

# ASIA PACIFIC LEAGUE OF ASSOCIATIONS FOR RHEUMATOLOGY



## APLAR- Center of Excellence Evaluation Form

Name of Reviewer: \_\_\_\_\_

Name of Center evaluated: \_\_\_\_\_

Is the Center applying for certification in all three areas? Yes/No

If no, choose the area of focus: Research, Training and Education/Patient Care, Training and Education

Reviewers will rate how the application addresses each listed criteria using numerical ratings of 1 to 5 (poor to excellent) and apply the following percentage-weighting factor from Parts A – D for an overall rating:

Section	Scores by percentage-weighting factor
Part A (Administrative Summary): 10%	
Part B (Research Summary): 40%	
Part C (Patient Care Summary): 40%	
Part D (Education and Training Summary): 10%	

OVERALL SCORES: \_\_\_\_\_

Please email one set of the completed evaluation form to [secretariat.aplar@gmail.com](mailto:secretariat.aplar@gmail.com)  
(atten: Deborah Halim) by Friday, 22 February 2019





## Part A - Administrative Summary

Please tick the appropriate numerical scoring for each criteria:

No	Criteria	Rating					
		1	2	3	4	5	NA
1	Qualification of Head of Center						
2	Vision and Purpose						
3	Benefits and significance of the Center to patients, payers, employers, participating physicians, institution						
4	Short term actions to achieve the purpose of the Center						
5	Facility structure of the Center						
6	Staffing structure of the Center						
7	Financial support						
8	Other support provided to the Center						
9	Assessment and sustainability processes						
10	Awards, endorsements, recognitions, and certifications received by the Center within and outside the country						

NA: not applicable

**Total scores for Part A:** \_\_\_\_\_

### Review guidelines for this section:

- Staff should have a leadership structure, such as Head of Center.
- A Center of Excellence should have a purpose/vision statement and objectives.
- Facilities should be close to each other, preferably on the same campus.
- There should be regular interactions among rheumatology groups, and these interactions should be documented.
- Facilities at a Center of Excellence may include resources for clinical trials and technological infrastructure.
- Staff should include professors as well as senior lecturers, readers, nonclinical lecturers and research fellows.
- Financial support for a Center of Excellence should indicate a sustainable programme.
- A Center should have assessment and sustainability procedures (e.g. audit process, protocols).



**Part B - Research Summary**

Please tick the appropriate numerical scoring for each criteria:

No	Criteria	Rating					
		1	2	3	4	5	NA
1	Key area(s) of research interest						
2	Center's policies and emphasis on research on basic science, translational study, and/or clinical trials						
3	Center's research facility and research staffing structure						
4	Affiliated research institute, core facility unit, or collaboration network						
5	Local and/or international funding to the Center and/or individual research project in the last 10 years						
6	Original research, investigator initiated research, industry sponsored research, interdisciplinary research, systematic reviews, surveys, participation in disease registries, etc. in the past 10 years						
7	Systems to ensure compliance of research with approval by appropriate regulatory bodies						
8	Primary research and original research journal articles, abstracts, and conference presentations in the past 10 years						
9	Research that has been translated to clinical practice and the methods for translating these research results to patients' bedsides						

NA: not applicable

**Total scores for Part B:** \_\_\_\_\_

**Review guidelines for this section:**

- Research and research publications should be focused on rheumatology.
- Facilities at a Center of Excellence may include resources for clinical trials.
- Staff should include professors as well as senior lecturers, readers, nonclinical lecturers and research fellows, etc.
- Participation in and establishment of carefully designed clinical trials or disease registries (both commercially and non-commercially sponsored) that increase the level of scientific evidence.
- Systems to ensure compliance approved by appropriate regulatory bodies.
- A Center of Excellence should be the main contributor on numerous publications.
- Articles must include primary research and original research papers, rather than letters, editorials, review articles, consensus documents, case reports or commentaries.
- Co-authors should reflect an approach of networking with other sites and Centers of Excellence, with a high number of publications with shared authorship nationally and internationally.
- Methods for translating research results to patients' bedsides.



