



MANAGING RHEUMATOID ARTHRITIS IN THE PRIMARY CARE SETTING

A NINE-PART CONTINUING EDUCATION SERIES
AIMED AT DEVELOPING SUB-SPECIALIZATION
AND INTENSIFIED RA CARE MANAGEMENT
AT THE PRIMARY CARE LEVEL

*Satellite Broadcast and Online Continuing Medical
Education Enduring Activity for Physicians and Nurses*

Site Coordinator Manual

Complimentary Online
Continuing Medical Education
Enduring Activity for
Physicians and Nurses

**This activity is supported by educational
donations provided by Amgen and Pfizer Inc.**

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ABOUT THIS GUIDE

This comprehensive guide provides you with all of the necessary instructions for running a successful course.

ABOUT THE PROGRAM

The current framework for rheumatoid arthritis care aims to identify RA at earlier stages, better control complications, and reach the goal of remission in more patients. The problem is the majority of RA care is provided by specialists -- and our country is now realizing a significant shortage of rheumatologists.

As fewer and fewer primary care clinicians felt comfortable managing RA, they routinely deferred to specialists. But the disparity in the number of RA patients and rheumatologists is now affecting clinical outcomes – with significant delays in diagnosis and treatment, and more patients realizing long term joint damage. In reality, primary care physicians are uniquely qualified to manage chronic disease, as demonstrated with the shift in diabetes management.

The defining features of primary care - continuity, comprehensiveness and coordination - match the needs of chronically ill patients. With fewer specialists, new knowledge about the timeliness of diagnosis, and growing awareness of extra-articular manifestations, PCPs must take on the lion's share of RA care. In fact, it is essential that you understand the barriers to positive results, best practices in RA management, and current guidelines.

ACTIVITY GOAL AND FORMAT

This nine-part educational series uses guidelines (the science) and the art of clinical decision-making to improve knowledge and skills related to the early identification, treatment and ongoing management of Rheumatoid Arthritis at the primary care level. These programs include didactic presentations, patient case studies with panel discussion, and Q&A.

Part 1: New Onset Polyarthritits

Tuesday, November 10, 2009

12:00 – 12:30pm ET

Part 2: The Approach to Early RA Patients

Thursday, December 3, 2009

12:00 – 12:30pm ET

Part 3: RA vs. Other Forms of Chronic Polyarthritits

Wednesday, January 13, 2010

12:00 – 12:30pm ET

Part 4: DMARD Therapies by Primary Care Physicians

Wednesday, January 27, 2010

12:00 – 12:30pm ET

Part 5: Drug Safety I: NSAIDs, Steroids, & DMARDs

Thursday, February 11, 2010

12:00 – 12:30pm ET

Part 6: Who Should Get Aggressive Rx?

Thursday, February 25, 2010

12:00 – 12:30pm ET

Part 7: Drug Safety II: Biologics

Thursday, March 11, 2010

12:00 – 12:30pm ET

Part 8: PCP Role in Managing Comorbidities

Thursday, March 25, 2010

12:00 – 12:30pm ET

Part 9: 2008 ACR Guidelines for RA Care

Thursday, April 8, 2010

12:00 – 12:30pm ET

NOTE: All segments are available as an Enduring Webcast after original airing

These programs will offer both a live satellite broadcast and webcast during the first air date and will continuously video stream after the live airing. The entire 9 part series is also available on DVD. Each online educational enduring material in the series is valid for a period of one year. After those inclusive dates, the content will require review and updating or will be withdrawn from circulation. A link to the programs webcast will be available on the Rheumatoid Arthritis program information page located on the www.crmhealthcare.net/programs/managingra webpage.

This series is being provided by the University of Texas Southwestern Medical Center and is supported by educational donations from Amgen and Pfizer Inc.

INTENDED TARGET AUDIENCE

This educational activity is intended for family practitioners, general internists, advanced nurse practitioners, physician assistants and other healthcare providers.

