The Quality and Continuity of Information Between Primary Care Physicians and Rheumatologists

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BACKGROUND

- Good communication is essential to a safe and high-quality referral and consultation process, by providing quality continuity of care, reducing delays in diagnostic processes and repetition of tests, and improving patient and provider satisfaction.

OBJECTIVE

- Our aim was to evaluate the quality of referral information from family physicians to rheumatologists and the quality and timeliness of consultation information from rheumatologists back to primary care.

METHODS

Data Sources:

- We identified patients with first-time rheumatology referrals within the Electronic Medical Record Administrative data Linked Database (EMRALD) – representing pooled EMR data from family physicians

Study Design:

- Retrospective chart abstraction study

Data Collection:

- Using a standardized data abstraction tool, we assessed the completeness and timeliness of referral and consultation letters.

Analysis:

- Descriptive analyses were performed overall and stratified by the principal diagnoses associated with the referral.
- Analyses were performed on coded data at the Institute for Clinical Evaluative Sciences (www.ices.on.ca) in Toronto, Ontario.

RESULTS

CRA 2016

- Among 2430 rheumatology referrals from 168 family physicians, 83% of patients were seen by 146 rheumatologists.
- Overall, 2417 (99.5%) referrals occurred between 2005-2013.
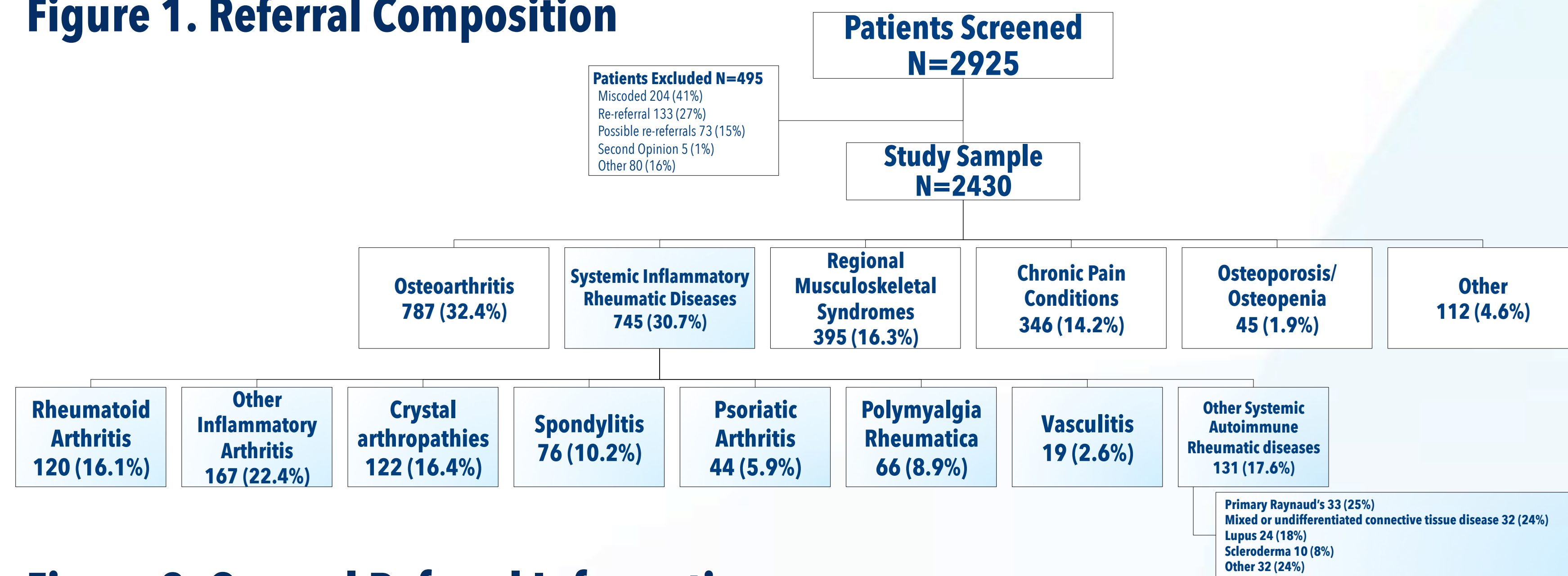
Figure 1. Referral Composition

Patients Screened N=2925

Patients Excluded N=495
- Miscoded 204 (41%)
- Re-referral 133 (27%)
- Possible re-referrals 73 (15%)
- Second Opinion 5 (1%)
- Other 80 (16%)

