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Recommended Citation

Harris, Julia G.; Holland, Jamie; Fox, Emily; Favier, Leslie; and Cooper, Ashley M., "Implementing Treat to Target Approach in the Care of Children with Juvenile Idiopathic Arthritis" (2019). *Posters*. 132.

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Implementing Treat to Target Approach in the Care of Children with Juvenile Idiopathic Arthritis

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Children's Mercy Kansas City

Introduction

Juvenile idiopathic arthritis (JIA) is the most common chronic inflammatory disease seen in pediatric rheumatology. Despite advances in biologic therapy, many children with JIA will experience morbidity.¹ Treat to Target is a treatment paradigm that involves setting a target of disease activity, using shared decision making, and incorporating clinical decision support.² Our clinic aimed to set a treatment target on 50% of eligible JIA patients by December 31, 2019.

Methods

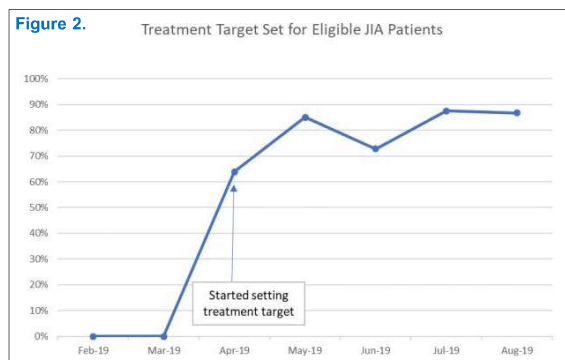
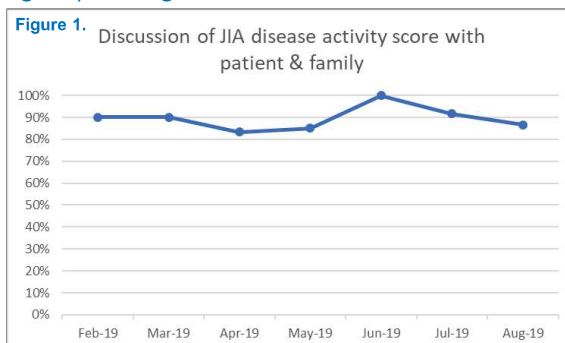
Treat to Target initiation occurred in stages:

- 1) Discussing disease activity score with patient and parent/guardian
- 2) Setting treatment target with patient and family (inactive disease or low disease activity)
- 3) Using clinical decision support

- Education to physicians and nurses
- Process map and failure mode and effects analysis were made
- Data was analyzed on run charts

Results

Stage 1 started in February 2019 and achieved 83-100% of the time (Figure 1). A discussion of treatment target with Stage 2 started in April 2019 and was performed during an average of 89% of visits (Figure 2). One provider began utilizing clinical decision support (Stage 3) in August, which involved 13% of visits.



Discussion

Rheumatology providers have successfully implemented parts of Treat to Target. Limitations include manual data entry, so lack of complete data capture is likely. Additional physicians will be starting to use the treatment algorithms this month. We will monitor patient outcomes to see if any improvement noted by utilizing this treatment approach.

References

1. Minden K, et al. Long-term outcome in patients with juvenile idiopathic arthritis. *Arthritis Rheum* 2002;46:2392-2401.
2. Ravelli A, et al. Treating juvenile idiopathic arthritis to target: recommendations of an international task force. *Ann Rheum Dis* 2018;77:819-828.

Acknowledgements: We thank Drs. Maria Ibarra, Cara Hoffart, and Jordan Jones in addition to rheumatology nurses, Amy Ivy, and all of our participating patients and families.

Disclosures: None.

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