Part 1: New Onset Polyarthritis

Program Overview:

Early diagnosis and treatment within the first few months of disease initiation is critical in preventing joint damage and disease progression; yet, on average, patients with rheumatoid arthritis experience symptoms for nine to twelve months before a diagnosis is made. Since RA can result in long-term joint damage in as little as four to six months if left untreated, most RA patients will suffer long-term joint damage. This program will strive to increase the experience and expertise of primary care in the early and accurate diagnosis of RA – distinguishing rheumatoid arthritis from undifferentiated polyarthritis. Improved diagnostic technologies enable providers to more effectively screen and diagnose in the early stages of RA, shifting treatment from a reactive approach to a more proactive approach using a broader range of treatment strategies. Providers must also understand the differential diagnoses, as early RA can mimic the symptoms of many diseases and conditions.

Program Objectives:

- Understand the role of primary care in the management of rheumatoid arthritis (RA) and its comorbidities
- Identify the clinical characteristics of RA and the concept of pattern recognition as it applies to chronic inflammatory arthritis
- Identify histologic, anatomic, and physiologic considerations that contribute to the pathogenesis of RA
- Describe treatment goals and/or outcome measures for managing RA
- Devise strategies for implementing RA therapies to maximize their safety and efficacy
- Apply evidence and best practices to manage the complexities of RA in the primary care setting
- Describe the systemic complications of RA and integrate the treatment of comorbidities into patients' overall treatment plan

Release and Termination Dates

Tuesday, November 10, 2009

12:00 – 12:30pm ET

Available as an Enduring Webcast after original airing

This program will offer both a live satellite broadcast and webcast during the first air date and the webcast will continuously stream after the live airing. This online educational enduring material is valid for a period of one year: from November 10, 2009 to November 9, 2010. After those inclusive dates, the content will require review and updating or will be withdrawn from circulation.

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Part 2: The Approach to Early RA Patients

Program Overview:

Management of rheumatoid arthritis is clearly an important and frequent concern for physicians, whose goal is to effectively manage pain, retard or eliminate radiographic progression, maintain or restore physical function, and minimize or abolish signs and symptoms and limit the side effects of therapeutic interventions. As RA patients face substantial loss of functioning and mobility, a long-term management plan and treatment strategy should occur at a very early stage in the disease. This program will review the prevalence of RA in primary care, discuss the importance of early diagnosis and treatment, explore pharmacologic and non-pharmacologic treatment strategies, and discuss when a patient should be referred to specialist care.

Program Objectives:

- Understand the role of primary care in the management of rheumatoid arthritis (RA) and its comorbidities
- Identify the clinical characteristics of RA and the concept of pattern recognition as it applies to chronic inflammatory arthritis
- Identify histologic, anatomic, and physiologic considerations that contribute to the pathogenesis of RA
- Describe treatment goals and/or outcome measures for managing RA
- Devise strategies for implementing RA therapies to maximize their safety and efficacy
- Apply evidence and best practices to manage the complexities of RA in the primary care setting
- Describe the systemic complications of RA and integrate the treatment of comorbidities into patients' overall treatment plan

Release and Termination Dates

Thursday, December 3, 2009

12:00 – 12:30pm ET

Available as an Enduring Webcast after original airing

This program will offer both a live satellite broadcast and webcast during the first air date and the webcast will continuously stream after the live airing. This online educational enduring material is valid for a period of one year: from December 3, 2009 to December 2, 2010. After those inclusive dates, the content will require review and updating or will be withdrawn from circulation.

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Part 3: RA vs. Other Forms of Chronic Polyarthritis

Program Overview:

As permanent damage to the joints occurs at a very early stage in the disease, Lard and colleagues found that patients who are diagnosed with very early RA and are treated aggressively with disease-modifying antirheumatic drug therapy earlier have better clinical outcomes than those treated later. Because of the importance of early treatment for RA to reduce joint inflammation, progressive joint destruction—mainly due to bone erosions— and disability, careful assessment of clinical features is critical to making the distinction between RA and other types of chronic polyarthritis. Several other medical conditions, including over 100 different types of rheumatic diseases, can resemble RA, and need to be distinguished from it at the time of diagnosis. The process of diagnosing RA involves several steps, including a medical history, physical examination, and appropriate laboratory and imaging tests. This program will review the differential diagnosis of RA, including distinguishing RA from osteoarthritis, psoriatic arthritis, fibromyalgia, and gout; Laboratory investigation of suspected RA is important to confirm the diagnosis, rule out competing diagnoses, predict disease progression, and monitor disease activity including rheumatoid factor (RF), anti-cyclic citrullinated peptide (anti-CCP) antibody panels; and review risks.

