

THE IMPACT OF QUALITY CARE MEASURES FOR PATIENTS WITH **PSORIATIC DISEASE**

Working together to close gaps within the patient journey
and advocate for value-based care in dermatology



Inspired by **patients.**
Driven by **science.**



Caroline, living with psoriatic arthritis

Why is quality care so important for patients with psoriatic disease?

Psoriasis is one of the most common immune-mediated inflammatory diseases, affecting 125 million people worldwide¹

- ~7 million adults are living with psoriasis (PSO) in the United States²
- ~75% to 80% of patients with psoriatic arthritis (PsA) have skin symptoms initially³

Psoriatic disease often creates significant emotional and social burdens on patients



Societal impact in the United States: \$4 billion annually in lost productivity is associated with presenteeism due to PSO or PsA⁴



Annually, lost productivity is estimated to be approximately \$2,961 per US worker with psoriasis⁵



Nearly 60% of people with psoriasis say the disease causes problems in their everyday lives⁶



Of patients with psoriasis^{7*}:

- **94% reported** that psoriasis was a problem in their daily life
- **88% reported** that psoriasis affected their overall emotional well-being
- **82% reported** that psoriasis interfered with their enjoyment of life



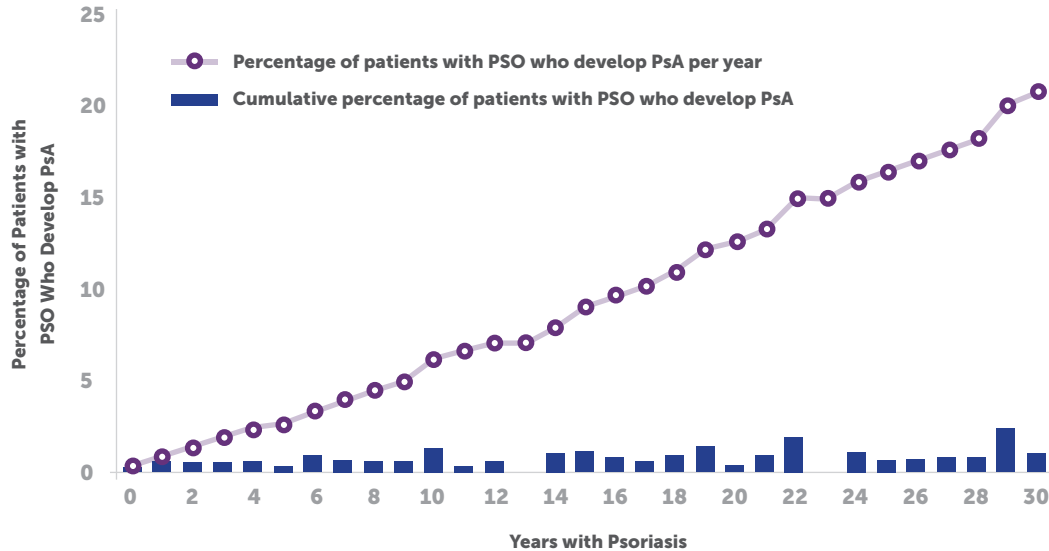
65% of patients have reported discrimination at work, in school, and in other places⁸

*From 2003 to 2011, the National Psoriasis Foundation collected survey data from patients with psoriasis and psoriatic arthritis via email and telephone correspondences.

