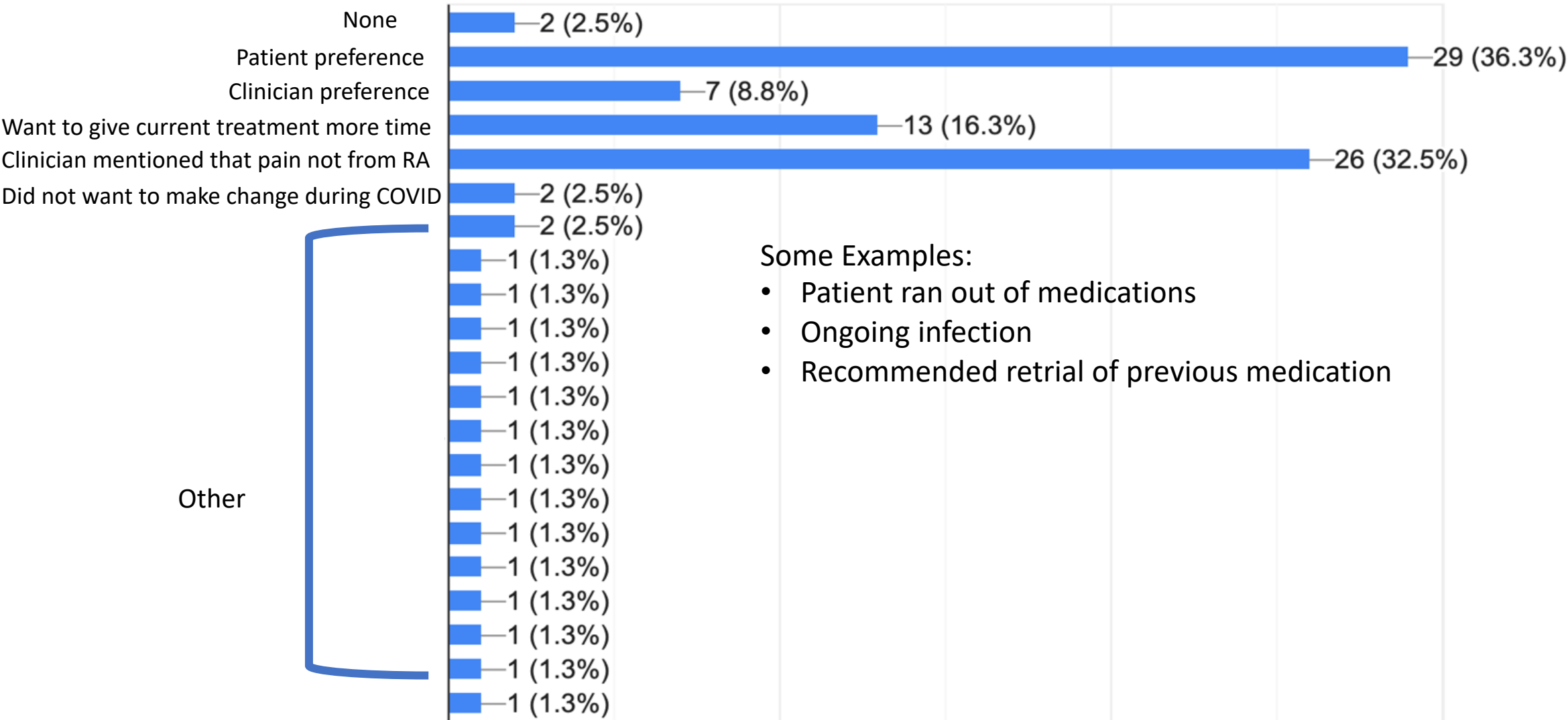
Some Examples:

- Therapy evaluation
- Restarting previously prescribed medication
- Updating xrays and labs



If NOT at target and NO treatment change was recorded, is there a reason noted for this?

80 responses



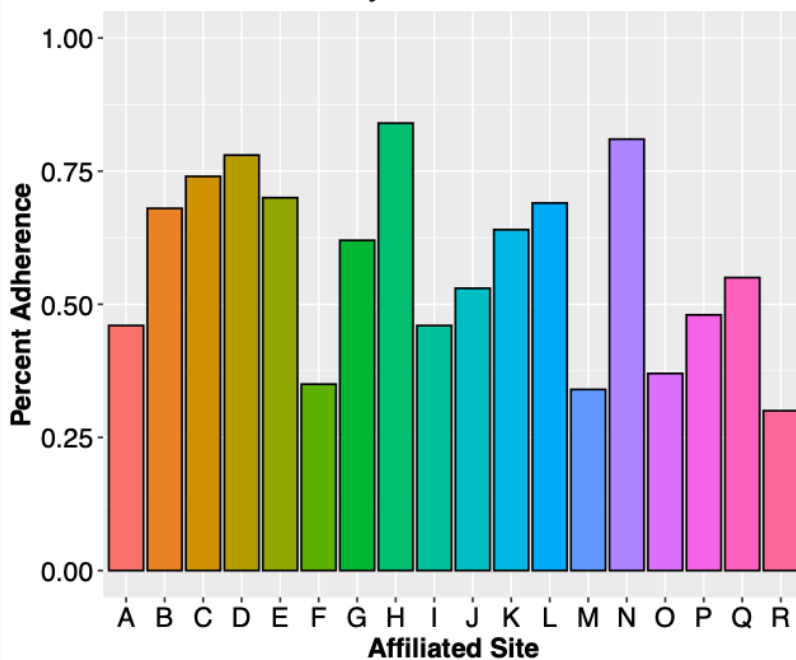
- Some Examples:
- Patient ran out of medications
  - Ongoing infection
  - Recommended retrial of previous medication



