High Impact Rheumatology
For Primary Care Physicians

High Impact Rheumatology Program
- Why High Impact Rheumatology?
- Learning Modules
  - When It Really Hurts
  - Rheumatoid Arthritis
  - Osteoarthritis
  - Low Back Pain
  - Diffuse Arthralgias and Myalgias
  - Multisystem Inflammatory Disease
- Meet-the-Professor Lunch
- Joint Exam and Injection Skills
- Rheumatology at a Glance

Why High Impact Rheumatology?
- Musculoskeletal disorders have high impact on
  - The patient
  - Society
  - The primary care physician

- 65% of 4th-year medical students listed "non-operative musculoskeletal care" as the area in which they felt least prepared
Why High Impact Rheumatology?

- Rheumatologic disorders are high volume
- Over 40 million Americans have musculoskeletal disorders
- Musculoskeletal disorders account for 30% of all physician visits in the US
- Rheumatologic disorders are high cost
  - $149.4 billion (2.5% of GNP)
  - Indirect costs of lost resources and productivity
  - Direct costs of treatment and complications

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Why High Impact Rheumatology?

Differences between primary care physicians and rheumatologists in diagnostic accuracy and cost for 15 common musculoskeletal problems:

<table>
<thead>
<tr>
<th>Group</th>
<th>Diagnostic Accuracy (% correct)</th>
<th>Cost ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP Internists</td>
<td>75%</td>
<td>$3096</td>
</tr>
<tr>
<td>Rheumatologists</td>
<td>91%</td>
<td>$1943</td>
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</tbody>
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Issues We All Struggle With and Worry About

- Don’t Miss It
  - Symptoms that become critical within a short time; immediate, correct triage or treatment is essential
  - [e.g., septic joint, temporal arteritis]

- Don’t Fall for It (the masqueraders)
  - Diseases that masquerade as another or more common disorder
    - [e.g., TA as malignancy, Wegener’s disease as sinusitis, gout as cellulitis, polyarticular gout as OA or RA]
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Don't Blow It (management issues)

- Common errors—less than ideal treatment of correctly diagnosed disease
  
  [eg, NSAID for OA results in GI bleed]
- Critical therapy issues—correct treatment has major positive effect or mistreatment has a major adverse outcome
  
  [eg, low-dose prednisone for TA]
- Follow-up errors—correct diagnosis and treatment but follow-up is inadequate because of misunderstood disease process or inadequate therapy monitoring

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Don't Treat It, Refer It

- For certain presenting complaints, do not need the exact diagnosis, but one needs to recognize the constellation of symptoms that should be referred to the subspecialist right away
  
  [eg, “SSV”: constellation of signs and symptoms = some sort of vasculitis]
- Patient correctly diagnosed but
  
  ▪ Types of treatment changing rapidly
  ▪ Timing of right treatment critical
  ▪ Earlier referral would be beneficial

When the Primary Care-Rheumatology Partnership Can Be Most Helpful

- If the diagnosis is delayed, the patient risks getting into trouble
- If the medications needed are not part of the primary care physician’s usual formulary
- When the rheumatologist’s experience with certain medications reduces the potential for toxicity
- When the rheumatologist’s experience with certain diseases reduces the potential for serious complications
When the Primary Care-Rheumatology Partnership Can Be Most Helpful

- When your patient wants to know more about prognosis and management options

  The “Five D’s”:
  - Death
  - Discomfort
  - Disability
  - Dollar cost
  - Disasters