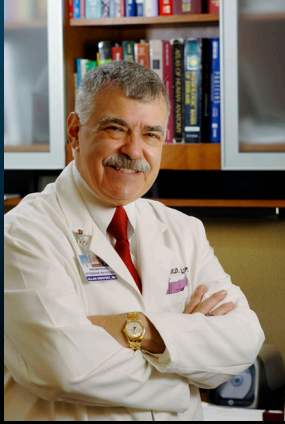




# Joining Forces in the Coordination of Care of Patients with Psoriatic Arthritis

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# Today's Activity Is Eligible for ABIM MOC Credit and as a CME for MIPS Improvement Activity

Complete your post-test and evaluation at the conclusion of the activity



Be sure to fill in your **ABIM ID number** and **DOB** (MM/DD) on the evaluation so we can submit your credit to ABIM



Over the next 90 days, actively work to incorporate improvements in your clinical practice from this presentation

- Complete the follow-up survey from CME Outfitters in approximately 3 months
- CME Outfitters will send you confirmation of your participation to submit to CMS attesting to your completion of a CME for MIPS Improvement Activity



# Learning Objective

Coordinate care with specialty and primary care colleagues to optimally co-manage patients with psoriatic arthritis.

# Does a Psoriatic Arthritis Diagnosis Begin in the Dermatology or Rheumatology Office?

- Psoriatic arthritis (PsA) presents in up to 30% of patients with psoriasis (PsO)
- PsA may precede, occur concurrently, or after the development of PsO
- Data suggest that the majority of patients present with PsO, compared to patients who present with joint

# Delays in Diagnosing PsA

- 162 cases in a retrospective population-based cohort of incident patients age  $\geq 18$  meeting CASPAR criteria for PsA
- Median lag time from disease onset to a confirmatory diagnosis of PsA was 2.5 years
  - 23% diagnosed at 6 months
  - 35% diagnosed at 1 year
  - 45% diagnosed at 2 years
- Diagnosis at a younger age, high BMI, and enthesitis before diagnosis were associated with greater delay
- Sebopsoriasis diagnosis was associated with was associated with less likelihood of delay

BMI = body mass index

Karmacharya P, et al. *Arthritis Rheumatol.* 2020;72(suppl 10). <https://acrabstracts.org/abstract/diagnostic-delay-in-psoriatic-arthritis-a-population-based-study/>.

# Screening for PsA in Clinical Practice

## Identify symptoms/signs of PsA

- Morning-joint stiffness, joint pain that improves with activity
- Swollen tender joints, dactylitis, enthesitis, inflammatory back pain, uveitis
- Check X-rays of affected joints and CCP, CRP, RF



CCP = cyclic citrullinated peptide; CRP = C-reactive protein; RF = rheumatoid factor

Fourth image courtesy of Joel M Gelfand, MD, MSCE

Gisoni P, et al. *J Eur Acad Dermatol Venereol*. 2017;31(12):2119-2123.