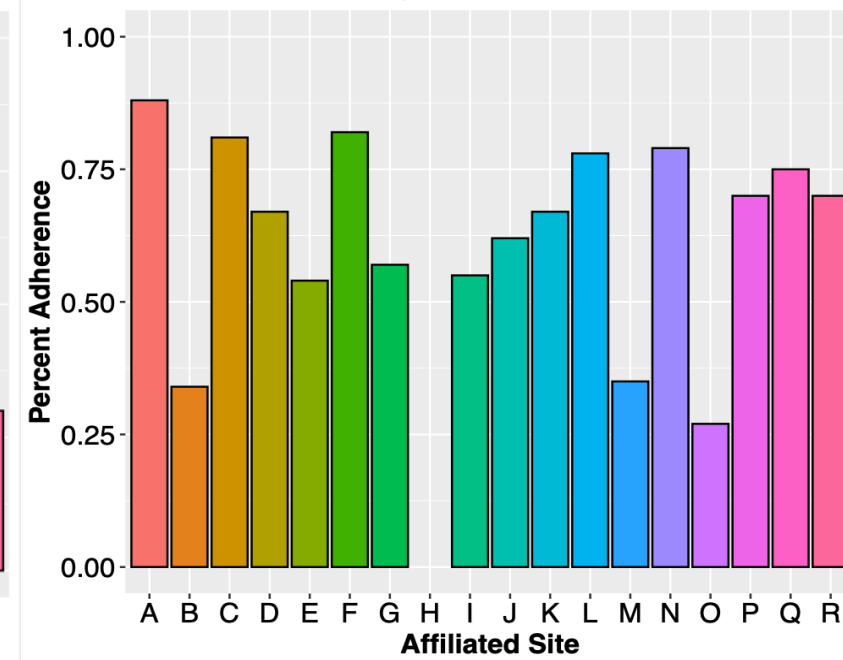
# Adherence Breakdown Comparisons



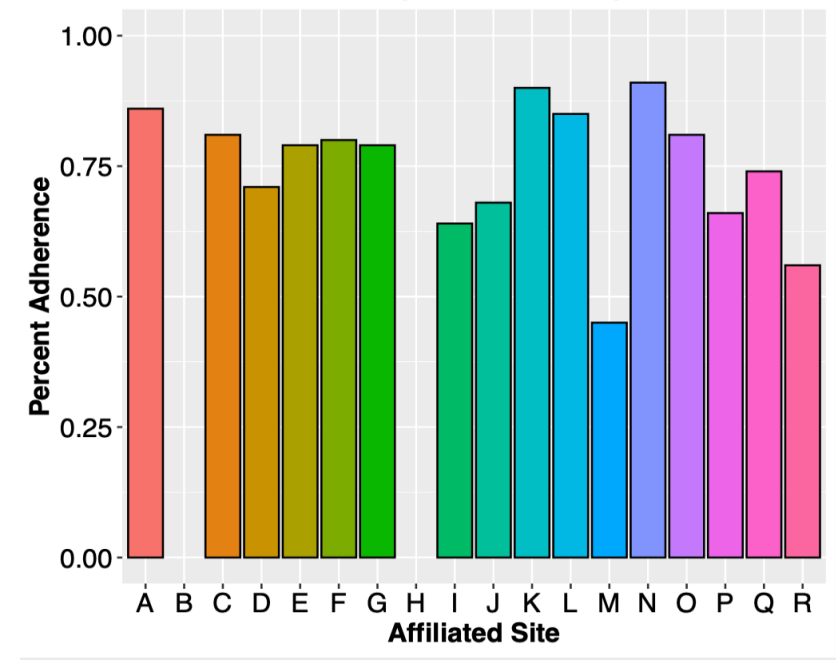
**% Adherence by Site for November Webinar**



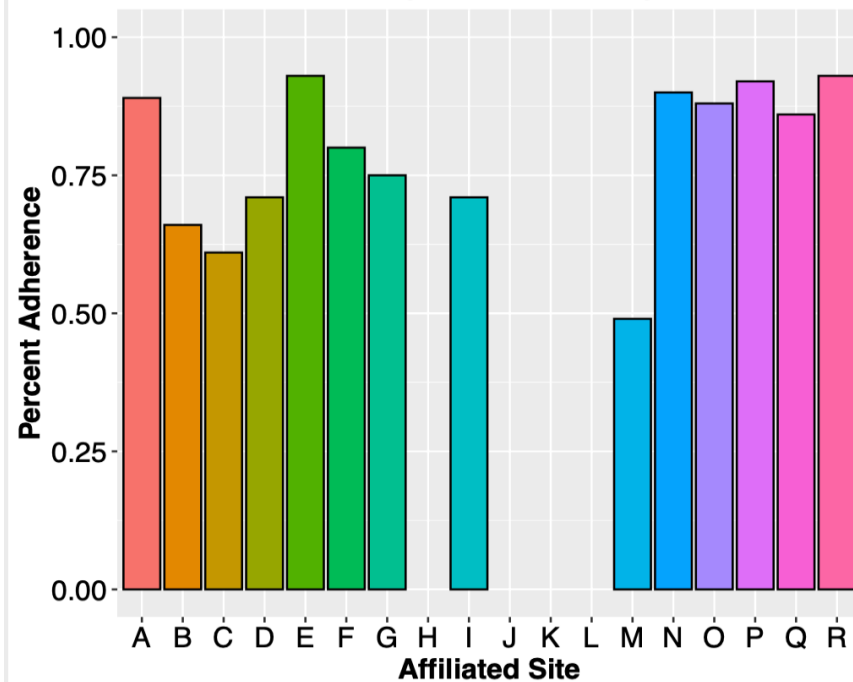
**% Adherence by Site for December Webinar**



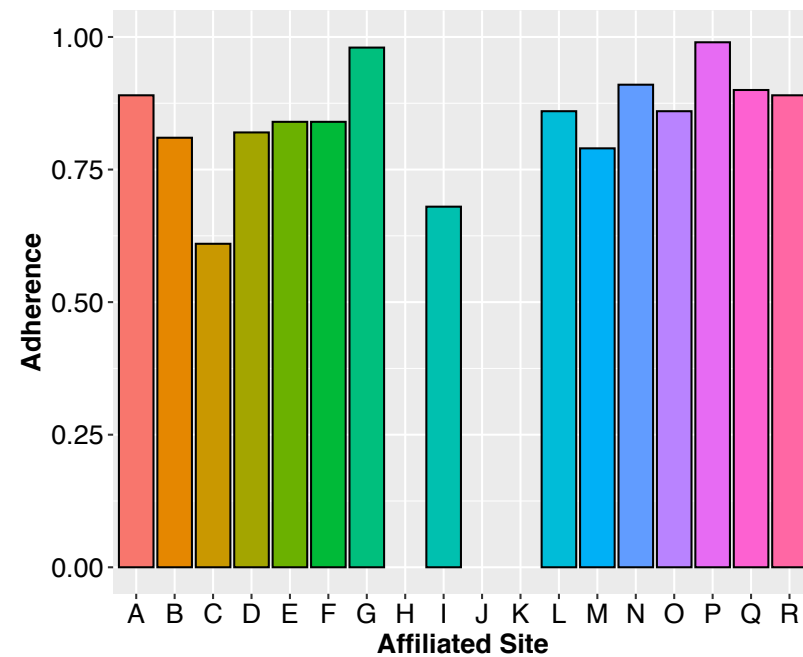
**% Adherence by Site for January Webinar**



