

## APPENDIX A

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## APPENDIX B

### Health Care Quality Indicators for RA

<p><b>HCQI</b></p> <p><b>RA 1</b></p> <p><b>Process</b></p>	<p>If a patient presents with suspected rheumatoid arthritis (RA) then he/she should be referred to and seen by a specialist (preferably a rheumatologist) for confirmation of diagnosis within 6 weeks after the onset of symptoms.</p> <p><b>Numerator:</b> Number of patients with suspected RA seen by a specialist within 6 weeks after onset of symptoms over the past 12 months</p> <p><b>Denominator:</b> All patients with suspected RA referred to a specialist over the past 12 months.</p> <p><b>Numerator/Denominator:</b> Percentage of patients with suspected RA seen by a specialist within 6 weeks after onset of symptoms</p>
<p><b>HCQI</b></p> <p><b>RA 2</b></p> <p><b>Process</b></p>	<p>If a patient is newly diagnosed with RA, then he or she should be given individually tailored education by relevant health professionals about the natural history, treatment, and self management of the disease within 3 months</p> <p><b>Numerator:</b> Number of patients newly diagnosed with RA who have been given individually tailored</p>

	<p>education about the natural history, treatment, and self management of the disease within 3 months after diagnosis over the past 12 months.</p> <p><b>Denominator:</b> All patients diagnosed with RA over the past 12 months.</p> <p><b>Numerator/Denominator:</b> Percentage of patients diagnosed with RA with a documentation that they have received individually tailored education within 3 months after diagnosis</p>
<p><b>HCQI</b> <b>RA 3</b> <b>Structure</b></p>	<p>Rheumatology practices should provide information (written or website) on how a patient contact the practice for urgent consultations (in case of flares/worsening of the disease, serious side effects)</p> <p><b>Numerator:</b> Number of Rheumatology practices within a geographic area providing standardized information (written or website) on how a patient can contact the practice for urgent consultations (in case of flares/worsening of the disease, serious side effects) <u>to all patients with RA.</u></p> <p><b>Denominator:</b> All Rheumatology practices within a geographic area.</p> <p><b>Numerator/Denominator:</b> Percentage of Rheumatology practices within the geographic area providing standardized information (written or website) on how a patient can contact the practice for urgent consultations (in case of flares/worsening of the disease, serious side effects)</p>
<p><b>HCQI</b> <b>RA 4</b> <b>Process</b></p>	<p>If a patient is diagnosed with RA and the target (=remission or low disease activity) is not attained then follow up visit should be scheduled by a rheumatologist within 3 months and when the target is attained a rheumatologist or a specialized nurse in rheumatology should schedule follow up visits at least once a year.</p> <p>A.</p> <p><b>Numerator:</b> Number of patients with RA over the past 12 months with a documented follow up visit with a rheumatologist within 3 months when the <u>target is not attained.</u></p> <p><b>Denominator:</b> All patients with RA and <u>the target not attained</u> over the past 12 months</p> <p><b>Numerator/Denominator:</b> Percentage of patients with RA with a documented follow up visit within 3 months when <u>the target is not attained.</u></p> <p>B.</p> <p><b>Numerator:</b> Number of patients with RA over the past 12 months with a documented follow up visit with a rheumatologist/specialized nurse in rheumatology within or at one year after remission was confirmed.</p> <p><b>Denominator:</b> All patients with RA <u>in remission</u> over the past 12 months.</p> <p><b>Numerator/Denominator:</b> Percentage of patients with RA <u>in remission</u> with a follow up visit scheduled within or at one year after remission was confirmed.</p>

