

The Rheumatoid Arthritis Pharmacovigilance Program and Outcomes Research in Therapeutics (RAPPORT)

By Walter P. Maksymowych, MD, FRCPC

The Rheumatoid Arthritis Pharmacovigilance Program and Outcomes Research in Therapeutics (RAPPORT) Prospective Inception Cohort became operational in 2004 with two primary aims:

- A. To enhance the education and care of patients receiving biologics for the treatment of rheumatoid arthritis and;
- B. To systematically capture data on the safety, effectiveness, and cost-benefit of treatment with biologics.

The program was launched province-wide with the same database at the Universities of Alberta and Calgary. Since then, the program has accumulated data on almost 3,000 patients from both academic and community-based practices, expanded the scope of patient-care activities to include routine vaccination and management of disease-related comorbidities, and embraced patients receiving an ever-expanding array of complex therapies for rheumatoid arthritis. Efficacy outcomes are those routinely employed in clinical trials while safety has been systematically assessed using the Outcome Measures in Rheumatology Clinical Trials (OMERACT) framework. Cost-benefit analysis has been possible because of a unique linkage between outcomes captured in the clinic and administrative data provided by Alberta Health and Wellness. A major finding of analyses from the RAPPORT

database has been the extraordinary health-care expenditures incurred in the management of both RA-related and non-RA-related comorbidities, especially in patients failing treatment with their first biologic. Conversely, this analysis has also shown dramatic reductions in health-care utilization related to surgery, outpatient costs, physiotherapy, and in-patient stays in patients who do respond to treatment.

Two recent enhancements to the program have included direct online data entry on a tablet PC by patients at the time of the clinic visit and provision of real-time outcomes data for the attending rheumatologist to enhance treat-to-target management strategies. The program has been possible and continues to be successful because of the dedication and expertise of our allied health professionals. It will continue to grow because it has clearly been shown to serve a vital need for our patients and health care providers.

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The Scleroderma Patient-centred Intervention Network (SPIN) (Continued from page 14)

The first of SPIN's online programs will be available free-of-charge to the public in 2019. SPIN also recently pilot tested a videoconference-based program to provide training and resources for scleroderma peer support group leaders.

For information about getting involved with SPIN Cohort recruitment and/or research, please consult SPIN's website (www.spinsclero.com) or email spin@jgh.mcgill.ca.

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