Program Objectives:

- Understand the role of primary care in the management of rheumatoid arthritis (RA) and its comorbidities
- Identify the clinical characteristics of RA and the concept of pattern recognition as it applies to chronic inflammatory arthritis
- Identify histologic, anatomic, and physiologic considerations that contribute to the pathogenesis of RA
- Describe treatment goals and/or outcome measures for managing RA

- Devise strategies for implementing RA therapies to maximize their safety and efficacy
- Apply evidence and best practices to manage the complexities of RA in the primary care setting
- Describe the systemic complications of RA and integrate the treatment of comorbidities into patients' overall treatment plan

Release and Termination Dates

Wednesday, January 13, 2010

12:00 – 12:30pm ET

Available as an Enduring Webcast after original airing

This program will offer both a live satellite broadcast and webcast during the first air date and the webcast will continuously stream after the live airing. This online educational enduring material is valid for a period of one year: from January 13, 2010 to January 12, 2011. After those inclusive dates, the content will require review and updating or will be withdrawn from circulation.

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Part 4: DMARD Therapies by Primary Care Physicians

Program Overview:

Rheumatoid arthritis is associated with significant social and occupational disability. As such, treatment choices are critical to help reduce pain and acute inflammation, and to prevent joint damage and disease progression. NSAIDs, for example, help relieve the symptoms of RA but do not slow or arrest the progression of the disease. DMARDs on the other hand can change the course of the disease. While efficacy is important, the safety of these agents is as important to the clinician making therapeutic decisions. The Food and Drug Administration issued a warning that all NSAIDs, including COX-2 inhibitors, may cause an increased risk of serious blood clots, heart attacks and stroke. DMARDs are recognized to have common adverse events relate to liver and bone marrow toxicity, renal toxicity, pneumonitis allergic skin reactions, autoimmunity and infections.

Monitoring efficacy, toxicity, loss of response to treatment, complications and adverse effects related to the RA treatment is critical. Regular monitoring of disease activity and adverse events will also guide the decisions regarding DMARD choice and any needed changes in treatment strategy. This program will provide an overview of Methotrexate; explore when to use others such as Sulfasalazine; contraindications; and office assessment tools of RA activity, such as the modified Health Assessment Questionnaire disability index, patient pain assessment, and patient global assessment.

Program Objectives:

- Understand the role of primary care in the management of rheumatoid arthritis (RA) and its comorbidities
- Identify the clinical characteristics of RA and the concept of pattern recognition as it applies to chronic inflammatory arthritis
- Identify histologic, anatomic, and physiologic considerations that contribute to the pathogenesis of RA
- Describe treatment goals and/or outcome measures for managing RA
- Devise strategies for implementing RA therapies to maximize their safety and efficacy
- Apply evidence and best practices to manage the complexities of RA in the primary care setting
- Describe the systemic complications of RA and integrate the treatment of comorbidities into patients' overall treatment plan

Release and Termination Dates

Wednesday, January 27, 2010

12:00 – 12:30pm ET

Available as an Enduring Webcast after original airing

This program will offer both a live satellite broadcast and webcast during the first air date and the webcast will continuously stream after the live airing. This online educational enduring material is valid for a period of one year: from January 27, 2010 to January 26, 2011. After those inclusive dates, the content will require review and updating or will be withdrawn from circulation.

