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TRANSCRIPT

Transcript Details
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Bringing Precision Medicine to RA Treatment: Challenges and Triumphs

Announcer:

This is ReachMD. Welcome to this special series, *Rheumatoid Arthritis: Addressing Unmet Needs,* sponsored by Lilly.

On this episode, titled *Future of Precision Medicine in RA Treatment* we will hear from Dr. Jeffrey Curtis from the University of Alabama at Birmingham, Division of Clinical Immunology and Rheumatology

Dr. Jeffrey Curtis:

Looking ahead, and not so very far into the future, how are we going to help manage patients with rheumatic conditions going forward? We have relied quite heavily and to great effect with traditional registry sources of information, and the good news, for bad or good reasons, most of us are now using electronic health record-based systems. Every day that we go to clinic and we see and treat patients, we are generating medical evidence. We were accustomed to be trained in an era where we would try to adopt evidence-based practice, meaning we would actually practice what we have evidence to do rather than simply substitute our own judgment. Unfortunately, it didn't take too long to realize that much of what we do, actually, doesn't have a lot of direct evidence behind it. We have indirect evidence. We make lots of extrapolations; we do our best. That's the art of medicine and sometimes not so much the science. But it is estimated that only about 20% of what clinicians actually do has direct evidence to support it. However, to combat that problem, the fact that we are now using digital systems, we call them electronic health records, and a variety of other digital tools, we are now generating evidence every single day that we go to clinic, and that can be then used to inform treatment decisions, both for our own selves and for clinicians in the future. So, what used to be thought of as evidence-based practice, is now being flipped on its head to think about practice-based evidence. The notion that we are going to generate evidence that could be used not just in the domain of clinical research, but in fact, how we take care of patients; how we deliver quality of care using data that we our own selves, and our colleagues, actually are contributing every day that we go to clinic and we make our best treatment decisions, not having complete certainty nor direct evidence about what's going to happen.

The other opportunity to think about that is rather futurist, but not so far away, is the recognition that patients are carrying around computers in their pocket in the form of their Smartphones and they wear them on their wrist in the form of health tracking devices. And, for that reason, there is a lot of important insights that can be derived from that kind of data in the wild to contribute to a real-world data platform and, thereby, get clinicians the benefit of understanding what's really going on between office visits, between the few times a year that patients might come to their office to understand things about flares and fatigue and pain and sleep and mobility and function, not just the 3, or 4, or 5 times that they are in the office each year, but the 360 or so days that they are not in the office, to really provide a comprehensive and holistic picture about what's going on with the patient and not just filter through the lens about what's been happening in the last few weeks before each office visit.

Announcer:

The proceeding program was sponsored by Lilly. To revisit any part of this discussion and to access other episodes in this series, visit **ReachMD.com/addressingRA**. Thank you for listening.

This is ReachMD.

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