

# Health Benchmarks<sup>®</sup> Program

## Clinical Quality Indicator Specification 2011

<b>Measure Title</b>	APPROPRIATE FOLLOW-UP FOR RHEUMATOID ARTHRITIS		
<b>Disease State</b>	Rheumatoid Arthritis	<b>Indicator Classification<sup>1</sup></b>	Disease Monitoring
<b>Strength of Recommendation<sup>2</sup></b>	B		
<b>Organizations Providing Recommendation</b>	American College of Rheumatology Arthritis Foundation		
<b>Clinical Intent</b>	To ensure that all members diagnosed with rheumatoid arthritis receive at least annual testing of ESR or C-reactive protein to monitor for disease activity.		
<b>Background</b>	<p><b>Disease Burden</b></p> <ul style="list-style-type: none"> <li>Rheumatoid arthritis (RA) is one of the most common and serious forms of arthritis. It can lead to long-term joint damage, resulting in chronic pain, loss of function and disability. RA affects 1.5 million Americans[1]. There are two to three times as many women as there are men with RA[2, 3].</li> </ul> <p><b>Reason for Indicated Intervention or Treatment</b></p> <ul style="list-style-type: none"> <li>RA causes substantial disability and associated economic burden. Within 10 years of onset, work absenteeism, which includes work disability, ranges from 32% to 50%, increasing to 50%-90% after 30 years of onset[4]. Arthritis and related conditions, such as RA, cost the U.S. economy nearly \$128 billion in 2003, up from \$86.2 billion in 1997, in medical care and indirect expenses, including lost wages and productivity[1, 5].</li> <li>Mortality rates in individuals with RA are more than twice those found in the general population, and are correlated with the extent and severity of disease[6].</li> </ul> <p><b>Evidence Supporting Intervention or Treatment</b></p> <ul style="list-style-type: none"> <li>Elevated Erythrocyte Sedimentation Rate (ESR) in patients with early RA is a predictor of degree of future radiographic joint damage.[7-9] Because ESR values generally correlated with disease activity, monitoring levels may be useful in monitoring therapeutic response to treatment.[10, 11]</li> <li>Progression of radiologic damage is also highly correlated with CRP levels in patients with early RA.[12]</li> </ul>		
<b>Clinical Recommendations</b>	<ul style="list-style-type: none"> <li>The American College of Rheumatology (ACR) 2006 Guidelines for Rheumatic and Musculoskeletal Diseases recommends annual measurement of acute phase reactant (either CRP or ESR).[13]</li> <li>The Arthritis Foundation Quality Indicator Set also recommends monitoring of CRP or ESR levels because knowledge of these measures is</li> </ul>		

needed to make appropriate therapeutic decisions.[14]

**Source** (HEDIS®) 2011 Technical Specification, Adapted by IMS Health

The following items were adapted from the Health Plan Employer Data and Information Set (HEDIS®) 2011 Technical Specification:

- Denominator definition of rheumatoid arthritis
  - IMS altered the identification of this code set from “the first 11 months of the measurement year” to “the year prior to the measurement year” for the purposes of this measure.

### Denominator

**Denominator Definition** Continuously enrolled members with a diagnosis of rheumatoid arthritis and two face-to-face encounters in an outpatient/non-acute inpatient setting during the year prior to the measurement year.

**Denominator Index Date** First instance of members with a diagnosis of rheumatoid arthritis and two face-to-face encounters in an outpatient/non-acute inpatient setting during the year prior to the measurement year.

**Denominator Encounters/Claims Criteria** CPT-4 code(s): 99201-99205, 99211-99215, 99241-99245, 99304-99310, 99315, 99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99384-99387, 99394-99397, 99401-99404, 99411, 99412, 99420, 99429, 99455, 99456  
  
ICD-9 diagnosis codes(s): 714.0, 714.1, 714.2, 714.81  
  
UB revenue code(s): 0118, 0128, 0138, 0148, 0158, 019x, 0524, 0525, 055x, 066x, 051x, 0520-0523, 0526, 0529, 057x-059x, 0982, 0983

### Denominator Exclusion

**Denominator Exclusion Definition** Members who were hospitalized during the 0-365 days after index date (inclusive of the index date). Members who were hospitalized were excluded because acute phase reactants for rheumatoid arthritis may be sent as inpatient lab, which would not be captured with claims data.

