Commissioning for Quality in Rheumatoid Arthritis

# Patient metric data collection form for PREVALENT rheumatoid arthritis (RA)

**Please use the correct form. There are separate forms for PREVALENT and INCIDENT patients**

**This data collection form is for use *only* in RA patients with PREVALENT disease (i.e. patients >2 years from diagnosis)**

**Please review and complete every question using exception codes provided if needed**

CQRA Commissioning for Quality in Rheumatoid Arthritis



| UNIT AND PATIENT DETAILS | |
|---|---|
| 1 | Unit (name)…… |
| | Age (circle applicable) <30 years 30–40 years 41–50 years 31–60 years 61–70 years >70 years |
| | Gender (circle applicable) Male Female |
| | Duration of disease (circle applicable) 2–5 years 6–10 years >10 years |

| DISEASE ACTIVITY ASSESSMENT | | | | | |
|---|---|---|---|---|---|
| Q2 | Criteria | Yes | No | NM | *Exceptions – circle the code that applies. *See codes below* |
| 2.1 | Does the patient have high/moderate disease activity according to DAS28 score? [1–3] | ☐ | ☐ | ☐ | *If 'Yes' go to question 2.3* |
| 2.2 | Is the patient in sustained low disease activity [DAS28 <3.2] or remission [DAS28 ≤2.6]?[1–3] | ☐ | ☐ | ☐ | *If 'Yes' go to question 2.4* |
| 2.3 | Has the patient received regular DAS28 assessment every 4–6 weeks?[1–3] (See exception code A) *If 'Yes' go to question 3* | ☐ | ☐ | | A |
| *If 'No', please briefly explain why then go to question 3* | | | | | |
| 2.4 | Has the patient received regular DAS28 assessment every 3–6 months?[1–3] (See exception code A) | ☐ | ☐ | | A |
| *If 'No', please briefly explain why* | | | | | |

**NM =** not measured

***Exception code:**

***Code A:*** Circle code A if an active clinical decision was made not to do so.

CQRA Commissioning for Quality in Rheumatoid Arthritis



| TREATMENT MODIFICATION | | | | | |
|---|---|---|---|---|---|
| **Q3** | **Criteria** | **Yes** | **No** | **NM** | ***Exceptions – circle the code if applicable. *See codes below*** |
| **3.1** | **Has the patient received regular (at least every 3 months) treatment modification until sustained low disease activity [DAS28 <3.2] or remission (DAS28 ≤2.6) is achieved? (See exception code A)** | ☐ | ☐ | ☐ | A |
| **3.2** | **Is the patient on biologics?** | ☐ | ☐ | ***If 'No' go to question 4*** | |
| **3.3** | **Has the patient achieved an adequate response within the first 6 months of initiating therapy (an improvement in DAS28 of 1.2 points or more) in line with NICE guidance?[4] (See exception codes A and B)** ***If 'Yes ' go to question 4*** | ☐ | ☐ | ☐ | A B |
| **3.4** | **If the patient has not achieved a timely improvement in DAS28 of 1.2 points or more, has the patient been moved to the next treatment in the pathway according to NICE guidance?[5,6] (See exception codes A and B)** | ☐ | ☐ | ☐ | A B |

**NM =** not measured

***Exception codes:**
***Code A:*** Circle code A if an active clinical decision was made not to do so.
***Code B:*** Circle code B if patient has been receiving biologics for less than 6 months.

CQRA Commissioning for Quality in Rheumatoid Arthritis



| ANNUAL REVIEW# | | | | |
|---|---|---|---|---|
| **Q4** | **Criteria** | **Yes** | **No** | **No exception codes apply to this section** |
| ***Is it CLEARLY DOCUMENTED that the following actions have been carried out within the LAST 12 MONTHS:*** | | | | |
| **4.1** | **Damage has been assessed, and functional ability measured (using, for example, the Health Assessment Questionnaire [HAQ])?** | ☐ | ☐ | |
| **4.2** | **The patient has been checked for the development of comorbidities (e.g., hypertension, ischaemic heart disease, osteoporosis, depression)?** | ☐ | ☐ | |
| **4.3** | **There was assessment of symptoms that suggest complications (e.g., vasculitis and disease of the cervical spine, lung, eyes)?** | ☐ | ☐ | |
| **4.4** | **Appropriate cross referral within the multidisciplinary team was organised?** | ☐ | ☐ | |
| **4.5** | **The need for referral for surgery was assessed?** | ☐ | ☐ | |
| **4.6** | **The patient has been asked about the impact of RA on their day-to-day experience of life (e.g. employment, social, sexual, functional activities of daily living)?** | ☐ | ☐ | |

#NICE recommend an 'annual review' with each RA patient (NICE clinical guideline 79 – Rheumatoid arthritis: section 1.5.1.4)

**References**

[1] Wells et al. Ann Rheum Dis 2009;68:954–960. In this paper DAS28 <2.6 is defined as the 'threshold for remission'. [2]Smolen et al. Ann Rheum Dis 2010; 69:631–7. [3]Gülfe et al. BMC Musculoskeletal Disorders 2009;10:41. Definition of high disease activity=DAS28 >5.1; definition of moderate disease activity=DAS28 <5.1; definition of low disease activity=DAS28 <3.2.
[4]NICE clinical guideline 79 – Rheumatoid arthritis. Available at: www.nice.org.uk/nicemedia/pdf/CG79NICEGuideline.pdf (accessed August 2010).
[5]NICE technology appraisal guidance 195: Adalimumab, etanercept, infliximab, rituximab and abatacept for the treatment of rheumatoid arthritis after the failure of a TNF inhibitor. Available at: http://guidance.nice.org.uk/TA195/Guidance/pdf/English (accessed September 2010).
[6]NICE technology appraisal guidance 198: Tocilizumab for the treatment of rheumatoid arthritis. Available at: http://guidance.nice.org.uk/TA198/Guidance/pdf/English (accessed September 2010). Section 1.1.

**Thank you for completing the form. Please return completed forms to Lindsey Bloomfield on behalf of the CQRA group (fax 01707 384123; email cqra@nras.org.uk)**