



THE CORRONA PHYSICIAN

SPECIAL POINTS OF INTEREST:

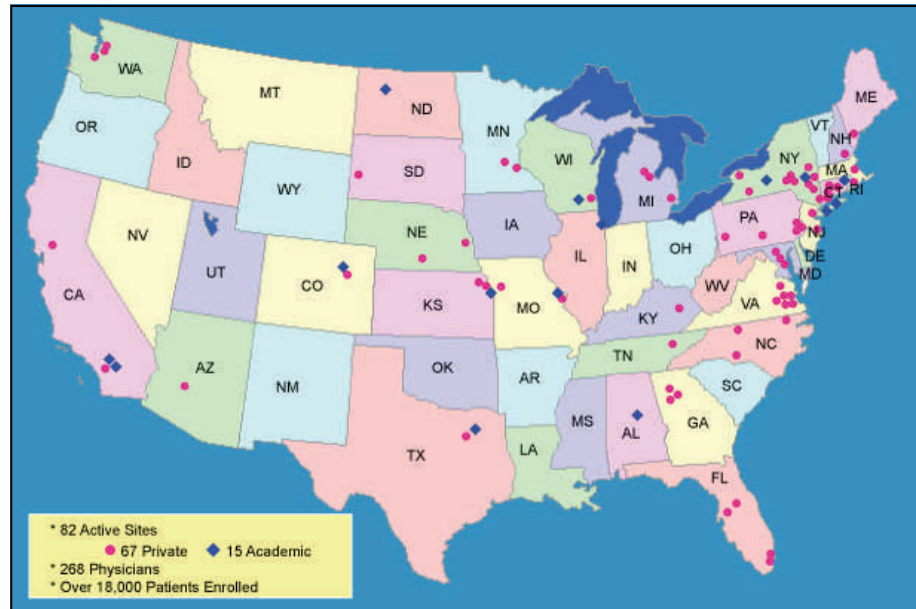
- 82 Active CORRONA Sites
- 268 Participating Physicians
- Over 18,000 Patients Enrolled
- ACR 2007 8 Abstracts Presented
- New Charts for the Physician and Patient

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82 Active CORRONA Sites ~ Over 18,000 Patients

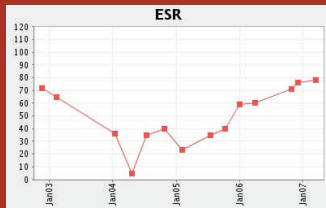
CORRONA has set a goal of quality epidemiologic data collection. As of September 1, 2007, 82 sites across the United States are now active members providing physician and patient data. While data is being collected on RA, PsA, OA, and OP rheumatic diseases, 85% of the patients enrolled in the CORRONA Database carry a diagnosis of rheumatoid arthritis.



8 Abstracts presented at the ACR 2007

- ◆ Hepatotoxicity Associated with Non-Biologic DMARDs: Implications for Evaluation of New Rheumatic Disease Therapies
- ◆ TNF Inhibitors (TNF-I) and Risk of Malignancy in 8,072 RA Patients Followed Over 15,495 Patient Years
- ◆ Determinants of Return to Employment in Rheumatoid Arthritis (RA) in the United States from the CORRONA Registry
- ◆ Persistence of Clinical Benefit in Rheumatoid Arthritis After Discontinuation of TNF-Inhibitor Therapy: Analysis from the CORRONA Database
- ◆ Subcutaneous Nodules (SCN) May Predict Increased Risk For Cardiovascular Disease (CVD) in Patients from the CORRONA database with Rheumatoid Arthritis (RA): An Updated Analysis
- ◆ Increasing RA Severity and Disease Comorbidities Are Associated with Decreasing Hemoglobin in the CORRONA Database
- ◆ The Rate of Infection Adverse Events (AE's) is Increased as Disease Activity Increases in Rheumatoid Arthritis (RA)
- ◆ Defining Change in Disease Activity Parameters Associated with Loss of Response Over Time in RA Patients

Now view the physician and patient chart data in your database!

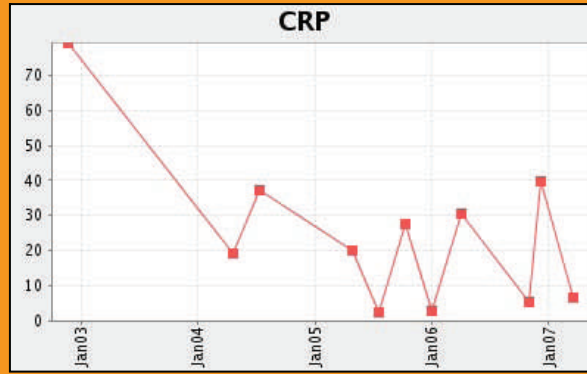


We believe that rheumatologists are interested...

Quality Documentation Payment Time

CORRONA has formally collaborated with....

New Patient Charts for the Physician



One of the graphic representations of select information submitted to the CORRONA database via questionnaires.

This assists with monitoring progress over time and may help the patient to better understand prescribed care and treatment.

A Message From the CORRONA Board of Directors

We believe...

that rheumatologists are interested in providing **top quality care** and having their own database at their fingertips on the web.

The CORRONA system provides the means to do both and is also an excellent revenue enhancement tool.

Patients like it and can access their own data on line with printed color graphics.

Rheumatologists can track serial calculations of the DAS28 or CDAI and document Quality Care using state of the art 21st century techniques.

