

### Transcript Details

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### Improving Psoriatic Disease Care Through Dermatology–Rheumatology Clinics

#### Announcer:

Welcome to *DermConsult* on ReachMD. On this episode, we'll hear from Dr. Eric Ruderman, who's a Professor of Medicine and the Associate Chief of Clinical Affairs for the Division of Rheumatology at Northwestern University Feinberg School of Medicine. He'll be discussing the emerging role of combined treatment clinics that include both dermatologists and rheumatologists in psoriatic disease care. Here's Dr. Ruderman now.

#### Dr. Ruderman:

In some ways, there's growing interest in combined clinics with dermatologists and rheumatologists, but in many ways, it's just more awareness of the clinics that exist. There's always been an interest in this, and the goal is to take patients who have arthritis and skin disease with their psoriasis and coordinate their care for many years. In fact, in the minds of the FDA, as they look at medications, psoriasis is not the same disease as psoriatic arthritis, but they're the same disease, and understanding that and then using the skills and the knowledge of the dermatologist and the rheumatologist to address the issues that these patients face is really the best way forward to manage their disease.

And that's what these clinics try to do. They try to bring two approaches. In many cases, that's using the same therapies. In many cases, it's coordinating different therapies. But ultimately, the goal is to get the best outcomes for the patients.

I don't know that there's an absolutely typical way to structure a derm-rheum clinic because the structure very much depends on the institution, hospital, or clinic that these are run in, and people function in different ways. But in general, I think many of them try to coordinate it so that patients see a dermatologist and a rheumatologist in the same session. In some clinics, they do them sequentially; they'll see one and then the other and then maybe both together. In other clinics like ours, we see them together from the beginning, and I think it just depends on how people are used to doing it.

There are some places that have struggled with trying to combine them at the same time and have almost a virtual clinic where they see people separately, but there's much closer communication between the dermatologist and the rheumatologist. And in the end, a lot of them accomplish the same goal, which is to take the burden of communication away from the patient.

It's not really fair to the patients to be that intermediary between the dermatologist and rheumatologist, so these clinics are, in many ways, designed to take the patient out of that role so that we can help work together. And in the best situations, it's really a three-way conversation with the patient, the rheumatologist, and the dermatologist, and if that can happen together, it's even better because then between the three of us, we can arrive at the best approach to the therapy for the patient.

I think the greatest benefit is that the patient outcomes are better. Patients just do better, and they feel that their disease has been assessed and treated better. They feel they've been heard, and I think that's a huge piece of this. And then the second benefit is coordination of treatments; it doesn't really make sense to have the dermatologist treating the skin from one end and the rheumatologist treating joint issues from another end and not work together because many times the patient may take two different things, and maybe there's one medication or one approach that would address all of it. And by doing all these sessions and by working together with the patient in the same visit, we can really get to the best approach.

Looking forward to collaboration between rheumatology and dermatology, I think that we've seen more and more of these collaborative clinics develop. I think we've seen more and more patients getting access to them. Looking ahead, one thing we need is better data on how well patients do in these clinics. I think we all—and I certainly do—feel that patients do better.

It would be really nice to understand exactly in which ways they do better so that we can help tailor our approach or, even more importantly, foster the idea of building out these clinics in other areas. If we can provide data to a medical center that says combining care with a rheumatologist or dermatologist leads to better outcomes and here are the numbers to prove that, then an institution may be ready to make the investment in building out a clinic like that.

**Announcer:**

That was Dr. Eric Ruderman talking about combined treatment clinics for psoriatic disease. To access this and other episodes in our series, visit *DermConsult* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!