

## EUMUSC.NET Standards of Care and Health Care quality Indicators for RA and OA

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### Rheumatoid Arthritis

SOC Number	SOC	Subtext	Patient checklist
SOC RA 1	<b>People with symptoms of RA should have timely access (6 weeks according to EULAR recommendations) to a clinician/ health professional competent in making a (differential) diagnosis.</b>		Was my RA diagnosed by a specialised health professional within 6 weeks of onset of symptoms?
SOC RA 2	<b>People with RA should be given relevant information and education about</b> <ul style="list-style-type: none"> <li>• <b>their disease,</b></li> <li>• <b>its management</b></li> <li>• <b>and all aspects of living with and managing their RA,</b></li> </ul> <b>in written form and in a format suited and tailored to the individual, in a timely fashion appropriate to their needs.</b>	For people with RA there should be the opportunity (if required) to <ul style="list-style-type: none"> <li>• have time to talk to someone face to face about the concerns at the clinical visit</li> <li>• gain information and education at all stages of the patient journey</li> <li>• discuss the care package and to know what to expect from it and when</li> <li>• get information and self-management support at the right time</li> <li>• discuss the emotional and psychological impact of the disease on life, for example as part of the annual review</li> <li>• discuss work issues, provided with appropriate support to enable to remain at work or get back to work when this is desired</li> </ul>	Do I understand my disease, my role in its management and the role of health professionals? Have I been given information in different formats and/ or education about my disease? Have I been given information and / or education about treatments, their benefits and risks? Have I been given information and education relevant to my needs i.e. pain/flare management, drug reactions? Have I been given information about, and given contact details of, relevant patient charities and organisations which are considered to be trusted sources of evidence based information?
SOC RA 3	<b>People with RA should receive a treatment plan individually developed between them</b>	<i>The treatment plan should include at least:</i> <ul style="list-style-type: none"> <li>• Diagnosis, physical examination and follow-up evaluations</li> </ul>	Have I received a treatment plan which includes explanation of my

	<p><b>and their clinician at each visit.</b></p>	<ul style="list-style-type: none"> <li>• Assessment of signs and symptoms of the disease and its sequels: general health, functioning, psychosocial aspects, pain management needs, vocational issues, relationships, family, work issues, sleep disturbance, managing anxiety and depression including referral to occupational therapy or social services if appropriate. Family and carers should be involved where appropriate</li> <li>• Goals: defined by person with RA and health professionals together</li> <li>• Communication plan: e.g. contact detail of expert care in case of worsening of the disease</li> <li>• Monitoring plan: at least one annual review should be done</li> <li>• Education plan: access to personalized education programmes developed by health professionals, means to increase self management and information (e.g. patient organizations, trusted sources of evidence based information)</li> </ul>	<p>management, expected outcomes and important contact details ?</p>
<p>SOC RA 4</p>	<p><b>At the start of any disease specific treatment, people with RA should be</b></p> <ul style="list-style-type: none"> <li>• <b>fully educated about the expected benefits and any potential risks</b></li> <li>• <b>fully evaluated to assess both clinical status and safety aspects.</b></li> </ul>	<p><i>The assessment for clinical status and safety aspects should include at least:</i></p> <ul style="list-style-type: none"> <li>• Clinical status appraisal should include at least : <ul style="list-style-type: none"> <li>- A measure of disease activity such as composite scores like DAS or any of its variants, CDAI or SDAI; individual components like joint counts, global assessment of disease activity by the person with RA and the clinician or health professional</li> <li>- A measure of functioning (such as HAQ, participation, work status, or an ICF- based instrument)</li> <li>- A baseline evaluation of the structural damage by X-rays (may be scored globally by any available system or just checked for structural joint damage); MRI or ultrasonography may provide additional insights (but should not replace x-ray).</li> </ul> </li> <li>• Based on clinical status, person with RA and clinician/health professional should state an individual shared target that should be realistic and relevant; such treatment target should be expressed in terms of status to be achieved and time to reach it.</li> <li>• Assessment for comorbidities may lead to deviations from conventional or alterations of agreed treatment plans for RA, since some comorbidities constitute risk factors for developing specific adverse events, like COPD for infections; others may limit the dose, like renal function impairment; others may contraindicate some treatments, like active infections. Given the immunosuppressive nature of most therapies in RA and the high rate of infections in this</li> </ul>	<p>Was I informed about expected benefits and potential risks of treatment? Was I assessed for clinical status and safety before the treatment was started?</p>

