Assessment and Classification of Disease Prognosis

*This measure is to be reported for all patients aged 18 years and older with RA — a minimum of **once** per reporting period. It is anticipated that clinicians who provide care for patients with a diagnosis of RA will submit this measure.*

Measure description

Percentage of patients 18 years and older with a diagnosis of RA who have an assessment and classification of disease prognosis at least once within 12 months

What will you need to report for each patient with RA for this measure?

If you select this measure for reporting, you will report:

- Whether or not you assessed and classified disease prognosis, using clinical markers[1]. Disease prognosis should be classified as either poor[2] or good. Patients will fall into one of the two categories below:
  - Disease prognosis for rheumatoid arthritis assessed, poor prognosis documented OR
  - Disease prognosis for rheumatoid arthritis assessed, good prognosis documented

What if this process or outcome of care is not appropriate for your patient?

Some measures provide an opportunity for the physician or eligible health professional to document when a process or outcome of care is not appropriate for a given patient (also called performance exclusions). Because this measure is applicable to most if not all patients, there are no allowable performance exclusions.

[1]Classification of disease prognosis should be based upon, at a minimum, the following clinical markers: functional limitation (eg, HAQ Disability Index), extraarticular disease (eg, vasculitis, Sjorgen's syndrome, RA lung disease, rheumatoid nodules), rheumatoid factor (RF) positivity, positive anti-cyclic citrullinated peptide (anti-CCP) antibodies (both characterized dichotomously, per CEP recommendation), and/or bony erosions by radiography.

[2]RA patients with features of poor prognosis have active disease with high tender and swollen joint counts, often have evidence of radiographic erosions, elevated levels of RF and or anti-CCP antibodies, and an elevated erythrocyte sedimentation rate, and an elevated C-reactive protein level.

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