

New Treatments for Rheumatoid Arthritis: A Managed Care Perspective

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There was a young girl who was studying geography. She was fascinated by all the different places and peoples she was learning about. Her heart's desire was to have a globe so that she could increase her understanding of how the places she was learning about related to the rest of the world. The holidays were coming, and as luck would have it, for Christmas she got her heart's desire. She got a beautiful globe. And she was thrilled. She spent the entire day playing with it, looking at it, walking around with it, and absolutely enjoying it. In fact, she even went to bed with it, she was so excited by this prized possession. Later in the evening as her father went to check on her, he gently tried to remove the globe from her arms. She awoke with a start and said, "Daddy, what are you doing with my world?"

We challenge readers of this Special Report supplement to *The American Journal of Managed Care* to think about what we are doing with the world—the world of patients who have rheumatoid arthritis (RA). This is a common disease, and as we all know, it can strike at any age. We often think of it as an old person's disease but it's not. A few years ago, the Arthritis Foundation featured a poster of a darling little girl all decked out with a beautiful dress and bow in her hair. The little girl was about 2 years old and the photo caption said, "This little old lady has arthritis." Many rheumatologists are following patients

whose disease began when they were but months old.

Millions of patients are afflicted with arthritis. In 1995, an estimated 15% (40 million) Americans reported some form of arthritis. It is projected that by the year 2020, an estimated 18.2% (59.4 million) will be affected. Available data suggest that the prevalence of definite rheumatoid arthritis in the adult US population is approximately 10 per 1000. This corresponds to a total of approximately 2.1 million people (1.5 million women and 600,000 men).¹ Arthritis is a leading cause of disability. Projections suggest that activity limitation associated with arthritis will increase from 2.8% of the population in the year 1990 (7 million) to 3.6% of the population in the year 2020 (11.6 million)—an increase of 60% in the number of people affected. Arthritis also has a significant impact on quality of life for patients, for their family members, and for caregivers.

Specialists in rheumatology know it is important to recognize this disease early and intervene aggressively so we can prevent or retard disease progression. One of our most important goals is to reduce deformity and disability.

Rheumatoid arthritis can affect people in many ways. Many of the hands we see on the people we treat don't look pretty, but that's not our primary concern. Our concern is that deformed hands don't function well. As rheumatologists, we aim to reduce

the burden of disability by preventing structural changes from occurring.

Our goals in management are several: we aim to suppress inflammation, both early in the disease as well as late in its course. We hope to prevent joint destruction, and if we can't—then we hope to correct it, which may mean surgical intervention and total joint replacements. Additionally, we hope to preserve joint function, or at least to help restore it. This might entail physical therapy measures or surgery. However, our overall aim is to avoid disability in the patients who have this chronic disease, and to defray some of the costs involved in treating structural damage and functional disability.

Today rheumatologists have many tools in managing patients with RA. Pharmacotherapy, physical therapy, and orthopedic surgical interventions can all make a significant difference in the lives of RA patients. We also aim to improve understanding of the disease process among patients and their family members, and to enhance compliance with the regimens we recommend. We must also remember that RA is not just a joint disease. It is a systemic disease that can have significant complications, including fever, weight loss, fatigue, pulmonary problems, and vasculitis.

These are, however, exciting times for rheumatology. We have a host of new medicines and several on the horizon that have a great deal of potential for influencing, and indeed altering, the course of this disease. However, many of these new treatment options are very costly. Cost concerns are not just short term—in terms of acquisition costs of medicine—but also long term in terms of avoiding or preventing surgery and disability.

The challenge to rheumatologists and clinical decision makers today is to create a new balance that has not yet been achieved between quality

ACRONYM LIST

The following acronyms appear within this Special Report:

ACR	American College of Rheumatology
ATTRACT	AntiTNF Trial in Rheumatoid Arthritis with Concomitant Therapy
CEO	Chief Executive Officer
CFO	Chief Financial Officer
COBRA	<i>Combinatietherapie Bij Reumatoide Artritis</i>
COX-2	Cyclo-oxygenase-2
CRP	C-reactive protein
DMARD	Disease-modifying antirheumatic drug
ESR	Erythrocyte sedimentation rate
FDA	Food and Drug Administration
GI	Gastrointestinal
GNP	Gross National Product
HAQ	Health Assessment Questionnaire
HCFA	Health Care Financing Administration
HCQ	Hydroxychloroquine
HMO	Health Maintenance Organization
IV	Intravenous
MCO	Managed Care Organization
MHAQ	Modified Health Assessment Questionnaire
MTX	Methotrexate
NSAID	Nonsteroidal anti-inflammatory drug
OA	Osteoarthritis
OHP	Ochsner Health Plans
OT	Occupational Therapy
PCP	Primary Care Physicians
PMPM	Per-member-per-month
PPO	Preferred Provider Organization
PT	Physical Therapy
QWB	Quality of Well-Being
RA	Rheumatoid arthritis
SSZ	Sulfasalazine
TNF	Tumor necrosis factor
UCSF	University of California - San Francisco
VAS	Visual Analog Scale

care for someone who is afflicted with RA and cost-effective treatment. American medicine has been said to be the best in the world. We have wonderful medicines and state-of-the-art technologies. At the same time, however, the American healthcare system is not really a *system* at all. It is, rather, a series of different groups with different (and often conflicting) agendas and interests. We have patients, families, and other caregivers. We have physicians and other healthcare providers. We have employers, insurers, and managed care organizations. In fact, we have a wide variety of organizations made up

of a series of components that often do not interact. As a nation, have shown we can achieve wonderful things with concerted efforts using our gifts and talents. We ought to be able to manage, efficiently and effectively, patients who have rheumatoid arthritis. This Special Report provides an opportunity to begin to do just that.

... REFERENCES ...

1. Lawrence RC, Helmick CG, Arnett FC, et al. Estimates of the prevalence of arthritis and selected musculoskeletal disorders in the United States. *Arthritis Rheum* 1998;41: 778-799.