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Part 5: Drug Safety I: NSAIDs, Steroids, & DMARDs

Program Overview:

Early treatment of RA is critical to improve symptoms and reduce or stop erosive progression. Traditional therapeutic classes of drugs include NSAIDs, steroids, and non-biologic DMARDs. Patients, however, face the potential of adverse events related to the RA treatments. For example, the Food and Drug Administration issued a warning that all NSAIDs, including COX-2 inhibitors, may cause an increased risk of serious blood clots, heart attacks and stroke. Patients using glucocorticoids and DMARDs should also be carefully monitored for adverse events related to treatment. This program will review NSAID, steroid, and DMARD use; safety issues related to these treatments; and appropriate safety monitoring guidelines.

Program Objectives:

- Understand the role of primary care in the management of rheumatoid arthritis (RA) and its comorbidities
- Identify the clinical characteristics of RA and the concept of pattern recognition as it applies to chronic inflammatory arthritis
- Identify histologic, anatomic, and physiologic considerations that contribute to the pathogenesis of RA
- Describe treatment goals and/or outcome measures for managing RA
- Devise strategies for implementing RA therapies to maximize their safety and efficacy
- Apply evidence and best practices to manage the complexities of RA in the primary care setting
- Describe the systemic complications of RA and integrate the treatment of comorbidities into patients' overall treatment plan

Release and Termination Dates

Thursday, February 11, 2010

12:00 – 12:30pm ET

Available as an Enduring Webcast after original airing

This program will offer both a live satellite broadcast and webcast during the first air date and the webcast will continuously stream after the live airing. This online educational enduring material is valid for a period of one year: from February 11, 2010 to February 10, 2011. After those inclusive dates, the content will require review and updating or will be withdrawn from circulation.

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Part 6: Who Should Get Aggressive Rx?

Program Overview:

Does aggressive treatment of RA confers benefits over more conservative strategies? Does it matter if the more aggressive approach begins in the early stages of the disease? What patients are ideal targets for aggressive therapy, which ones should have a conservative approach, and which ones have RA that is a sufficiently benign disease course? As soon as remission or a low disease activity stage is reached should the aggressive approach be halted? What drug choice should be used in the aggressive or combination arms?

These questions along with a discussion on goals of therapy, the defining of high risk disease; early aggressive therapy, and DMARD failure (both primary/secondary nonresponse) will be explored in this program.

Program Objectives:

- Understand the role of primary care in the management of rheumatoid arthritis (RA) and its comorbidities
- Identify the clinical characteristics of RA and the concept of pattern recognition as it applies to chronic inflammatory arthritis
- Identify histologic, anatomic, and physiologic considerations that contribute to the pathogenesis of RA
- Describe treatment goals and/or outcome measures for managing RA
- Devise strategies for implementing RA therapies to maximize their safety and efficacy
- Apply evidence and best practices to manage the complexities of RA in the primary care setting
- Describe the systemic complications of RA and integrate the treatment of comorbidities into patients' overall treatment plan

Release and Termination Dates

Thursday, February 25, 2010

12:00 – 12:30pm ET

Available as an Enduring Webcast after original airing

This program will offer both a live satellite broadcast and webcast during the first air date and the webcast will continuously stream after the live airing. This online educational enduring material is

valid for a period of one year: from February 25, 2010 to February 24, 2011. After those inclusive dates, the content will require review and updating or will be withdrawn from circulation.

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Part 7: Drug Safety II: Biologics

Program Overview:

Biologics are an important therapeutic option for treating patients with rheumatoid arthritis, as they can target specific immunologic components that are thought to be involved in the pathogenesis of RA. However, they are associated with rare but severe adverse events such as serious infections, lymphoma, or chronic heart failure. When assessing the comparative efficacy and safety of biologic agents for RA, one must understand the current safety issues with biologic agents, including FDA black box warnings, and current screening and/or patient selection recommendations for the safety of RA patients to improve outcomes. The safety of these agents should be as important to the clinician making therapeutic decisions as information about efficacy. This program will review indications for biologic use; contraindications, biologic safety issues, and risk reduction strategies.