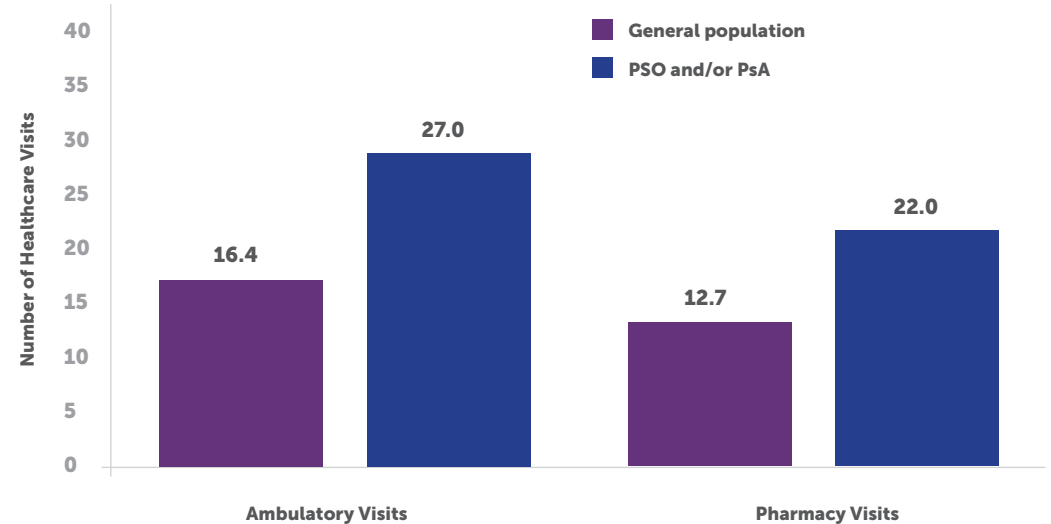
Psoriatic diseases represent a significant burden to patients and the healthcare system at large

Patients with PSO and PsA are at a greater risk of developing a range of other health conditions, such as cardiovascular disease, obesity, depression, and diabetes⁹

45% of patients with psoriasis reported that they had not seen a healthcare provider in the last 12 months¹⁰



The risk of developing PsA does not plateau but increases over time¹¹

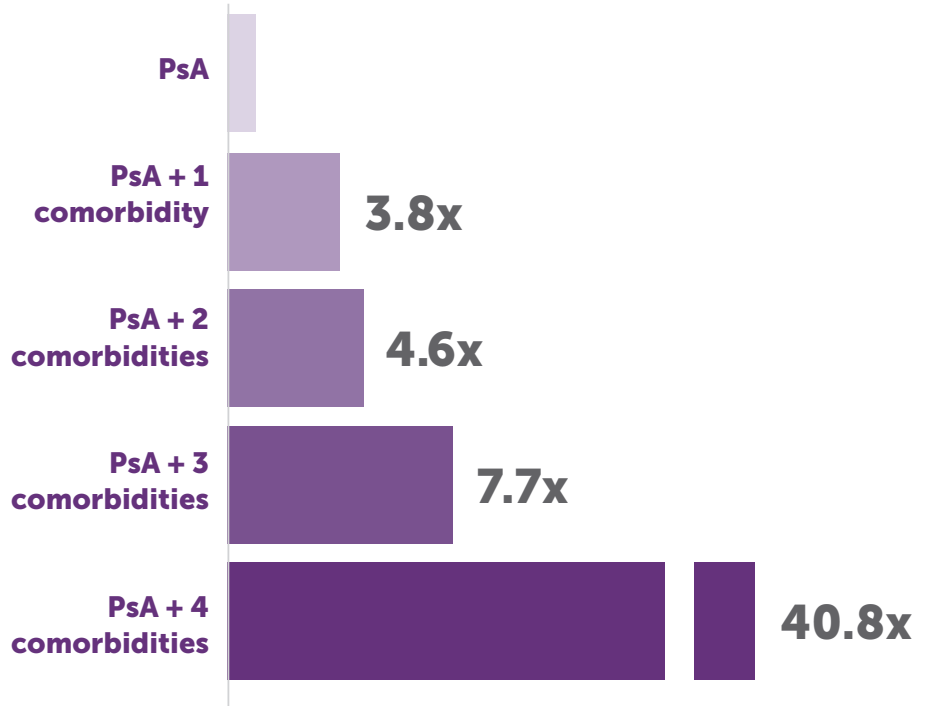


Compared with the general population, patients with PSO and/or PsA have an increased number of ambulatory and pharmacy visits¹²