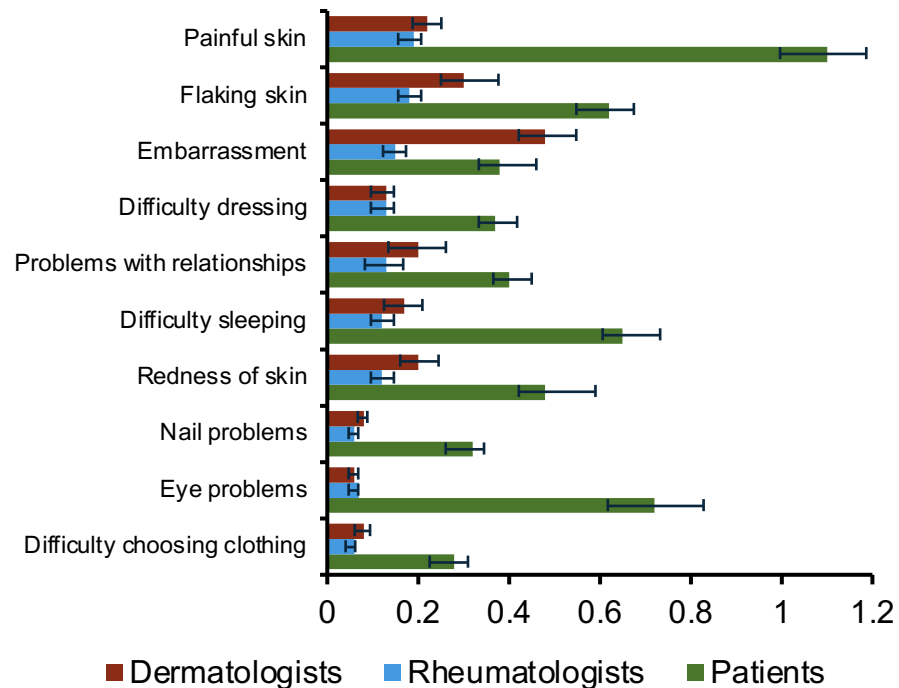
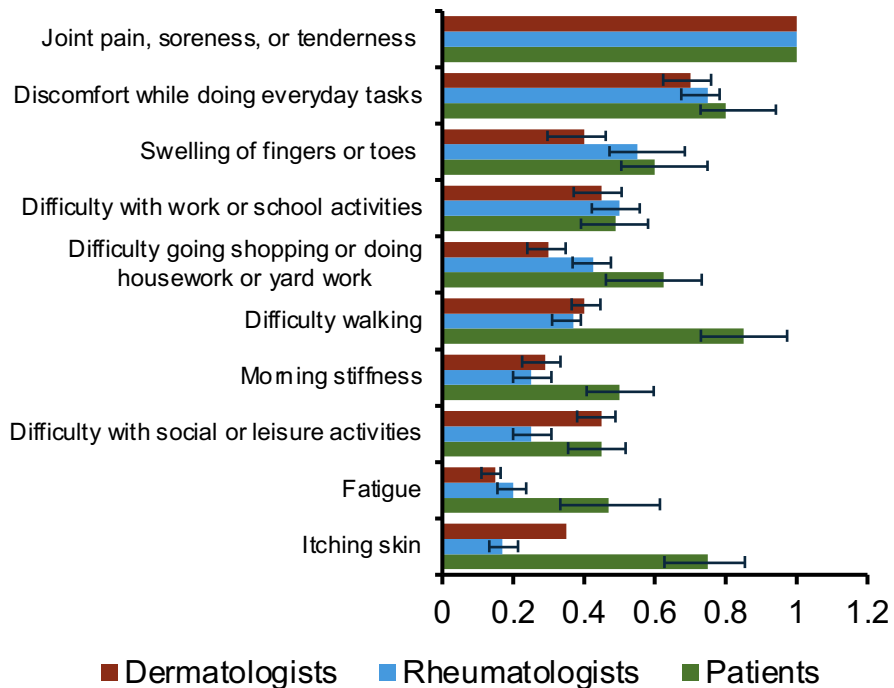
# CASPAR Criteria for the Classification of PsA

Inflammatory musculoskeletal disease (arthritis, spondylitis, enthesitis) with  $\geq 3$  points from the following:

Evidence of PsO:	
Current PsO	2
Personal history of PsO	1
Family history of PsO	1
Psoriatic nail dystrophy	1
Negative rheumatoid factor	1
Dactylitis (current or recorded by a rheumatologist)	1
Radiographic evidence of juxta-articular new bone formation	1



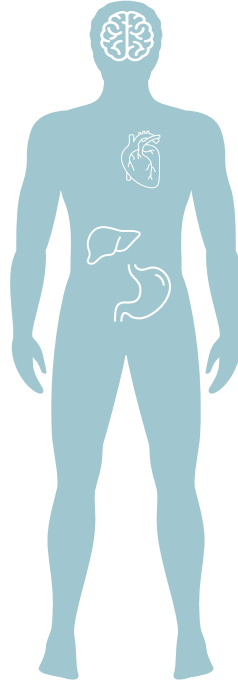
# Dermatologist, Rheumatologist, and Patient Perceptions of Psoriatic Disease Symptoms: DISCONNECT Study



