

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

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## 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 referrals<sup>1</sup>.

**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 trial<sup>2</sup>. 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.

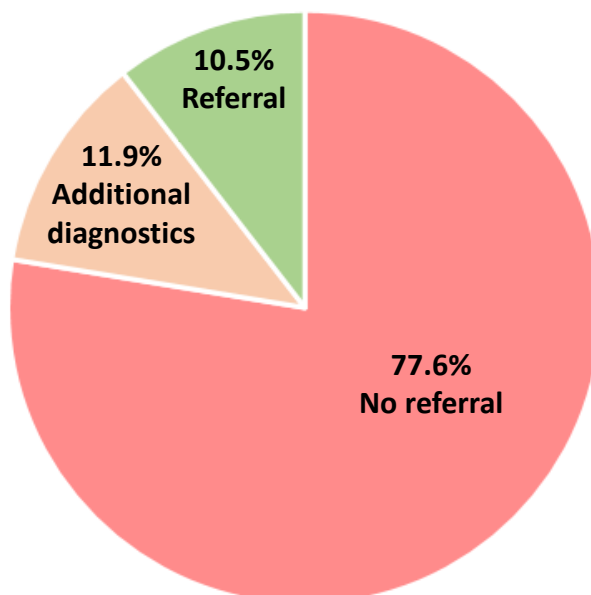
## PRELIMINARY RESULTS

**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.