### Part C – Patient Care Summary

Please tick the appropriate numerical scoring for each criteria:

No	Criteria	Rating					
		1	2	3	4	5	NA
1	Mission/goals of specialty clinics						
2	Facility and staffing structure						
3	Availability of multidisciplinary teams to assess disease and deliver the best care						
4	Patient volume in the Center (including patients' phenotypes, genotypes, treatment and special needs)						
5	Clinical practice guidelines adopted at the Center						
6	Treat-to-target for rheumatoid arthritis						
7	Disease activity monitoring/tracking						
8	System and process in place for reviewing and reporting clinical outcomes (including an Electronic Medical Record system)						
9	Follow-ups and strategies for ongoing chronic disease management						
10	Co-morbidities tracking						
11	Patient-centered care model						
12	Availability of outpatient/day ward facilities as an alternative, where appropriate, to inpatient hospital visits						
13	Patient support provided by the Center, e.g. patient education, hotline						
14	Measurable methods for evaluating approaches to care and improvements intended to improve patient outcomes						
15	Measures to assess the impact of disease activity and treatment on a patient's work and life						
16	Measures to assess the patient's perception of the provider/patient interaction						

NA: not applicable

**Total scores for Part C:** \_\_\_\_\_

#### Review guidelines for this section:

- Specialty clinics, delineating patients' phenotypes, treatments and special needs, may be available, stratifying patients and providing care based on individual, discrete disease phenotypes and/or new versus returning patients.
- Dedicated, permanent staff focused on rheumatology patients.



- A comprehensive multidisciplinary team should exist to address and treat different patients' needs. The exact team members can vary, but a typical team would include a rheumatologist, rheumatology nurse specialist/clinical nurse, dermatologist, physiotherapist, podiatrist, psychologist, occupational therapist, pharmacist, dietician and musculoskeletal radiologist.
- The rheumatology nurse specialist/clinical nurse should play a central role by providing patient education, supporting patients from the time of diagnosis through treatment (including drug counselling and monitoring as well as psychological support) and coordinating care with other team members; additionally, these nurses may run clinics and telephone helplines for patients. Other allied health professionals should provide support to rheumatologists. These individuals do not necessarily need to be part of the core team or based at the same site, but it would be an asset if they are dedicated to rheumatology patients, with specialist interest or expertise in rheumatic conditions.
- The Center of Excellence should utilise APLAR guidelines.
- The most appropriate treatment approaches and goals should be established.
- There should be an approach to monitoring patients' disease activity.
- Outpatient/day ward facilities should be provided as an alternative, where appropriate, to inpatient hospital visits. In a day ward, trained or specialised nursing staff should be managing paperwork, monitoring patients, administering appropriate therapies and providing overall quality care.
- There should be a process for ensuring patient follow-up.
- Systems should ensure that patients are assessed for comorbid conditions.
- Patient education should be provided on disease, treatment and all appropriate topics for care.
- Patient care should include measurable methods for evaluating approaches to care and improvements intended to improve patient outcomes.
- Performance measures should be established to assess health system/health care team factors, therapy-related factors, condition-related factors, patient-related factors and social and economic factors.
- Measures should assess the impact of disease activity and treatment on a patient's work and life.
- Providers should measure the patient's perception of the provider/patient interaction to improve the quality of that interaction.



## Part D – Education and Training Summary

Please tick the appropriate numerical scoring for each criteria:

No	Criteria	Rating					
		1	2	3	4	5	NA
1	Center's best scope of education and training in one or several disease areas						
2	Volume of trainees, fellows, Master, MPhil, PhD and postdoc in the Center and the respective training areas/research areas						
3	Established fellowship programme						
4	Doctoral and postdoctoral programme and research areas						
5	Implementation of any education model						
6	Multidisciplinary training curriculum						
7	Dissemination of APLAR guidelines						
8	The use of primary scientific literature as an information resource in training						
9	The use of cutting-edge technology in training						
10	Training of other institutions						

NA: not applicable

**Total scores for D:** \_\_\_\_\_

### Review guidelines for this section:

- A Center of Excellence should aim to create the highest-quality training programmes.
- A Center of Excellence should have established fellowship programmes.
- Training may include doctoral and postdoctoral programmes.
- Training programmes can include topics such as teamwork, data interpretation and experimental design, hypothesis setting, literature review and project work plans; they may provide an opportunity to perform original research to investigate a hypothesis or research question.
- Training should support the dissemination of APLAR guidelines.
- Staff should be trained to use primary scientific literature as an information resource.
- Programmes should include training for clinical fellows on the use of cutting-edge technology and this training should be embedded in excellent science.
- A Center of Excellence should train other institutions to raise their standard of clinical practice, research, and training capabilities.