		population, it is very important that the vaccination status is reviewed and that the person is protected against avoidable infectious diseases in accordance with national vaccination plans.	
SOC RA 5	<b>People with RA should be fully assessed at diagnosis and annually for symptoms, disease activity, damage, comorbidity and function; and at least 3 monthly (all the same variables) if disease not within target and rapidly if significant worsening.</b>	<p>Depending on the disease activity and status of the therapy and/ or person with RA, these intervals may range from few days or weeks to several months.</p> <ul style="list-style-type: none"> <li>• People with RA in remission should be re-appraised at least once a year; People with RA not in remission should be scheduled at a rheumatologist within 3 months</li> <li>• Clinical target should be reviewed by evaluating the change in disease activity measures.</li> <li>• Safety should be evaluated by a complete work-up with laboratory examinations, review of possible adverse events, new comorbidities, complications of RA, and re-evaluation of protection against infections</li> </ul> <p><i>Additionally the annual review/ assessment should also include:</i></p> <ul style="list-style-type: none"> <li>• Persons participation in activities that are important to him or her, work capacity, functional status, CV risk and special needs.</li> <li>• Progression of structural joint changes; since progression is usually faster in the first two years, the clinician/health professional may decide for less frequent intervals of x-ray assessment in situations of stable low disease activity or remission. When joint surgery is planned, imaging is mandatory.</li> <li>• Non- pharmacological treatments require periodic reviews.</li> </ul>	Have I received a regular assessment schedule?
SOC RA 6	<b>People with RA should have rapid access to care when they experience significant worsening of the disease.</b>	<p>Notwithstanding regular monitoring schemes, people with RA may need acute care at unpredictable time points; this should be warranted irrespective of other planned visits and the time-points for regular follow-up should generally not be affected by such emergency access to the team:</p> <ul style="list-style-type: none"> <li>• Adverse event reporting should not be postponed until the next scheduled visit: therefore, a fast-track system should exist (i.e. telephone, rapid access slots or protocols developed in collaboration with the rheumatology team)</li> <li>• Access in case of flares.</li> <li>• It is advised to maintain regular check-ups despite in between visits, otherwise target may be lost, and some important safety aspects may be under-evaluated</li> </ul>	Have I been informed when, how, and who I can contact in case my disease is worsening?
SOC RA 7	<b>People with RA should be treated with a disease modifying anti-rheumatic drug (DMARD strategy) as soon as the diagnosis</b>	Glucocorticoid may be needed in addition to DMARD treatment (lowest dose for the shortest period of time).	Am I receiving a disease modifying anti-rheumatic drug, and if not, do I understand why not?

	<b>is made.</b>		
SOC RA 8	<b>If the target of low disease activity or remission is not achieved using a synthetic DMARD (usually being methotrexate), treatment should be reevaluated at least every 3 months.</b>	<ul style="list-style-type: none"> <li>• If treatment target is not achieved with the first or combination DMARD strategy, addition of biological DMARD should be considered especially when poor prognostic markers are present (i.e. for bad outcome of physical disability or structural damage); when poor prognostic predictors are absent, switching to or adding in another synthetic DMARD strategy should be considered (as defined by appropriate guidelines).</li> <li>• In people with RA lacking predictors for severe disease another synthetic DMARD monotherapy (or in combination with methotrexate) may be employed.</li> <li>• If a biological agent has failed, another TNF inhibitor, abatacept, rituximab or tocilizumab is indicated, sequencing according to local protocols.</li> <li>• In people with RA in persistent remission, tapering of biological agent should be considered and in long-term remission a careful titration of synthetic DMARD dose.</li> </ul>	If my target of low disease activity or remission is not achieved, is my treatment reappraised at least every 3 months?
SOC RA 9	<b>People with RA should be evaluated for pain, and relief of pain associated with RA should be considered.</b>	<ul style="list-style-type: none"> <li>• Nonsteroidal anti-inflammatory drugs (NSAIDs) have to be considered in symptomatic people with established RA and early arthritis after evaluation for gastrointestinal, renal, and cardiovascular risk.</li> <li>• Replacement of conventional NSAIDs by COX-2 selective drugs, or the addition of gastroprotective agents to classical NSAIDs should be prescribed in persons at increased risk for NSAID GI toxicity (as defined by appropriate guidelines).</li> <li>• Analgesics should be prescribed if NSAIDs are contraindicated or if NSAIDs convey inadequate pain relief.</li> </ul>	Do I know how to control pain associated with RA?
SOC RA 10	<b>People with RA who have residual joint problems despite state-of-art pharmacological (including intraarticular) and non-pharmacological therapy should be assessed by an orthopaedic surgeon within 3 months if there is joint damage/ soft tissue problems that can probably be solved by surgery.</b>	People with RA should be offered a presurgical assessment along with information on the procedure, the risk and benefits, post-operative care and an individualised discharge plan.	Have I been informed about the options of surgery?
SOC RA 11	<b>People with RA should have access to evidence based pharmacological and non-pharmacological treatment.</b>	People with RA should receive information about expected effects, benefits and possible risks of any pharmacological or non-pharmacological treatment that may be instituted or started by the person.	Do I have access to pharmacological and non-pharmacological treatments according to my clinical need?

