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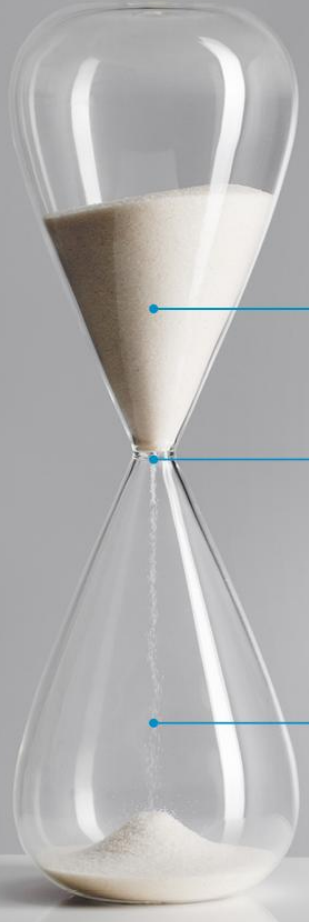
TIME TO MOVE FORWARD

SUPPORTING AND IMPROVING HEALTHCARE FOR THE NEW ARTHRITIS PATIENT

TIME TO MOVE FORWARD

THE CHALLENGES FOR RHEUMATOLOGY IN IRELAND



Newly diagnosed patients are constantly flowing into the system

Inefficiencies and lack of resources create enormous pressure on the system...

...resulting in frustration for healthcare professionals and patients

THE CHALLENGES FOR RHEUMATOLOGY IN IRELAND

Ireland trails badly for rheumatologist posts

IRELAND ranks in the bottom three of a European league table of consultant rheumatologist posts, according to a new report investigating the impact of musculoskeletal disorders (MSDs) on the workforce and economy. In Ireland, MSDs account for half of all absences from work at a cost of €750 million to the economy.

The study, conducted across 25 countries in Europe and beyond, suggests that early detection of, and intervention in MSDs ultimately reduces the burden on governments' health and disability budgets, and measurably improves the lives —at home and at work —of the sufferers.

"The Fit for Work study clearly suggests that early intervention is a key factor in allowing people with MSDs to remain in work," says John Church, CEO of Arthritis Ireland, pictured here.

"Workers with MSDs who are supported at work are more productive and represent a return on investment for businesses. In addition, working and home-making increase people's sense of worth, making them happier, more productive and engaged members of society

Outpatient no shows cost CUH €2m in 2009

Paul Mulholland

Patients who did not turn up for outpatient appointments cost Cork University Hospital (CUH) approximately €2 million in 2009.

The latest figures reveal that

nity Hospital last year.

In addition, there were a total of 8,625 no shows for outpatient appointments in Kerry General Hospital in 2009. There was a total of 62,215 such no shows in Cork and Kerry hospitals last year.

In reply to a Parliamentary Question from Fianna Fáil TD, Mr Michael McGrath, interim Hospital Network Manager for the HSE South Mr Ger Reaney said that CUH has recently established an OPD review group which is examining how to address the high number of outpatient no shows.

A text messaging system and the possibility of sending email reminders to patients are amongst the initiatives being considered by the group. Currently, reminder letters are issued to an identified cohort of patients two to three weeks before their designated appointment date.

'HEALTH APARTHEID'

A PUBLIC patient with acute rheumatoid arthritis was given an appointment to see a specialist — but will have to wait more than two-and-a-half years to see her consultant. Page: 4

Six-year wait for patients

By Gary Cullilton
garycullilton@int.ie

A new report, which will be presented to HSE top management within the next two weeks, will recommend that the number of rheumatology consultant posts should be more than doubled to 53. The report from the HSE's Working Group on Rheumatology Services reveals six-year-long waiting lists for routine rheumatology appointments in some parts of the country. Some people in the west have been on waiting lists

are approximately 700 new RA patients diagnosed annually and there are significant differences in the levels of service provision across the country.

