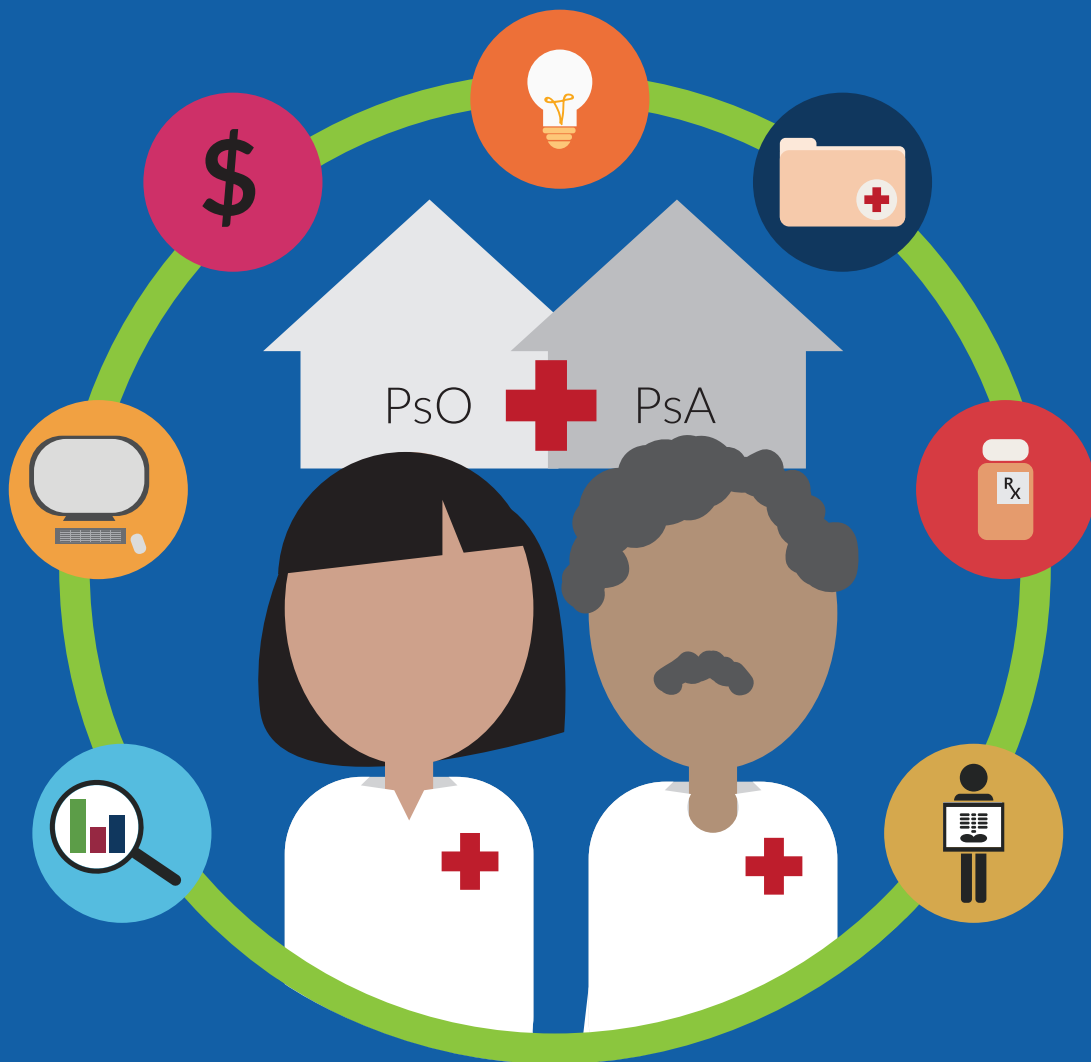


PPACMAN Psoriasis & Psoriatic Arthritis Clinics Multicenter Advancement Network



A Toolkit for Combined Clinics

How to Build a Combined Psoriasis & Psoriatic Arthritis Clinic

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Source: www.ppacman-survey.com

Introduction

This toolkit provides guidance on the development of combined psoriasis and psoriatic arthritis clinics based on the collective experience of existing centers and data gathered from prior PPACMAN survey results and meetings. We aim to provide examples of various existing models and describe practical pearls and pitfalls.

Dermatologists and rheumatologists each play an important role in the care of the psoriatic patient. While the majority of practitioners continue to work within silos of their own specialties, awareness of the numerous benefits of collaborative care is increasing. Benefits of combined care in psoriasis and psoriatic arthritis include improved patient care, improved physician communication, early recognition of psoriatic arthritis patient and physician satisfaction, and increased education/awareness of psoriatic arthritis among patients and physicians.

