

# Improving treat-to-target implementation in rheumatoid arthritis: A systematic literature review of barriers, facilitators, and interventions

POS0607

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## **OBJECTIVE**

To review published evidence on barriers to, and facilitators of, treat-to-target (T2T) implementation in rheumatoid arthritis (RA), and interventions designed to improve T2T implementation

#### INTRODUCTION

RA remains suboptimal3

implementation in RA

- T2T, which advocates for a primary target of clinical remission based on shared decisionmaking between patients and rheumatologists, is an established, evidence-based approach integral to the international recommendations for RA<sup>1,2</sup>
   However, real-world T2T implementation in
- In 1 international study, treatment switch was planned for only half of the patients with poorly controlled RA despite T2T recommendations.<sup>4</sup> while another study reported substantial gaps between the agreement and application of T2T in healthcare professionals (HCPs)<sup>52</sup> Understanding T2T barriers and facilitators may inform strategies for improving T2T

#### **METHODS**

Systematic literature searches using medical databases (MEDLINE, EMBASE), accompanied by manual searches,

Improved T2T

were conducted based on 2 research questions defined using the PICOT frameworks

P (POPULATION) I (INTERVENTION) C (COMPARISON) O (OUTCOME)

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Patients with RA and their interventions for interventions for improving T2T implementation

Standard of care/ no intervention implementation in a sustainable way in RA What are the barriers to and facilitators of T2T implementation in RA?

What are the practical methods for changing the practice and behaviors of HCPs and patients to improve and maintain T2T implementation in RA that are most feasible and impactful?

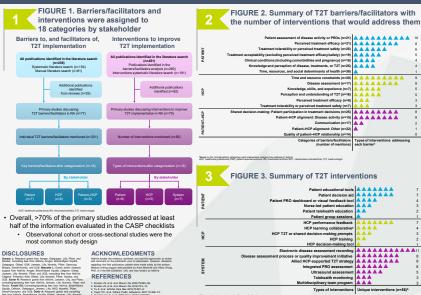
 A list of relevant primary studies, related to 1) barriers to or facilitators of T2T implementation, or 2) interventions to improve T2T implementation, was retrieved through screening the results from the systematic and manual literature searches, with additional primary studies identified from reviews

 The quality of evidence from each primary study was assessed using 1 of the following Critical Appraisal Skills Programme (CASP) checklists: cohort study, systematic review, qualitative study, or randomized controlled trial, depending on study design?

Barriers/facilitators and interventions were grouped into categories and summarized descriptively

- Types of interventions were mapped to the barriers they aimed to address
- The reported efficacy of the interventions were summarized

# **RESULTS**



# FIGURE 4. The majority of the 56 identified interventions were designed to streamline disease activity or PRO assessments, improve shared decision-making, and reduce the burden on time or resources

Jan 1, 2015 and

Mar 1, 2021

Studies published

introduction

of T2T in RA

Jan 1, 2010 and

Jul 1, 2021)



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 The feasibility of some of these interventions would be limited by local systems and resources

FIGURE 5. While around two-thirds of the 56 interventions identified were effective in improving RA management or care, only around one-third directly reported a numeric or significant improvement in either T2T implementation or patient outcomes



Percentages calculated based on 56 unique interventions. "Defined as improvement in s1 of the following recording a disease targ

based on 56 unique interventions

### **KEY CONCLUSIONS**

Interventions designed to improve T2T implementation in RA are available, but there is limited evidence for their direct impact on T2T implementation and patient outcomes

The effectiveness and feasibility of individual interventions will likely vary by region and healthcare setting

Further primary research is required to identify the most relevant barriers/ facilitators and prioritize appropriate interventions to optimize T2T implementation both globally and locally