ACR Meeting Nov. 2016 Summary report for ORADE—Pearls and My Action Items

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Re Innovation:

EMR--advanced emr applications can improve patient care, efficiencies, interactions, and are patient and provider centred. Many of these applications are available in current emr software or as free or low cost additions.

Remote clinics--technological developments, alternate care models and local requirements for speciality care are leading to opportunities for rheumatology care for patients living outside large urban centres.

Re Models of Care:

ACR manpower study--projections by 2030: there will be a 30% decrease in number of adults rheums, 20% decrease in pediatric rheums, mainly due to retirements (>2 retirements per 1 new rheum entering workforce), plus other reasons. Plus demand for rheum services will continue to increase primarily due to aging population and increasing prevalence of disease. There will also be an increasing imbalance between the location of the rheum workforce per adult and pediatric populations in usa. Solutions may include rheumatology-trained primary health care providers such as nurse practitioners.

Re Research:

Osteoporosis—now appreciated that the current glucocorticoid (gc) dose and cumulative gc dose/year are both important in assessing op fracture risk. Draft ACR op guidelines will add a % risk to the calculated FRAX risk depending on the current dose of gc.

Osteoporosis--there are several ongoing barriers to treatment of op and fracture (fx) prevention despite effective treatments. Goals of op and fx treatment are to maximize benefit/risk ratio and treat patients with most potential to benefit. The various treatments for long term op treatment in the future may be used in sequence, depending on medication mode of action, risk factors, and side effects.

Treat to Target in RA--the 4 components of treat to target for ra are: the target, the clinical measure, follow T2T paradigm or explain why not, and collaborate with the patient.

CVD in pts with ra--CVD is increased; low bmi and decreased lipids paradoxically increase cvd risk; and cvd risk factors require aggressive treatment.

There were many other interesting and informative sessions at ACR and I would like to thank the ORA for supporting me to attend this meeting.