Problems are particularly pronounced on the west coast. There is one rheumatologist in Limerick, for example, where the waiting list for new routine appointments is four to six years. **Dr Alexander Fraser** must serve Nenagh, Ennis and Croom, in addition to Limerick. The Croom infusion facility stopped taking on new cases for infusions of infliximab

the report is presented. "The difficulty is that many of the consultants now employed also have to do a job in general medicine. Many are 'on call' for A&E and must assume responsibility for those patients,"

said the Chairperson of Arthritis Ireland, **Prof Oliver FitzGerald**. The HSE Working Group's report recommends that the additional consultants appointed should be solely devoted to rheumatology, but

it is likely that new consultant physicians will take on some of the general medicine duties. International standards recommend one consultant rheumatologist per 80,000 of the population.

OUR AMBITION

The AbbVie Innovation Project's ambition:

'To create an environment where arthritis patients flow easily and efficiently through the healthcare system and get the best care possible'

OUR AMBITION: AREAS OF FOCUS

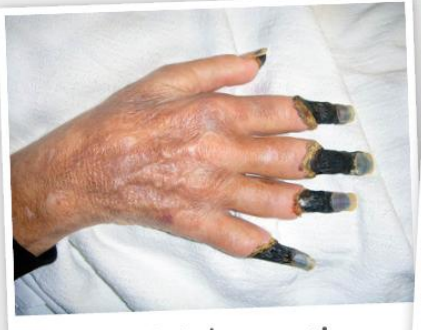
THE CHALLENGES FOR RHEUMATOLOGY IN IRELAND

Timely and effective treatment...

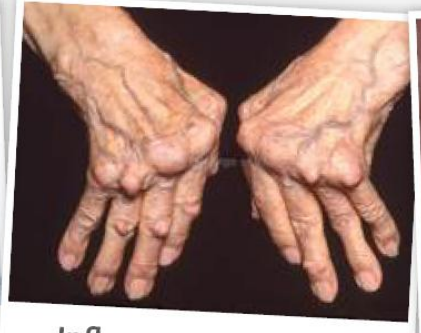
- improves the **chances of remission**
- increases **longevity**
- reduces **co-morbid disease**
- enhances **continuity of employment**

However, the reality is very different...

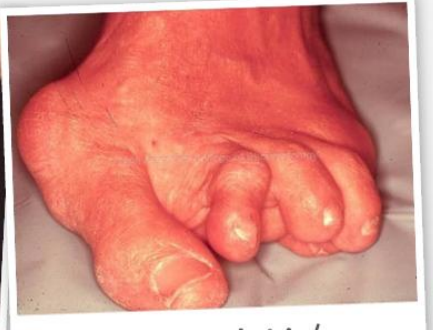
- most patients endure a **significant delay** before first rheumatologist review
- **referral letters rarely contain sufficient information** to ensure a comprehensive first visit to the rheumatology department