SOC RA 12	<p><b>People with RA should have access to a specialised health professional to receive assessment, advice and training in all matters related to their disease.</b></p>	<ul style="list-style-type: none"> <li>• People with RA should be encouraged to carry out regular <b>physical activities</b>.</li> <li>• People with RA should receive professional advice on <b>exercises</b> (aerobic and strengthening) specific to their joint involvement and adapted to the person's general health.</li> <li>• Information should be given on the positive effect of exercises on general and <b>cardiovascular health</b>, as well as maintenance of mobility and prevention of muscle wasting.</li> <li>• Information and education on <b>joint protection</b> should be given, tailored to the person's needs.</li> <li>• People with RA should be assessed for the need (and the acceptance) of <b>splints</b> and should have access to a health professional providing them.</li> <li>• The need for <b>adapting the environment</b> at home/ at work should be assessed and an experienced health professional advice should be available.</li> <li>• People with RA should receive expert advice on <b>assistive devices</b> to improve/ maintain the ability to carry out activities of daily living.</li> <li>• The <b>psychological and social impact</b> of the disease should be taken into account and appropriate interventions should be offered.</li> <li>• In the treatment of people with RA attention should be given to <b>foot problems</b> and information provided on foot care, foot wear and orthoses / insoles.</li> </ul>	<p>Do I have the opportunity to receive support if needed from health professionals such as rheumatologist, dietician, general practitioner, nurse, occupational therapist, physiotherapist, psychologist and social worker?</p> <p>Have I been offered information about how, why and when to contact different members of the multi-disciplinary team as soon as possible after my diagnosis was made?</p>
SOC RA 13	<p><b>People with RA should understand the benefit of exercises and physical activity and should be advised to exercise appropriately.</b></p>		<p>Have I been informed about physical activity and exercises specific for me?</p>
SOC RA 14	<p><b>People with RA should receive information, advice and training on joint protection and ergonomic principles as well as activity-based methods to enhance functioning in daily life and participation in social roles. They should receive information, advice and training on splints, aids, devices and other products for environmental adaptations.</b></p>		<p>Have I received information and if necessary advice and training on aids, devices and ergonomic principles to enhance function in daily life and participation in social roles?</p>
SOC RA 15	<p><b>People with RA should receive information and advice about</b></p> <ul style="list-style-type: none"> <li>• <b>a healthy lifestyle (such as discontinuation of all types of tobacco use, balanced use of alcohol, physical</b></li> </ul>	<p>Reliable information based on a person's status assessment and best available knowledge should include material on:</p> <ul style="list-style-type: none"> <li>• Discontinuation of all types of tobacco use</li> <li>• Balanced use of alcohol</li> <li>• Physical activity</li> <li>• Diet: Advice regarding a balanced diet in order to control</li> </ul>	<p>Have I been informed about a healthy lifestyle?</p>

	<p><b>activity, healthy diet, management of sleep disturbance if necessary)</b></p> <ul style="list-style-type: none"> <li>• <b>prevention of accidents and injuries,</b></li> <li>• <b>support groups and patient organisations,</b></li> <li>• <b>when to think about surgery and</b></li> <li>• <b>additional treatment options provided some people might find useful.</b></li> </ul>	<p>weight and on the need to supplement vitamins and minerals, even if there is current lack of scientific evidence on the impact of such measures on disease activity and course</p> <ul style="list-style-type: none"> <li>- avoidance of diets deficient in dairy products (contain calcium),</li> <li>- following a Mediterranean diet could be encouraged (fish)</li> <li>- minerals, vitamin C and D, calcium, fish oil and folic acid can be supplemented (and folic acid must be supplemented with use of MTX)</li> <li>• Sleep: early management of sleep disturbances as a factor improving quality of life.</li> </ul>	
SOC RA 16	<p><b>People with RA who wish to try alternative therapies that some people found symptomatically beneficial, should be informed about the limited evidence.</b></p>		<p>Have I been informed about alternative therapies and the limited evidence available?</p>

## Osteoarthritis

SOC Number	SOC	Subtext	Patient checklist
SOC OA 1	<p><b>People with symptoms of OA should have access to a health professional competent in making a (differential) diagnosis.</b></p>		<p>Was my OA diagnosed by a health professional?</p>
SOC OA 2	<p><b>People with symptoms of OA should be assessed at diagnosis and if significantly worsens for</b></p> <ul style="list-style-type: none"> <li>• Pain</li> <li>• Function</li> <li>• Physical activity</li> <li>• BMI</li> <li>• Ability to do their tasks and work</li> </ul>	<p>Functioning in daily life includes peoples capacity to carry out activities in their work, hobbies or social activities.</p>	<p>Do I have regular assessment concerning my symptoms and functioning in daily life?</p>
SOC OA 3	<p><b>People with OA should have a treatment plan with a shared treatment target set up between them and a health professional.</b></p>	<p>The treatment plan should be developed in partnership between the health professional and the person with OA The treatment plan should include at least:</p> <ul style="list-style-type: none"> <li>• information about the disease</li> </ul>	<p>Do I have a treatment target and a corresponding treatment plan?</p>