# Common Comorbidities in PsA

Ocular inflammation<sup>1</sup>  
(eg, uveitis/iritis)

Inflammatory bowel disease<sup>2</sup>



Psychosocial burden<sup>3,4</sup>

- Anxiety
- Depression
- Suicidal ideation
- Substance use

Increased risk of CVD<sup>5-8</sup>

- Hyperlipidemia
- Hypertension
- Insulin resistance
- Diabetes
- Obesity

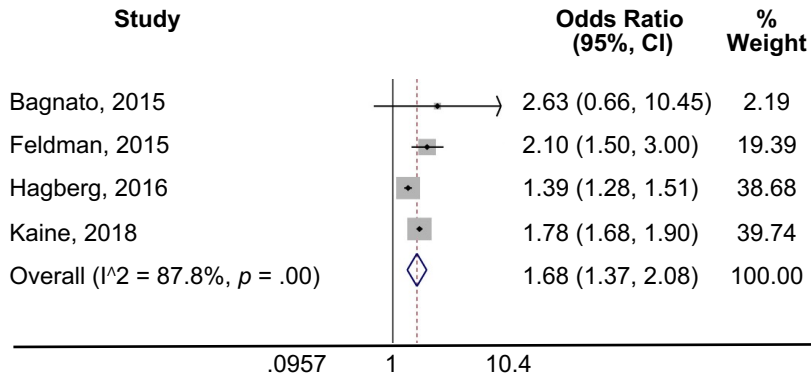
CVD = cardiovascular disease

1. Au S, et al. *Psoriasis Forum*. 2011;17:169-179. 2. Li WQ, et al. *Ann Rheum Dis*. 2013;72(7):1200-1205. 3. Husni E, et al. *Semin Arthritis Rheum*. 2017;47:351-360. 4. Chisholm A, et al. *Rheumatology (Oxford)*. 2016;55(6):1047-1052. 5. Egeberg E, et al. *Rheumatology Advances in Practice*. 2018;0:1-5. 6. Mallbris L, et al. *Curr Rheumatol Rep*. 2006;8(5):355-363. 7. Neimann AI, et al. *J Am Acad Dermatol*. 2006;55(5):829-835. 8. Tam LS, et al. *Rheumatology (Oxford)*. 2008;47(5):718-723.

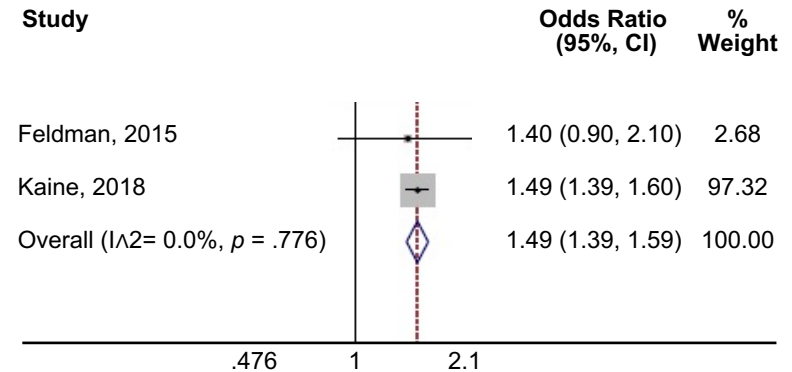
# Depression and Anxiety in PsA

Individuals with PsA have 66% higher odds of having prevalent depression and 49% higher odds of having prevalent anxiety, compared to individuals without PsA

