

Improving outcomes using shared decision making in patients with juvenile idiopathic arthritis

Carolyn Smith, CRNP; Emily Smitherman, MD; Livie Huie; Kim Jerkins; Linda McAllister, CRNP; Annelle Reed, CRNP; Tana Webb; Joanne Zech, Melissa Mannion, MD

INTRODUCTION

- Treat to Target is a process that involves assessing disease activity at every visit, determining a disease activity goal with the patient, and adjusting medication to achieve that target goal.
- Shared decision making is a critical component to Treat To Target and involves incorporating the patient and family in the medical decision making process.
- The Clinical Juvenile Arthritis Disease Activity Score (cJADAS) is used to assess disease activity and can facilitate shared decision making.

SMART AIM

- We aimed to increase discussion and documentation of the cJADAS score and goal in all patients with JIA.

METHODS

- A previously utilized patient global form was adapted to include all components of the cJADAS (Figure 1). The cJADAS includes the following :
 - Patient Global assessment of well-being
 - Physician Global
 - Active Joint Count (up to a maximum score of 10)
- The patient completes the Patient Global portion of the form. The form is collected by the nurse and left in the clinic room for review. The provider at the point of care completes the remainder of the cJADAS.
- The total cJADAS is calculated and ranked into categories to include inactive, low, moderate, and severe disease. The target for most patients is inactive disease.
- The provider incorporates the patient and family in conversation about goals for disease activity and changes to therapy to be made to help achieve that goal.
- The completed cJADAS forms are returned to the clinic nurses who then
 - Make copies to be scanned into the EMR
 - Give one copy to the patient/family
 - Collect in order to track completion of the forms
- We performed FMEA analysis to discuss barriers to form completion/discussion (Figure 2)
- Additional shared decision making tools (Figure 4) available to help aid in the discussion and include areas such as frequency of medications, side effects, cost, and lifestyle factors in the decision making process.

Figure 1: Updated cJADAS form November 2019

The form includes a header with UAB Children's of Alabama logo and address. It features two barcode areas with fields for Patient Name, MR#, Admit Date, ECD#, Location, Room, Bed, Attending Doctor Name, and DOB. Below is a patient global assessment section with a scale from 0 (Very Well) to 10 (Very Poorly) and a thumbs up/down icon. A text box asks the patient to think about how their child's illness affects their life. Below is a physician global assessment section with a similar scale and a thumbs up/down icon. A note states: "Filling out this form helps your doctor decide how your child is doing today." At the bottom, it says: "If your child has oligoarticular or polyarticular Juvenile Idiopathic Arthritis (JIA), Your doctor will use this number to calculate the cJADAS. cJADAS stands for 'clinical Juvenile Arthritis Disease Activity Score'."

