QUALITY OF REFERRAL LETTERS TO PEDIATRIC RHEUMATOLOGY

Alexandra Rydz, General Pediatrics PGY-4

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Background: the problem

- Arthritis Alliance of Canada recommendations: JIA identification and treatment within 4 weeks of health care interaction
- Delays in access to care have significant impacts
- Delays in accessing care are well documented (Foster et al. 2007, Shiff et al. 2009)
- Factors contributing to delays are multifactorial (Shiff et al. 2010, Tzaribachev et al. 2009)

Background: referral letters

- Referral letters are important
  - Alberta Health Services is promoting a Quality Referral Evolution initiative
- Referral letters are notoriously lacking in details
- Quality of referral letters to pediatric rheumatology (PR) is unknown

Our questions

- Who is referring to pediatric rheumatology?
- What is the quality of referral letters to pediatric rheumatology?
  - What information is being included? What is lacking?
- Is there an impact on time to access to care?

Methods

- Inclusion criteria: all new referrals to a tertiary care PR service
- Exclusion criteria: >17 years old; previously followed by PR; referral declined
- Prospective review for 8 components of a high quality referral (Box 1)
- Documentation of: basic patient demographics, referring physician specialty, dates of triage decisions, date of PR visit and ultimate diagnoses
- For incomplete referrals: delay in triage time
- Application of descriptive statistics

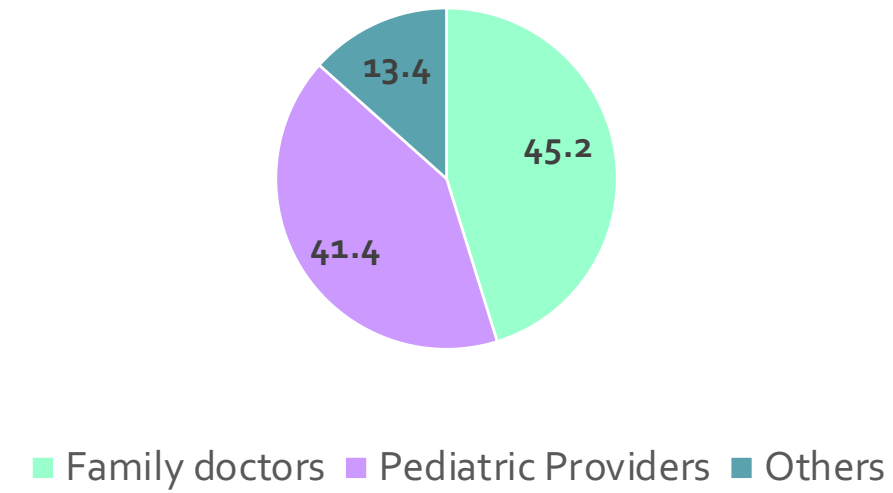
Box 1. Components of a high quality referral letter

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

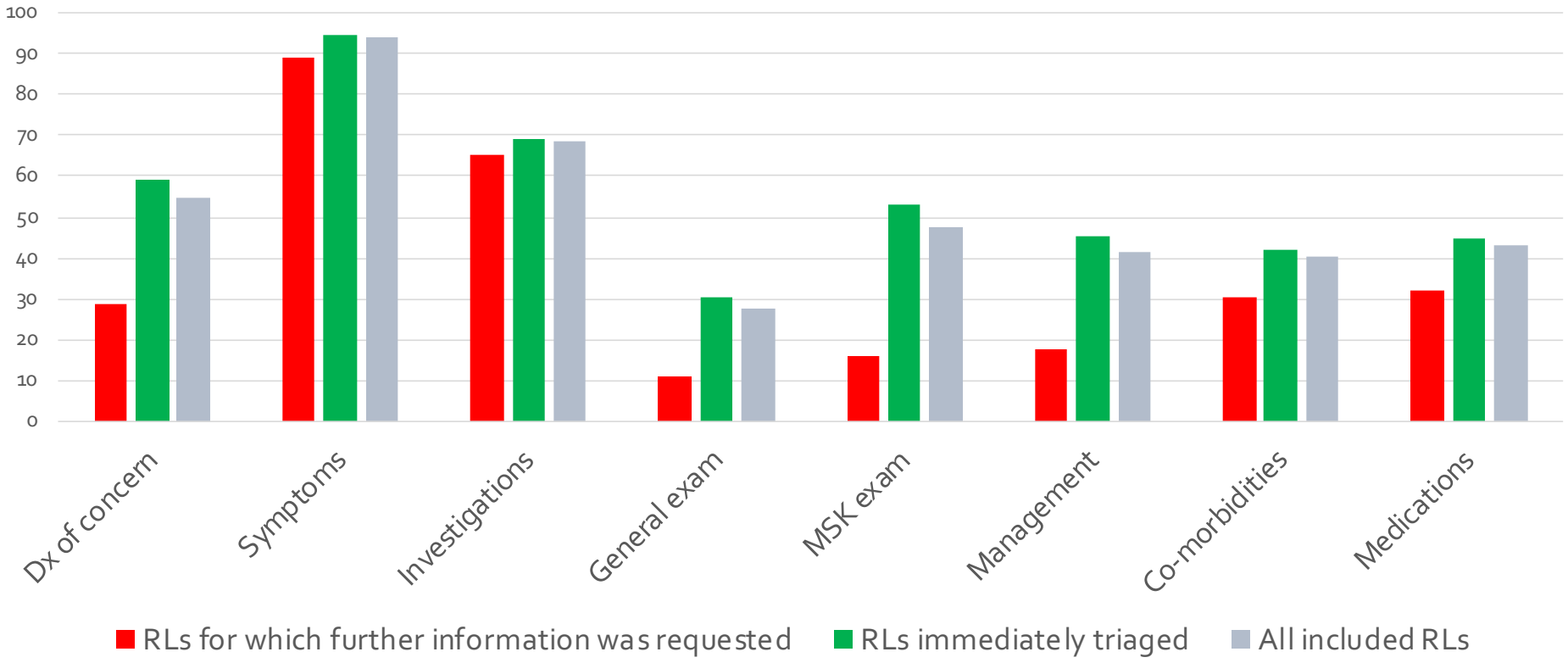
- 536 letters received
- 447 eligible referrals were reviewed
- 63 of these (14%) required further information to assist with triage