<p>HCQI RA 5 Process</p>	<p>If a patient is diagnosed with RA and there are joint damage/soft tissue problems that may be solved by surgery then the patient should be assessed by an orthopedic surgeon within 3 months.</p> <p><b>Numerator:</b> Number of patients with RA over the past 12 months assessed by an orthopedic surgeon within 3 months when there are joint damage/soft tissue problems that may be solved by surgery.</p> <p><b>Denominator:</b> All patients with RA over the past 12 months who have joint damage/soft tissue problems that may be solved by surgery.</p> <p><b>Numerator/Denominator:</b> Percentage of patients with RA with a documented assessment by an orthopedic surgeon within 3 months when there are joint damage/soft tissue problems that may be solved by surgery.</p>
<p>HCQI RA 6 Process</p>	<p>If a patient is diagnosed with RA, then a rheumatologist and/or relevant health professionals from the multidisciplinary team should assess and document the following variables: 1) a measure of disease activity such as composite scores like DAS 28 or any of its variants CDAI or S-DAI, 2) structural damage (using the best available method, e.g. x-ray, MRI, ultrasound), 3) functional status, (e.g. HAQ), and 4) labor force participation. The assessment and documentation should occur at baseline and thereafter at appropriate time intervals, at least annually for 1, 3 and 4.</p> <p>A.</p> <p><b>Numerator:</b> Number of patients diagnosed with RA with a documentation of assessed disease activity, structural damage, functional status, and labor force participation <u>at baseline</u> over the past 12 months</p> <p><b>Denominator:</b> All patients with new RA seen over the past 12 months.</p> <p><b>Numerator/Denominator:</b> Percentage of patients diagnosed with RA with a record of assessed disease activity, functional status, structural damage and labor force participation <u>at baseline</u></p> <p>B.</p> <p><b>Numerator:</b> Number of patients diagnosed with RA with a documented assessment of disease activity, structural damage, functional status, and labor force participation <u>at appropriate time intervals</u> over the past 12 months.</p> <p><b>Denominator:</b> All patients with RA seen over the past 12 months.</p> <p><b>Numerator/Denominator:</b> Percentage of patients diagnosed with RA with a documented assessment of disease activity, functional status, structural damage and labor force participation <u>at appropriate time intervals</u>.</p>
<p>HCQI RA 7</p>	<p>If a patient has RA, then he/she should have a treatment plan developed between him/her and his/her clinician/ health professionals at each visit.</p>

<p><b>Process</b></p>	<p><b>Numerator:</b> Number of patients with RA with a documented treatment plan developed at each visit over the past 12 months</p> <p><b>Denominator:</b> All patients with RA seen over the past 12 months.</p> <p><b>Numerator/Denominator:</b> Percentage of patients with RA and documentation of a developed treatment plan at each visit.</p>
<p><b>HCQI</b> <b>RA 8</b> <b>Process</b></p>	<p>If a patient is diagnosed with RA then review of comorbidities, adverse events and risk factors related to pharmacological therapy should be performed at least annually.</p> <p><b>Numerator:</b> Number of patients with RA with a review of comorbidities, adverse events, and risk factors related to pharmacological therapy at least once over the past 12 months</p> <p><b>Denominator:</b> All patients with RA seen over the past 12 months.</p> <p><b>Numerator/Denominator:</b> Percentage of patients with RA with a documented review of comorbidities, adverse events, risk factors at least once over the past 12 months.</p>
<p><b>HCQI</b> <b>RA 9</b> <b>Process</b></p>	<p>If a patient is diagnosed with RA and therapy with a biologic disease-modifying anti-rheumatic drug (DMARD) is prescribed then a tuberculosis screening should be performed and results interpreted before therapy start.</p> <p><b>Numerator:</b> Number of patients with RA and a tuberculosis screening performed and results interpreted before starting therapy with a biologic DMARD over the past 12 months.</p> <p><b>Denominator:</b> All patients with RA who has started with biologic DMARD therapy over the past 12 months.</p> <p><b>Numerator/Denominator:</b> Percentage of patients with a diagnosis of RA who have a documented tuberculosis screening performed and results interpreted before receiving a first course of therapy using a biologic DMARD.</p>
<p><b>HCQI</b> <b>RA 10</b> <b>Process</b></p>	<p>A rheumatologist should intensify disease modifying medication when disease activity is moderate* or high*</p> <p>* According to the EULAR recommendations</p> <p><b>Numerator:</b> Number of patients with RA with moderate or high disease activity and medication intensified over the past 12 months.</p> <p><b>Denominator:</b> Total number of RA patients with moderate or high disease activity over the past 12 months.</p>

