



Overview of Rheumatology Clinical Services

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Rheumatology Services

Our Team Includes:

- 3 Rheumatologists (MD/DO)—adult rheumatology
- 1 Case Manager (RN)
- 1 Case Manager Assistant

We deliver patient care via:

- In-person visits at ANMC
- In-person field clinic visits (16 sites)
- Video teleconferencing (VTC)
- Electronic consultations (AFHCAN)



Rheumatology Services

We provide rheumatology services to adults including:

- Diagnosis and management of inflammatory and autoimmune conditions, such as rheumatoid arthritis, seronegative spondyloarthropathies, systemic lupus erythematosus, and vasculitis.
- Rheumatologists specialize in medical management of these conditions.
- The only procedures typically performed by rheumatologists are joint injections and/or aspirations for diagnosis or treatment in the setting of inflammatory arthritis.

Common Reasons for Rheumatology Consultation

- **Early inflammatory arthritis:** In the setting of early inflammatory arthritis, please refer to rheumatology as soon as possible no matter what the labs show.
- **Inflammatory arthritis, known diagnosis, question about changes in therapy:** Including RA, psoriatic arthritis, spondyloarthropathy, and others. Rheumatology should see these patients periodically to evaluate joints, symptoms, labs, and medication regimen.
- **Diffuse connective tissue disease or systemic vasculitis:** Includes systemic lupus erythematosus (SLE), scleroderma, Sjogren's syndrome, GPA (Wegener's granulomatosis), and others. Some of these may be more urgent, so please contact us if you are not sure.
- **Other:** This list is not all inclusive. If you are unsure if rheumatology is the right place for your patient, contact us before sending a referral.

Situations where a Rheumatology Referral is Probably Not Indicated

- **Abnormal lab value with no clinical findings:** an example is a low titer positive ANA in a patient with back pain.
- **Osteoarthritis:** In most cases, OA can be managed by primary care provider, with PT/OT, an exercise program, analgesia (APAP, NSAIDs, glucosamine OTC, or narcotics if severe), and Orthopedics if joint surgery is needed.
- **Fibromyalgia:** We will see the patient if you are unsure of the diagnosis, but we generally do not follow fibromyalgia patients in the long term. Management consists of gradually increasing aerobic exercise, weight loss, stress reduction, medications (such as tricyclic antidepressants or cyclobenzaprine at night, or gabapentin, pregabalin, duloxetine), and treatment of concomitant depression if present).

Evaluation/Testing Prior to Referral

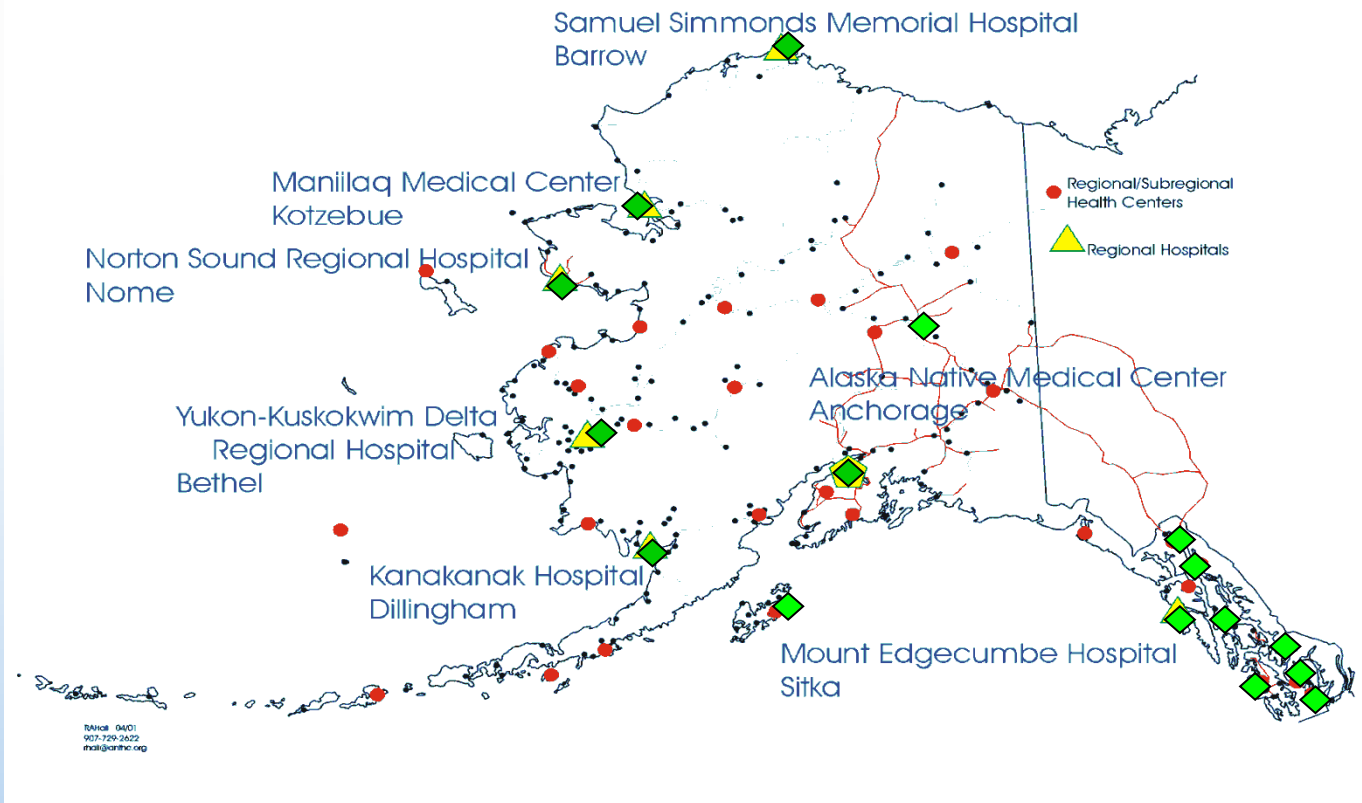
- **Early inflammatory arthritis:** ANA, RF, CCP Ab (highly specific for RA), HCV AB, ESR or CRP, and X-rays of both hands and both feet if you suspect RA, or of other affected joints.
- **Inflammatory arthritis follow-up:** Medication monitoring labs, ESR or CRP to monitor disease activity. If no recent testing for TB or hepatitis B and C, these are also recommended.
- **Positive RF:** Differential diagnosis includes chronic infections (especially HCV), other chronic inflammatory conditions, and RA. To work up a positive RF, order HCV Ab, CCP Ab, and ESR as a starting point.
- **Positive ANA:** Differential diagnosis includes autoimmune thyroid and liver disease, lupus, and others. If you suspect lupus, order the following: Sm/RNP antibodies, Sjogren's antibodies (SSA/SSB), dsDNA antibodies, C3, C4, UA, CBC, Creatinine.

