

ACP supports NQF 2525 for physicians managing RA, with modifications: "Rheumatoid Arthritis (RA): Disease Modifying Anti-Rheumatic Drug (DMARD) Therapy." The current evidence supports the benefit of DMARD therapy in reducing the symptoms of RA and decelerating the progression of joint damage. Furthermore, a wide range of DMARD prescribing across health plans in the 2013 measurement year suggests a performance gap. However, given the availability of highly effective therapies and a more aggressive therapeutic approach than in previous decades, remission or minimal disease activity is now achievable for a significant numbers of patients (10-30%). Therefore, DMARD therapy may be appropriately withheld for a period of time (a "drug holiday") or discontinued for such patients and minimal disease activity or clinical remission should be included in the denominator exclusions. This is a physician level measure and should only be applicable to physicians who are managing and providing medical therapy for RA. Most often this will apply to rheumatologists, but primary care physicians may also manage RA.

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