Improving Clinical and Managed Care Outcomes in Rheumatoid Arthritis: A Focus on Comparative Effectiveness of Current Treatments

Instructions

After reading "Improving Clinical and Managed Care Outcomes in Rheumatoid Arthritis: A Focus on Comparative Effectiveness of Current Treatments," complete the program evaluation and select the single best answer to each of the post-test questions.

A statement of continuing education credit will be provided to those physicians and pharmacists who successfully complete and return the answer form and program evaluation and receive a passing grade of 70% or higher on the posttest.

Physician Credit

Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Physicians' Education Resource and Pharmacy Times Office of Continuing Professional Education. Physicians' Education Resource is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation

Physicians' Education Resource designates this journal-based CME activity for a maximum of 3.0 AMA PRA Category 1 CreditsTM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Pharmacist Credit



Accreditation and Credit Designation

Pharmacy Times Office of Continuing Professional Education is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continu-

ing pharmacy education. This activity is approved for 3.0 contact hours (0.30 CEUs) under the ACPE universal activity number 0290-9999-12-093-H01-P.The activity is available for CE credit through November 12, 2013.

Posttest Questions

- 1. RA occurs in approximately what percentage of the world population?
 - a.~0.1%
 - b. 1%
 - c. 6%
 - d. 10%
- 2. Which of the following is true regarding mortality associated with RA?
 - a. It is decreased compared with the general population
 - b. It is the same as the general population
 - c. It is higher than the general population but declining at the same rate
 - d. It is higher than the general population and associated with cardiovascular disease

3. Which of the following is the strongest statement regarding the etiology of RA?

- a. It is due to environmental factors
- b. It is due to genetic factors
- c. It is due to a combination of genetic and environmental factors
- d. It only occurs in persons with osteoarthritis at baseline

4. Which of the follow is/are hallmark features of RA?

- a. Joint swelling
- b. Bony erosions
- c. Autoantibody production
- d. All of the above

The pathophysiology of RA includes all of the following except

- a. Antigen presentation
- b. Macrophage migration
- c. Antiphospholipid antibody production
- d. Costimulatory molecules

6. Which of the following is the primary disease activity target in RA?

- a. Remission
- b. Low disease activity
- c. Moderate disease activity
- d. High disease activity

7. All of following general principles differ between the 1987 RA classification criteria and the 2010 criteria, except

- a. Assessment of joint involvement
- b. Presence of arthritis in the hands
- c. Presence of symmetric arthritis
- d. Radiographic assessment

8. The current goals of therapy for RA include all of the following, except

- a. Limit disease activity
- b. Prevent joint damage
- c. Limit cardiovascular disease
- d. Cure RA

9. Which of the following is not considered a DMARD?

- a. Naproxen
- b. Methotrexate
- c. Leflunomide
- d. Sulfasalazine

10. Which of the following is not a TNF inhibitor?

- a. Anakinra
- b. Certolizumab pegol
- c. Golimumab
- d. Infliximab

11. Which of the following is the least effective biologic agent in RA?

- a. Infliximab
- b. Adalimumab
- c. Anakinra
- d. Etanercept

12. Which of the following is true regarding the COMET trial in early RA?

- a. Methotrexate monotherapy was superior to combination therapy without regard to when it was initiated
- b. Very early combination therapy was superior to early combination therapy
- c. Combination therapy was similarly effective regardless of when initiated
- d. Radiographic progression was noted regardless of treatment regimen or initiation

13. According to the ACR 2012 treatment recommendations, treatment decisions should be based on what?

- a. Cost-effectiveness of preferred treatment
- b. Managed care formulary
- c. Disease activity and features of poor prognosis
- d. Watch and wait approach

14. Which of the following is the least favorable approach to TNF failure?

- a. Increase the dose of the TNF inhibitor
- b. Switch to abatacept
- c. Switch to rituximab
- d. Switch to tocilizumab

- 15. Which of the following is not an indirect cost of RA?
 - a. Absenteeism
 - b. Quality-adjusted life-year
 - c. Productivity
 - d. Medication costs
- 16. Based on a meta-analysis of data on early DMARD therapy, which of the following regimens was considered most cost-effective?
 - a. Monotherapy
 - b. Step-up combination
 - c. Step-down combination
 - d. Steroid plus monotherapy
- 17. Which of the following is true regarding cost-effectiveness of the biologic agents?
 - a. They are too expensive to be cost-effective
 - b. They are only cost-effective when every other therapy fails
 - c. Cost-effectiveness depends on the model used for assessment and the sequence
 - d. They are only cost-effective in combination with methotrexate