Vasculitis/connective tissue disease
potentially life-threatening



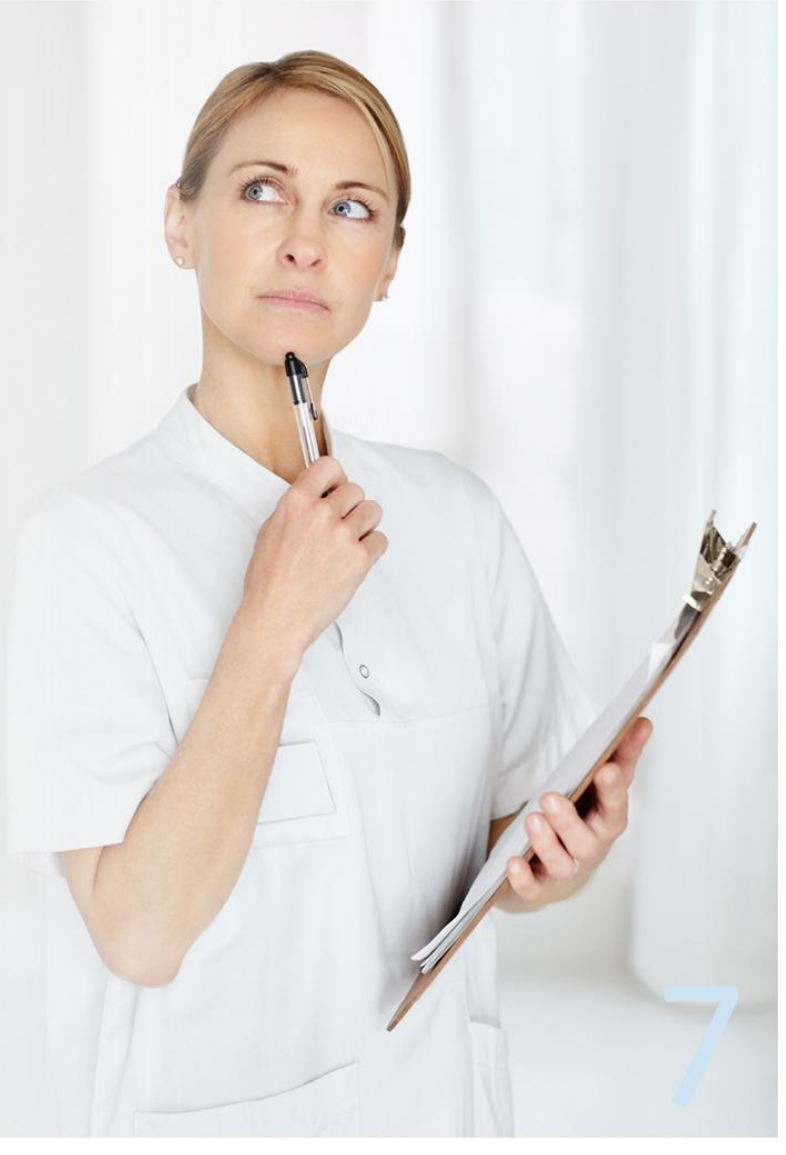
Inflammatory arthritis
window of opportunity for treatment



Osteoarthritis/ soft-tissue rheumatism
pain relief/maintain quality of life and function

WHAT DID WE DISCOVER?

- Quality of referral letter **enhances ability to make a tentative diagnosis** and **assists in the allocation of appointments**
- An analysis of all referral letters to the Rheumatology Department in St James's Hospital Dublin over a one month period highlighted **several deficiencies**
- Mean score for all letters was **5.1 out of 10**
- **No letter** contained all the desired information



WHAT DID WE DISCOVER?

PATIENTS

- Patients invest a lot of **emotional energy** into their first appointment
- Patients are **disappointed** when they do not receive a diagnosis

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DOCTORS

- In **90%** of cases, the patient **is not prepared** for their first visit
- First visit is spent gathering data rather than confirming diagnosis and initiating treatment
- The Did Not Attend (DNA) rate can be as high as **30%**