Study Sample N=2430

Osteoarthritis 787 (32.4%)	Systemic Inflammatory Rheumatic Diseases 745 (30.7%)	Regional Musculoskeletal Syndromes 395 (16.3%)	Chronic Pain Conditions 346 (14.2%)	Osteoporosis/ Osteopenia 45 (1.9%)	Other 112 (4.6%)	

Rheumatoid Arthritis 120 (16.1%); Other Inflammatory Arthritis 167 (22.4%); Crystal arthropathies 122 (16.4%); Spondylitis 76 (10.2%); Psoriatic Arthritis 44 (5.9%); Polymyalgia Rheumatica 66 (8.9%); Vasculitis 19 (2.6%); Other Systemic Autoimmune Rheumatic diseases 131 (17.6%)

Primary Raynaud's 33 (25%); Mixed or undifferentiated connective tissue disease 32 (24%); Lupus 24 (18%); Scleroderma 10 (8%); Other 32 (24%)

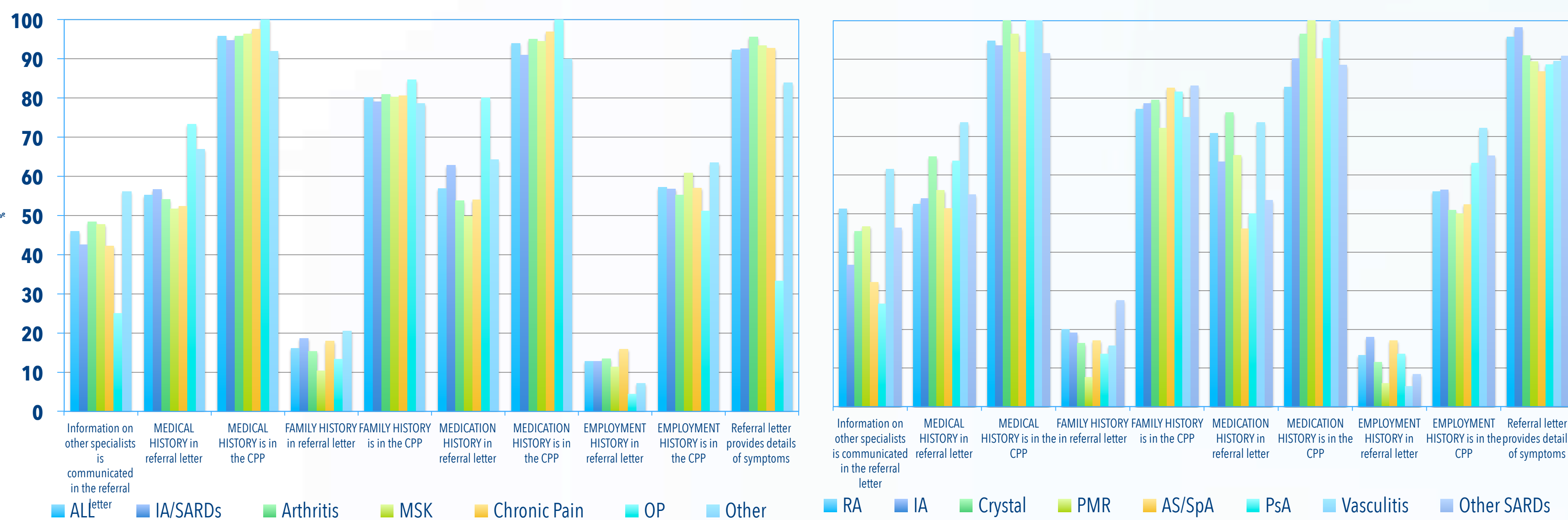### Figure 2. General Referral Information