Program Objectives:

- Understand the role of primary care in the management of rheumatoid arthritis (RA) and its comorbidities
- Identify the clinical characteristics of RA and the concept of pattern recognition as it applies to chronic inflammatory arthritis
- Identify histologic, anatomic, and physiologic considerations that contribute to the pathogenesis of RA
- Describe treatment goals and/or outcome measures for managing RA
- Devise strategies for implementing RA therapies to maximize their safety and efficacy
- Apply evidence and best practices to manage the complexities of RA in the primary care setting
- Describe the systemic complications of RA and integrate the treatment of comorbidities into patients' overall treatment plan

Release and Termination Dates

Thursday, March 11, 2010

12:00 – 12:30pm ET

Available as an Enduring Webcast after original airing

This program will offer both a live satellite broadcast and webcast during the first air date and the webcast will continuously stream after the live airing. This online educational enduring material is valid for a period of one year: from March 11, 2010 to March 10, 2011. After those inclusive dates, the content will require review and updating or will be withdrawn from circulation.

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Part 8: PCP Role in Managing Comorbidities

Program Overview:

The underlying problems that caused RA makes patients prone to other conditions and vulnerable to the effects of inflammatory damage, including atherosclerosis leading to cardiovascular disease, other autoimmune/inflammatory diseases, in particular Sjögren's syndrome, and some forms of autoimmune liver disease, such as primary biliary cirrhosis. A recent meta-analysis showed that people with RA have a 50 percent higher risk of cardiovascular disease than does the general public. Managing the extra-articular manifestations of RA, complications, and other medical conditions in relation to the RA or its treatment is critical. This program will explore the Medication management for the hospitalized or pregnant RA patient and the management of comorbidities.

Program Objectives:

- Understand the role of primary care in the management of rheumatoid arthritis (RA) and its comorbidities

- Identify the clinical characteristics of RA and the concept of pattern recognition as it applies to chronic inflammatory arthritis
- Identify histologic, anatomic, and physiologic considerations that contribute to the pathogenesis of RA
- Describe treatment goals and/or outcome measures for managing RA
- Devise strategies for implementing RA therapies to maximize their safety and efficacy
- Apply evidence and best practices to manage the complexities of RA in the primary care setting
- Describe the systemic complications of RA and integrate the treatment of comorbidities into patients' overall treatment plan

Release and Termination Dates

Thursday, March 25, 2010

12:00 – 12:30pm ET

Available as an Enduring Webcast after original airing

This program will offer both a live satellite broadcast and webcast during the first air date and the webcast will continuously stream after the live airing. This online educational enduring material is valid for a period of one year: from March 25, 2010 to March 24, 2011. After those inclusive dates, the content will require review and updating or will be withdrawn from circulation.

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Part 9: 2008 ACR Guidelines for RA Care

Program Overview:

Guidelines are evidence-based tools that guide care and improve care management. In 2008, the American College of Rheumatology updated its 2002 guidelines providing a guided approach to drug therapy and monitoring. The 2008 recommendations focus on the use of non-biologic DMARDs and

biologic DMARDs to treat the disease. This program will review the guidelines for early vs. established disease, low vs. high activity, and will explore risk factors in treatment decisions.

Program Objectives:

- Understand the role of primary care in the management of rheumatoid arthritis (RA) and its comorbidities
- Identify the clinical characteristics of RA and the concept of pattern recognition as it applies to chronic inflammatory arthritis
- Identify histologic, anatomic, and physiologic considerations that contribute to the pathogenesis of RA
- Describe treatment goals and/or outcome measures for managing RA
- Devise strategies for implementing RA therapies to maximize their safety and efficacy
- Apply evidence and best practices to manage the complexities of RA in the primary care setting
- Describe the systemic complications of RA and integrate the treatment of comorbidities into patients' overall treatment plan

Release and Termination Dates

Thursday, April 8, 2010

12:00 – 12:30pm ET

Available as an Enduring Webcast after original airing

This program will offer both a live satellite broadcast and webcast during the first air date and the webcast will continuously stream after the live airing. This online educational enduring material is valid for a period of one year: from April 8, 2010 to April 7, 2011. After those inclusive dates, the content will require review and updating or will be withdrawn from circulation.

