Building Bridges: A Team-Based Approach to Psoriatic Arthritis Care

Announcer:
This is ReachMD. Welcome to this special series, Beyond Skin Deep: Impacts of Psoriatic Arthritis, sponsored by Lilly.

Dr. Birnholz:
From the ReachMD studios in Fort Washington, Pennsylvania, I’m Dr. Matt Birnholz. On this episode, we caught up with Dr. Alexis Ogdie, Assistant Professor of Medicine at the Hospital of the University of Pennsylvania, who shared her perspective on the value of multidisciplinary teams in psoriatic arthritis care. Here’s what she had to say about her personal experience forming these critical partnerships.

Dr. Ogdie:
I think one of the most rewarding parts of our job is to work with other physicians on teams. Maybe that’s just one of the most rewarding parts of my job is to work with the dermatologists and coordinate care for patients with psoriatic arthritis. Because the disease is complex and sometimes the joints are flaring, sometimes the psoriasis is flaring, and sometimes it’s both, then you really need to work with the other team member in order to develop the best treatment plan for that patient, particularly at that point in time. And this gets even more complex if you have Crohn’s disease or uveitis in the picture as
well, so that you’re selecting a therapy that’s going to cover everything, if possible, and then have a 
backup plan for what you might do if something is not covered. For example, if you’re going to switch 
therapies in a patient who’s doing well from the psoriasis perspective but not so well from the joint 
perspective, then you want to make sure that you have a plan in the case that the psoriasis flares or 
talk to the dermatologist about what might be the best treatment option to compare it to to control both. 
And vice-versa, if the joints are doing really well, sometimes I and the patient are hesitant to switch 
therapies, and so we discuss with the dermatologist what else can we do to help control the skin. So, 
it’s a really important partnership.

How do we keep those partnerships going? I think by having an established discussion time. So, we 
talk every Monday about patients, for example, my dermatology partner and I, and then we will run 
across the hall to see each other. We also just have each other’s cell phone numbers and can text and 
have a good relationship so that we can kind of keep in contact about patients, or just text from the 
room and say, “I’m seeing this patient right now that’s having difficulty with their skin. Can we 
discuss?” So, having that comfort level with someone you know is really important as well, and I think 
that helps keep the relationship going.

Dr. Birnholz:
That was Dr. Alexis Ogdie recounting the importance of a team-based treatment approach to psoriatic 
arthritis. From the studios at ReachMD, I’m Dr. Matt Birnholz, inviting you to be part of the knowledge.

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