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HOSPITALS

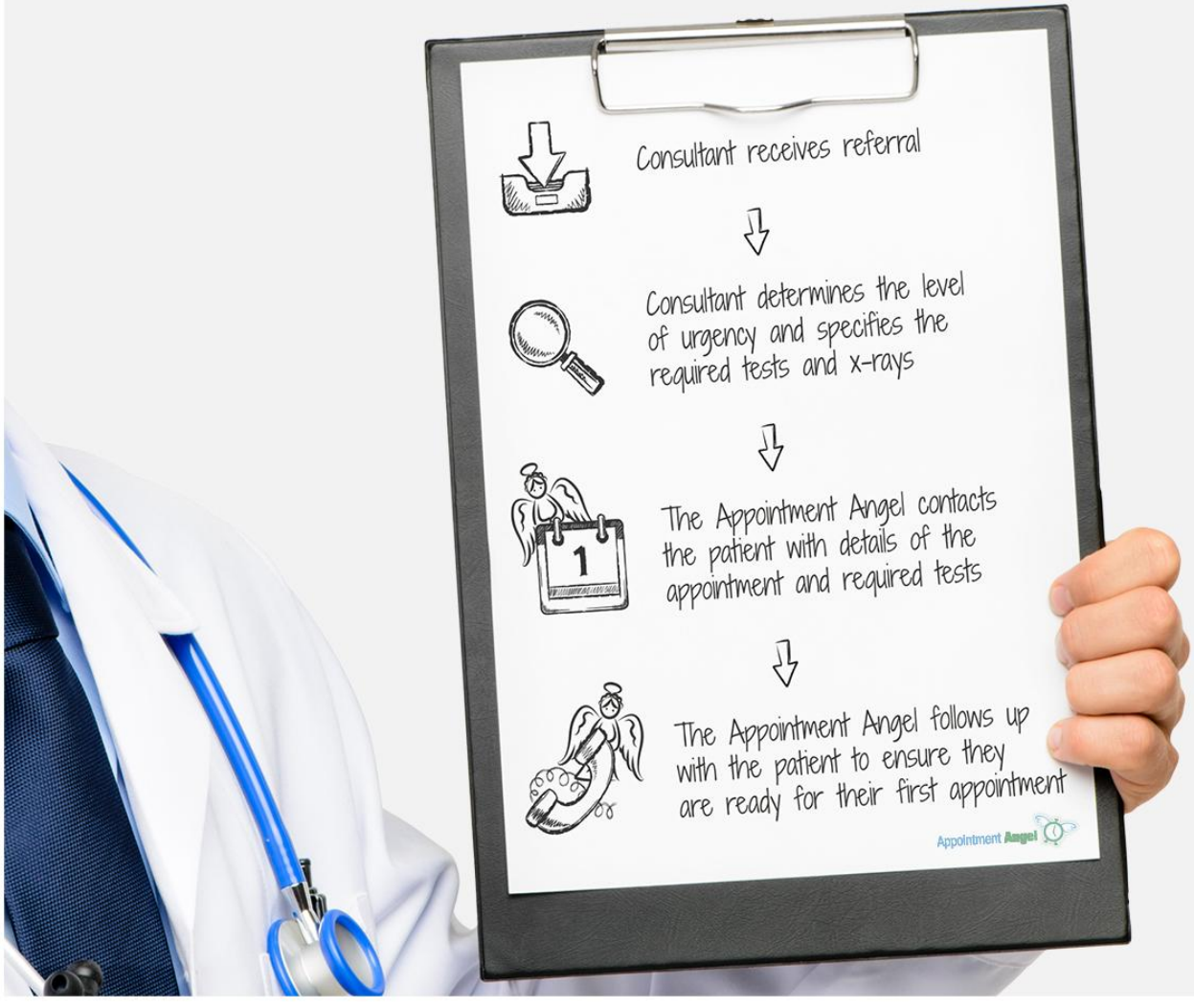
- Inefficiencies at the first appointment can result in extra and potentially unnecessary appointments for patients, adding to the problem of long waiting lists
- Hospital management is **losing millions** of euro each year through missed and unproductive appointments

OUR SOLUTION

Appointment Angel supports patients to ensure that they **attend** and **gain the maximum benefit** from their first appointment with their consultant rheumatologist

Appointment **Angel**

OUR SOLUTION: HOW APPOINTMENT ANGEL WORKS



THE BENEFITS SO FAR: DNAs & DISCHARGE

DID NOT ATTEND

DNAs for non-Appointment Angel patients:

✗✗✗✗✗✗✗✓✓✓✓✓✓✓✓✓✓✓✓ 34%

DNAs for Appointment Angel patients:

✗✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓ **5%**

'Did Not Attend' Savings*

For every 100 patients that are entered into the Appointment Angel programme, approximately **€2,500 is saved through reduced DNAs**

*Assumed cost of €86 per missed appointment.