The goal of this toolkit is to provide a framework for providers in academic or private practice settings considering setting up or expanding a multi-disciplinary combined clinic. While there are many benefits to this care model, numerous challenges exist to achieving a successful clinic within the confines of existing practice settings.

PPACMAN Mission:

“Optimize the clinical care of patients with psoriatic disease through multidisciplinary collaboration, education and innovative research.”

Clinical Models

- Dermatologists and Rheumatologists see patients together at the same time in one room and discuss case/plan immediately
- Dermatologists and Rheumatologists see patients separately on the same day sequentially and discuss after
- Dermatologists and Rheumatologists see patients separately at different times and places, followed by face to face meetings/communication
- Dermatologists and Rheumatologists see patients separately at different times and places, followed by virtual communication (EMR, email, letter, phone, etc)

Some clinics have included other sub specialists in their **multi-disciplinary clinics** (cardiology, psychiatry, nutritionists, physical therapists, gastroenterology, etc.)

Combined clinics can occur **once a week** to **once a month**

Approximately **1/3rd** of patients are seen in a **“virtual”** combined clinic

The majority of combined clinics see patients with both the **dermatologist & rheumatologist**

Administrative & Financial Support Models

The majority of clinics have some administrative and financial support from Dermatology Departments or Rheumatology Divisions.

- Dermatology & Rheumatology shared support
- Dermatology support only
- Rheumatology support only
- Private Practice/Other
- Grants and Philanthropy

Payment Models

- Billing or RVU credit separately for both providers
- Billing or RVU credit for only one provider
- Salary support for both providers
- Salary support for one provider

In order for both providers to bill, what is typically required are two separate appointments and notes. Financial viability of clinics is an important concern for both academic and private practice.

THE NUMBERS

82%

The majority of clinics are set up for both providers to receive RVU credit/payment/salary

17%

Approximately 17% of clinics have no financial support

Comorbidities

- The majority (92%) of the clinics screen for comorbidities (ranging from 1-5 different comorbidities screened)
- The majority of respondents indicated they refer to primary care/specialists for management of comorbidities if possible (managing themselves only occasionally if needed)

Standard Data Collection

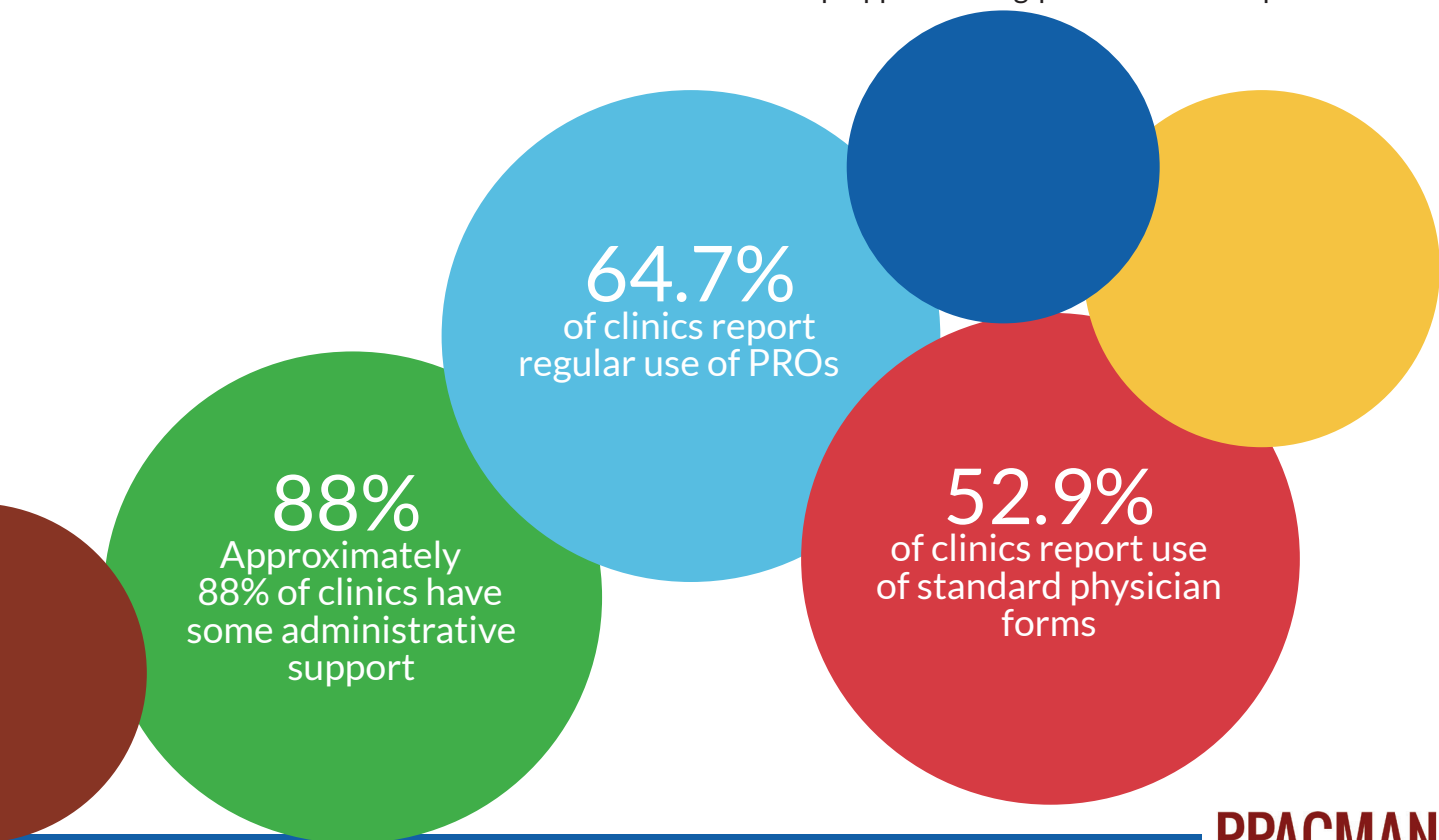
The majority of clinics used standardized EMR templates for clinical visits to improve efficiency of data collection and unique documentation needed for billing purposes. Templates may be used for research purposes.

