

Health Care Professionals' Perceptions Regarding Barriers in the Implementation of Preventive Therapies in Rheumatoid Arthritis

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OBJECTIVE

To examine health care professionals' perceptions of barriers in the potential future implementation of preventive therapies for RA.

BACKGROUND

- Rheumatoid Arthritis (RA) is thought to develop through a process of 'multiple hits' involving series of risk factors that accumulate during 'at-risk' pre-clinical phase
- This pre-clinical phase may offer window of opportunity to identify those at risk to offer potential preventive treatment
- A number of clinical trials are underway to test treatments for RA as prevention.
- If prevention is possible, health care professionals will be crucial in implementing future preventive therapy strategies.

METHODS

- Cross-sectional survey, embedded in a larger project on the a larger project on the acceptability of preventive treatment for people at high risk for RA.
- Surveys were sent via email to health care professionals, who were members of the Canadian Rheumatology Association.
- Participant characteristics were assessed.
- Participants were asked to report their perceptions of 8 potential barriers to the implementation of preventive RA therapies.
- Chi-Square and Fisher Exact tests were used to explore associations between perceptions of potential barriers and respondents' characteristics such as age, sex, ethnicity, years in practice, and province.

PARTICIPANT CHARACTERISTICS

76 health care professionals:

- 64 Rheumatologists
- 4 Nurses
- 2 Physiotherapists
- 2 Pharmacists
- 1 Occupational Therapist
- 1 Social Worker
- 2 N/As

	n	%
Sex		
Male	28	36.8
Female	48	63.2
Age		
< 40 years	21	27.6
40 - 59 years	31	40.8
≥ 60 years	24	31.6
Ethnicity		
White	57	75.0
Non-White	19	25.0
Province		
British Columbia	29	38.1
Ontario	13	17.1
Quebec	17	22.4
Other	17	22.4
Years in Practice		
≤ 10 years	30	39.5
> 10 years	46	60.5
Practice Type		
Academic	49	64.4
Adult	30	39.5
Community	29	38.1
Clinical Research	15	20.0