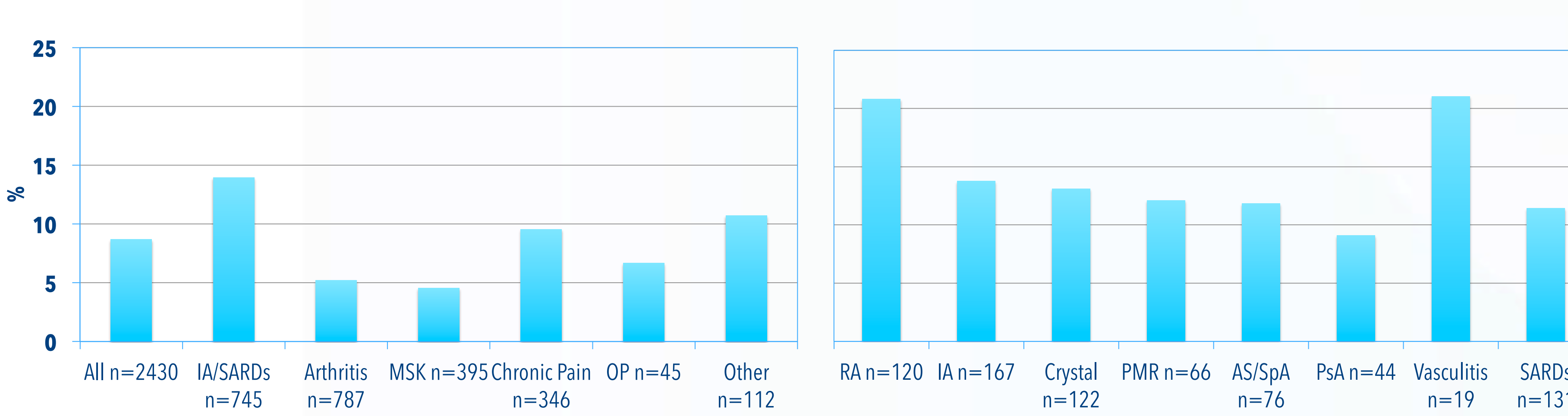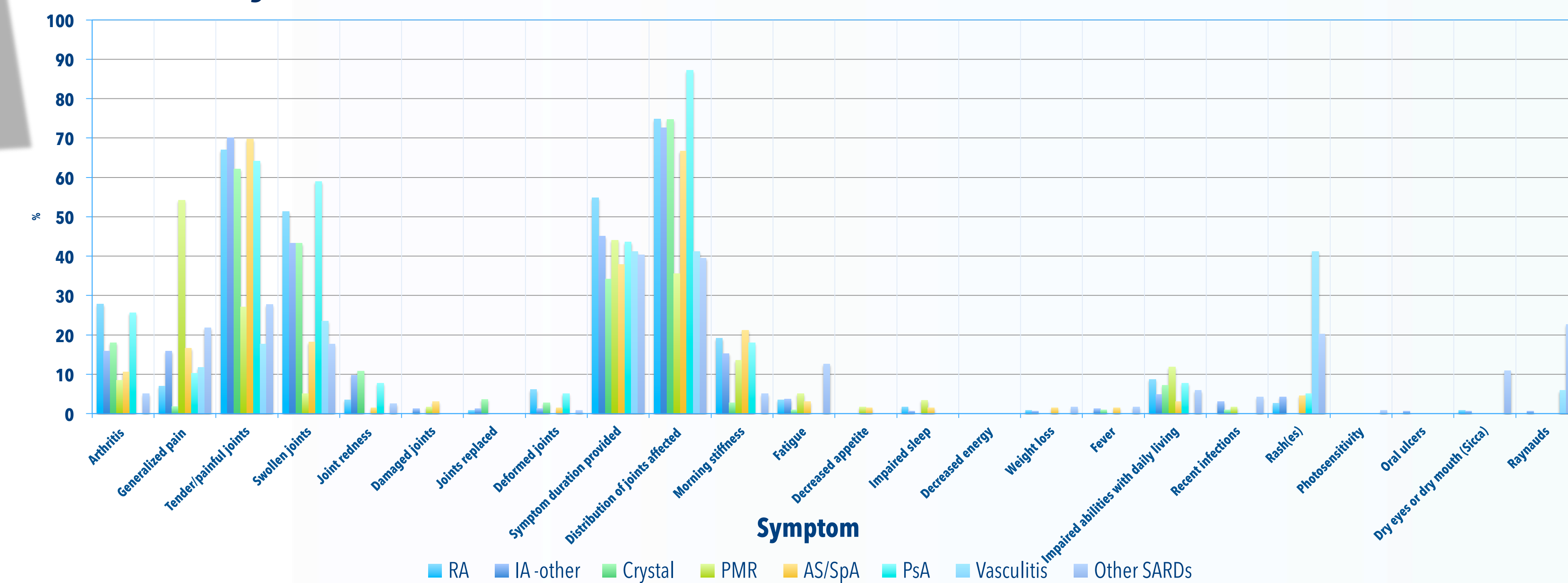### Figure 3. Family physician stressed urgency of referral

Figure 4. Positive Symptoms Documented on the Referral Letter for Systemic Inflammatory Rheumatic Diseases