**% Adherence by Site for February Webinar**

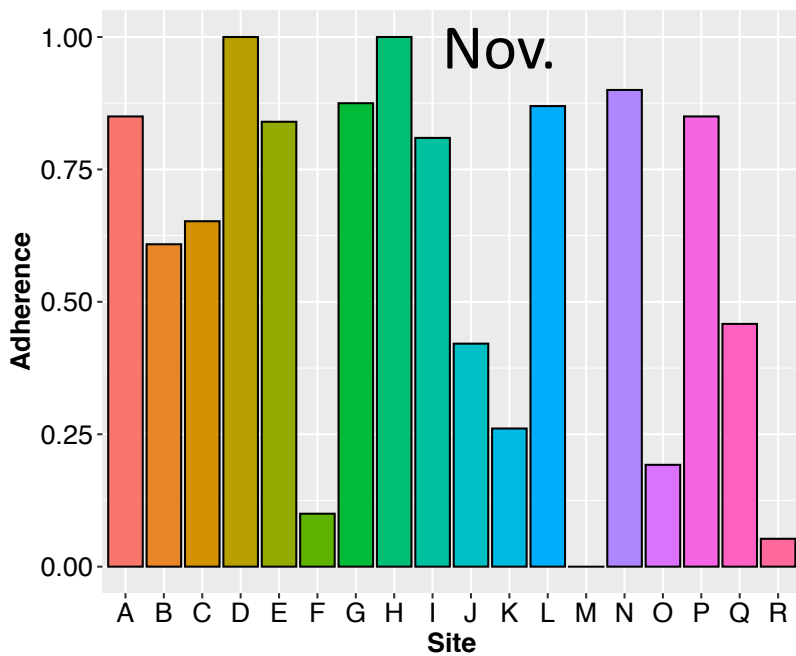


**Adherence by Site for March Webinar**

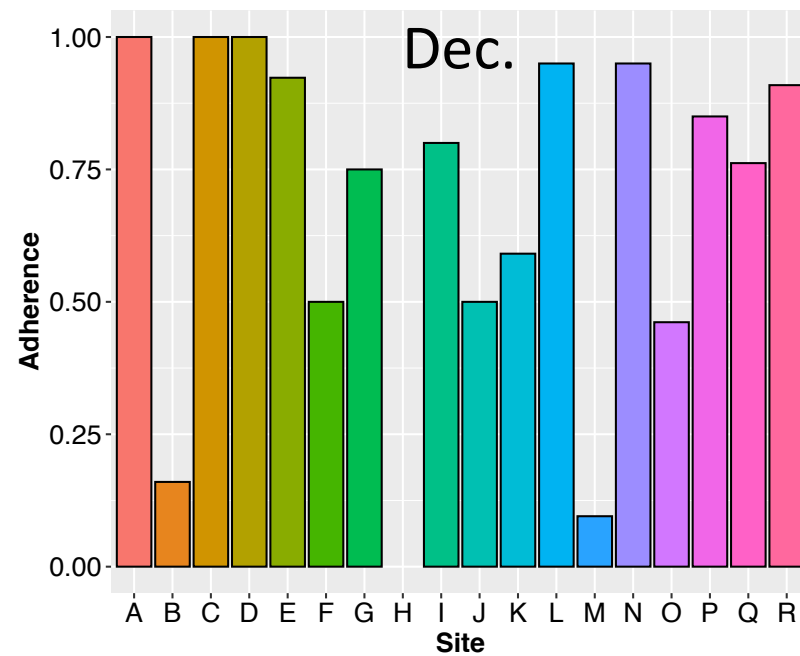




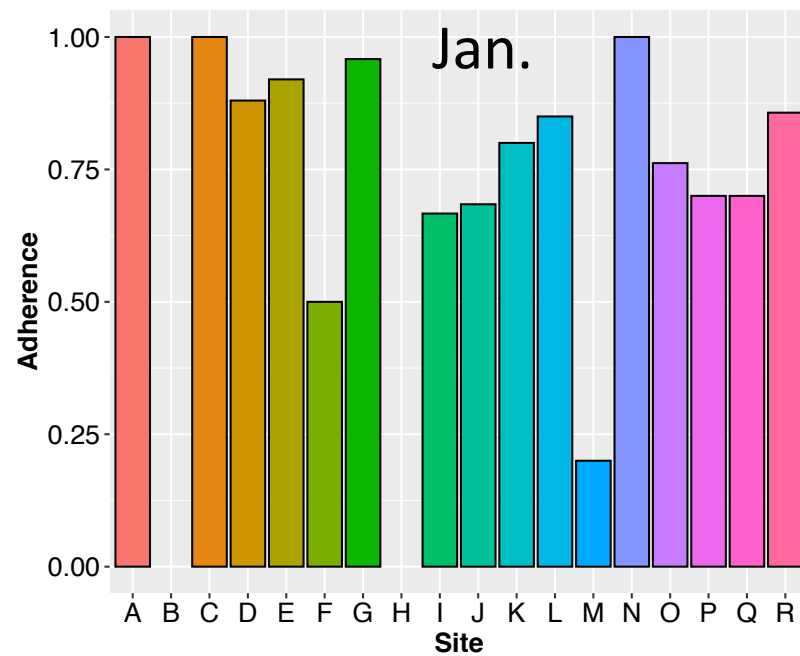
Charts with 'Yes' to Activity Target Present



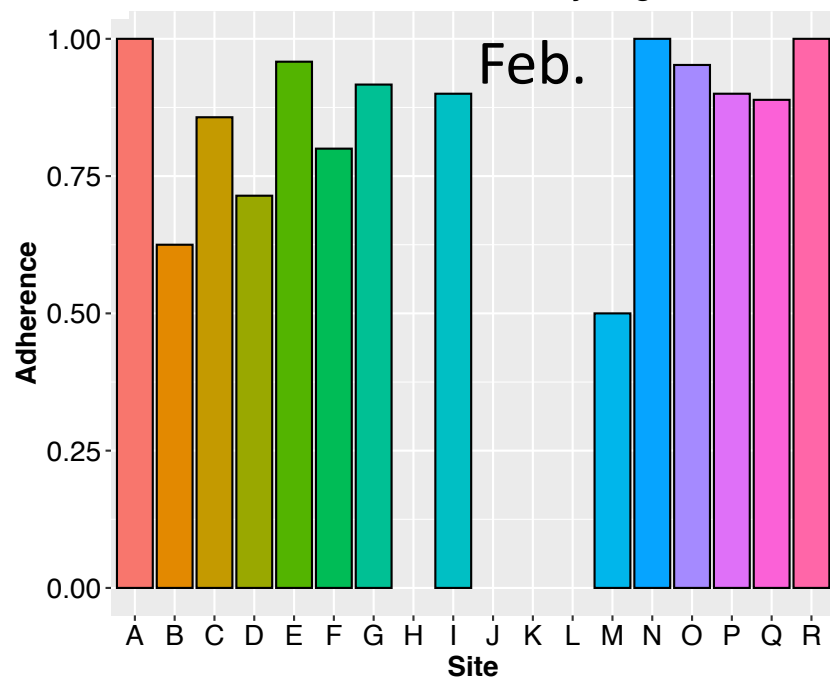
Charts with 'Yes' to Activity Target Present



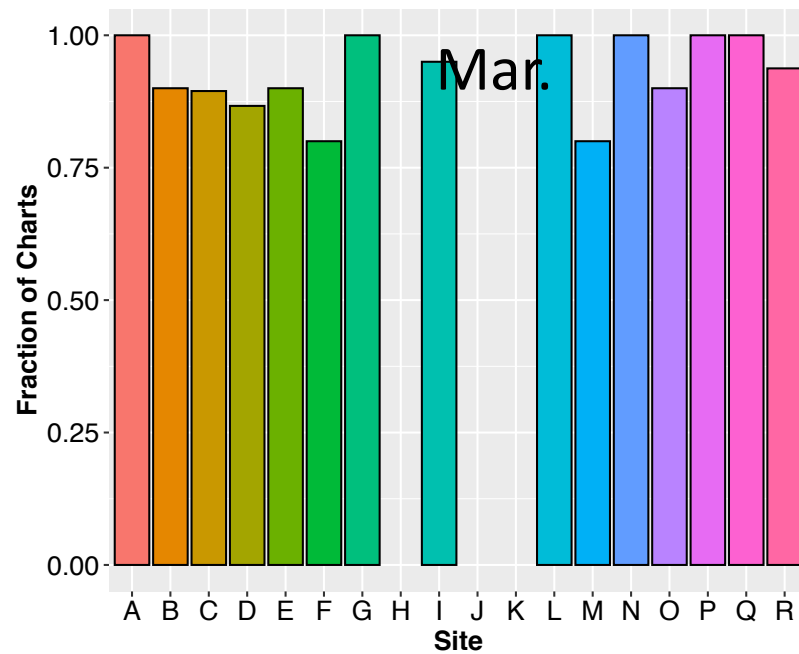
Charts with 'Yes' to Activity Target Present