Derm Template:

<http://ppacman.org/pdfs/EMR-form2.pdf>

Rheum Template:

<http://ppacman.org/pdfs/EMR-form3.pdf>



Pearls & Pitfalls

Challenge: Patient Messages & Medications

Possible Solution:

- set up a clear plan for deciding which doctor/office will handle patient phone calls, medication refills, appointment scheduling and prior authorization etc.

Challenge: Space/Rooms

Room availability can be a challenge given the time required for two specialists in combined setting; seeing a patient is considerably longer than routine visits

Challenge: Scheduling

Typically Dermatologists see more patients per hour and have shorter visits per patient. Financial viability for Dermatologists is often a concern.

Possible Solution:

- schedule additional general dermatology or psoriasis only patients in between psoriatic patients requiring both specialties
- schedule one dermatologist seeing patients with two or more rheumatologists
- consider subsidizing dermatology if feasible

Challenge: Institutional or Private Practice Leadership “Buy In”

Possible Solution:

- consider presentation of benefits of combined clinics to gain institutional/ practice leadership support or “buy-in”

Challenge: Attracting Patients to your Combined Clinic

Possible Solutions:

- send notices, flyers and brochures regarding the presence of the combined clinic
- website
- lectures to local Derm/Rheum/PMD/Podiatry/Ortho
- patient outreach events
- educational materials for patients
- registering your combined clinic with PPACMAN

Challenge: Billing

Majority of clinics have billing for both providers

Possible Solution:

- advance planning/coordination among billing/administrative staff and setting up procedures/systems for double co-payment collection; require typically two unique notes and appointment times
- consider creating a personalized EMR or EPIC template for your clinic

Conclusion

A multi-disciplinary care approach for psoriasis and psoriatic arthritis provides benefits for both patients and providers. Numerous challenges currently exist to starting and maintaining a successful combined clinic for patients with psoriatic disease. An individualized approach is necessary to overcome unique barriers faced by different centers. This toolkit provides a framework for providers in combined clinics on various models that may be employed and provides tools to overcome common challenges.

www.ppacman.org

Resources

- Okhovat JP, Ogdie A, Reddy S.M., Rosen C.F., Scher J.U. Merola J.F. Psoriasis and Psoriatic Arthritis Clinics Multicenter Advancement Network Consortium (PPACMAN) Survey: Benefits and Challenges of Combined Rheumatology-dermatology Clinics. J Rheumatol 2017;44;693-694

<https://www.ncbi.nlm.nih.gov/pubmed/28461529>



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