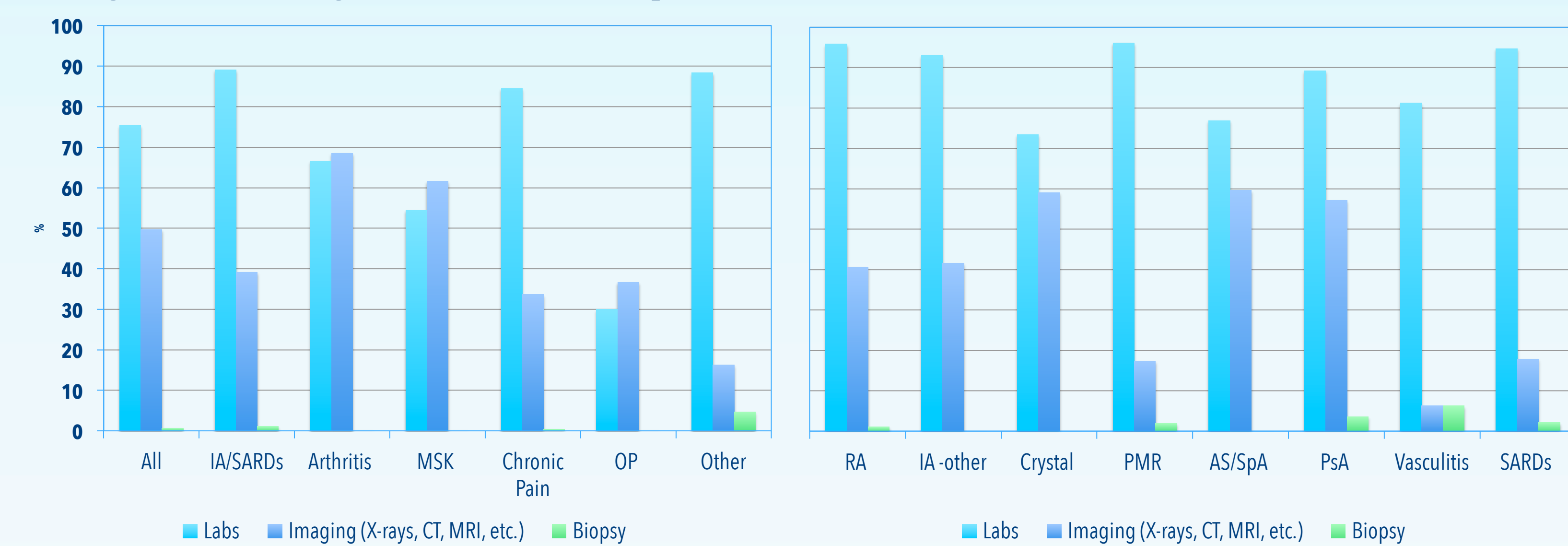### Figure 5. Diagnostic Tests Reported on the Referral Letter

