Quality of Referrals to Pediatric Rheumatology and Its Impact on Access to Care

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BACKGROUND

- Delays in access to care in pediatric rheumatology (PR) are well known, and may result in significant morbidity, e.g., growth disturbance, uveitis
- Factors contributing to delays are likely multifactorial: incomplete referral letters (RL) may contribute
- Education about quality of referrals is an ongoing mandate of Alberta Health Services with development of a checklist to ensure high-quality referrals (Box 1)
- Quality of referral letters to PR is unknown

OBJECTIVES

- **To evaluate the quality of referral letters to PR**
- **To document specific components of patient information found in RL**
- **To quantify the impact of incomplete referrals on time to triage and PR assessment**

METHODS

- Inclusion criteria: all new referrals to a tertiary care PR service
- Exclusion criteria: >17 years old, or previously documented PR diagnosis or patient
- All included letters prospectively reviewed for 8 components of a high quality referral (Box 1)
- Basic patient demographics, referring physician specialty, dates of triage decisions and date of PR visit (new consultation) documented
- For incomplete referrals, resultant delays in triage time were calculated after requesting and receiving additional information to assist with triage

Box 1. Components of a high quality referral letter

1. Diagnosis of concern
2. Symptoms
3. General physical exam
4. Musculoskeletal physical exam
5. Investigations
6. Current and past medical conditions
7. Co-morbidities
8. Current medications

RESULTS

- 179 eligible referrals were reviewed of which 33/179 (18%) required further information to assist with triage
- Where missing information was requested, median delay in time to triage was 1.3 weeks (IQR 0.1 – 2.3)
- The most common PR diagnosis was juvenile idiopathic arthritis (52% of all PR diagnoses)
- The most common non-PR diagnosis was mechanical joint pain (25% of all non-PR diagnoses)

Figure 1: Frequency of quality RL components included in RL to PR

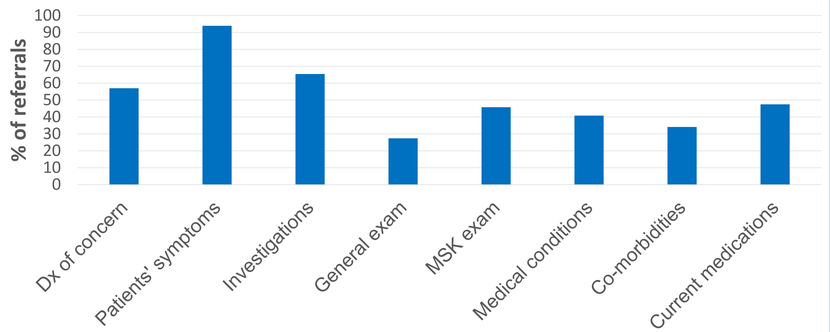


Figure 2. Further information requested

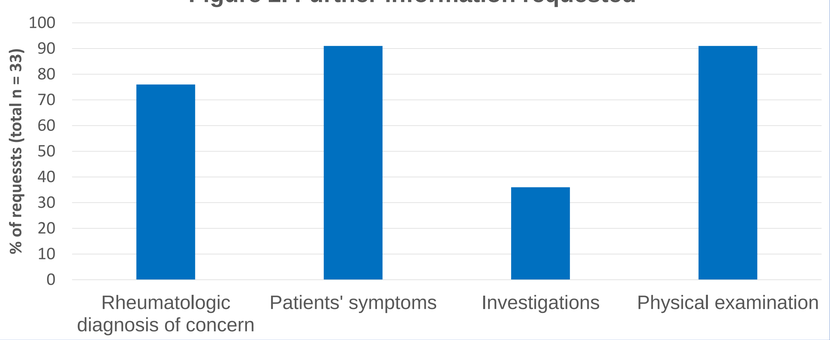


Figure 3: Specialty of physician referring to PR

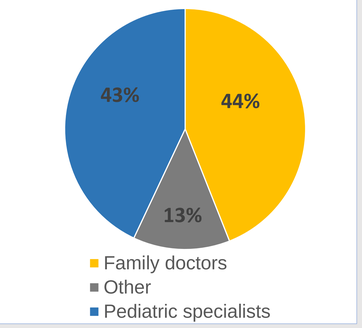
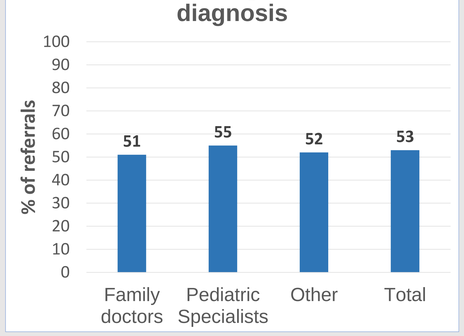


Figure 4. Percentage of referrals resulting in rheumatic diagnosis



DISCUSSION

- Patient symptoms and physical examination were the most commonly omitted or inadequately described components of referral letters
- Requesting missing information resulted in delayed triage
- Only half of PR referrals result in a rheumatic diagnosis, with no significant difference associated with specialty of referring physician
- Missing components of history and/or physical examination may indicate lack of familiarity with PR diseases
- Providing education around both PR conditions and impact of incomplete referrals on time to assessment may result in improved PR outcomes

LIMITATIONS AND FUTURE DIRECTIONS

- Small sample size; data collection ongoing
- Logistic regression models to identify components of RL associated with timely triage
- Further analysis of relationship between time to referral and patient characteristics, including age and geographic location
- Benchmarking times to care against published standards of care for children with suspected inflammatory arthritis (~4 weeks to see a pediatric rheumatologist as per Arthritis Alliance of Canada)

ACKNOWLEDGEMENTS

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