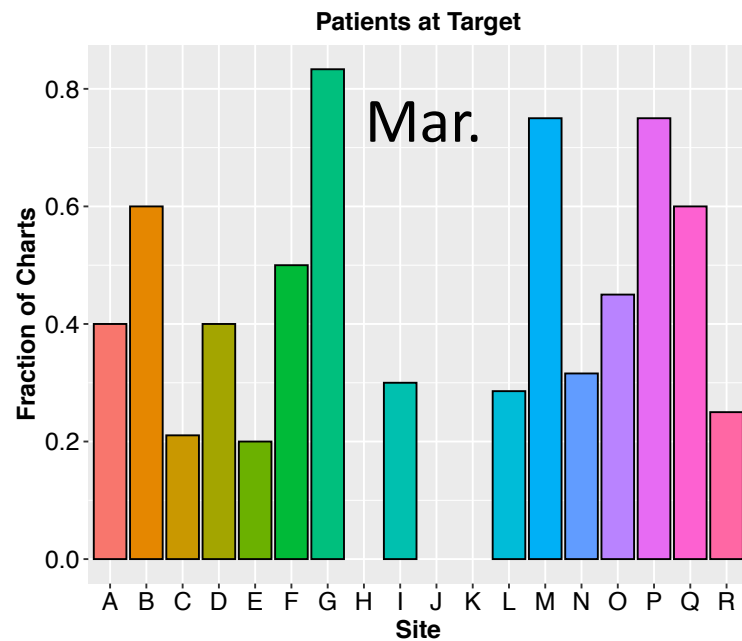
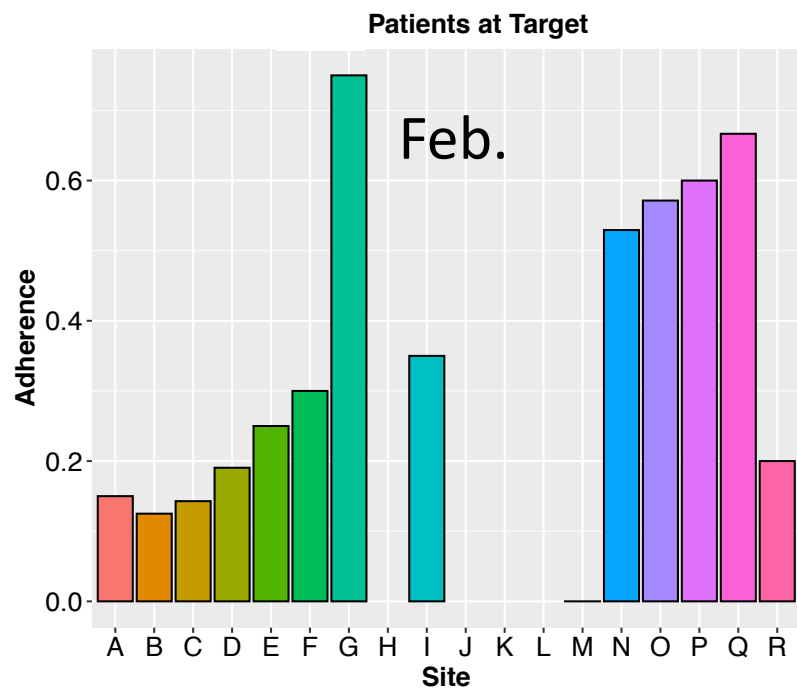
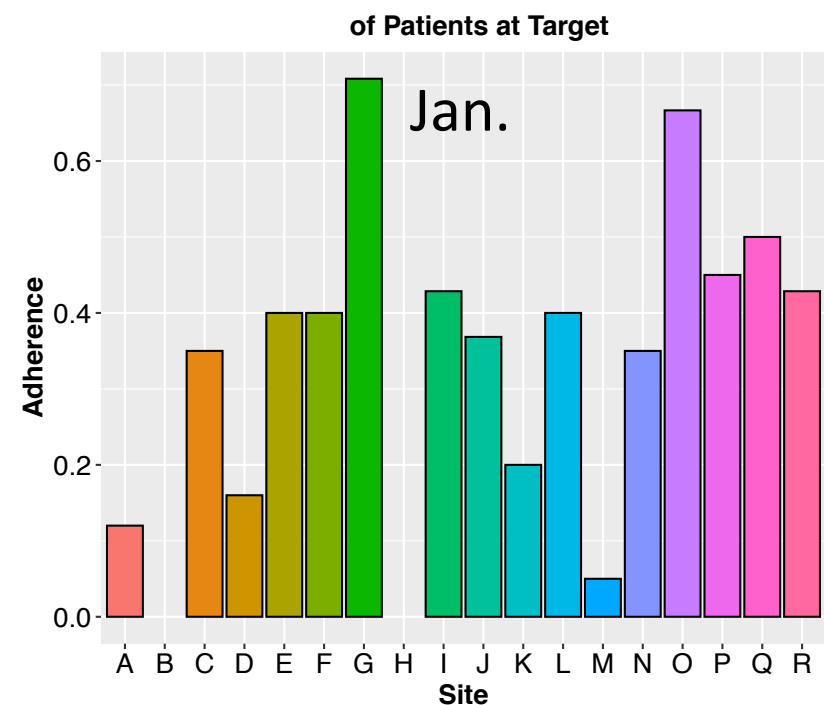
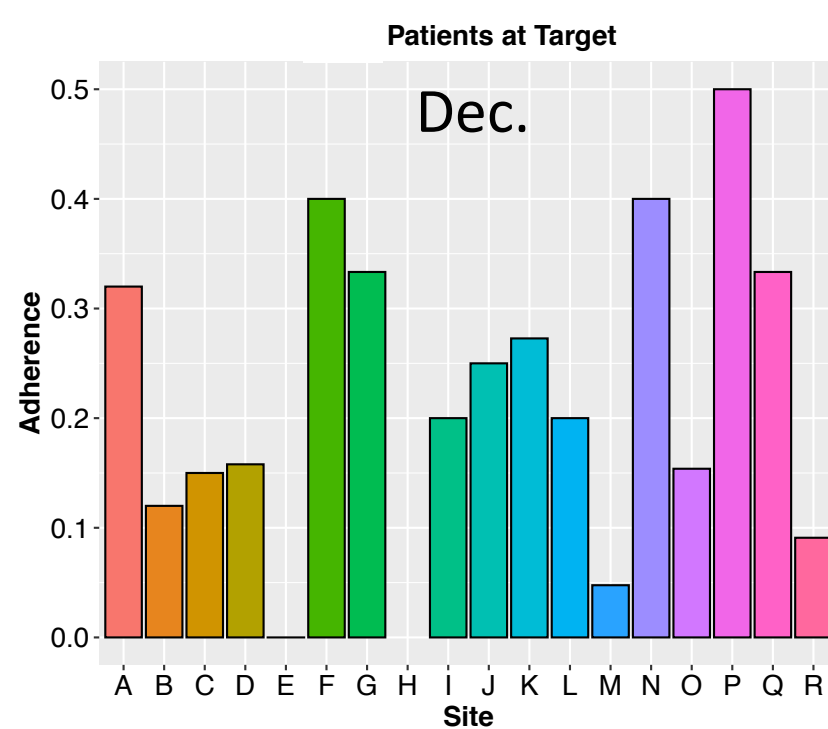
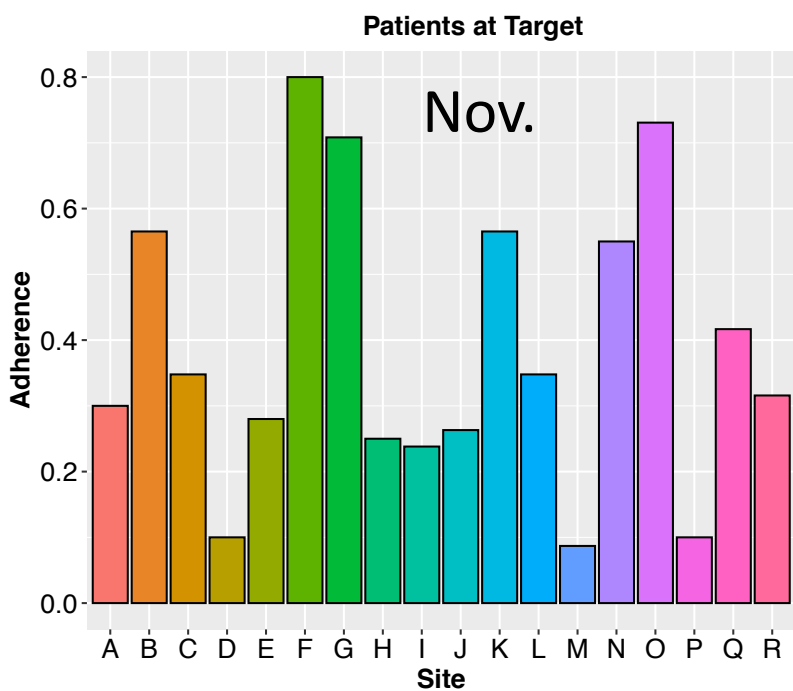
Charts with 'Yes' to Activity Target Present