- 18. Which of the following is not a role of the specialty pharmacy?
 - a. Diagnose RA
 - b. Ensure adherence
 - c. Manage utilization
 - d. Monitor patients
- 19. Which of the following is/are barriers to effective treatment of RA?
 - a. Knowledge about the disease
 - b. Adherence
 - c. Patient-provider communication
 - d. All of the above
- 20. Which of the following is true regarding a disease therapy management program for RA executed through a specialty pharmacy?
 - a. It improved proportion of days covered relative to community pharmacy
 - b. It failed to improve radiographic progression
 - c. It failed to improve quality of life
 - d. Patients rated the program very unhelpful

Physician Credit

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1. This lesson is free online at **www.ajmc.com** under Supplements, where you will be directed to the posttest and evaluation form to receive instant grading and a downloadable CME certificate.

Testing and Grading Directions

- 1. Each participant evaluating the activity and achieving a passing grade of 70% or higher on the posttest will receive a CME certificate.
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Pharmacy Credit

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- 4. To receive credit certification, please detach and mail or fax the test portion of this page to:

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Please print clearly to ensure receipt of CE credit.

Posttest Answer Form and Evaluation Form follow.

ACE006

Please print clearly.

CE Answer Form: November 12, 2012 • IMPROVING CLINICAL AND MANAGED CARE OUTCOMES IN RHEUMATOID ARTHRITIS: A FOCUS ON COMPARATIVE EFFECTIVENESS OF CURRENT TREATMENTS							
ACTIVITY 0290-9999-12-093-H01-P (TEST VALID THROUGH NOVEMBER 12, 2013. NO CREDIT WILL BE GIVEN AFTER THIS DATE.)							
1. a b c d 5. a b c d		9. a b c d 13. a b c					
2. a b c d 6. a b c d	10. a b c	-	14. a b c d		c d		
3. a b c d 7. a b c d	11. a b c		15. a b c d				
4. a b c d 8. a b c d		12. a b c d 16. a b c d 20. a b c d					
☐ Presently Enrolled in CE Program	scriber Participant Pharmacist						
Name: E-mail:							
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City: Zip:		Daytime Phone:					
Specialty: Pharmacist Pharmacy Technician Other (Specify)							
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CE Evaluation Form: November 12, 2012 • IMPROVING CLINICAL AND MANAGED CARE OUTCOMES IN RHEUMATOID ARTHRITIS: A FOCUS ON COMPARATIVE EFFECTIVENESS OF CURRENT TREATMENTS							
Please rate the effectiveness of this activity. Your input and comments are encouraged and appreciated.							
		Poor		Average		Excellent	
1. Overall, how would you rate this activity?		1	2	3	4	5	
2. Overall, how would you rate the work of the instructor(s)?		1	2	3	4	5	
3. How would you rate the quality of the instructional materials?		1	2	3	4	5	
4. Were the learning objectives of this activity met?		Not at all		Partially		Completely	
(Objective 1)		1	2	3	4	5	
(Objective 2)		1	2	3	4	5	
(Objective 3)		1	2	3	4	5	
(Objective 4)		1	2	3	4	5	
5. Was the activity useful and relevant to your practice?		1	2	3	4	5	
6. Do you believe the subject matter was presented objectively? Yes No If no, please explain:							
7. Do you intend to make any changes to your practice based on learnings from this program? a. Yes b. No	8. Do you anticipate any barriers in trying to implement changes in your practice? a. Yes b. No c. Don't know			overall how con counsel/educat	9. Based on the learning from this activity, overall how confident are you in your ability to counsel/educate/manage the disease/condition/problem (1 being NOT confident and 5 being VERY confident)?		
If yes , which of the following changes do you	If yes , what barrie	ers do you ant	icipate?	a. 1 (Not confide	a. 1 (Not confident)		
intend to implement? (Please select all that apply) (Please select all				b. 2			
a. Provide more in-depth counseling to	a. Lack of time	Lack of time			c. 3 (Somewhat confident)		
patients b. Lack		ack of resources			d. 4		
b. I rodotively talk to patients with this		cy technician help		e. 5 (Very confid	e. 5 (Very confident)		
disease/problem/issue d. Corporate focus is else)	10. What other topics related to this topic would			
c. Educate staff to better help patients	e. Legal issues			you like to explo	ore in future CE ac	tivities?	
d. Seek more resources to provide to patients	f. Insurance issues/restrictions						
e. Implement disease management program f. Improve monitoring for adherence/ g. Patients don't w			ce or have no				
persistence							
g. Other	i. None						
h. None	1						

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