

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/rheumatoid-arthritis-addressing-unmet-needs/effective-ways-communicate-share-goals-ra-patients/9803/>

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Effective Ways to Communicate and Share Goals with RA Patients

Announcer:

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

On this episode, titled *Settling for Insufficient RA Therapies: Why We Allow It, and How to Stop* we will hear from Dr. Jeffrey Curtis from the University of Alabama at Birmingham, Division of Clinical Immunology and Rheumatology

Dr. Jeffrey Curtis:

In general, patients want to maximize their health, but unfortunately, the telescope lens of how they have been doing in the last day, the last week, the last month, tends to overshadow how they are feeling and, thereby, what treatment choices that they might be willing to consider. I find it very helpful to think about and implement in my own practice burgeoning digital tools that can actually describe a patient's journey over time. The notion being that if you could track your health, the notion of the quantified self to describe their journey using quantitative metrics, those could be things that doctors are familiar with, a Disease Activity Score, a Rapid3, other patient-reported outcome measures on electronic systems, a digital tablet, for example, a Smartphone and then use that to inform a patient's journey. I find those to be very effective tools and quite helpful to describe a patient, where she's been, and where we might want to get her, which in most cases and consistent with treat-to-target guidelines, really should be remission. And remission is a concept that, I think, most people have some intuitive understanding about from the cancer literature, but it's not something that we really are able to talk to patients much about in relation to quantifying their own disease activity if we are reduced to thinking about it in terms that really are irrelevant to patients.

The good news, though, is that with the ability to use mobile health tools, a tablet-based system or our own electronic health records, where we can trend things over time, we can use that data in an effective way to say, "Look, here's where you've been; here's where you have been in a number of different health domains that might relate to your rheumatic condition; here's the improvement that we saw when we added these treatments and we'd like to get you even better, and here's what that would look like. Using visual descriptions, graphical tools, and a variety of other resources to really make the case in a way that is maximally understandable where we would like you to be. And I think that gives us an unprecedented opportunity to make the case to patients, "Look, here's where we want you. This is the goal." That goal should be shared to understand patients' values and their own interests and what's important to them, but then, also, to have shared decision making around that data and the patient's goals to maximize her comfort with whatever treatments that we are recommending.

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](https://reachmd.com/addressingRA). Thank you for listening.

This is ReachMD.

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