Field Clinics

- Patients may be seen in the Rheumatology Field Clinics as a new patient referral or in follow-up as an established patient.
- For most patients, if a rheumatology field clinic is available in a reasonable amount of time, our preference is for patients to be seen in the field clinics.
- For some patients with more acute illness, such as lupus nephritis or vasculitis, we may recommend a visit at ANMC rather than in the field clinic.

Rheumatology Field Clinic Sites

THE ALASKA NATIVE HEALTH CARE SYSTEM



- Barrow
- Bethel
- Nome
- Kotzebue
- Dillingham
- Sitka
- Juneau
- Fairbanks
- Ketchikan
- Kodiak
- Metlakatla
- Haines
- Wrangell
- Kake
- Prince of Wales Island

Rheumatology clinic sites (16)

VTC Visits

In Rheumatology, the in-person joint examination is key to our initial evaluation of new patients. Therefore, video teleconferencing (VTC) visits are not used for initial new patient consultations.

VTC visits are appropriate for follow-up visits for established patients in Rheumatology.

- VTC with patient at outlying clinic and rheumatologist at ANMC
- VTC with patient at ANMC and rheumatologist out-of-state

Electronic Consultations using AFHCAN

In most cases, electronic consultations using AFHCAN store-and-forward technology do not work well for initial evaluation of new patients in rheumatology. In-person evaluation with joint examination is important for new patients.

Uses of AFHCAN:

- Transmission of referrals to Rheumatology
- Provider questions about established patients
- Provider questions about what laboratory tests to order in new patients (when telephone contact is difficult).

Resources/Links

- For physician information and access to the most recent guidelines, we recommend:
 - American College of Rheumatology (ACR): www.rheumatology.org
- For patient information:
 - Arthritis Foundation: www.arthritis.org
 - ACR Patient Resources (Diseases or Treatments): www.rheumatology.org/I-Am-A/Patient-Caregiver

Contact Us

If you are unsure if a referral to rheumatology is required, or you just have a question for a rheumatologist, here are some ways to reach us:

- **AFHCAN/EHR:** Please send referrals or consultation requests through AFHCAN. Referrals may also be sent through Cerner from some field sites and ANMC.
- **Case Manager:** Jennifer Hamberger, RN is the case manager for rheumatology. She can be reached at 729-2071. Our case manager assistant is Karin Dowden at 729-2066.
- **Email or Cerner Message:** Dr. Templin does not have email. Please email any questions to Dr. Ferucci at edferucci@anthc.org and send Cerner messages to Dr. Ferucci or Dr. Lawson.