

Under Utilization of DMARDs in Early Rheumatoid Arthritis: A Population-Based Study from the Ontario Biologics Research Initiative Comparing Rheumatology Care with Primary Care

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Objective:

Numerous studies have demonstrated the importance of earliest possible referral, diagnosis and initiation of DMARDs for RA. Primary care physicians function as gatekeepers for access to specialists and play an integral role in ensuring RA patients receive optimal early care. The OBRI represents a collaboration of rheumatologists, patients and researchers. Current research is aimed at delineating provincial practice patterns, and the real-world effectiveness and safety of anti-rheumatic therapies through administrative database linkages with the advantage of comprehensive health coverage that covers the entire population. We estimated the percentage of RA patients in Ontario exposed to DMARDs within the first year of diagnosis.

Methods:

We assembled an incident RA cohort from physician billing data for 1997-2006. We used a standard algorithm to identify 24,326 RA cases aged >65 years, based on >2 RA billing codes, >60 days apart but within 5 years. Drug exposures were obtained from pharmacy claims data. We followed subjects for 1 year, assessing if subjects had been exposed (defined as ≥ 1 prescription) to one or more DMARD (focusing on methotrexate, sulfasalazine, or hydroxychloroquine) within the first year of RA diagnosis. We assessed secular trends & differences for subjects who had received rheumatology care (defined as one or more rheumatology encounter) versus those who had not.

Results:

Overall 40% of the 24,326 seniors with new-onset RA identified over 1997-2006 were exposed to DMARD therapy within 1 year of diagnosis. This increased from 30% in 1997, to 55% in 2006. Only 55% of patients saw a rheumatologist. In 2006, the percentage of early RA patients on DMARDs for those who saw a rheumatologist was 70% compared to 20% for those that did not.

Conclusion:

Improvements in RA care have occurred but more efforts are needed. Particularly in patients who were not referred to a rheumatologist where only 20% receive a DMARD in the 1st year of diagnosis. This emphasizes the key role of rheumatologists. Current OBRI research will further delineate practice patterns, funding patterns, and the real-world effectiveness and safety of anti-rheumatic therapies.