Charts with 'Yes' to Activity Target Present

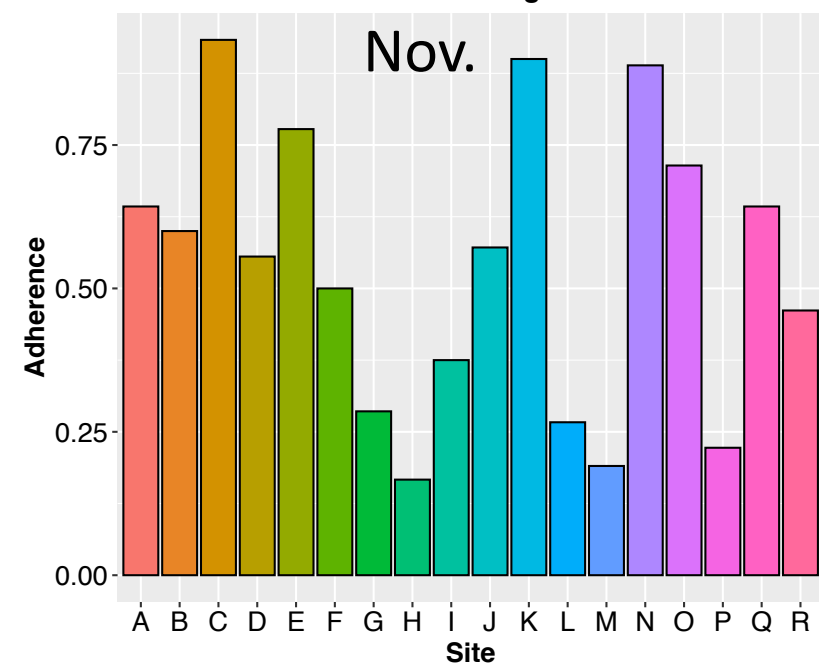




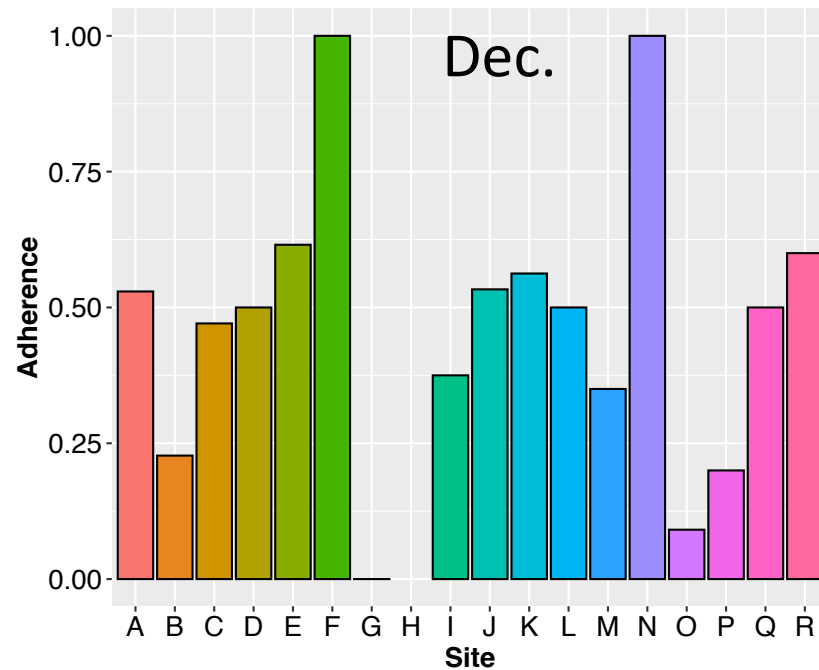




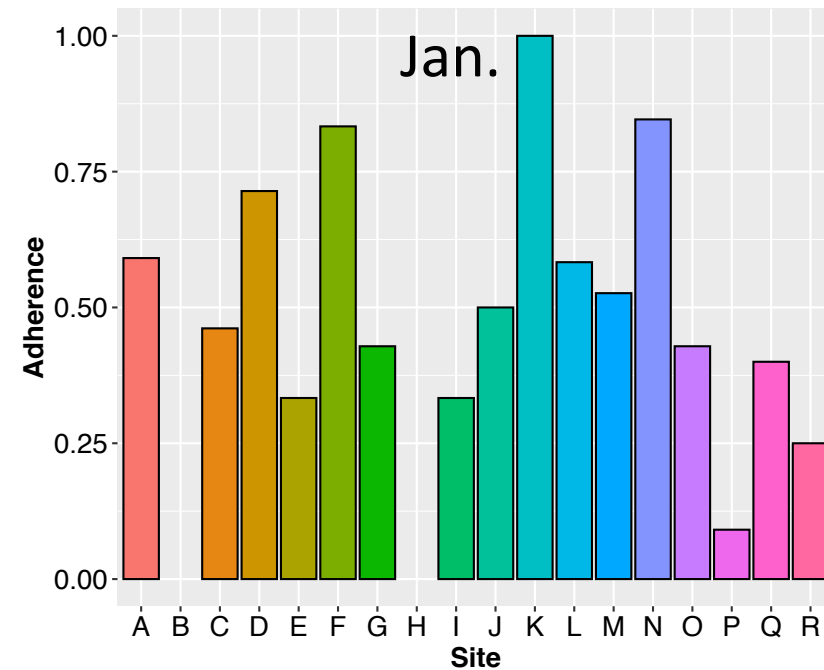
Patients with Change in Treatment



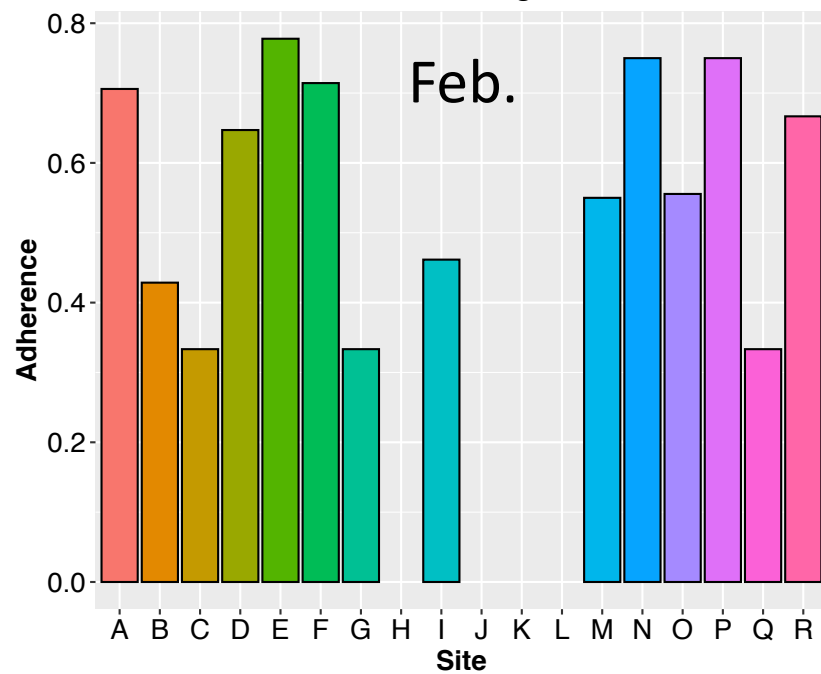