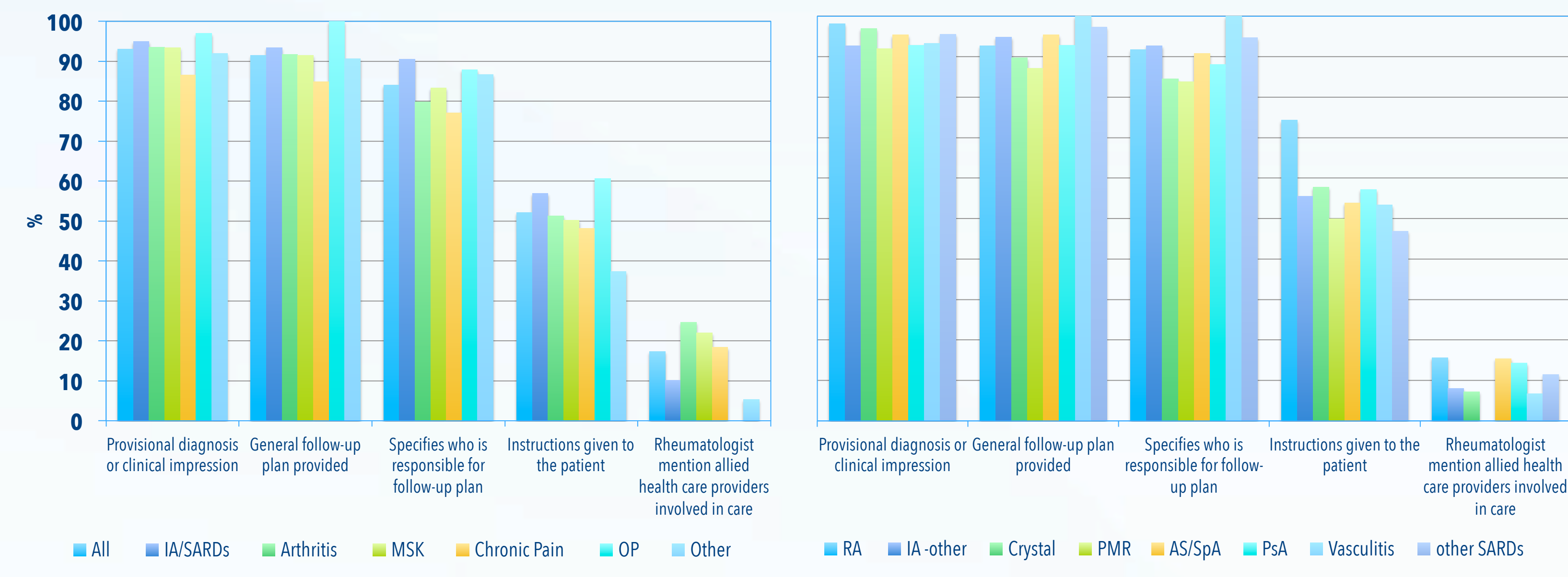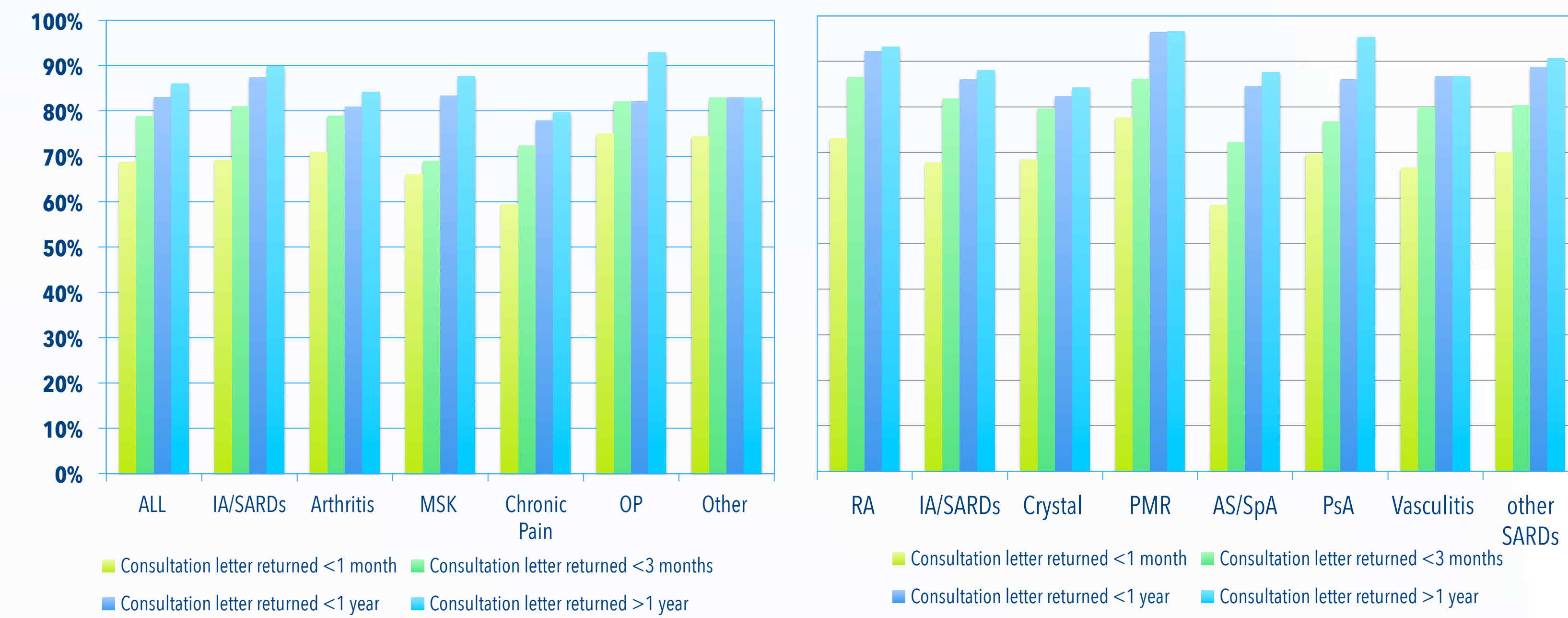### Figure 6. Quality of Rheumatologists' Consultation Letters

Figure 7. Timeliness of Rheumatologists' Consultation Letters

CONCLUSIONS

- Information relayed between family physicians and rheumatologists was reasonably complete, although improvements are needed in the reporting of key triage information for referral letters, and timeliness of receipt of consultation letters.

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