

#### **Entrustable Professional Activities**

### Curricular Components Supporting EPA 1 for Pediatric Rheumatology

# Curricular Components That Support the Functions of EPA 1: Demonstrate Competence in the Utilization of Immunomodulatory Therapy for Pediatric Rheumatology Patients

 Applying medical knowledge that includes: the mechanisms of action, different forms and formulations, indications for usage, relative costs, risks, benefits, and the potential complications of immunomodulatory therapy

This includes the following therapies:

- Anti-cytokine therapy
- B-cell inhibitors
- Calcineurin inhibitors
- Cytotoxic agents
- Disease-Modifying Antirheumatic Drugs (DMARDs)
- Glucocorticoids
- T-cell stimulation inhibitors
- Intracellular signaling pathway inhibitors
- Immunoglobulin therapy
- Plasma therapies and pheresis therapies

Immunomodulatory therapy may be used for the following common conditions:

- Juvenile arthritis
- Systemic lupus erythematosus and related disorders
- Idiopathic inflammatory myositis
- Vasculitis
- Sclerodermas and related disorders
- Autoinflammatory diseases
- Idiopathic uveitis
- Overlap syndromes
- 2. Understanding cost and financial implications of medication usage in the context of the individual and broader population
  - Knows the cost of immunomodulatory therapies
  - Considers cost when making therapeutic decisions
  - Understands the effect of prescribing costly immunomodulatory therapy on the broader health care

Page 1 of 3



### **Entrustable Professional Activities**

## Curricular Components Supporting EPA 1 for Pediatric Rheumatology

financing system

- 3. Utilizing evidence-based literature, subspecialty guidelines, drug agency approvals, and black box warnings to guide therapy
  - Develops a clinical question regarding specific therapy using the PICO format
  - Searches the literature for evidence related to therapy focusing on the highest-grade evidence available
  - Interprets the evidence in light of its grade
  - Applies the evidence when utilizing immunomodulatory therapy given the particular context for that patient
  - Communicates and collaborates with experts when evidence is limited or absent
- 4. Interpreting laboratory results or data related to the administration and/or contraindication of immunomodulatory therapy
  - Knows how normal laboratory values are affected by rheumatic, inflammatory, and autoimmune diseases, and associated musculoskeletal conditions
  - Knows how each of the immunomodulatory therapies may affect laboratory values
  - Interprets the laboratory values of patients receiving immunomodulatory therapy to determine risk of adverse effects and to help assess overall risk/benefit ratio
  - Monitors adherence to and effectiveness of treatment
- 5. Educating the patient, family and broader medical community regarding the indications and utility of immunomodulatory therapy
  - Reviews with patient and family the previous treatments, their efficacy, and their adverse effects
  - Gathers and provides information on all available treatment options
  - Invites questions from the patient and family
  - Includes patient and family in a shared decision-making process
  - Discusses patient and family level of comfort for risks and benefits of therapy
  - Explains the risks of suboptimal adherence to immunomodulatory therapy
  - Demonstrates the need to periodically reassess the patient and family level of comfort with immunomodulatory therapy, and the adherence to the therapy
  - Educates primary care providers on the indications and potential complications resulting from the use of immunomodulatory therapies, and the impact of immunomodulatory therapy on routine well-child care
  - Communicates with other members of the team, consultants, and other providers regarding the rationale, risks, and benefits of instituting immunomodulatory therapy
  - Discusses the inherent uncertainty regarding the potential risks and benefits that may accompany the decision to institute immunomodulatory therapy



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- 6. Advocating at the local, regional, and national level for access to immunomodulatory agents for all children who would benefit
  - Knows the resources available for patients and families with financial and social burdens and how that may limit their access to appropriate care
  - Effectively negotiates with third-party payers for patients who would benefit from immunomodulatory therapy
- 7. Contributing to quality improvement efforts to optimize the effective utilization of these therapies and participating in collaborative research efforts regarding immunomodulatory therapy
  - Analyzes one's practice systematically using quality improvement methods to improve the effective utilization of immunomodulatory therapy
  - Collaborates with other providers on quality improvement and other research efforts aimed at studying the effectiveness and safety of immunomodulatory therapy
  - Communicates improvement strategies effectively with other team members and leads the team in implementing these strategies
- 8. Providing/recommending appropriate referrals to other health care providers necessary for adjunctive evaluation and/or management
  - Refers patients with lupus nephritis, vasculitis with glomerulonephritis, and hypertension to a nephrologist
  - Refers patients with juvenile idiopathic arthritis or others at risk for ocular inflammation to an ophthalmologist
  - Refers patients with cutaneous manifestations of lupus, dermatomyositis, scleroderma, or vasculitis to a dermatologist
  - Refers patients with neurologic manifestations of rheumatic diseases (e.g., seizures, cerebritis, transverse myelitis) to a neurologist
  - Consults with pharmacists for patients in complex clinical situations potentially requiring dosing or other therapeutic adjustments (e.g., renal failure, individuals receiving pheresis, instances of potential medication interaction)
  - Collaborates and communicates effectively with other subspecialists and providers to co-manage patients receiving immunomodulatory therapy

#### **Curricular Components Authors**

Lisa Imundo, Eyal Muscal, Megan Curran, Jay Mehta, Jennifer Huggins, Michael Cidon, Kabita Nanda, Jay Nocton