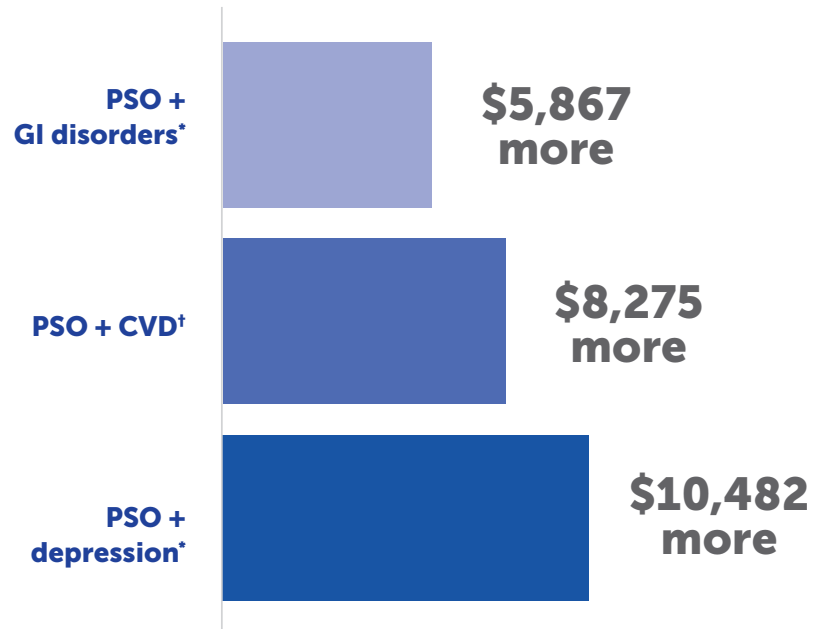
Orie, living with psoriasis

The probability of a PsA patient being hospitalized increases by 4-fold when a patient has just 1 comorbidity^{13*}



*Based on a health survey of selected US veterans over an 18-month period from October 1996 to March 1998.

Increased healthcare costs with PSO and comorbidities^{14, 15}



*A US cohort study using retrospective administrative medical claims data from patients with psoriasis (N=2,489) treated with systemic therapy and/or phototherapy between Apr 1, 1996, and Dec 31, 1999.

†A US cohort study using retrospective administrative medical claims data from patients with psoriasis (N=56,406) between Jan 1, 2010, and Dec 31, 2011.

A significant opportunity exists to assess the psoriatic patient journey with quality measures and implement programs that facilitate quality care

Caroline, living with psoriatic arthritis

Implementing meaningful quality measures can promote patient-focused care practices and improved outcomes

DERMATOLOGY MEASURES

Measure Name	Measure ID	Measure Rationale	Measure Use in Value-Based Program
Psoriasis: <i>TB Prevention in Psoriasis, PsA, and RA Patients on Biological Immune Response Modifier</i>	NQF337	<p>NQF337 is a process measure that may be implemented for patients with PsA, PSO, and RA.</p> <ul style="list-style-type: none"> • Anti-tuberculosis testing both prior to the initiation of a biologic therapy and annually during treatment is recommended. <p>Source: https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2019_Measure_337_MIPSCQM.pdf</p>	MIPS: CQM Dermatology Measures
Closing the Referral Loop: <i>Receipt of Specialist Report</i>	NQF374	<p>NQF374 is a high-priority process measure that may be implemented for patients with a referral.</p> <ul style="list-style-type: none"> • Care coordination is a focal point in the current healthcare reform and our nation's ambulatory health information technology (HIT) framework. • The National Priorities Partnership recently highlighted care coordination as one of the most critical areas for development of quality measurement and improvement. <p>Source: https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2019_Measure_374_MIPSCQM.pdf</p>	MIPS: CQM Dermatology Measures
Psoriasis: <i>Clinical Response to Systemic Medications</i>	NQF410	<p>NQF410 is a high-priority outcome measure that may be implemented for patients with psoriasis vulgaris (plaque psoriasis).</p> <ul style="list-style-type: none"> • This measure evaluates the proportion of patients with psoriasis vulgaris receiving systemic medication who meet minimal physician- or patient-reported disease activity levels. <p>Source: https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2019_Measure_410_MIPSCQM.pdf</p>	MIPS: CQM Dermatology Measures