THE BENEFITS SO FAR: DISCHARGE & APPOINTMENTS

DISCHARGE

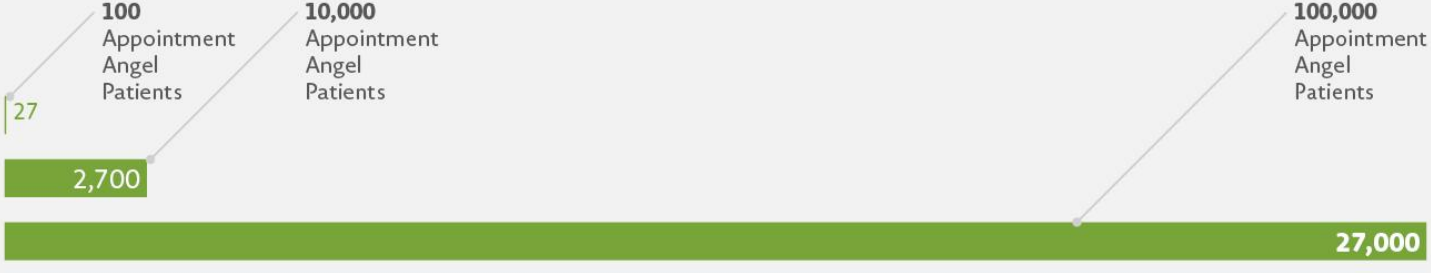
Non-Appointment Angel patients discharged after 1st visit

31%

Appointment Angel patients discharged after 1st visit

58%

New Patient Appointments Generated



For every 100 patients that are entered into the Appointment Angel programme, approximately **27 new patient appointments** are generated.

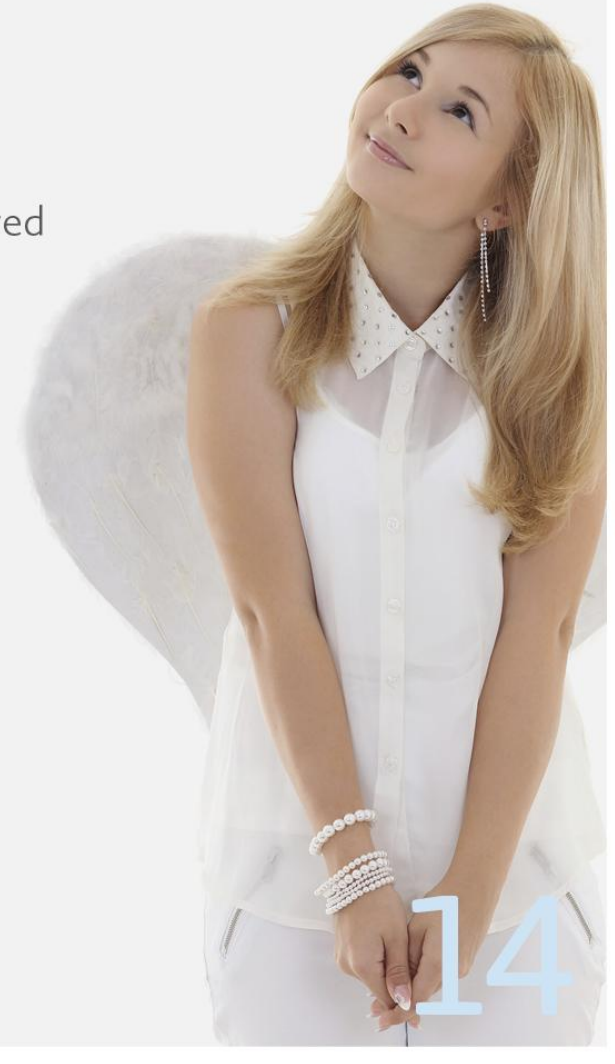
THE BENEFITS SO FAR: ADVANTAGES

Advantages of the Appointment Angel:

- Teaches staff and patients the importance of preparing for the rheumatology clinic
- Educates colleagues on basic investigations for rheumatic disease
- Enhances efficiency of patient review
  - Allows a more comprehensive assessment
  - Facilitates diagnosis at first visit
- Enables early discharge from rheumatology
- Provides an enhanced overall experience for the patient

MOVING FORWARD...

- Improve communication links with referrers to the rheumatology service
  - Enhance quality of referrals and reduce numbers of patients referred
- Develop electronic referral systems
  - Ensure all relevant material included
- Disseminate the concept of Appointment Angel to other services
  - Reduce national and international clinic waiting times for rheumatology and other out patient services
- Consider new enhancements to Appointment Angel...