## Pooled Odds Ratio of Depression



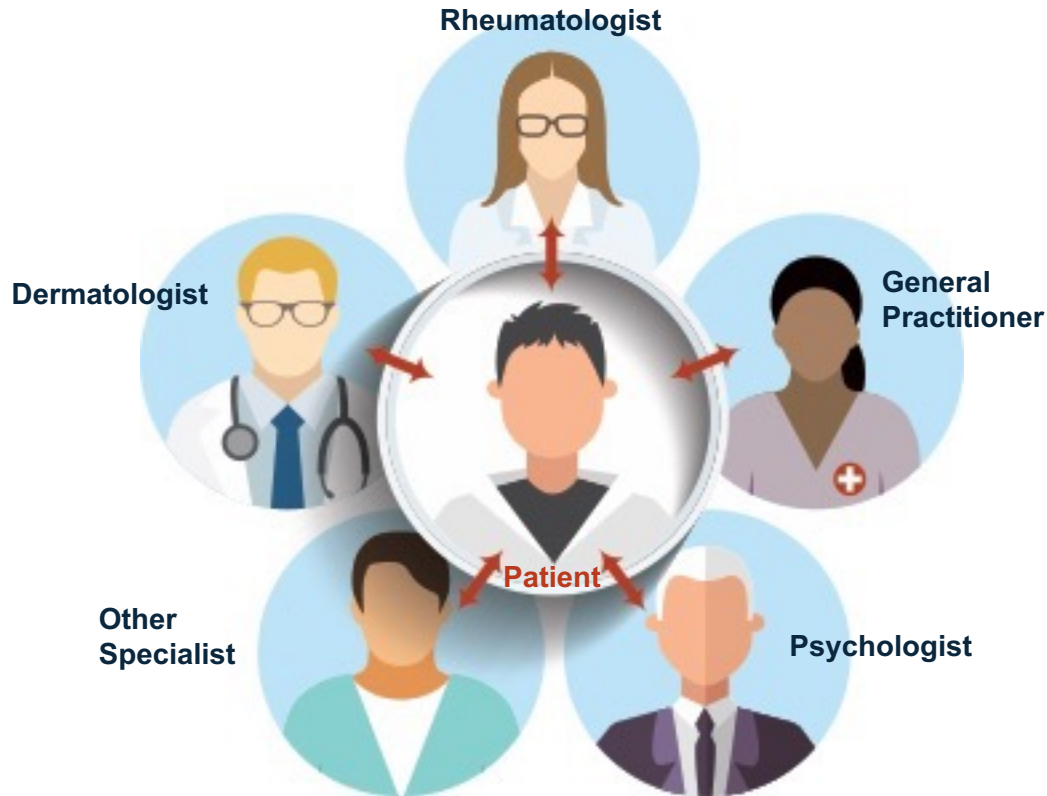
## Pooled Odds Ratio of Anxiety



CI = confidence interval

Zusman EZ, et al. *Semin Arthritis Rheum.* 2020 Feb 13. pii: S0049-0172(20)30020-2. [Epub ahead of print].

# Multidisciplinary Approach for the Management of PsA



# Don't Forget the Pharmacist!

- Resources for monitoring patients, medication management, and reconciliation
- Pharmacists can be a valuable asset related to prior authorization burden with special medications
- In 42 insurance denials, 71% of denials that were challenged by pharmacists were overturned
- Average time of denial to approval was 9 days

# Monitoring Patients with PsA for PsO

- Have patients disrobe at each visit to examine for PsO
- Examine patients regularly
  - Quantify body surface area
  - Skin cancer screening
  - Evaluate impact of skin disease on health-related quality of life
- Ask patients about past personal or family history for PsO
- Communicate with dermatologist



# SMART Goals

Specific, Measurable, Attainable, Relevant, Timely

- Recognize the impact of delays in diagnosis on joint damage and patient quality of life
- Incorporate patient-reported outcomes as part of shared decision-making
- Employ a multidisciplinary approach to coordinate care for patients with PsA
- Monitor patients with PsA for PsO at each visit



**Pathogenesis of  
Psoriatic Arthritis:  
A Broader  
Understanding to  
Inform Next Steps**

**Mechanistic Rationales  
for Novel and Emerging  
Treatments for Psoriatic  
Arthritis: Plugging the  
Data into the Equation**

[www.CMEOutfitters.com/PsA-hub/](http://www.CMEOutfitters.com/PsA-hub/)





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[www.cmeoutfitters.com/TST44783](http://www.cmeoutfitters.com/TST44783)

Be sure to fill in your **ABIM ID number** and **DOB** (MM/DD) on the evaluation so we can submit your credit to ABIM

Participants can print their certificate or statement of credit immediately.