**Denominator Exclusion Claims Criteria** CPT-4 code(s): 99217-99220, 99221-99223, 99231-99233, 99234-99236, 99238-99239, 99251-99255, 99261\*-99263\*, 99291-99300, 99356-99357, 99431\*-99440\*, 99460-99465, 99468-99476, 99477-99480

UB revenue code(s): 010x, 0110-014, 0119, 0120-0124, 0129, 0130-0134, 0139, 0140-0144, 0149, 0150-0154, 0159, 016x, 020x-022x, 072x, 080x, 0987

\*Code range was retired but is retained for retrospective analysis.

### Numerator

**Numerator** Members who received an erythrocyte sedimentation rate (ESR) or C-reactive

**Definition** protein laboratory test 0-365 days after the index date (inclusive of the index date).

**Numerator Claims Criteria** CPT-4 code(s): 85651, 85652, 86140, 86141

### Physician Attribution

**Physician Attribution Description** Score all physicians who diagnosed the member with rheumatoid arthritis during the 0-365 days after the index date (inclusive of the index date).

- References**
1. CDC. *Arthritis-related statistics*. 2010 Oct 20 [cited 2010 Dec 30]; Available from: [http://www.cdc.gov/arthritis/data\\_statistics/arthritis\\_related\\_stats.htm](http://www.cdc.gov/arthritis/data_statistics/arthritis_related_stats.htm).
  2. NIAMS. *What people with rheumatoid arthritis need to know about osteoporosis*. 2009 [cited 2010 Dec 30]; Available from: [http://www.niams.nih.gov/Health\\_Info/Bone/Osteoporosis/Conditions\\_Behaviors/osteoporosis\\_ra.asp](http://www.niams.nih.gov/Health_Info/Bone/Osteoporosis/Conditions_Behaviors/osteoporosis_ra.asp).
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  5. CDC. *National and state medical expenditures and lost earnings attributable to arthritis and other rheumatic conditions -- United States, 2003*. 2007 Jan 12, 2007 [cited 2010 Dec 30]; 4-7. Available from: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5601a2.htm?s\\_cid=mm5601a2\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5601a2.htm?s_cid=mm5601a2_e).
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  8. Lindqvist, E., et al., *Prognostic laboratory markers of joint damage in rheumatoid arthritis*. *Ann Rheum Dis*, 2005. **64**(2): p. 196-201.
  9. van Zeben, D., et al., *Clinical significance of rheumatoid factors in early rheumatoid arthritis: results of a follow up study*. *Ann Rheum Dis*, 1992. **51**(9): p. 1029-35.
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  11. Donald, F. and M.M. Ward, *Evaluative laboratory testing practices of United States rheumatologists*. *Arthritis Rheum*, 1998. **41**(4): p. 725-9.
  12. van Leeuwen, M.A., et al., *The acute-phase response in relation to radiographic progression in early rheumatoid arthritis: a prospective study during the first three years of the disease*. *Br J Rheumatol*, 1993. **32 Suppl 3**: p. 9-13.
  13. *American College of Rheumatology's Starter Set of Measures for Quality in*

14. *the Care for Rheumatic and Musculoskeletal Diseases*. 2006.  
Khanna, D., et al., *Measuring process of arthritis care: the Arthritis Foundation's quality indicator set for rheumatoid arthritis*. *Semin Arthritis Rheum*, 2006. **35**(4): p. 211-37.

