

## Medical Crosswire:

# AN INTERVIEW WITH DR. NORMAN GAYLIS

A Glimpse of the Next-Generation Rheumatology Practice

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**Medical Crossfire:** Where has the diagnosis and evaluation of disease progression in rheumatoid arthritis been, and where do you see it going in the near future?

**Dr. Gaylis:** Well, I think in the past we used to wait for radiographic x-ray changes to occur before we made treatment choices, and obviously that has been shown to be really just far too slow and detrimental to the patient in terms of stopping disease progression. Currently, we are at the point of recognizing and diagnosing the disease and its effect on joints before erosions occur through the use of advanced imaging techniques.

**Medical Crossfire:** How do you think that rheumatology practices should address some of these needs, and what can the next generation of rheumatology practices do better?

**Dr. Gaylis:** I think we have to come to terms with the fact that the radiographic diagnosis of rheumatoid arthritis has become obsolete, especially in the age of biologics where treatments work far more rapidly than x-ray changes occur. Also, in the old days, standard measures of x-ray changes and their use in clinical research, such as the Sharp Score, etc., were really not practical for those of us in daily practice. There has been a tremendous amount of awareness, published literature, and more and more utilization of imaging techniques, in particular MRI and to a lesser extent ultrasound, that has given us the ability to make a diagnosis of structural involvement before x-ray changes occur. The use of diagnostic imaging such as MRI allows us to be more proactive in our treatment choices. We certainly are following the mantra of treating our patients earlier by using MRI findings, and they are allowing us to determine whether our treatment choices are good or bad in a short period of time. I also think MRI for viewing bone edema in osteoarthritis and ultrasound for viewing synovitis allow us to determine whether or not patients are in remission by looking at erosions since some of the measures we have used in the past do not indicate true remission.

**Medical Crossfire:** So, are you suggesting then that the future of rheumatology should integrate these methods into their practice?

**Dr. Gaylis:** In the last 5 years, in particular with the growth of biologic therapy, more and more practices have been utilizing either ultrasound or MRI imaging to help make better choices of treatment for their

patients and to determine whether patients should continue on treatment, switch treatment, or investigate other options. As technology changes, and ultrasound and MRIs become more accessible and less expensive, we are going to see in-office MRIs, extremity MRIs, small magnet MRIs, and certainly ultrasounds become utilized more frequently. I predict that we will be embracing the use of MRI to help manage our patients with rheumatoid arthritis at a higher level than ever before.

**Medical Crossfire:** How have practices adapted to changes in treatment paradigms, and where do you see them needing to adapt further in the coming years?

**Dr. Gaylis:** When I first went into practice, our choices were limited to the use of nonsteroidal anti-inflammatories and which ones to switch your patient to. And we were using different DMARDs, such as gold, hydrochloroquine, or sulfasalazine, and then a little later methotrexate much more readily and aggressively. About 8 or 9 years ago, when the advent of biologic therapy arrived with the availability of etanercept and infliximab, there was a lot of debate and a certain degree of apprehension on whether or not to develop in-office infusion facilities. The cost of these drugs was staggering, making us concerned if they would take hold or not, regardless of how exceptional they were. But in the past 10 years or so there have been incredible breakthroughs in biologic therapy, making clinicians more comfortable and confident with their use. Therefore, I think that most rheumatologists need to seriously consider the development of an infusion model into their practices. We have come to that fork in the road where if you want to practice rheumatology, an infusion center is part and parcel to how you practice rheumatology. As we look forward down the road, many of the new drugs that are coming out are infusion drugs. So, in the foreseeable future, if you want to practice rheumatology in a state-of-the-art fashion, having the capability to perform infusion therapies in a comfortable, quality environment, where safety and privacy are an important part of what you give your patients, then an infusion center is an absolute necessity.

**Medical Crossfire:** What should the ideal rheumatology practice look like in 2008, and what do you think it will look like in 10 years?

**Dr. Gaylis:** I think ideally the perfect rheumatology practice should accommodate anything that could be

requested, either diagnostically during workup, or therapeutically, in terms of drug therapy or ancillary therapy, such as rehabilitative therapy and services that may support the patients' overall holistic lifestyle. Currently, the standard for rheumatology practice should include an office that is accessible enough to ensure patient comfort and provides patients with a certain degree of privacy to discuss their situation with the office staff and professional staff. Electronic medical records, whether used for billing or measuring outcomes, is also becoming more important. I believe that most rheumatology offices will become paperless within the next 10 years. Regarding imaging, digital radiography, MRIs, and ultrasounds are definitely tools that currently have tremendous value and will continue to have value in the future, especially as the different choices of treatments become more and more complex.

We also need to consider the issue of comorbidities in rheumatoid arthritis. Therefore, we need to look at the nutrition of our patients; having a nutritionist in one's office would provide tremendous value in terms of helping patients understand how to live a healthy, holistic lifestyle. These patients are exposed to a tremendous amount of stress, and having someone in the office who can help them deal with the stresses of their life, whether it is personal, or nutritional, is something for which rheumatologists should take responsibility. We need to treat the patient completely and holistically, and I think stopping their smoking and improving their nutrition is as important as stopping their disease. It also wouldn't surprise me to see more and more anti-aging services, whether hormonal or cosmetic, start creeping into our practices. If you look at the evolution of medicine in the United States, a lot of it is driven by patient demand. Therefore, we need to be cognizant of what the patient wants, as well as what we want. A blend of these needs and understandings will dictate how practices evolve in the future.

I have never been more excited to be a rheumatologist. Between the diagnostic tools and different treatment choices, we are really helping our patients. We are making them happier by improving their quality of life, which is a measure of how rheumatology has exploded. I tend to believe this is just the beginning, and I hope to be around long enough to continue to embrace this incredible explosion of knowledge and discovery.