

Integrated care network as a building stone for sustainable and comprehensive care for patients with arthralgia

ETAM van Delft¹, KH Han¹, JMW Hazes², D Lopes Barreto¹, AEAM Weel^{1,2,3}

¹Department of Rheumatology, Maasstad Hospital; ²Department of Rheumatology, Erasmus Medical Center;

³Health Technology Assessment, Erasmus School of Health Policy & Management, the Netherlands

BACKGROUND

General practitioners have difficulties recognising inflammatory rheumatic diseases (IRD), leading up to only 20% IRD diagnoses of all newly referred arthralgia patients. However, since IRD need to be treated as early as possible to overcome progression, it is worthwhile to analyse whether triage by a rheumatologist in a primary care setting has an impact on the efficiency of referrals¹.

AIM: To assess the effect of triage by a rheumatologist in a primary care setting, in patients suspect for IRD, on the efficiency of referrals.

METHODS

- Cluster randomized controlled trial². Each general practice and its included patients is regarded a cluster. The intervention is triage by a rheumatologist in primary care. The control group consists of usual care.
- Study population are primary care adult patients suspected of IRD.
- Sample size is 267 per group (power 0.8).
- Inclusion from Feb. 2017 to Dec. 2019.
- Primary outcome is the frequency of IRD diagnosed by a rheumatologist.
- Secondary outcomes are quality of life (EQ-5D), healthcare costs (iMCQ), and work participation (iPCQ) at baseline, 3, 6 and 12 months.

PRELIMINARY RESULTS

Table 1. Baseline characteristics.

Demographic characteristics	Usual care (n=277)	Triage (n=267)
Age (mean ± sd)	50.5 ± 14.0	52.3 ± 15.2
Gender (% female)	78.0	74.5
Dutch ethnicity (%)	87.8	91.8
Education (%)		
Low	18.8	28.6
Intermediate	58.5	50.5
High	22.7	20.9
Paid employment (%)	55.9	56.1

Table 2. IRD diagnoses in referred patients

	Usual care (n=277)	Triage (n=28)
IRD diagnosis (%)	22.0	64.3

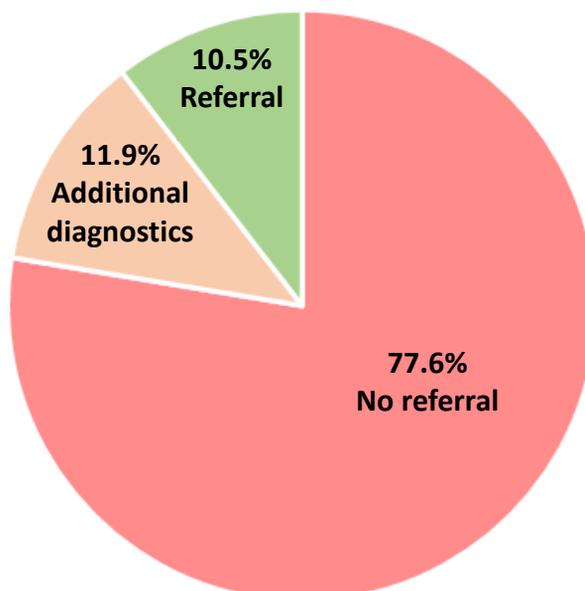


Figure 1. Advice on referral towards an outpatient rheumatology department according to the triage rheumatologist.

DISCUSSION

- With rheumatologists participating in integrated practice units there can be a decrease of at least 77.6% in costly referrals.
- There is an almost threefold increase in appropriateness of referrals, with 64.3% of referred patients being diagnosed with an IRD in the triage group.
- This is an ongoing study, therefore data on definite referrals and diagnoses are awaited.

FUTURE PERSPECTIVES

We expect that when primary and secondary care providers bundle their expertise, the right care at the right place can be delivered without a decline in patient reported outcomes.

PROMs data and cost-effectiveness analysis will give clear answers in order to provide evidence whether this integrated care network can be implemented as a standard of care.

References

1. Akbari A., et al. (2008). Interventions to improve outpatient referrals from primary care to secondary care. Cochrane Database Syst Rev, 4.
2. van Delft, E.T.A.M., et al. (2020). A study protocol on the evaluation of referral strategies for inflammatory arthritis in primary care patients at the level of healthcare organization, patient relevant outcomes and costs. Health, 12, 240-252.