

Patient, Rheumatologist, and Extended Role Practitioner (ERP) Perspectives on the Implementation and Impact of an Allied Health Rheumatology Triage Initiative in Ontario Rheumatology Clinics

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Background: Early and aggressive treatment with traditional and/or biologic DMARDs is critical for the prevention of irreversible joint damage and long-term disability in patients with IA. While the recommended time from referral to rheumatologist is 4 weeks, only 38% of RA patients in Ontario are seen within this timeframe (1) and fewer than 50% receive treatment with a DMARD within 6-months of symptom-onset (2). Triage is the process of identifying the urgency of a patient's condition and ensuring they are seen in a timely manner. Advanced Clinician Practitioners in Arthritis Care (ACPAC) are extended role practitioners (ERPs) with specialized training in joint examination who can assess, triage, and manage patients with MSK/arthritis conditions (3). This research evaluates the impact of integrating ACPAC-trained ERPs into 6 rheumatology clinics. Qualitative research was used to assess patient, rheumatologist, and ERP perspectives on the clinical/logistical impact of this intervention, facilitators/barriers of success, and recommendations for future application.

Methods: Semi-structured telephone interviews were held with all participating rheumatologists (n=6), ERPs (n=6), and a sample of participating patients from each clinical site (n=12). Interviews were approximately 30-60 minutes in length, audio-recorded, and transcribed verbatim. Data were collected from Dec 15, 2015 - Aug 1, 2016. Transcripts were analyzed using basic qualitative description. Two independent researchers compared coding and achieved consensus. Data were tabulated by theme and clinical site to identify trends and facilitate interpretation.

Results: Patients, rheumatologists, and ERPs consistently reported reduced wait times to rheumatology care, diagnosis, and treatment for those with IA who received the intervention. The role of ERPs in taking medical history, conducting joint exams, and ordering lab work/imaging was reported to improve clinical efficiency by reducing the length of time of first rheumatology appointment and providing rheumatologists with the information needed to diagnose/treat in the first appointment. Rheumatologists and ERPs reported high agreement in joint assessment outcomes, and a belief that the intervention improved quality of care for expedited and non-expedited patients. Patients reported high satisfaction with ERP assessments, valuing: early joint examination/lab work, urgent referral if needed, and the provision of information, support and management strategies. Facilitators of success included: supportive clinical staff, regular communication between rheumatologist and ERP, and knowledge of EMR systems. Recommendations included: extending ERP roles to include the follow-up of stable IA patients.

Conclusion: Patients, rheumatologists, and ACPAC-trained ERPs expressed high agreement that the triage intervention reduced wait times to rheumatology consult, diagnosis, and treatment for patients with IA; as well as improved overall clinical efficiency and quality of care. Findings support the integration of ACPAC-trained ERPs in rheumatology models of care. Research is needed to explore the impact of utilizing ERPs for stable patient follow-up in rheumatology settings.

References:

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