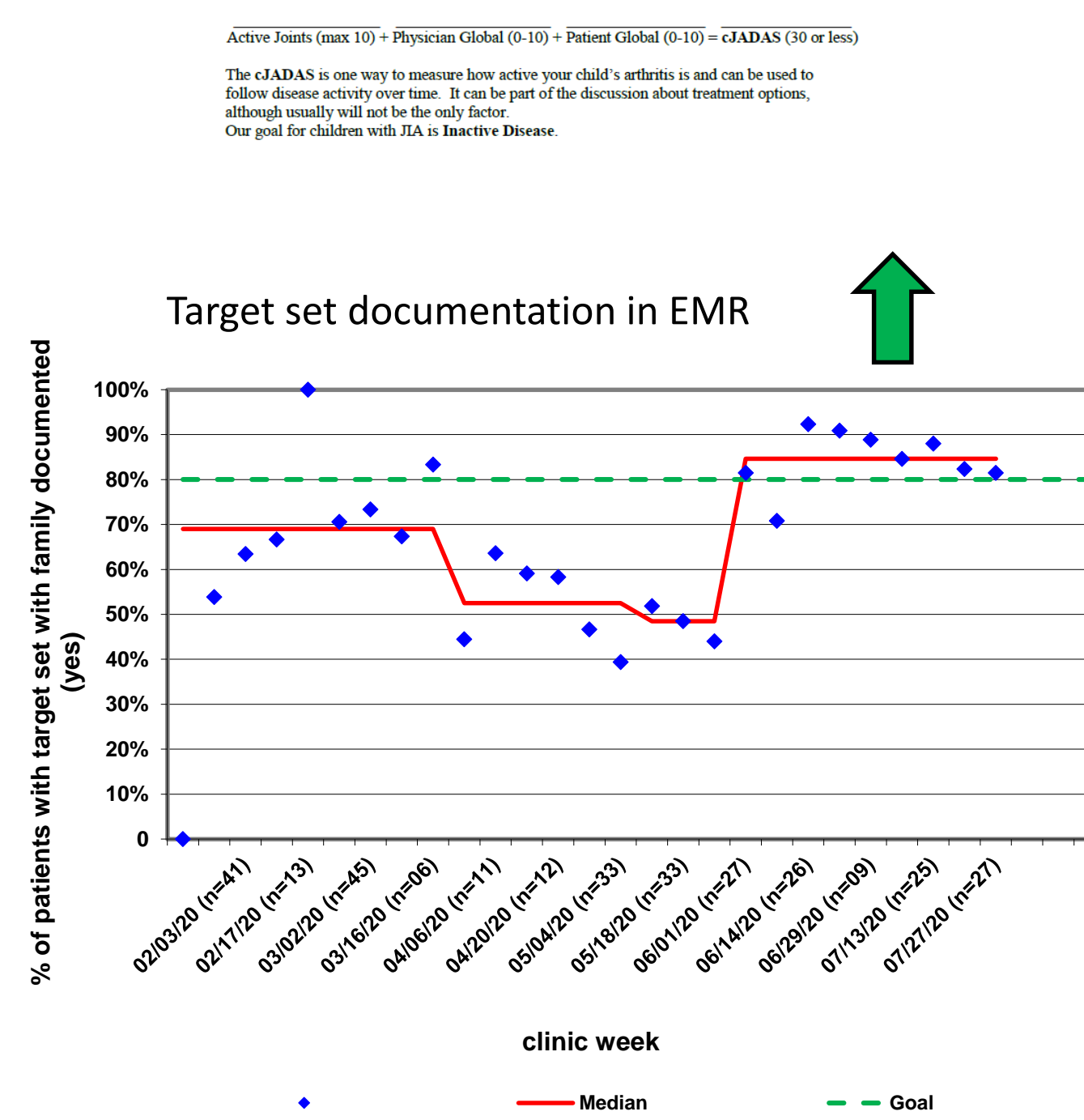
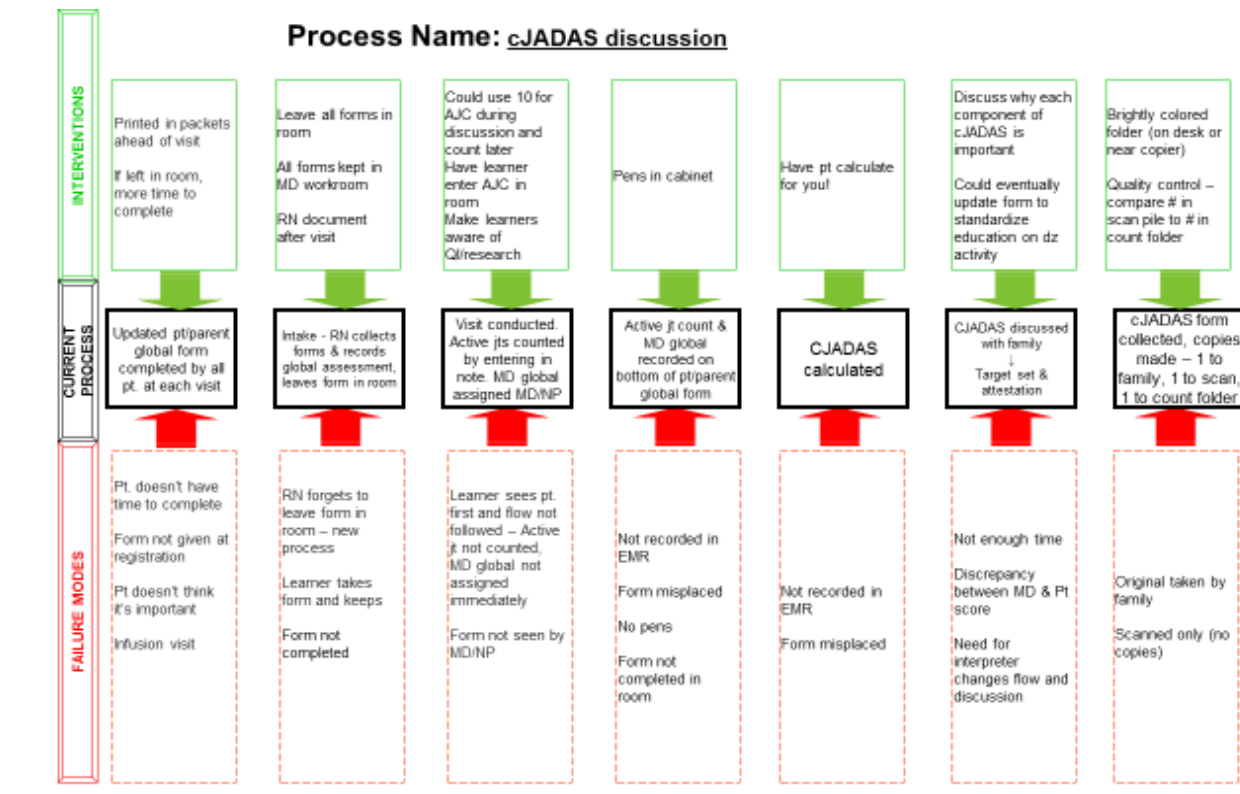


