

## **The Effect of Triage Assessments on Identifying Inflammatory Arthritis and Reducing Rheumatology Wait Times in Ontario: the ORA Allied Health Rheumatologist Triage (AHRT) Project**

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**Objectives:** We evaluated the influence of triage assessments by Extended Role Practitioners (ERPs) for improving timeliness of rheumatology consultations for patients with suspected inflammatory arthritis (IA). Wait time (time from primary care referral to rheumatology consultation) was compared for those patients who were triaged and expedited by an ERP versus usual care (comparators not triaged).

**Methods:** Rheumatologists identified patients with possible IA from their wait lists through a paper triage process. Patients were included if there was not enough information on the referral to determine urgency, i.e. 'grey zone' patients. Patients were adults newly referred by a family physician or nurse practitioner within the previous month. An ERP established a weekly triage clinic in each rheumatologist's office and assessed each patient using a standardized tool to identify patients for an expedited rheumatologist consult. Non-expedited patients (patients without a suspected IA diagnosis) went back on the waiting list to receive the next available routine appointment. The time from referral to the first rheumatologist consultation was determined, comparing patients who were expedited to those who were not and to patients in a usual care control group identified through a retrospective chart review.

**Results:** Seven rheumatologists participated in the study. Among 390 'grey zone' patients identified from the rheumatologists' wait lists, 218(56%) met inclusion criteria and received an ERP triage assessment (female: 70%; mean age (SD): 53 (14)). The ERP suspected IA in 114/218 patients (52%) and of those, 82% were expedited for an appointment with the rheumatologist. The median (IQR) time from referral to first rheumatologist consultation was 37.0 (24.5-55.0) days for expedited patients versus 105 (71.0-135.0) days for non-expedited patients. Four rheumatologists provided usual care control group data. In these four sites, there was a significant difference comparing the wait time for the expedited patients (n=55) and the usual care control group (n=331): 35.0 (23.5-52.5) days and 58.0(24.0-104.0) days respectively.

**Conclusion:** Triage by an ERP resulted in a high number of patients with suspected IA receiving more timely consultations. Time to see a rheumatologist was accelerated for patients with suspected IA and wait times were improved compared to usual practice. These results suggest that an ERP working in a triage role in a rheumatologist's office can improve timeliness of rheumatology consultations for 'grey zone' patients with IA. This may lead to improvements in access to care and improved clinical outcomes.