Physician Benefits

- ◆ Quality Care
- ◆ Support documentation for level IV and V billing
- ◆ On-line database with customized analysis tools
- ◆ **New increased** payment for completed visits
- ◆ Time Savings with a more efficient and higher yield encounter
- ◆ Becoming part of a national effort with leaders in the field of rheumatology
- ◆ Contributing to the better understanding of multiple medical issues associated with the drugs we prescribe
- ◆ Becoming part of a national network to provide pharma sponsored studies to your site

New Collaborations

The Brigham and Women's Hospital: CORRONA has formally collaborated with Dr. Dan Solomon's Epidemiology Research Unit in order to gain additional expertise in analysis of a rich data field of cardiovascular events, malignancies and other toxicities.

The University of Alabama: Collaborations with Dr. Jeffrey Curtis at UAB will further our efforts in determining the many epidemiology issues relative to the successful operation of a Registry.

NYU School of Medicine: CORRONA will begin to draw blood for the determination of pharmacogenomic associations between response and toxicities and the drugs we use. A large registry like CORRONA is an ideal format this investigation.

Q & A**Q: What diagnoses are now followed in CORRONA?**

A: RA, Psoriatic Arthritis, and osteoporosis/osteoporosis risk.

Q: How frequently are forms completed?

A: After the baseline form, they are completed as frequently as every 3 months in patients with RA and every 6 months in patients with PsA.

Q: How are forms transmitted to CORRONA?

A: They can be entered by your staff on line, or forwarded to CORRONA for data entry.

Q: How long do they take?

A: A baseline form takes 8 minutes (\$140) and a follow-up form takes 3 minutes (\$45). [Effective early 2008]

Q: How does it “save time”?

A: By focusing the interaction between the rheumatologist and patient to derive all of the necessary clinical data in an efficient manner. It is estimated that use of the forms saves approximately 40% of the time spent in a patient encounter, leaving time for other patient focused matters.

Q: How can it be used for documentation?

A: The CORRONA patient and physician form contains all of the elements of a review of systems, patient self-assessment (mHAQ) and all of the components necessary for calculation by CORRONA of a DAS or CDAI for you. If the MD can document 3 vital signs, all of the components of a level IV visit are satisfied in a stable patient on a DMARD.

Q: How can the CORRONA system be used for Quality documentation?

A: As recommended by CMS to satisfy criteria for the Physician Quality Reporting Initiative (PQRI) next year, 80% of patients seen will have to have some documentation of uniform quality measures (www.cms.hhs.gov/PQRI). While RA and PsA are unlikely to be >50% of any practice, the CORRONA forms can also be used for other diagnoses including OA and Osteoporosis (DEXA scores and OA data are also collected), and can easily be used for many other diagnoses as well. The forms may have to be saved in a chart in order to qualify for the PQRI bonus. Presently, there is a movement to convince CMS to use registry data to support the PQRI guidelines. Stay tuned. The promised bonus for physicians who collect data using quality measures is 1.5% of Medicare billing, to be disbursed in mid 2008.

Q: Have the Quality Guidelines for RA been established yet?

A: No, but CORRONA believes that we will be very well positioned when these guidelines are finally decided upon.

Q: Do I have to give up participation in other initiatives if I participate in CORRONA?

A: NO. CORRONA recognizes that you may have a commitment to other data collection activities. We do not ask for an exclusive relationship.

Q: Do I have to collect certain kinds of lab data in order to participate?

A: No. CORRONA is meant to represent practice as it occurs all over the country. Nevertheless, we encourage a one time measurement of RF, anti-CCP and regular monitoring of ESR or CRP, as it is only with the latter measures that we can calculate a DAS for your records and our research.

Q: Who pays for the IRB fee?

A: CORRONA will submit and pay the annual IRB fee on your behalf.

Q: What percentage of patients with RA and PsA do I need to enter?

A: We would like you to be able to enter all of your patients with these diagnoses, including those who do not receive DMARDs. You will be fully reimbursed for every patient in your practice who has a valid diagnosis of RA, or PsA and completed CORRONA encounter. In an epidemiologic sense, we can only be representative of what is happening across the country if the majority of patients at your site participate. In addition, the summary data available to you on the web will only become meaningful if you enter most of the patients in your practice.

Q: What about accessing sponsored research through CORRONA?

A: As more and more sites enter most of their patients, the CORRONA system will become a valued resource for placement of industry sponsored studies. Participation in the registry will thus provide yet another source of revenue enhancement and improvement in practice quality which accrues to rheumatologists in the CORRONA program.



CORRONA

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**Please submit your news, comments,
or questions to:**

Jan Henderson
QC/QA Manager, CORRONA, Inc.
1055 Bridge Street
Phone: 651-481-9061
Fax: 651-207-8887
E-mail: jmhkirby@comcast.net

**Visit us in our website!
WWW.CORRONA.ORG**

About CORRONA

CORRONA, a research registry founded by leading US rheumatologists, is a Data Collection Program. It gathers detailed information from rheumatology patients and their physicians at regular intervals, using a standardized set of customized forms and procedures specially designed to address patient privacy concerns.

CORRONA's goal is to contribute to the body of knowledge regarding treatment, safety, and effectiveness, while helping rheumatologists with documentation and quality concerns.

Information gathered through the Data Collection Program is maintained in the **CORRONA** Database and used for purposes related to outcomes research.

CORRONA is now the largest independent rheumatic disease database in North America that collects information from *both* physicians and patients.

All CORRONA data are collected in a HIPAA compliant manner.

CORRONA'S Who's Who

To participate in the **CORRONA** Data Collection Program Contact:
Kim Hinkle at khinkle@frontiernet.net
Jan Henderson at jmhkirby@comcast.net

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Website Data Management

OUTCOME