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SATELLITE INFORMATION

This satellite information is for sites that will be viewing the programs via satellite downlink. If your site will be accessing the programs on the web, please note the Trouble Line number for the webcast only. **The satellite numbers will not apply to webcast viewers.** The webcast will be available on each of the individual program pages at www.crmhealthcare.net/programs/managingra.

All technical equipment should be checked by the technician before the broadcast day and directly prior to the broadcast. The technician must be present throughout the broadcast should any problems arise with the equipment.

If you have any questions or need more technical information before the broadcast, please contact Gwen Pond at 866.865.5448.

If you have satellite technical difficulties on the day of the broadcast call the **Trouble Line Number at 212.962.1722.**

Due to the nature of satellite technology, satellite information may change. If any changes occur, an urgent fax will be sent to all sites to update them on the changes.

The following satellite coordinates should be used for all of the programs in this series.

Live Satellite Broadcast

Time Zone	Test Time	Broadcast Time
Eastern	11:45 a.m. – 12:00 p.m.	12:00 – 12:30 p.m.
Central	10:45 – 11:00 a.m.	11:00 – 11:30 a.m.
Mountain	9:45 – 10:00 a.m.	10:00 – 10:30 a.m.
Pacific	8:45 – 9:00 a.m.	9:00 – 9:30 a.m.

Satellite Coordinates:

Satellite: **Digital (C-Band)** AMC-6 C12 Slot B

Downlink Frequency: H 3949

Downlink Polarity: Vertical

Symbol Rate: 6.1113

Longitude: 72 Degrees West

Trouble Numbers:

Satellite Broadcast Trouble Line: 212.962.1722

WEBCAST INFORMATION

For viewing the webcast you will need the proper set up for projection from the computer or a large monitor for viewing. The computer will need to have access to the Internet to view the webcast at www.crmhealthcare.net/programs/managingra.

Video Projection: For groups under 75, we recommend two monitors that are at least 26" each. For rooms that seat more than 75 people, a projection television system is recommended. While screen size will depend on the size of the room and the anticipated number of participants, the minimum size screen we recommend is 6' by 8'.

Hardware/Software Requirements

Operating System - Windows 2000, ME, XP

Web Browser(s):

Internet Explorer 5.0 or higher Netscape Navigator 6 (requires special tweaking of application Preferences) or higher

Hardware: Pentium III- 500 MHz or faster and audio speakers. Screen Resolution should be a minimum of 1024 x 768

Bandwidth: CME programs are encoded at 384kbps playback in order to maintain image integrity. LAN, DSL or Cable modem at 384 Kbps or greater is highly recommended.

Required Plug-ins –

For Windows



For reading .pdf Files

http://www.adobe.com/products/acrobat/readstep2_allversions.html



For Viewing Flash Presentations

http://download.macromedia.com/pub/flashplayer/updaters/8/flashplayer_update_flash8.exe



For Viewing Video on Computers with OS 2000, ME, and XP

http://download.microsoft.com/download/winmediaplayer/WMPMac/7.1/MacOS/EN-US/WMPlayer7_1_EN.hqx

For Macintosh



For Reading .pdf Files

http://www.adobe.com/products/acrobat/readstep2_allversions.html



For Viewing Flash Presentations

http://download.macromedia.com/pub/flashplayer/updaters/8/flashplayer_update_flash8.dmg



For Viewing Streaming Media on Computers with OSX

<http://www.microsoft.com/mac/downloads.aspx?pid=download&location=/mac/download/misc/windowsmediaplayer.xml&secid=80&ssid=4&flgnosysreq=False>



For Viewing Streaming Media on Computers with OS9

<http://www.microsoft.com/mac/downloads.aspx?pid=download&location=/mac/download/misc/windowsmediaplayer.xml&secid=80&ssid=4&flgnosysreq=True>

Help Desk Support (for technical support)

(469)484-9451 or gwen.pond@crmhealth.com

CME/CE CREDITS AWARDED

ACCREDITATION

Physician

The University of Texas Southwestern Medical Center is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The University of Texas Southwestern Medical Center designates this educational activity for a maximum of **0.5 AMA PRA Category 1 Credit™** for each part in the series. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Nursing

The Camenae Group, Inc, is an approved provider of continuing nursing education by the Texas Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. This activity meets Type I criteria for mandatory continuing education requirements toward relicensure as established by the Board of Nursing.