Measure Name	Measure ID	Measure Rationale	Measure Use in Value-Based Program
<p>Psoriasis: <i>Screening for Psoriatic Arthritis</i></p>	<p>AAD7</p>	<p>AAD7 is a high-priority process measure that may be implemented for patients with PsA.</p> <ul style="list-style-type: none"> • Dermatologists are strongly encouraged to actively seek signs and symptoms of PsA at each visit. If PsA is diagnosed, treatment should be initiated to alleviate signs and symptoms of PsA, prevent structural damage, and maximize quality of life (QOL). • Dermatologists who are uncomfortable with or untrained in evaluating or treating patients with PsA should refer such patients to rheumatologists. <p>Source: https://assets.ctfassets.net/1ny4yoiyrqia/73GOHHJyAh6TsEeZ7PUFcr/29b868a5b4703d91038e77b7c9f5581d/AAD_7_Psoriasis_Screening_for_Psoriatic_Arthritis_2020.pdf</p>	<p>American Academy of Dermatology (AAD), DataDerm</p>
<p>Chronic Skin Conditions: <i>Patient-Reported Quality of Life</i></p>	<p>AAD8</p>	<p>AAD8 is a high-priority process measure that may be implemented for patients with chronic skin conditions.</p> <ul style="list-style-type: none"> • Quality-of-life (QOL) assessments are one of the most important quantifiable health outcomes for most skin diseases. • Measuring patients' experiences is important for documenting the effectiveness of what dermatologists do in clinical care and for evaluating different kinds of care. "Global items" assess general domains of health and functioning, including symptoms, emotions, and activities, which this measure does, to get a picture of overall perceived quality of life. <p>Source: https://assets.ctfassets.net/1ny4yoiyrqia/2VRa3Qf0iGTD0jytbVvBkg/f498dadeff3688e1bd88d4792d1e246f/AAD_8_Chronic_Skin_Conditions_PRO_QOL_2020.pdf</p>	<p>American Academy of Dermatology (AAD), DataDerm</p>
<p>Psoriasis: <i>Improvement in Patient-Reported Itch Severity</i></p>	<p>AAD9</p>	<p>AAD9 is a high-priority outcome measure that may be implemented for patients with psoriasis.</p> <ul style="list-style-type: none"> • Pruritus is a subjective and multifaceted symptom that manifests in patients in various ways that affect quality of life by contributing to the development of depression, global distress, and sleep impairment. • This measure aims to improve pruritus in patients who carry a large burden with this disease by assessing itch and aiming to make the symptom more manageable. Furthermore, the use of itch will be a measure of overall disease improvement/response. <p>Source: https://assets.ctfassets.net/1ny4yoiyrqia/6tEoLZPSO1xOkbfBxJcqOA/d9edc354ba15083df0f7edd75c584002/AAD_9_Psoriasis_PRO_Improvement_Itch_Severity_2020.pdf</p>	<p>American Academy of Dermatology (AAD), DataDerm</p>

Which organizations can help?

American Academy of Dermatology (AAD)

<https://www.aad.org/member/clinical-quality/measures>

With a membership of more than 20,500 physicians worldwide, the AAD is committed to advancing the diagnosis and medical, surgical, and cosmetic treatment of the skin, hair, and nails; advocating high standards in clinical practice, education, and research in dermatology; and supporting and enhancing patient care for a lifetime of healthier skin, hair, and nails.

The academy has developed a number of dermatology-specific measures that are eligible for MIPS reporting.

Centers for Medicare & Medicaid Services (CMS)

<https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/qualitymeasures>

The CMS is part of the Department of Health and Human Services (HHS).