		<ul style="list-style-type: none"> <li>• an individualised activity and exercise program</li> <li>• if the persons BMI &gt; 27 information on weight management should be given and a referral to a weight management program should be offered</li> </ul> <p>comorbidities have to be taken into account in the development of the treatment plan.</p>	
SOC OA 4	<b>People with OA should have access to different health professionals such as occupational therapist and physiotherapist if needed to treat their symptoms and achieve optimal possible functioning in daily life and participation in social roles.</b>		Do I have the opportunity to receive support if needed from health professionals such as rheumatologist, dietician, general practitioner, nurse, occupational therapist, physiotherapist, psychologist and social worker?
SOC OA 5	<b>People with OA should achieve optimal pain control using pharmacological and non-pharmacological means.</b>	<ul style="list-style-type: none"> <li>• Maybe it is not possible to reach the status of being completely painfree but people should achieve satisfactory pain control.</li> <li>• People should be informed about pharmacological and non-pharmacological treatment options, what can be expected from them and their risks and benefits.</li> </ul>	Do I know how to control pain associated with OA?
SOC OA 6	<b>People with OA should achieve optimal function using pharmacological and non-pharmacological means.</b>	<p>If a patient is diagnosed with symptomatic OA and has functional limitation then an improvement of his/her functional ability by 20% on a patient reported outcome measure should be reached within three months after initiation/change of pharmacological/non pharmacological treatment. (Measured by visit or telephone contact or letter)</p>	Do I know how to maximise my function despite having OA?
SOC OA 7	<b>People with OA receiving NSAID or aspirin therapy should be assessed for GI bleeding risk, CVD risks and renal risks.</b>		

<p>SOC OA 8</p>	<p><b>People with OA should receive information tailored to their needs within 3 months of diagnosis by health professionals about</b></p> <ul style="list-style-type: none"> <li>• <b>their disease and all aspects of living with and managing their OA, in written form and in a format suited and tailored to the individual, in a timely fashion appropriate to their needs.</b></li> <li>• <b>the benefit of exercises and physical activity and should be instructed to exercise appropriately.</b></li> <li>• <b>aids, devices and other products for environmental adaptations.</b></li> <li>• <b>on ergonomic principles and activity-based methods to enhance functioning in daily life and participation in social roles.</b></li> <li>• <b>the importance of an ideal body weight</b></li> <li>• <b>the role of analgesics – their potential benefits and risks</b></li> <li>• <b>a healthy lifestyle (such as discontinuation of all types of tobacco use, balanced use of alcohol, physical activity, healthy diet, management of sleep disturbance if necessary)</b></li> <li>• <b>prevention of accidents and injuries</b></li> <li>• <b>support groups and patient organisations</b></li> <li>• <b>when to think about surgery</b></li> <li>• <b>additional treatment options provided some people might find useful</b></li> </ul>	<p>The individualized exercise program should include advice for physical activity, range of motion-, muscle strengthening- and aerobic exercises.</p>	<p>Do I understand my disease and my role in its management?</p> <p>Have I been offered information in different formats and/ or education about my disease?</p> <p>Have I been informed about living with and managing my OA?</p> <p>Have I been informed about a healthy lifestyle?</p> <p>Have I been informed about exercises specific for me?</p> <p>Have I been informed about pain relieving medication – the benefits and potential risks?</p> <p>Do I know what benefit I can have from my exercise program?</p> <p>Have I been informed and did I receive advice and training on aids, devices and ergonomic principles to enhance function in daily life and participation in social roles?</p>
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SOC OA 9	<b>People with OA should receive information about weight reduction if necessary.</b>	People with OA with an BMI > 27 should receive information on weight management and should be offered a referral to a weight management program.	If my BMI is > 27: Have I been informed about weight reduction?
SOC OA 10	<b>People with OA failing to respond to pharmacological and non-pharmacological therapy should be considered for surgical intervention. If referred, they should be seen by an orthopaedic surgeon within a reasonable time.</b>	People with OA considered for surgical intervention should be offered a presurgical assessment along with information about of the procedure, the risk and benefits, post- operative care and individualised discharge plan.	Have I been informed about when surgery should be considered, what it involves, its benefits and risks?

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