

2020 Practice Reflection Awards

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SILVER

Understanding and Improving Patient Education Regarding Cardiovascular Disease in Psoriatic Arthritis

One of the most striking challenges I've come to appreciate during my time as a rheumatology fellow is the breadth and scope of patient care tasked to the rheumatologist. Prevention and management of cardiovascular disease (CVD) is of particularly notable importance. It has been well established that rheumatoid arthritis (RA) is associated with increased CVD, to which end advances have been made in investigating and improving screening and CVD risk management. Like RA, psoriatic arthritis (PsA) is being increasingly shown to have similar, if not equal, cardiovascular burden. Unlike RA, rheumatologists do not seem to be having these comparable, important conversations with patients with PsA.

Therefore, the aim of my self-assessment project is to explore how well patients are educated by their rheumatologist about cardiovascular risk in PsA. The study will include two information-gathering components – a chart review and a study survey – followed by dissemination of knowledge in the form of a clinical practice tool. The purpose of the retrospective chart review will be to evaluate the frequency and extent of current CVD counselling for patients with PsA. This will include examination of risk factor management and modification, new medication starts or changes, referral for investigations, and ownership patterns between the primary care team versus the rheumatologist. Subsequently, prospective data on patients' knowledge of



CVD in PsA will be obtained through clinic surveys.

Ultimately, the findings of the first two components of this project will be synthesized to create a patient education pamphlet on CVD in PsA, and to develop a novel tool for rheumatologists to use to assist in reviewing and modifying CVD in patients with PsA. This tool will be developed in the form of a patient questionnaire to be filled out at each visit, analogous to the Health Assessment Questionnaire (HAQ). Ideally, this will be created both in paper format and via a user-friendly online interface that can be uploaded into an

EMR. Patients will answer questions about associated cardiovascular risk factors, new comorbid diagnoses, changes to medications, and associated investigations. The answers to these questions can be reviewed by the rheumatologist, both at the appointment and/or during dedicated administrative time, and appropriate recommendations for follow up with the primary care team can be made. With the generous support of the Canadian Rheumatology Association Practice Reflection Grant, it is my hope that this project will enhance overall patient care in PsA.

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