FIGURE 1: NUMBER OF ENDORSED BARRIERS BY AGE GROUP

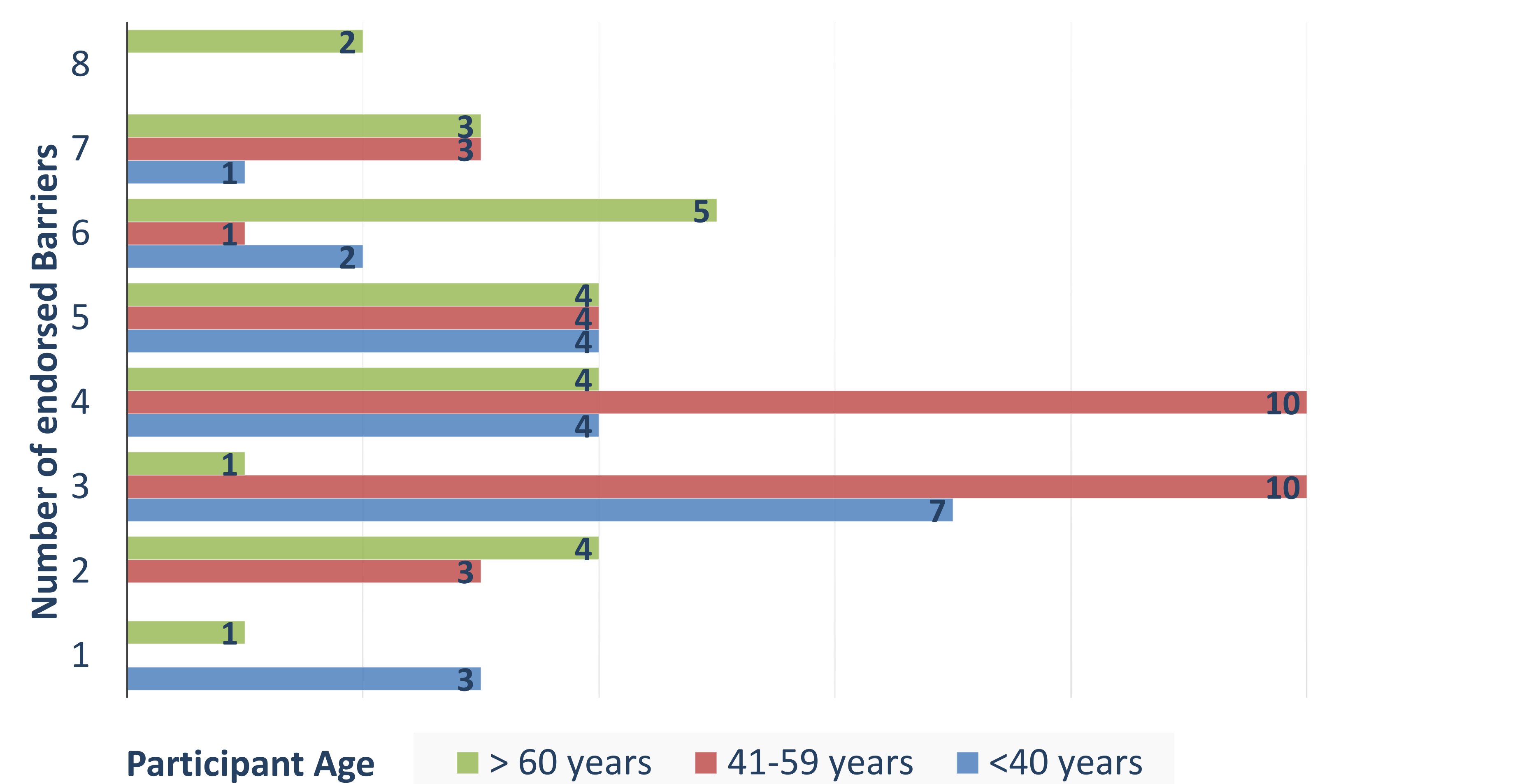
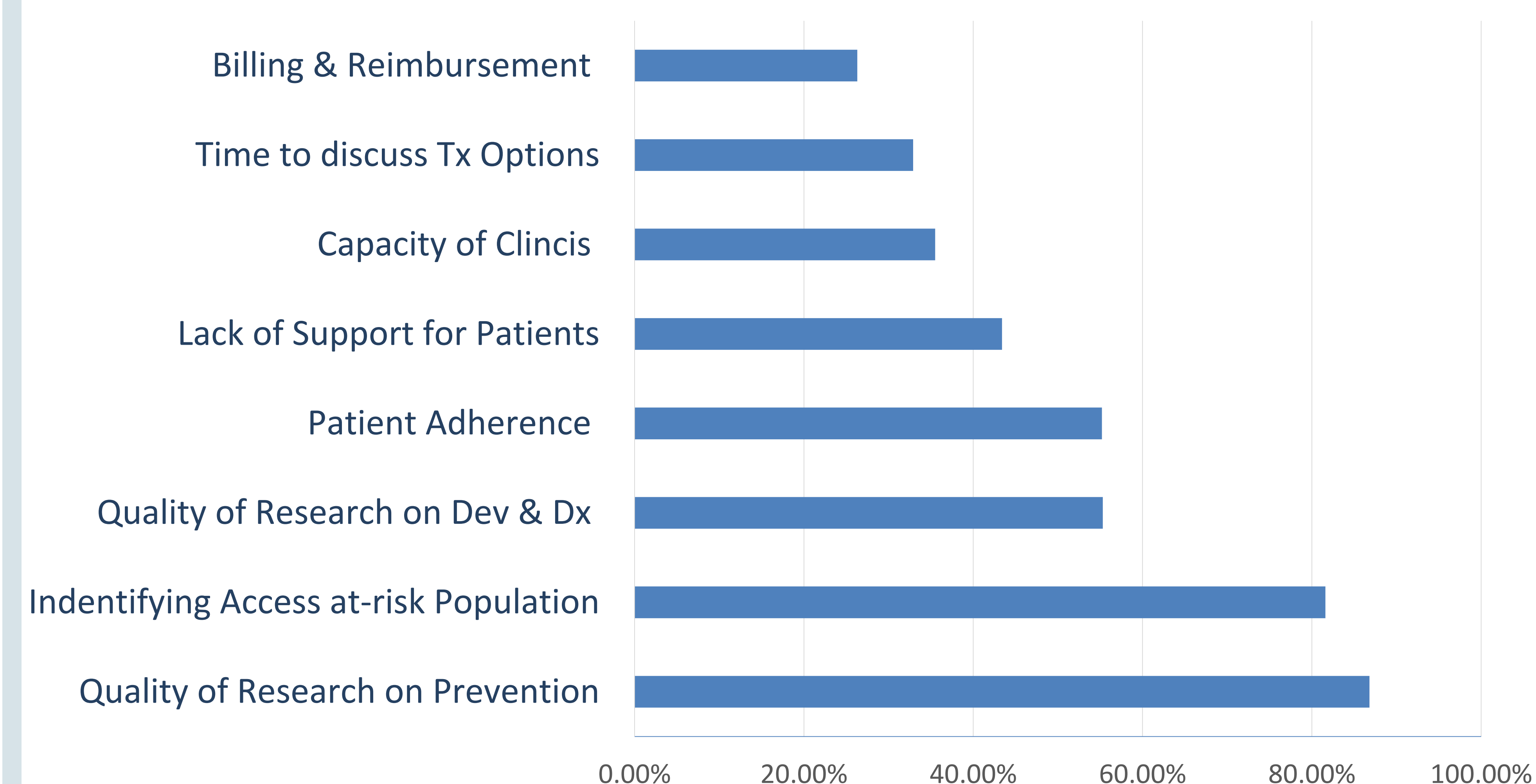


FIGURE 2: FREQUENCY OF ENDORSED BARRIERS



RESULTS

Range of endorsed barriers to implementation: 1 to 8 (median: 4)

Most frequently endorsed barriers:

- Quality of research/knowledge on possible preventative therapies (87%)
- Identifying and accessing at-risk populations (81%)
- Over half of the sample (55%) perceived the quality of research/knowledge on the development and diagnosis of RA and patient adherence to the treatment as potential barriers.

Less frequently endorsed barriers:

- Lack of support to help patients make good decisions about preventative treatment (43%)
- Capacity of clinics (35%)
- Time required to discuss preventive options with at-risk individuals (33%).

Female practitioners more frequently endorsed quality of research/knowledge on preventative therapies as a barrier than males ($p < 0.01$), but no other significant differences in endorsement of barriers were found by respondent characteristic.

CONCLUSIONS

- Our findings provide insights into the main barriers that need to be overcome before preventive therapies for RA can be offered.
- HCPs placed particular value on the quality of research/knowledge on possible preventative therapies, ways to identify and access an at-risk population, the quality of research/knowledge on development and diagnosis of RA and adherence.

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