



Rheumatoid Arthritis: Promoting wise healthcare

Healthcare is often described as 'high value' or 'low value'¹. Both are important to know about so you can get the right care, not care that is risky or has little benefit.

High value care is	Low value care is
✓ Effective – evidence suggests that it works to produce a positive effect	Ineffective – evidence suggests that the care will provide no or very little benefit
✓ Safe – there is low risk of harm	Potentially harmful – the risk of
 Cost effective – despite cost, the care provides benefit relative to alternative options 	harm is greater than any likely benefit
	Not cost effective – since the care is unlikely to provide benefit, the cost associated with care delivery could be used on other care options

High value care for rheumatoid arthritis (RA) includes:

- Early referral to a rheumatologist (within 6 weeks of the onset of symptoms) for diagnosis and commencement of disease modifying medications (DMARD) to control joint inflammation and improve symptoms.
- ✓ In the early stage of RA (first 2 years after diagnosis), regular disease monitoring and rapid escalation of DMARD doses to control joint inflammation and improve symptoms and function
- ✓ In established RA (>2 years since diagnosis) regular monitoring of RA and other health conditions (such as osteoporosis, cardiovascular health and depression) is important.
- A personalised management plan that focuses on education about your condition, available treatments, and how you can actively manage your condition with healthy lifestyle habits.
- Doing regular exercise and physical activity helps to improve strength and your capacity to do the things you want to do the things in life. Exercise "dose" (type/amount) can be guided by your physio.

 $^{^1}$ Scott IA, Duckett SJ In search of professional consensus in defining and reducing low-value care Med J Aust 2015; 203 (4): 179-181. || doi: 10.5694/mja14.01664





Low value care for rheumatoid arthritis:

- In early RA, starting biologic DMARDS before conventional DMARDs such as methotrexate.
- Complementary and alternative therapies with limited or no evidence for benefit for RA, such as glucosamine and chondroitin, magnets and homeopathy.

Important questions to ask your health professional

Here are <u>5 important questions</u> (available in 12 different languages) from the <u>Choosing Wisely</u> initiative. These are the recommended questions that you should ask your health professional about your rheumatoid arthritis pain to help you decide what the right care is for you.

5 important question to ask your health professional(s)

- 1. Do I really need this test, treatment or procedure?
- 2. What are the risks?
- 3. Are there simpler, safer options?
- 4. What happens if I don't do anything?
- 5. What are the costs?