Patients with Change in Treatment



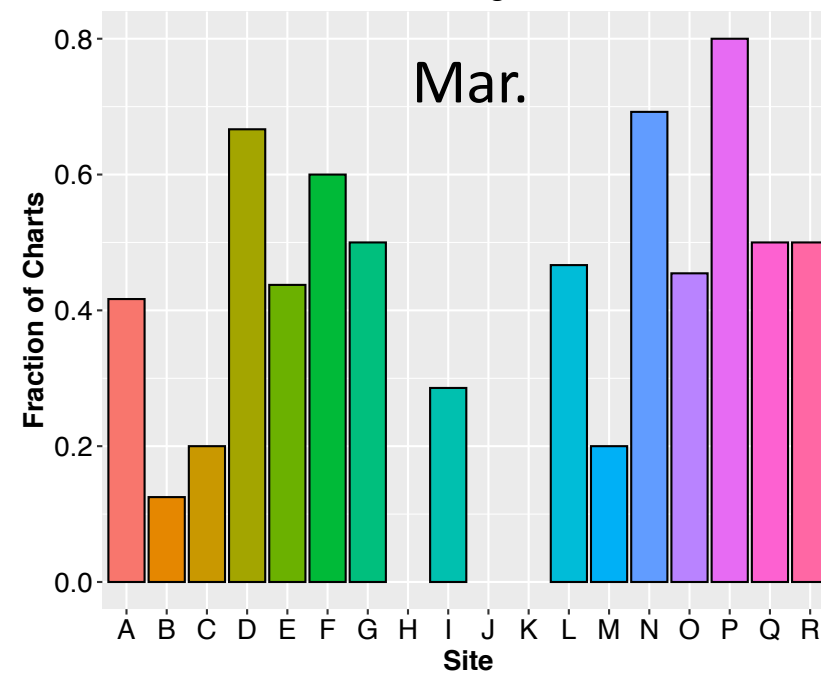
of Patients with Change in Treatment



Patients with Change in Treatment

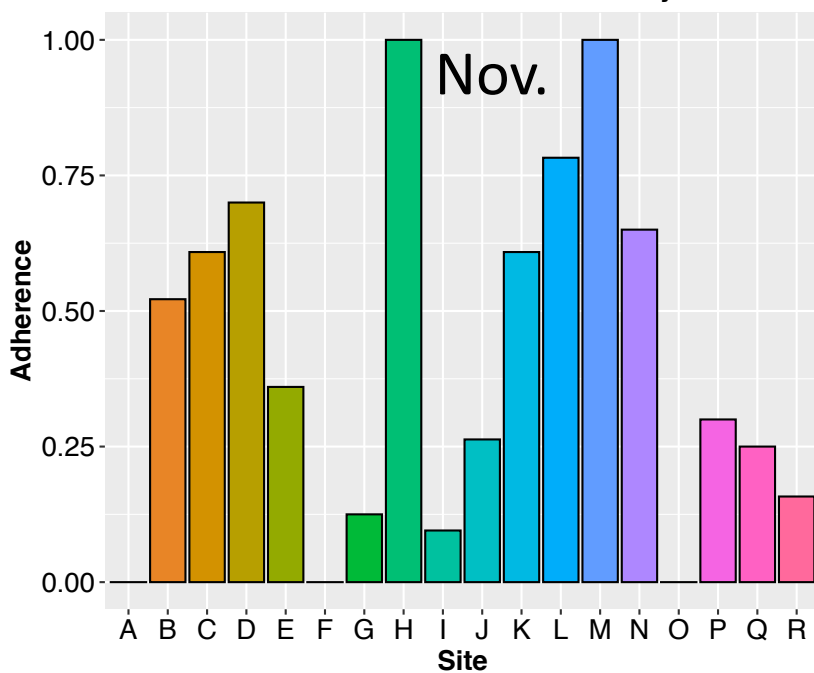


% Patients with Change in Treatment

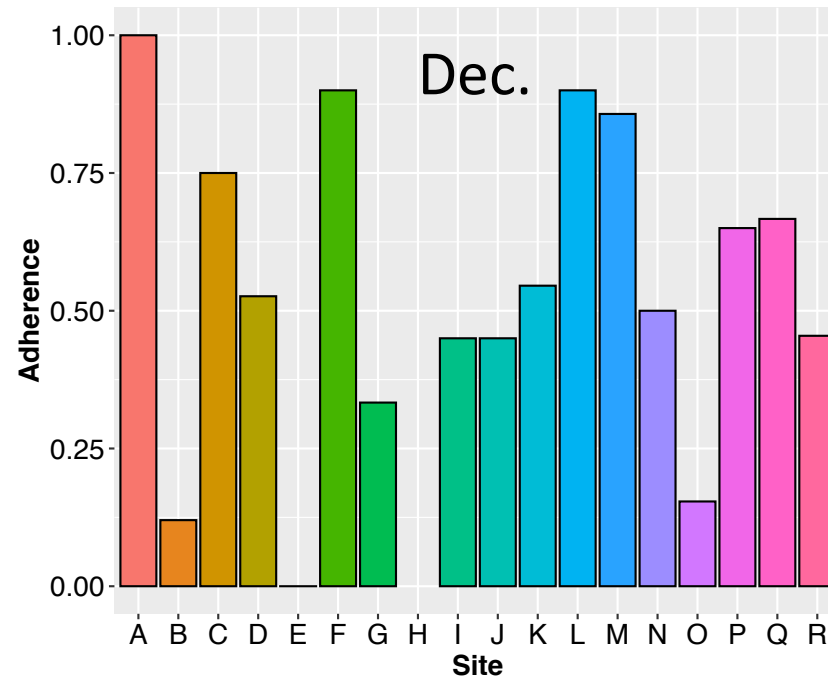