Figure 3: cJADAS documentation in EMR

Figure 2: FMEA- Barriers to cJADAS discussion



This tool includes a "cJADAS Calculation?" section with a table for Active Joint Count, Physician Global, and Patient Global. It also features a "Disease Activity?" section with a table for Active Joints, Physician's Disease Activity, and Patient's Disease Activity. Below these is a "Read, Ask Questions, Think, Decide." section with a rainbow graphic and the PEDIATRIC COIN logo.

Keeping it Safe?	How Often?	Side Effects?	Cost?
<p>Leflunomide (Arava®)</p> <ul style="list-style-type: none"> Stomach upset diarrhea stomach upset headache common cold 	<p>Sulfasalazine (Azulfidine®)</p> <ul style="list-style-type: none"> 1x daily 2x daily 	<p>Common</p> <ul style="list-style-type: none"> stomach upset diarrhea stomach upset headache common cold 	<p>\$</p>
<p>Methotrexate</p> <ul style="list-style-type: none"> mouth sores nausea stomach upset headache common cold 	<p>Methotrexate</p> <ul style="list-style-type: none"> 1x week 	<p>Uncommon</p> <ul style="list-style-type: none"> low blood counts abnormal liver test low blood counts 	<p>\$</p>
<p>Etanercept (Enbrel®)</p> <ul style="list-style-type: none"> injection site reactions injection site reactions injection site reactions injection site reactions 	<p>Etanercept (Enbrel®)</p> <ul style="list-style-type: none"> 1x week 	<p>Common</p> <ul style="list-style-type: none"> injection site reactions injection site reactions injection site reactions injection site reactions 	<p>\$55</p>
<p>Abatacept (Orencia®)</p> <ul style="list-style-type: none"> injection site reactions injection site reactions injection site reactions injection site reactions 	<p>Abatacept (Orencia®)</p> <ul style="list-style-type: none"> 1x month 	<p>Common</p> <ul style="list-style-type: none"> injection site reactions injection site reactions injection site reactions injection site reactions 	<p>\$55</p>

Figure 4: Additional shared decision making tool

RESULTS

- With the implementation of the new form in November 2019 and modification of our clinic processes, we were able to consistently document the cJADAS 80% of the time and reviewed with patients in clinic.
- Telehealth visits from March-June 2020 resulted in a decrease in cJADAS documentation and review without the use of the physical form.
- We subsequently modified our telehealth process to improve cJADAS review by using the "share screen" function on Zoom and providing the information to patients typed in the discharge teaching.
- We improved our disease activity target set documentation rate to above 80% including both in person and telehealth visits.

CONCLUSION

- We successfully modified our clinic process and subsequently our telehealth process to improve documentation and shared review of the cJADAS between patients and providers.
- This process provides for increased opportunity for shared decision making and discussion about target goals.
- Through incorporating the patients and family in the decision making process, we hope to improve outcomes in our patients with JIA.

NEXT STEPS

- Document and encourage utilization of additional shared decision making tools.
- Assess and analyze cJADAS scores and how they are trending as a result of increasing the use of shared decision making.

REFERENCES

- Consolaro, A., Negro, G., Lanni, S., Solari, A., Martini, A., Ravelli, A. Toward a treat-to-target approach in the management of juvenile idiopathic arthritis. *Clinical and Experimental Rheumatology*. 2012 September (73): S157-S162.
- Pediatric Rheumatology Care & Outcomes Improvement Network (2020). www.pr-coin.org