

Innovations in Rheumatology

August 23, 2008

Michelangelo Hotel

152 West 51st Street between 6th and 7th Avenue

New York, NY 10019

Tel. 212-765-1900

“Innovations in Rheumatology” is a continuing medical education program specifically designed for the rheumatologist in practice for four years or less. The program is comprised of four symposia on topics both pertinent and relevant to the young practitioner.

The CME symposia are entitled: **“Best Practices for Excellent Healthcare,” “Disease Activity Measurement,” “The Diagnosis and Management of Inflammatory Arthritis,” and “Musculoskeletal Ultrasound in the Rheumatology Office”.**

The program has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Virginia Commonwealth University (VCU) School of Medicine and Miller Professional Group, Inc. VCU is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation

VCU designates this educational activity for a maximum of 6.5 *AMA PRA Category 1 Credits*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Target Audience

This educational activity is targeted at the rheumatologist in practice for four years or less.

Conflict of Interest

It is the policy of VCU that participants in CME activities be made aware of any affiliation or financial interest that may affect those involved in content development or presentation. Those involved have completed a statement of disclosure, and their names and disclosure information will appear in the activity materials.

This program is supported by an educational grant from



Meeting Agenda

Registration and Buffet Breakfast.....8:00 – 9:00 AM

Opening Remarks – Max Hamburger MD

Program Chairman.....9:00 – 9:15 AM

Best Practices for Excellent Healthcare.....9:15 – 12:30 PM

Strategic Practice Planning

Max Hamburger MD

Office Operations

Max Hamburger MD

Working with Managed Care

Ron Howrigan

Ancillary Services

Michael Schweitz MD

There will be a brief break during this mini-symposium.

Disease Activity Measurement.....12:30 – 1:30 PM

Lee Colglazier MD

Lunch will be served during this symposium.

The Diagnosis and Management of Inflammatory Arthritis.....1:30 – 3:00 PM

Alan Epstein MD

Musculoskeletal Ultrasound in the Rheumatology Office.....3:00 – 5:00 PM

Richard Haddad MD

Symposia Descriptions

Best Practices for Excellent Healthcare

Statement of Needs

Surveys conducted of rheumatologists and information obtained from the rheumatology literature indicates that there is significant unmet need to provide practicing rheumatologists with CME programming regarding effective and successful management of their clinical practice; and a need for comprehensive educational programs that provide useful information about implementing solutions to the challenges faced by rheumatology practices.

The surveys indicated that rheumatologists would benefit from formal presentations about:

- Managed Care and Governmental Relations
- Office Operations
- Accounting
- Credit and Financing
- Budgeting
- Incorporation of Ancillaries
- Human Resources and Management
- Scheduling
- Compliance

Learning Objectives

Upon concluding participation in the “**Best Practices for Excellent Healthcare,**” attendees will have an improved ability to:

- Develop and maintain effective payer relationships
- Implement effective documentation and compliance practices
- Efficiently manage ancillary services
- Apply key principles of office practice management and planning

Symposium Speakers

Max Hamburger MD Managing Partner, Rheumatology Associates of Long Island

Ronald Howrigan - President, Fulcrum Strategies, Inc

Michael Schweitz MD Partner, Arthritis and Rheumatology Associates of Palm Beach

Disease Activity Measurement

Statement of Needs

Current available treatments for rheumatoid arthritis have been reported to modify disease activity. These treatments may slow or arrest structural joint damage, decrease objective clinical manifestations of joint inflammation, result in major clinical responses, improvements in fatigue, and impact on patient function, including employment and capacity for activities of daily living. Multiple types of measurements have been utilized to provide an objective measurement of these differing parameters. In clinical trials, multiple measurements of disease activity or treatment outcomes, such as the ACR score, DAS, HAQ, SF-36 and various

modifications of radiographic scoring systems have been used to assess the efficacy of a treatment intervention. However, because of the time required to perform these measures, or because resources to acquire the data needed for these measures may be limiting, most practicing rheumatologists do not make use of these measurements, at least not as formally structured. Measurements which take less time to conduct, and which may or may not include a laboratory test have been described in the literature, including the S-DAI, C-DAI, GAS, and RAPID. Studies have demonstrated a high correlation between these patient driven disease activity measures, with outcomes as measured by the DAS or ACR score, and with long term outcomes such as disability. In addition, several studies assessing management of patients with rheumatoid arthritis have demonstrated that “tight control” of rheumatoid arthritis accomplished in part utilizing a consistent approach to measuring disease activity is associated with improved clinical outcomes. However, to date fewer than 15% of practicing rheumatologists report using objective disease activity measures in clinical practice to guide treatment decisions.

Needs assessment surveys were conducted among rheumatologists from 17 different geographic areas from across the United States. The results of these surveys indicated that rheumatologists assigned high priority to evaluating and examining measurement tools and tests currently utilized in clinical practice to assess disease activity in rheumatoid arthritis as well as other rheumatologic diseases and conditions. Rheumatologists both expressed a need for an educational initiative to update them on the various disease activity measures, as well as a need for a practical tutorial assisting them in application of these measures in their practices. Rheumatologists from across the country expressed the concept that with the multiple treatment options available today for the treatment of rheumatoid arthritis, it was necessary to understand and utilize objective measures of disease activity to help guide treatment decisions.