The Camenae Group, Inc. provides up to 4.5 contact hours for successful completion of this educational activity (0.5 contact hours for each Part).

RECEIVING A CERTIFICATE OF ATTENDANCE OR CME/CE CREDIT

Successful completion of this CE activity includes the following:

Group Setting Satellite Broadcast & Webcast or DVD

1. Attend the entire satellite broadcast or webcast session.
2. Sign in on the available sign-in sheet.
3. Complete an Evaluation Form and a Credit Request Form. Submission information will be on the forms.

For **AMA PRA Category 1 Credits™** requests, UT Southwestern will mail a continuing education certificate to participants who successfully complete program requirements following the activity.

For **contact hour** request, The Camenae Group will mail a continuing education certificate to participants who successfully complete program requirements following the activity

Individual Viewing Webcast

1. Attend the entire webcast session
2. Complete the on-line Evaluation and Credit Request Form.
3. Certificates are available electronically at the successful completion of the requirements.

CONFLICT OF INTEREST

It is UT Southwestern's policy that participants in CME activities should be made aware of any affiliation or financial interest that may affect the speaker's presentation(s). Each speaker has completed and signed a conflict of interest statement. The faculty members' relationships will be disclosed in the course materials.

DISCUSSION OF OFF-LABEL USE

Because this course is meant to educate physicians with what is currently in use and what may be available in the future, there may be "off-label" use discussed in the presentations. Speakers have been requested to inform the audience when off-label use is being discussed.

IMPORTANT CONTACT INFORMATION

For continuing professional education/accreditation questions, please contact Rose Rios, via email.

- Email: Rose.Rios@UTSouthwestern.edu

For all other questions prior to or after the broadcast, please contact Gwen Pond via phone or email.

- Telephone: 866.865.5448
- Email: gwen.pond@crmhealth.com

REGISTRATION INFORMATION FOR A GROUP

How to Handle Registration of Attendees

Prior to the program, a PDF file (reproducible copy) of the participant handout and evaluation materials can be downloaded by site coordinators from www.crmhealthcare.net/programs/managingra. A copy of the handout should be reproduced and provided for each participant. Please follow these instructions for all participants:

- All participants must complete the attendance verification/credit request form to confirm their program attendance and contact information.

- Once participants have completed the registration form, please provide him/her with their handout materials which includes information on how each participant can obtain continuing education credits

MATERIALS RETURNED AFTER THE PROGRAM FOR PARTICIPANTS OF SATELLITE BROADCAST

The following needs to be returned following the program to The University of Texas Southwestern Medical Center:

- Registration sign-in sheets
- Program Evaluation
- CME/CE Attendance Verification and Credit Request Forms

As a precaution, please make a duplicate copy of all materials before sending them in. It is essential that we have this documentation to ensure CME/CE credit to the attendees.

Mail documents to:
UT Southwestern Medical Center
Office of Continuing Education
5323 Harry Hines Blvd.
Dallas, TX 75390-9059

Fax to:
214-648-2317

E-mail to:
cmeregistrations@utsouthwestern.edu

VIEWING ROOM REQUIREMENTS

All technical equipment should be checked by the technician before the day of the broadcast and again on the day of the broadcast. The technician should be present throughout the broadcast to assist with any problems that may arise with the equipment.

