

CME QUESTIONS: TEST #059909S

The Johns Hopkins University School of Medicine designates this continuing medical education activity for 2 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association. Each physician should claim only those hours of credit that he or she actually spends on the educational activity. Credits are available until the expiration date of September 30, 2001.

Instructions

After reading this Special Report supplement, select the best answer to each of the following questions. At least 7 of the 10 answers must be correct to receive continuing medical education credit.

1. Rheumatoid arthritis is:

- a) Chronic, progressive, and often disabling
- b) Chronic, but will frequently enter periods of remission
- c) Chronic and painful but rarely seriously debilitating
- d) Most progressive early in the disease process with slowing after approximately 10 years
- e) Most progressive late in the disease process with acceleration after approximately 10 years

2. In rheumatoid arthritis, preserving function is important because function has a profound impact on:

- a) Survival
- b) Work disability
- c) Quality of life
- d) Disease progression
- e) All of the above

3. It is important to stratify patients in an attempt to predict who will have refractory disease because:

- a) Doing so makes the clinical management of such patients more efficient
- b) Stepwise treatment approaches can then be made more rigorous
- c) Treatment can begin earlier for patients with the most aggressive disease
- d) Doing so will help to avoid total joint replacements
- e) Cost-effective treatment decisions can then be more easily made

4. With regard to genetic predispositions toward rheumatoid arthritis, it is important to know that:

- a) Certain risk-factor combinations have been found to correlate with such outcomes as functional disability
- b) Certain genetic factors predispose patients to a more aggressive disease course
- c) Such predispositions are not uniformly noted in racially distinct groups of patients
- d) All of the above
- e) None of the above

5. In evaluating rheumatoid arthritis patients, rheumatologists have many assessment tools. Perhaps the most useful and cost effective is:

- a) C-reactive protein (CRP)
- b) Erythrocyte sedimentation rate (ESR)
- c) Health Assessment Questionnaire (HAQ)
- d) Swollen joint count
- e) Serum rheumatoid factor testing

6. On average, patients live how many years after a diagnosis of rheumatoid arthritis:

- a) 35
- b) 10 to 15
- c) 27
- d) 30
- e) 5 to 10

(CME QUESTIONS CONTINUED ON FOLLOWING PAGE)

<p>CME TEST FORM AJMC Test #059909S</p> <p>New Treatments for Rheumatoid Arthritis: A Managed Care Perspective</p> <p>(Test valid through September 30, 2001. No credit will be given after this date.)</p>	<p>Please circle your answers:</p> <p>1. a b c d e</p> <p>2. a b c d e</p> <p>3. a b c d e</p> <p>4. a b c d e</p> <p>5. a b c d e</p> <p>6. a b c d e</p> <p>7. a b c d e</p> <p>8. a b c d e</p> <p>9. a b c d e</p> <p>10. a b c d e</p>	<p>(PLEASE PRINT CLEARLY)</p> <p>Name _____</p> <p>Address _____</p> <p>City _____</p> <p>State/ZIP _____</p> <p>Phone # _____</p> <p>Please enclose a check for \$10, payable to American Medical Publishing, and mail with this form to:</p> <p style="text-align: center;">The AJMC CME Test American Medical Publishing 241 Forsgate Drive, Suite 102 Jamesburg, NJ 08831</p>
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PROGRAM EVALUATION

Johns Hopkins University School of Medicine would like to have your opinion. Please fill out the questionnaire below, tear off along the dotted line, and mail along with your CME test form. We thank you for your evaluation, which is most helpful.

On the whole, how do you rate the information presented in the article?

___ excellent ___ good ___ fair ___ poor

Is the information presented useful in your practice?

___ yes ___ no

Do you have recommendations to improve this program?

___ yes ___ no

Comments:

Were any portions of this program unsatisfactory or inappropriate?

___ yes ___ no

If so, which?

Do you find the information presented in these articles to be fair, objective, and balanced?

___ yes ___ no

Is there subject matter you would like included in the future?

___ yes ___ no

Comments:

In your opinion, were the authors biased in their discussion of any commercial product or service?

___ yes ___ no

Comments:

Program Evaluation

Physician Name

Address

City, State, ZIP

Specialty

(CME QUESTIONS CONTINUED FROM PREVIOUS PAGE)

7. The specific leading cause of mortality in RA patients is:

- a) None. There are no specific "leading" causes.
- b) Renal and liver failure
- c) Systemic sclerosis and multiple-organ failure
- d) Cardiovascular disease, respiratory disorders, and malignancy
- e) Stroke and deep-vein thrombosis

8. Societal concerns about the cost and disability associated with rheumatoid arthritis are driven largely by:

- a) Workplace productivity and hospitalization costs
- b) Drug acquisition and medical device costs
- c) Expenses associated with mortality
- d) b and c only
- e) All of the above

9. Which are *indirect* costs of rheumatoid arthritis:

- a) Physician visits and hospitalizations
- b) Monitoring and treating adverse effects due to therapy
- c) Occupational and physical therapists
- d) Home healthcare and nursing home care
- e) Special transportation and medical devices

10. Patients who can generally be expected to show the most dramatic response to treatment are:

- a) In their 40s and 50s
- b) More profoundly afflicted
- c) Less severely afflicted
- d) Female
- e) Those with lower ESR and CRP rates

*New Treatments for Rheumatoid Arthritis:
A Managed Care Perspective*

GOAL

To provide comprehensive and up-to-date information concerning the treatment and management of rheumatoid arthritis (RA), including treatment options, the burden of illness, managed care issues, practice patterns, cost concerns, and the impact on the healthcare industry.

TARGET AUDIENCE

This activity is designed for physicians in primary care and rheumatology, and managed care decision makers including medical and pharmacy directors, healthcare policy planners, and pharmacy and therapeutics committee members.

LEARNING OBJECTIVES

Upon completion of this educational CME supplement, the participant should be able to:

- Evaluate the different types of treatments available for RA, including traditional disease-modifying antirheumatic drugs (DMARDs) (in single therapy and in combination), anti-tumor necrosis factor (anti-TNF)-alpha chimeric antibody therapy, and combination DMARD/biologic agent therapy.
- Describe the burden of RA in terms of direct, indirect, and in tangible costs, its effect on the quality of life for patients, and its overall impact on the healthcare system and society.
- Explain the effect (if any) the system of payment, whether managed care or fee-for-service, has on long-term health outcomes and treatment options for RA.

CONTINUING MEDICAL EDUCATION ACCREDITATION

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This CME activity has been produced under the direct supervision of Carol M. Ziminski, MD, FACP, Associate Professor of Medicine and Deputy Director of Johns Hopkins University Division of Rheumatology at Good Samaritan Hospital, Baltimore, Maryland.

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