Learning Objectives

Upon concluding participation in the educational activity “**Disease Activity Measurement,**” attendees will have an improved ability to:

- Describe the utilization of clinical disease assessment tools used to measure disease activity in rheumatoid arthritis in clinical trials
 - a. ACR scoring
 - b. DAS
 - c. EULAR
- Utilize laboratory testing for the diagnosis of and measurement of disease activity in rheumatoid arthritis
- Utilize imaging tools used to assess structural damage in rheumatoid arthritis
 - a. X ray scoring
 - b. MRI
 - c. Ultrasound
- Utilize patient based/derived measures of disease activity in rheumatoid arthritis and other rheumatologic conditions
 - a. MHAQ
 - b. RAPID 3,4,5
 - c. S-DAI
 - d. C-DAI
 - e. GAS

- Describe data on approaches to disease activity assessment utilized by their peers in the assessment of disease activity in clinical practice

Program Speaker

Lee Colglazier MD Saint Elizabeth South Hospital Edgewood, Kentucky

The Diagnosis and Management of Inflammatory Arthritis

Statement of Needs

Expert Consensus: Conducted during meetings of rheumatologists held in March 2006, November 2006, March 2007, August 2007, and January 2008 engaged in the development of CME curricula.

Rheumatologists, including those recognized as key opinion leaders and who have committed to continuing medical education programs for rheumatologists, community physicians, and physician extenders served as the target for the needs assessment surveys. The resultant needs assessments indicated that there is a need for rheumatologists, and physician extenders who practice in rheumatology offices to receive a comprehensive update about the current concepts of the patho-physiology, diagnosis of, and current treatment innovations for the management of inflammatory arthritis. The surveys conducted during these meetings included written surveys and a verbal discussion that was recorded and transcribed.

Learning Objectives

Upon concluding participation in the educational activity “**The Diagnosis and Management of Inflammatory Arthritis,**” attendees will have an improved ability to:

- Describe the pathophysiology of inflammatory arthritis
- Describe and implement the differential diagnosis of psoriatic arthritis, rheumatoid arthritis, the spondyloarthropathies, and ankylosing spondylitis
- Utilize applicable diagnostic tools with a goal of improved patient care of patients with inflammatory arthritis
- Apply current and innovative treatment approaches and approaches toward outcomes assessment for inflammatory arthritis with a goal of improved patient care of patients with inflammatory arthritis

Symposium Speaker

Alan Epstein, MD Associate Professor of Medicine, University of Pennsylvania School of Medicine

Musculoskeletal Ultrasound in the Rheumatology Office

Statement of Needs

A survey of practicing rheumatologists as regards imaging techniques in musculoskeletal disease was conducted amongst a group of nationally recognized leaders in August 2007, and January 2008. As described by experts in musculoskeletal imaging, musculoskeletal ultrasound (MSUS) has been used in Europe for more than a decade in the diagnosis and treatment of musculoskeletal disease. This modality has been used with increasing frequency in the United States in Rheumatology offices and training programs over the past four years. The

accuracy of MSUS has been shown to be comparable to MRI in the assessment of joint damage in rheumatoid arthritis. MSUS also allows for localization of joint and teno-synovial effusions for aspiration at a cost significantly below that of CT guided procedures. MSUS may assist in the diagnosis of shoulder disorders heretofore only possible with MRI techniques. A review of the rheumatology literature shows that there is a learning gap as regards MSUS, as most rheumatologists currently in practice have not been exposed to formal training in the applications and use of MSUS. Rheumatologists would benefit from CME presentations regarding this modality, extending their ability to provide more accurate diagnosis and more effective management.

Learning Objectives

Upon concluding participation in the educational activity “**Musculoskeletal Ultrasound in the Rheumatology Office,**” attendees will have an improved ability to:

- Describe how MSUS contributes to a comprehension of joint and peri-articular structure anatomy
- Apply MSUS to everyday rheumatology practice and patient care.
- Implement MSUS in guided joint injections and aspirations

Symposium Speaker

Richard Haddad MD Clinical Assistant Professor of Medicine, UMDNJ/Robert Wood Johnson

To register for the meeting, please complete this form and fax to 631-423-5531 or RSVP to Dr. Hamburger at 631-271-5544 or email to Mcapacious@aol.com

Please print clearly:

Name/Degree _____

Specialty _____

Mailing Address _____

City/State/ZIP _____

Phone _____ Cell Phone _____

Email _____

Fax _____

Signature _____

I plan to attend the “**Innovations in Rheumatology**”

- Yes, I will attend

- No, I cannot attend but wish to be considered
for future programs

Transportation and Lodging: This meeting is scheduled to enable attendees to travel to the meeting in the morning, and then travel home in the late afternoon after the meeting. Parking is available at the hotel. The Michelangelo Hotel has lodging available for those who choose to stay at the hotel. Please contact the hotel at 212-765-1900 for reservations. Lodging is also available at the Sheraton New York Hotel and Towers one block away from the Michelangelo. The Sheraton New York Hotel and Towers is located at 811 7th Avenue, NYC NY 10019. Please contact the Sheraton at 212-581-1000 for reservations. Transportation to and from the meeting, parking, and lodging, are at attendee’s own expense.