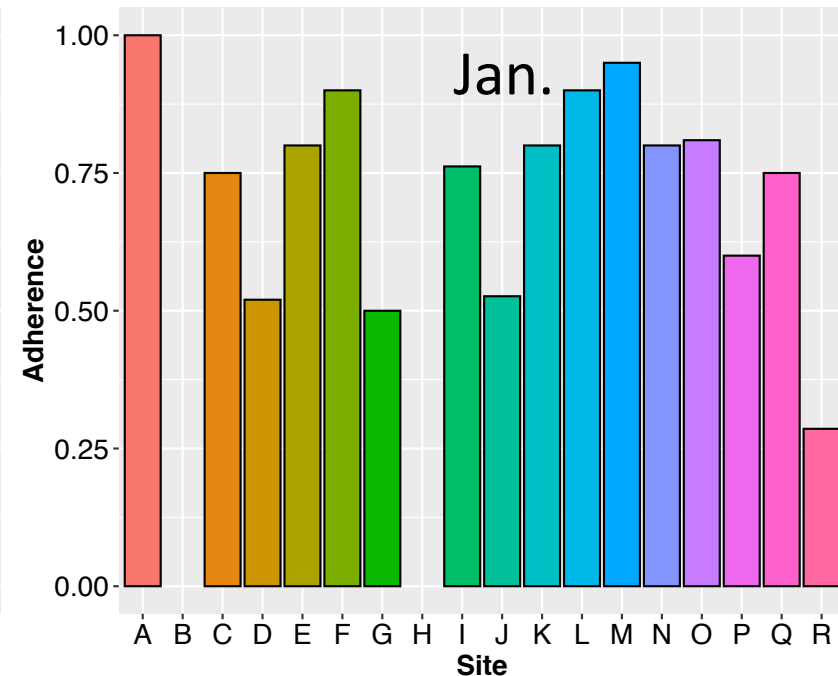
Charts with 'Yes' to Disease Activity Present



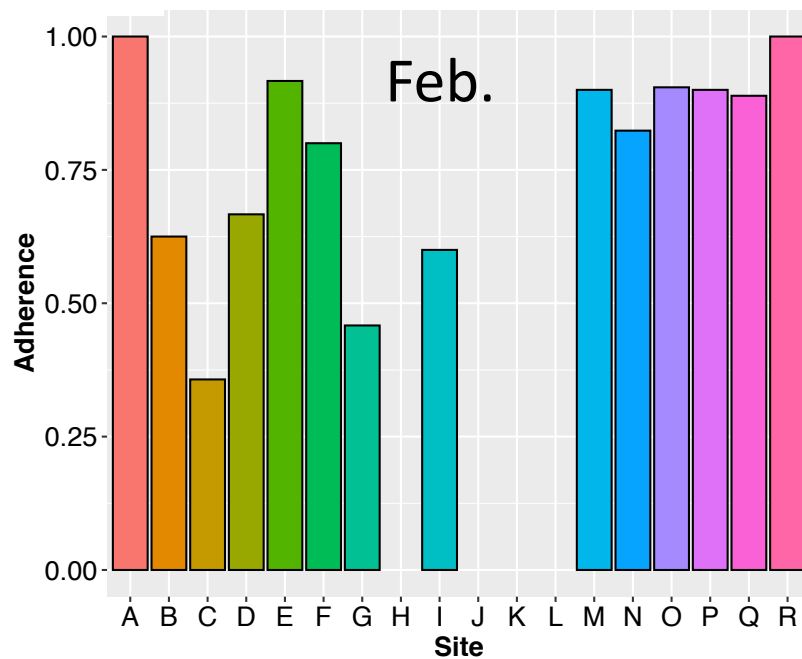
Charts with 'Yes' to Disease Activity Present



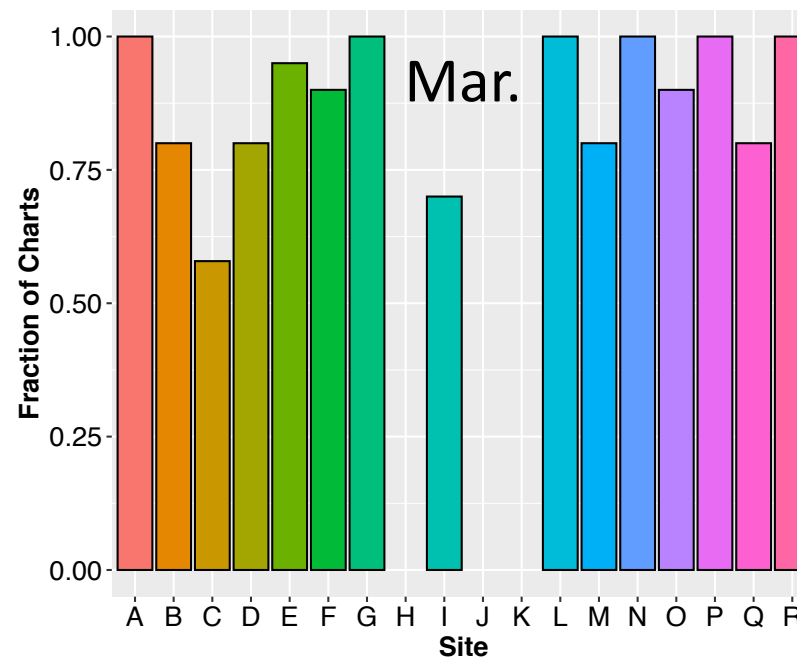
Charts with 'Yes' to Disease Activity Present