Electronic clinical quality measures (eCQMs) are tools that help measure and track the quality of healthcare services that eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) provide, as generated by a provider's electronic health record (EHR). Measuring and reporting eCQMs help to ensure that our healthcare system is delivering effective, safe, efficient, patient-centered, equitable, and timely care.

National Committee on Quality Assurance (NCQA)

<https://www.ncqa.org/hedis/measures>

Healthcare Effectiveness Data and Information Set (HEDIS) measures are developed by the NCQA, allowing health plans, purchasers, consumers, and other stakeholders to weigh in on the relevance, scientific soundness, and feasibility of new and revised measures and to provide input on HEDIS guidelines. HEDIS measures/technical specifications are revised every year to include newer and more effective best practice guidelines.

The Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA)

<https://www.grappanetwork.org/>

GRAPPA is organized exclusively for non-profit, educational, and scientific purposes, specifically to facilitate sharing of information related to psoriasis and psoriatic arthritis, networking among different medical disciplines that see psoriasis and psoriatic arthritis patients, and to enhance research, diagnosis, and treatment of psoriasis and psoriatic arthritis.

Psoriasis & Psoriatic Arthritis Clinics Multicenter Advancement Network (PPACMAN)

<https://www.ppacman.org>

The mission of PPACMAN is to optimize the clinical care of patients with psoriatic disease through multidisciplinary collaboration, education, and innovative research. Their goals focus on improving education for trainees and practicing dermatologists and rheumatologists about the importance of early identification of psoriatic arthritis and value of collaborative care for patients with psoriatic disease.

Partnerships within the dermatology community



National Psoriasis Foundation (NPF)

<https://www.psoriasis.org/guidelines-treating-your-psoriasis-patients>

- The mission of the NPF is to drive efforts to cure psoriatic disease and improve the lives of those affected.
- The NPF provides up-to-date guidelines on the treatment of psoriatic diseases.

American Academy of Dermatology (AAD)

<https://www.aad.org>

The AAD is the largest, most influential, and representative dermatology group in the United States. Find resources on membership, AAD meetings, education, practice management, publications, clinical care, and more.

Join us in our mission to create value-based care for patients

References: **1.** International Federation of Psoriasis Associations. World Psoriasis Day; Our Actions. <https://ifpa-pso.com/our-actions/world-psoriasis-day>. Accessed August 2019. **2.** Helmick CG, Lee-Han H, Hirsch SC, et al. *Am J Prev Med*. 2014;47(1):37-45. **3.** Mease PJ, Armstrong AW. *Drugs*. 2014;74(4):423-441. **4.** Pilon D, Teeple A, Zhdanova M. *J Med Econ*. 2019;22(2):196-203. **5.** American Autoimmune Related Diseases Association. The Cost Burden of Autoimmune Disease. 2011. **6.** MG217. Statistics about Psoriasis. <http://www.mg217.com/your-psoriasis/statistics-about-psoriasis/>. Accessed May 2021. **7.** Armstrong AW, Schupp C, Wu J, et al. *PLoS One*. 2012;7(12):e52935. **8.** International Federation of Psoriasis Associations. Issue Brief. <https://ifpa-pso.com/wp-content/uploads/2017/01/Issue-brief-Psoriasis-can-be-disabling-but-shouldnt-be-a-barrier-to-full-participation-in-society.pdf>. **9.** National Psoriasis Foundation. Comorbidities Associated with Psoriatic Disease. <https://www.psoriasis.org/about-psoriasis/related-conditions>. Accessed May 2021. **10.** Lebwohl MG, et al. *J Am Acad Dermatol*. 2014;70(5):871-881.e30. **11.** Christophers E, et al. *J Eur Acad Dermatol Venerol*. 2010;24(5):548-554. **12.** Lee S, et al. *J Med Econ*. 2018;21(6):564-570. **13.** Singh JA, Strand V. *Rheumatology (Oxford)*. 2009;48(3):272-276. **14.** Crown WH, et al. *Curr Med Res Opin*. 2004;20(12):1929-1936. **15.** Feldman SR, et al. *BMC Health Serv Res*. 2017;17(1):337.