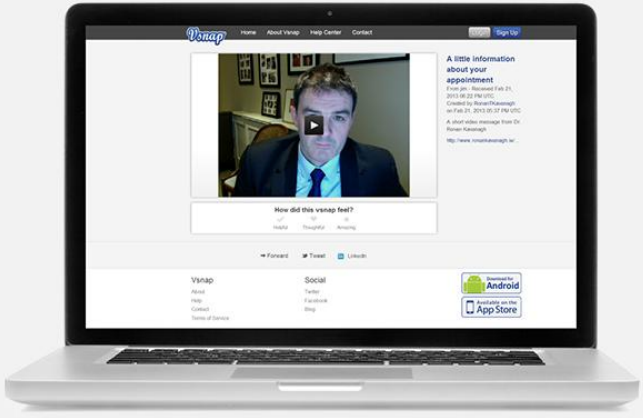


Appointment Angel

MOVING FORWARD...

Vsnap: moving Appointment Angel forward

- A 60 second video messaging platform
- Attach files and links to a short video
- Originally developed as a consumer engagement tool, it is new technology with the potential to change patient behaviour
- Currently planning a pilot programme in four hospitals to implement Appointment Angel using the Vsnap platform

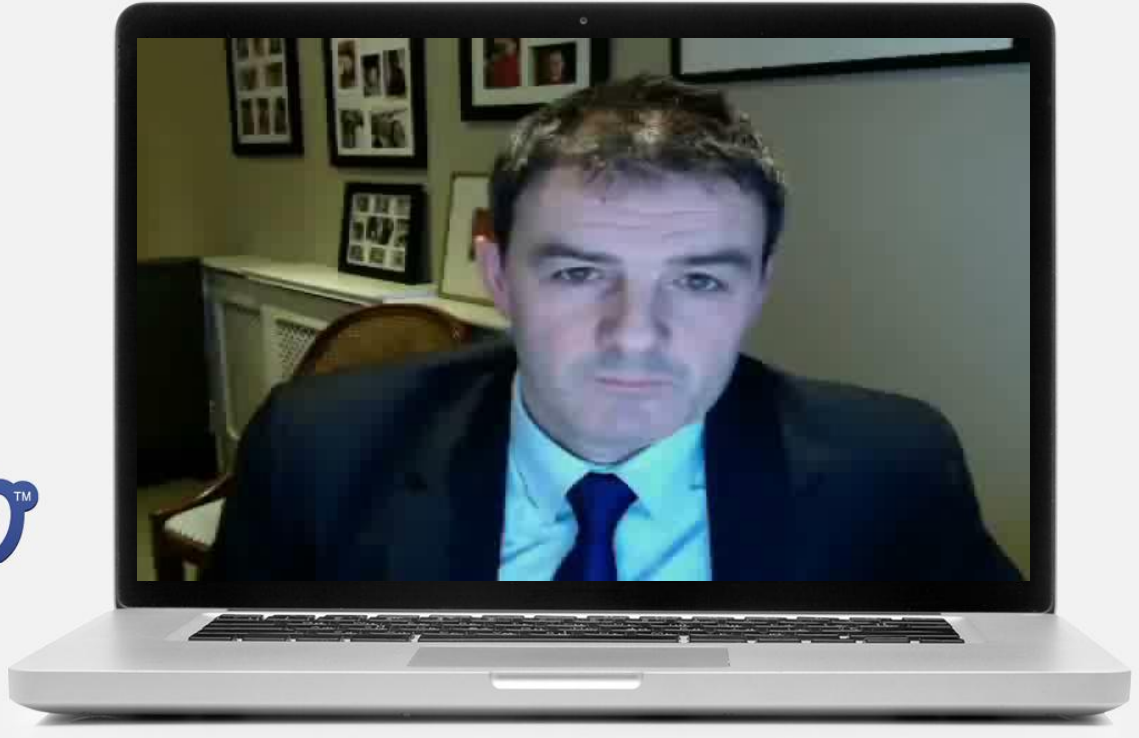


Vsnap™

Appointment Angel

MOVING FORWARD...