Charts with 'Yes' to Disease Activity Present

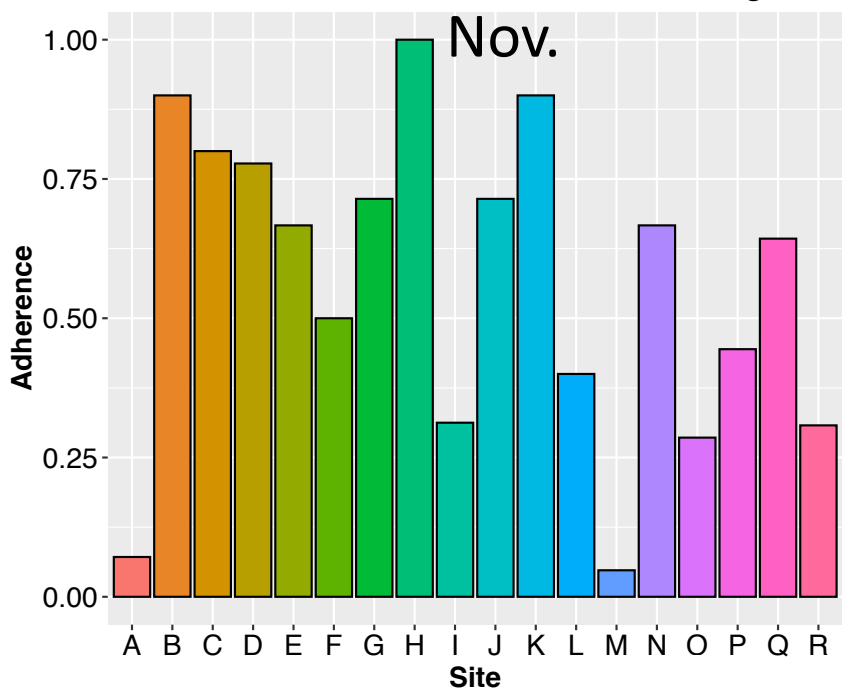


Charts with 'Yes' to Disease Activity Present

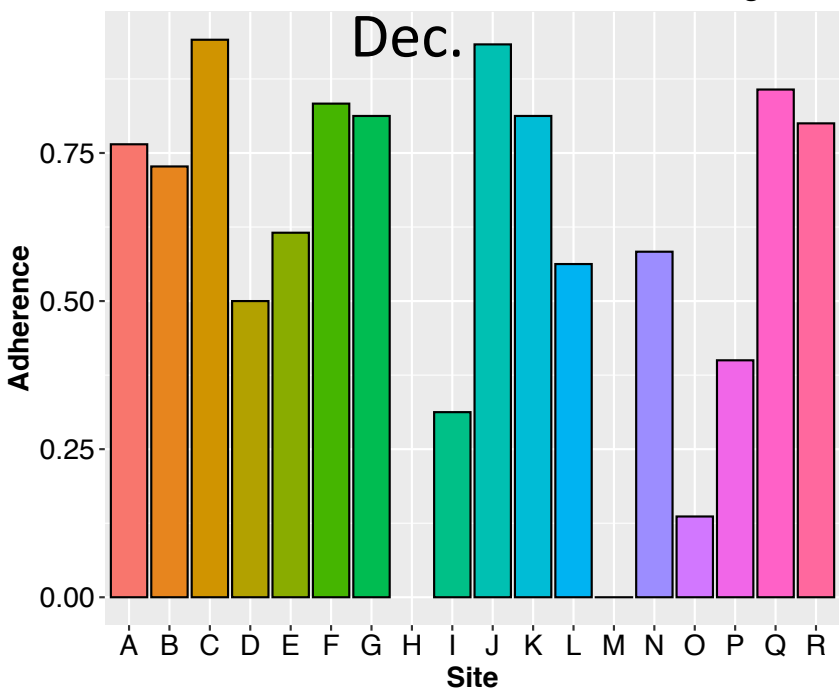




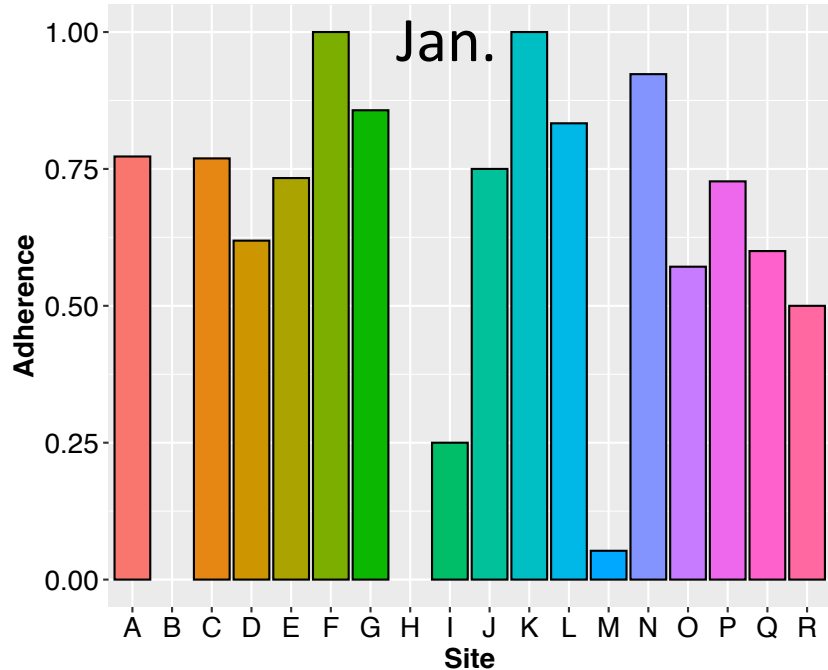
Patients with Shared Decision Making



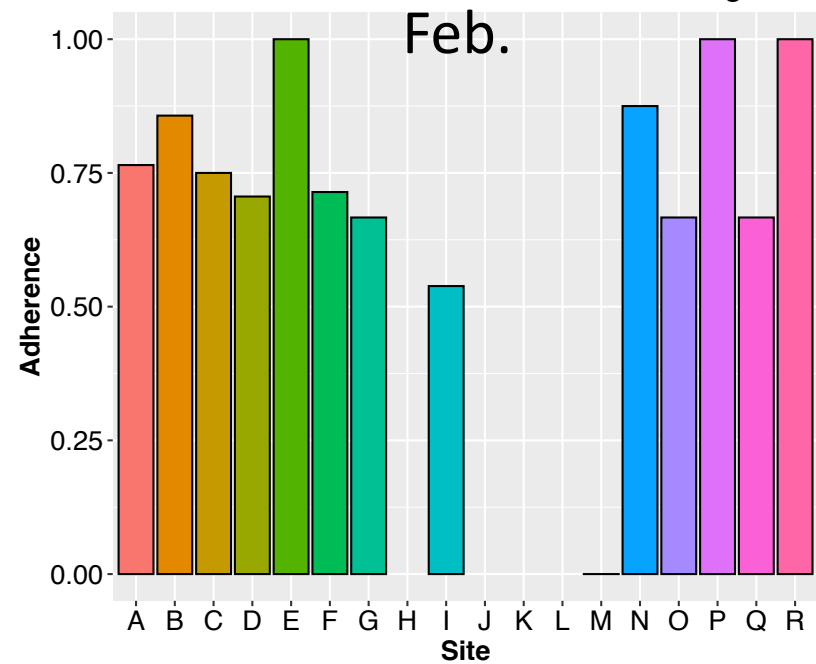
Patients with Shared Decision Making



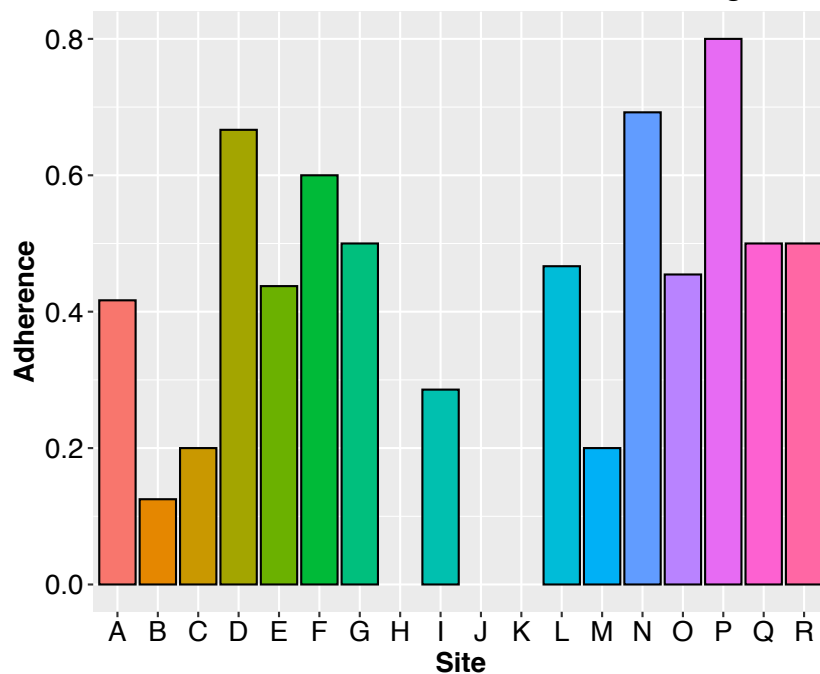
Patients with Shared Decision Making



Patients with Shared Decision Making



Patients with Shared Decision Making





Thank you!