	<p><b>Numerator/Denominator:</b> Percentage of patients with moderate or high disease activity with a documentation of intensified medication over the past 12 months</p>
<p><b>HCQI</b> <b>RA 11</b> <b>Process</b></p>	<p>If a patient is newly diagnosed with RA then a referral to a relevant health professional for instruction on an individualized exercise program including advice for physical activity, range of motion-, muscle strengthening- and aerobic exercises should be provided within 3 months.</p> <p><b>Numerator:</b> Number of patients newly diagnosed with RA with referral to a relevant health professional for exercise within 3 months over the past 12 months</p> <p><b>Denominator:</b> All patients with newly diagnosed RA over the past 12 months.</p> <p><b>Numerator/Denominator:</b> Percentage of patients newly diagnosed with RA with a documented referral to a relevant health professional for exercise within 3 months after diagnosis</p>
<p><b>HCQI</b> <b>RA 12</b> <b>Process</b></p>	<p>If a patient is diagnosed with RA and reports difficulties in ambulatory and/or non-ambulatory activities of daily living then the need of assistive devices, appropriate orthoses and environmental adaptations should be assessed and addressed.</p> <p><b>Numerator:</b> Number of patients with RA and reported difficulties in ambulatory/non ambulatory activities of daily living over the past 12 months with documentation that the need of devices/orthoses/adaptions has been assessed and addressed.</p> <p><b>Denominator:</b> All patients with RA who have reported difficulties in ambulatory/non ambulatory activities of daily living over the past 12 months.</p> <p><b>Numerator/Denominator:</b> Percentage of patients with RA and reported difficulties in ambulatory and/or non ambulatory activities of daily living with a documentation that the need of devices/orthoses/adaptions has been assessed and addressed</p>

<p><b>HCQI</b> <b>RA 13</b> <b>Structure</b></p>	<p>Rheumatology practices should have the ability to at least annually calculate and record (electronically or on paper) composite scores like DAS 28 or any of its variants CDAI or SDAI for all patients with RA.</p> <p><b>Numerator:</b> Number of rheumatology practices within a geographic area with ability to calculate and record composite scores like DAS 28 or any of its variants, CDAI or SDAI, for all patients with RA.</p> <p><b>Denominator:</b> All Rheumatology practices within a geographic area.</p> <p><b>Numerator/Denominator:</b> Percentage of Rheumatology practices within the geographic area with ability to calculate and record composite scores like DAS 28 or any of its variants CDAI or SDAI, for all patients with RA.</p>
<p><b>HCQI</b> <b>RA 14</b> <b>Outcome</b></p>	<p>If a patient is diagnosed with active RA (i.e. DAS* 28 over 3.2) then the disease activity should be low (i.e. DAS 28 below 3.2) 6 months after treatment has started.</p> <p>*or another composite score for disease activity</p> <p><b>Numerator:</b> Number of patients over the past 12 months with active RA at treatment start and with low disease activity 6 months after treatment start.</p> <p><b>Denominator:</b> All patients over the past 12 months with active RA at treatment start and followed over 6 months.</p> <p><b>Numerator/Denominator:</b> Percentage of patients with active RA at treatment start and low disease activity 6 months after treatment start.</p>

**Questions to the health care professionals taking part in the audit process for health care of the Quality indicators (HCQI:s) for Rheumatoid Arthritis (RA).**

This indicator is applicable to our institution	yes/no
Data can be delivered for this indicator	yes/no
Data source(s)	Register Patient record, paper or electronic Survey Other: .....
How were the figures and values provided in this survey retrieved?	Selection Random By proper calculation By estimated values

Is the HCQI well phrased?	yes/no
Does the HCQI address a condition with high prevalence/incidence and/or significant morbidity or mortality?	yes/no
Are the data required for nominator/denominator available in your practice (using existing data streams such as register or electronic/paper medical records)?	yes/no
Does the measure (HCQI) have potential to facilitate changes improving quality in the health care system?	yes/no
Do you think that the HCQI may positively influence uneven/unequal health care provision on different groups in the community (in respect of gender, sexual orientation, disability, ethnicity, religion, age, or socioeconomic group)?	yes/no
Does the measure assess what it purports to measure?	yes/no
Do you regard the emerging results reproducible and not subject to significant random variation?	yes/no