Viewing Room Materials:

- Comfortable seating for all participants
- Appropriate signage. (Please ensure that there are no commercial promotional materials displayed or distributed in the same room immediately before, during or immediately after the educational activity)
- Food and beverages (Optional)

SITE EQUIPMENT

1. **Computer:** Since these sessions are being provided as a webcast you will need the proper set up for projection from the computer or a large monitor for viewing. The computer will need to have access to the Internet to view the webcast at www.crmhealthcare.net/programs/managingra .
2. **Video Projection:** For groups under 75, we recommend two monitors that are at least 26" each. For rooms that seat more than 75 people, a projection television system is recommended. While screen size will depend on the size of the room and the anticipated number of participants, the minimum size screen we recommend is 6' by 8'.
3. **Audio Equipment:** You will also need an audio system for your site. Your audio system should include a microphone and speakers. Be sure to discuss any audio needs with the technician.
4. **Technician:** It is critical that you get a commitment from your facility to have a technician available throughout the conference. The technician should have the room prepared and ready prior to the broadcast. Make sure you have the technician's home and beeper number in case of emergency.

TECHNICIANS

You will need someone who knows how to run the equipment for the day of the broadcast. Typically, this person works for the facility or the local audio/visual company you have hired. **The technician must on on-site at least 30 minutes prior to the broadcast to test the equipment.** If the technician should any technical questions, please contact **Help Desk Support at 212.962.1722.**

The responsibilities of the technician include:

- Setting up any needed audio or video lines to the video projector and audio system. Make sure that the audio can be heard in all areas of the room.
- Be sure all computer equipment is set up for viewing and that Internet access is available. A link to the program webcast will be available at www.crmhealthcare.net/programs/managingra . An access number is not required to view the webcast but you are requested to register (only one registration required per viewing site for large groups).
- Ensure that the room is dark enough for the video projection.

YOUR ROLE AS SITE COORDINATOR

We greatly appreciate your help and involvement in this important Satellite Broadcast and Webcast presented by The University of Texas Southwestern Medical Center.

As a host site coordinator, you will help ensure a successful educational experience for those who attend this event at your site. You will be the link between your participants and UT Southwestern.

If you regularly perform these types of activities in your facility, much of the information in this manual will be familiar to you. If you are a “newly recruited” host site coordinator for this event, or have never been involved in a webcast before, we suggest you review the entire manual for help and information on how to prepare a host site for participants. Keep in mind that you will need to undertake a variety of tasks in preparing to host this event, including:

- Helping to promote the webcast
- Ensuring the viewing room is well equipped to accommodate participants prior to the day of the webcast
- Making sure all video, audio and/or computer equipment is tested
- Handling registration of local participants
- Reproducing participant program materials
- Greeting program participants, and distributing program materials to each participant

This site manual is meant to be a thorough reference for you. You will probably not have to perform all the tasks outlined in the manual.

As the site coordinator, you can help promote the event at the local level. Here are some additional activities you might use to promote and publicize this event in your facility and throughout the healthcare community in your location:

- Consider sending a general e-mail message and letter from an in-house department director to interested staff
- Utilize the promotional flyer (PDF) located at www.crmhealthcare.net/programs/managingra site to promote the broadcast within your facility

Notify medical /health reporters from television and radio stations in your market. They are always looking for background information and contacts to round out future stories.

CHECKLISTS

What Needs to be Done – One Week Before the Broadcast/Webcast

- Review the webcast registration materials and participant syllabus information to ensure that needed materials have been received and duplicated.
- Confirm the room setup.
- Arrange for registration table outside or near the conference room. Make sure that you have the proper signage and supplies (pens and pencils).
- Confirm refreshment arrangements (Optional).
- Make certain that the facility information desk and security have been informed of the program

What Needs to be Done – The Day Before the Broadcast/Webcast

- Confirm Audio/Visual/Computer details with technical support staff at your facility.

What Needs to be Done – The Day of the Broadcast/Webcast

- Setup registration table.
- Distribute syllabus materials to attendees as they register.
- Make sure that attendees are seated 15 minutes prior to the program's start.

What Needs to be Done – Post-Broadcast/Webcast

- Make a copy of the sign-in sheet, evaluations, and CE requests for your files.
- Return the original sign-in sheet, evaluations, and CE requests to The University of Texas Southwestern Medical Center:

Mail documents to:

**UT Southwestern Medical Center
Office of Continuing Education
5323 Harry Hines Blvd.
Dallas, TX 75390-9059**

Fax to:

214-648-2317

E-mail to:

cmeregistrations@utsouthwestern.edu