Further Study of "Care Partnerships": The Rheumatology Perspective

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Background: The importance of care partnerships

- Chronic diseases = financial and social burden
- Rheumatoid Arthritis (RA): complex management, disease-modifying drugs (DMARDs) initiation is very important
  - Mostly DMARDs initiated by rheumatologists
  - Family physicians may lack the expertise
    - Rare but potentially dangerous complications, complex
- Optimal care likely depends on close collaboration, which could be defined as a 'care partnership'
  - Family practitioner (FP) ideally provides prompt, appropriate referral, as well as ongoing involvement
  - Rheumatologist optimally provides both rheumatology care, and support/advice to the FP for optimal care.

The *Rheumatoid Arthritis: Facilitating Care Partnerships* project

Initial project developed with global aims:

1. Identify 'care partnerships' between FP and rheumatologists
2. Explore outcomes in RA between patients of family physicians with rheumatology 'care partnerships', versus those who don't.
3. Apply the knowledge gained towards better collaboration and better care for patients.

The Rheumatology Perspective

- We have previously looked at care partnerships between FP and rheumatologists, from the FP point of view (Lou 2011)
- **Objective of my study**: To look at aspects of 'care partnerships' from the rheumatologists' perspective, by asking ***rheumatologists*** about factors of importance to them.

Methods

- Quebec adult rheumatologists listed on the Canadian Rheumatology Association registry for Quebec
- N=73 (active practice, adult patients)
- Questionnaire asking them to rate, on a 5-point scale, factors of importance regarding their relationship with family physicians.
- Mail-out in English and French

The survey included items to measure how much rheumatologists valued:

- **Personal knowledge of family physician (e.g. interactions outside the rheumatologists' practice, previous contact during training, etc.)**
- **Clear and appropriate balance of responsibilities (each physician makes the best use of their knowledge and skills)**
- **Adequate communication/information exchange regarding patient issues.**
- **Appropriate patient referrals from the family physician**
- **Physical proximity of rheumatology practice to the family physician's practice**

These were rated on a 5-point scale

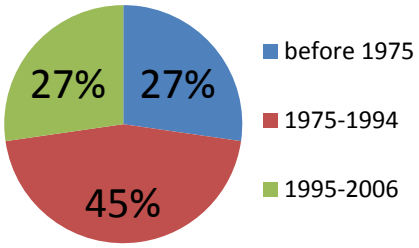
Preliminary Results

- Survey completed by 44/73 (60%)

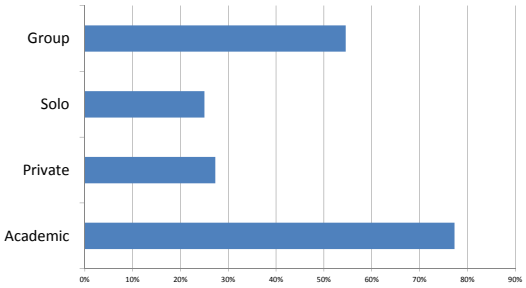
Demographics:

- 25 (58%) male
- Most (n=36) aged >40
- Most (n=34, 77%) work in an academic environment

Year of Graduation



Type of practice

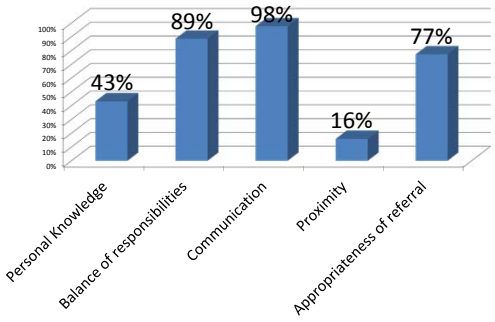


Survey results

- Rheumatologists rated 5 items
  - Personal knowledge of family physician
  - Clear and appropriate balance of responsibilities
  - Adequate communication/information exchange
  - Appropriate referrals
  - Physical proximity

These were rated on a 5-point scale. If respondent rated the item as >4, it was considered 'important' to them

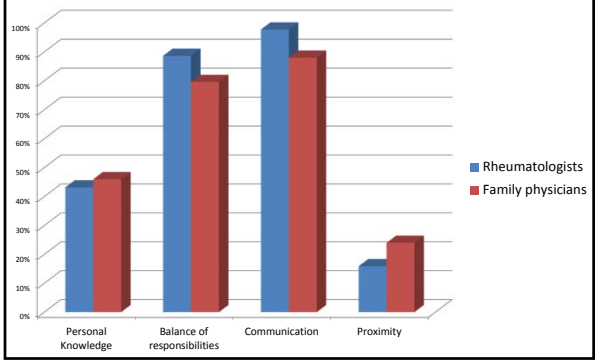
Factors of importance in care partnerships according to rheumatologists



Discussion

- Highly valued:
  - Good communication with family physicians regarding patient issues,
  - Clear and appropriate balance of responsibilities
  - Appropriateness of referrals
- Less important:
  - Personal knowledge of the physician
  - Physical proximity to the physician
- Rheumatologists and family physicians share similar values.

Comparison with family physicians



Important Limitations

- Sampling list likely inadequate (Quebec provincial list of rheumatologists would be better)
- Likely highest response amongst academics (could affect generalizability)

Future directions

- Improve survey reach and response rates with expanded list, repeat mail-outs, and electronic options
- Consider more sophisticated analyses
- Pursue with an analysis of patient outcomes
- Stakeholder workshops to discuss how to use this knowledge to improve care

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