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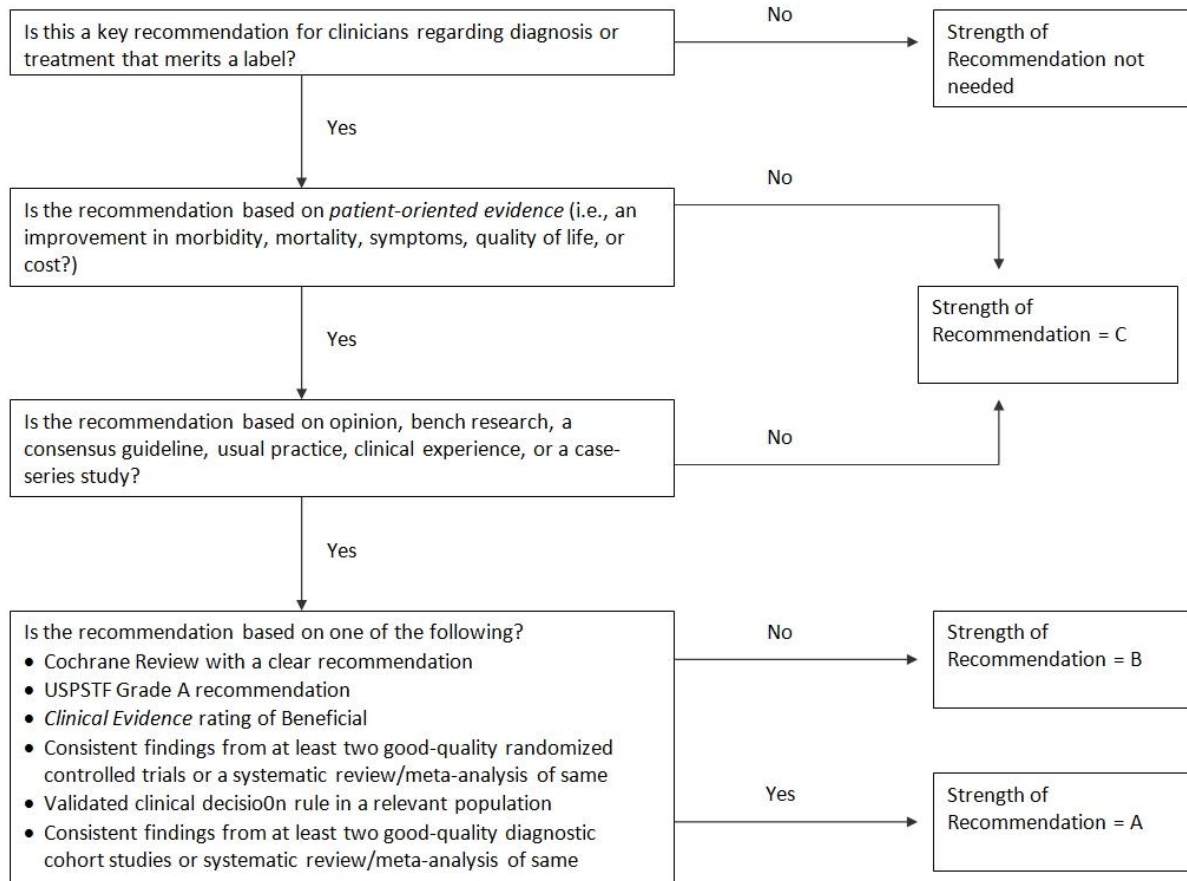
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<sup>1</sup> **Indicator Classification** (Adapted from Health Plan Employer Data Information Set (HEDIS®) technical specifications)

<b>Diagnosis</b>	Measures applicable to patients receiving diagnostic workups for a symptom or condition that delineate appropriate laboratory or radiological testing to be performed (e.g., evaluation of thyroid nodule; pregnancy test in patients with vaginal bleeding or abdominal pain).
<b>Effectiveness of Care</b>	
<b>Prevention</b>	Measures applicable to asymptomatic individuals that are designed to prevent the onset of the targeted condition (e.g., immunizations).
<b>Screening</b>	Measures applicable to asymptomatic patients who have risk factors or pre-clinical disease, but in whom the condition has not become clinically apparent (e.g., pap smears; screening for elevated blood pressure).
<b>Disease Management</b>	Measures applicable to individuals diagnosed with a condition that are part of the treatment or management of the condition (e.g., cholesterol reduction in patients with diabetes; radiation therapy following breast conserving surgery; appropriate follow-up after acute event).
<b>Medication Monitoring</b>	Measures applicable to patients taking medications with narrow therapeutic windows and / or potential preventable significant side effects or adverse reactions (e.g., thyroid stimulating hormone (TSH) testing after levothyroxine dose change; hepatic enzyme monitoring for patients using antimycotic pharmacotherapy).
<b>Medication Adherence</b>	Measures applicable to patients taking medications for chronic conditions that are designed to assess patient adherence to medication (e.g., adherence to lipid lowering medication).
<b>Utilization</b>	Measures applicable to patients receiving treatment for a symptom or condition that advocate appropriate utilization of laboratory and pharmaceutical resources (e.g., conservative use of imaging for low back pain; inappropriate use of antibiotics for viral upper respiratory infection).

## <sup>2</sup> Strength of Recommendation

### Strength of Recommendation Based on a Body of Evidence



**FIGURE 2.** Algorithm for determining the strength of a recommendation based on a body of evidence (applies to clinical recommendations regarding diagnosis, treatment, prevention, or screening). While this algorithm provides a general guideline, authors and editors may adjust the strength of recommendation based on the benefits, harms, and costs of the intervention being recommended. (USPSTF = U.S. Preventive Services Task Force)