Figure 1. Providers referring to PR



Results

Figure 2: Frequency of quality referral letters components included in letters to PR



Results

- Most frequently requested information: pertinent history (91%), physical examination (92%), rheumatologic diagnosis of concern (70%)
- Requesting information resulted in median delay in time to triage of 1.0 week (IQR 0.1 – 2.0)
- 188/447 (42%) referrals resulted in a rheumatic diagnosis
  - 101/447 (23%) diagnosed with JIA
  - Median time to first visit for those with JIA, triaged immediately: 6.9 weeks (IQR 3.6 to 11.1)
  - Median time to first visit for those with JIA, delayed triage: 11.1 weeks (IQR 9.3 to 20.1)
- More referrals from pediatric providers result in rheumatic diagnosis than referrals from family physicians (48.6% vs 36.6%, p = ***)

Discussion

- Patient symptoms and physical examination were the most commonly requested information
  - This is consistent with findings at other rheumatologic centres (Graydon and Thompson 2008)
  - There is a documented lack of confidence with MSK exams among clinicians (Hergenroeder et al., 2001; Jandial et al., 2009)
  - Missing components of history and/or physical examination may indicate lack of familiarity with PR diseases
- Less than half of referrals resulted in true rheumatic diagnosis
  - MSK complaints are a frequent presentation to family doctors (Wiitavaara, Falhstrom & Djupsjöbacka 2017)
  - Specialty of referring provider has a significant impact may reflect training exposure

Discussion

- Requesting missing information resulted in delayed triage
  - Even those being triaged immediately do not meet Arthritis Alliance of Canada's recommendation

- Future directions
  - Providing education to both pediatric and non-pediatric providers around both PR conditions and impact of incomplete referrals on time to assessment
  - Promoting use of referral management systems that mandate input of specific data may be beneficial

Thank you for your attention!

Acknowledgements

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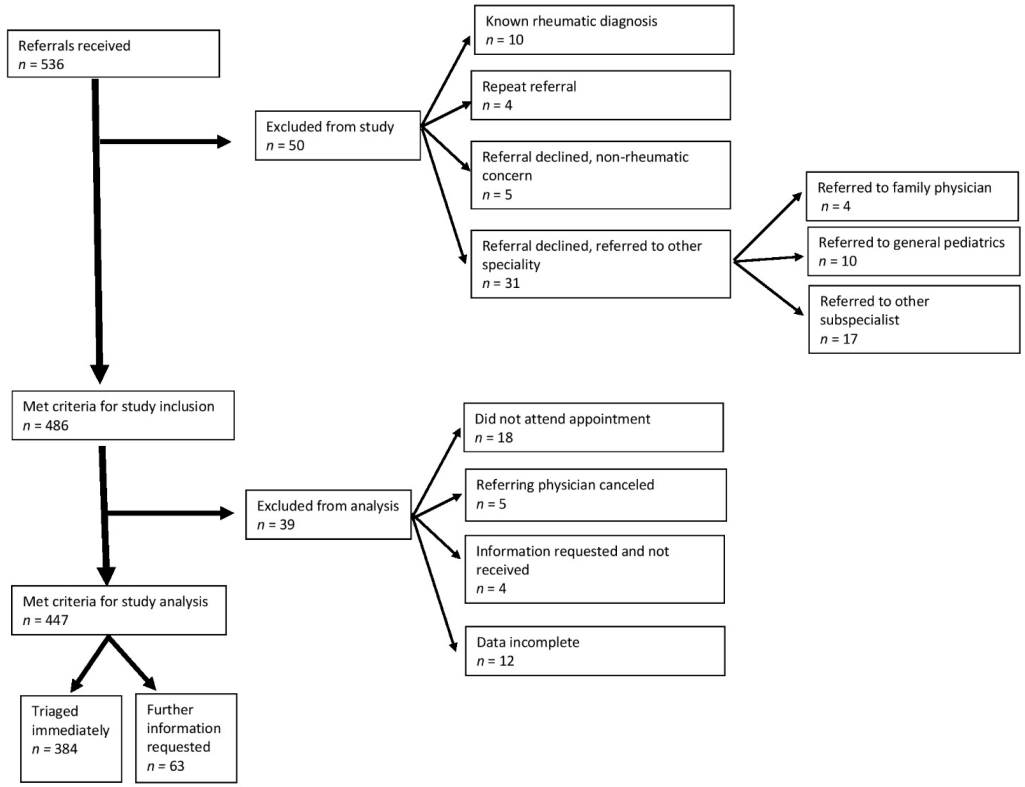
Appendix A: Referral letters undoing analysis



QoL checklist

Box 1. Components of a high quality referral letter

1. Diagnosis of concern
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Ultimate diagnoses

Non- PR Diagnoses	# / 259
Arthralgia/ mechanical joint pain	56
Patellofemoral syndrome	31
Pain amplification syndrome	17
Acrocyanosis/ digit swelling	16
Benign hypermobility + pes planus	15
Well child	12
Chronic pain	10
Growing pain	7
Primary Raynaud's	7
Other	88