ABSTRACT: Calling All Patients: Using a Clinical Call Center to Perform Disease Activity Assessments to Support Treating RA to Target

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Objective:

The study objectives were to determine 1) if a clinical call center staff could teach patients how to measure their RA disease activity using the RAPID3 and track patient scores over time, and 2) whether patient use of RAPID3 increases patient satisfaction and improves patient-provider dialog.

Method:

The RAPID3 Pilot was a study of patients with RA in the US that launched in March 2014. Participants were trained on and instructed to complete the RAPID3 every 3 months for the 12-month study. Additionally, in-depth phone interviews were conducted with a random sample of participants.

Results:

A total of 152 participants were enrolled in the study and completed the baseline assessment. The mean (SD) age of enrolled participants was 58.7 (11.5) years. The sample population was mostly female (80.9%), White (84.2%), and had post-secondary education (66.5%). The mean (SD) time since RA diagnosis was 14.8 (12.3) years.

More participants (62.5%) elected to complete their follow-up assessments via telephone versus online (37.5%). The number of participants completing follow-up assessments at the 3, 6, 9, and 12 months timepoints were 113, 95, 92, and 88, respectively.

The percentage of participants who were able to correctly calculate their RAPID3 scores was 82.2% at baseline. This percentage increased to 92.9% at the 3-month assessment and to 93.1% at the 12-month assessment.

On a scale of 0 (completely dissatisfied) to 10 (completely satisfied), approximately three-quarters of participants provided a rating of =7 for their overall satisfaction with the RAPID3 as a way of assessing and monitoring the impact of their RA (range: 77.1% to 88.6%). Satisfaction increased with study duration.
Participants reported that discussions with their doctor during their last medical visit was either unchanged (range: 30.6% to 38.7%) or improved (range: 61.3% to 69.4%) compared to medical visits before they began using the RAPID3 questionnaire. No participants reported that discussions with their doctor had worsened.

**Conclusion:**

To our knowledge this is the first study to implement the RAPID3 in a commercial arena with direct outreach to patients. Additionally, this the first study to assess the impact of the RAPID3 on patient satisfaction as well the impact of the RAPID3 on patient dialog with their HCPs.

Most participants were able to successfully complete and score the RAPID3 on their own using the instruction materials provided; however, some participants required some additional support from the study nurse, particularly during the first assessment. There were no significant differences in sociodemographic characteristics between participants who required assistance scoring the RAPID3 and those who did not.

Although 132 participants remained enrolled in the study, only 88 participants completed the final 12-month assessment. Of those lost to follow-up (N=44), most participants were those who completed their assessments online (N=32; 72.7%).

General feedback from study participants about the RAPID3 and the pilot program was positive. The RAPID3 questionnaire was recognized by participants as a useful tool to help track and manage their disease activity as well as encourage discussions with their HCPs. Participants found the RAPID3 easy to complete and were satisfied with its ability to help them understand and take steps towards improving quality of life as a result of their RA. Moreover, patients were in favor of continuing with the program and believed that more patients with RA should be trained on the RAPID3 based on their experience with the tool.

Overall, the RAPID3 Pilot demonstrated that a call center staff is able to successfully teach patients to complete and use the RAPID3 to evaluate their RA disease activity. Operational considerations from this pilot study may prove informative for future initiatives to increase patient engagement and implement a treat-to-target approach for RA.