Vsnap™



MOVING FORWARD...

- The Appointment Angel is an effective way of:
  - improving communication
  - enhancing patient experience
  - providing significant cost savings
- New multimedia platforms, such as Vsnap, can exploit the concept of Appointment Angel in an easily accessible format for patients and health service providers

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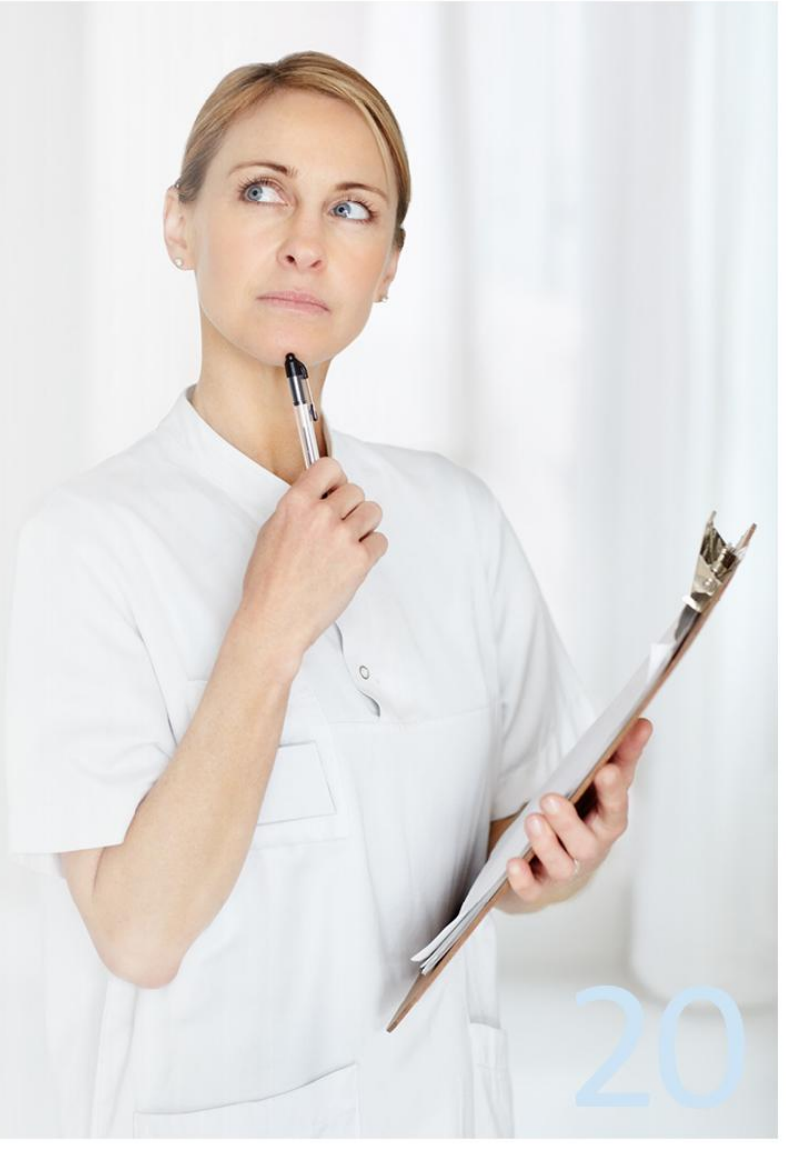
BACK UP SLIDES

OUR STUDY

Purpose of the study:

- To evaluate the quality of **referral letters** to a large rheumatology unit in Dublin
- To assess the outcome of a cohort of patients who were **prepared by an 'Appointment Angel'** in advance of their first visit to the rheumatologist



OUR STUDY: METHODOLOGY

Analysis of referral letters:

- Analyse all referral letters to the Rheumatology Department of St James' Hospital Dublin over a one month period
- Create a scoring system to assess the quality of referral letters:

Information	Score
Full patient contact details?	1
Legible?	1
Succinct?	1
Symptom duration included?	1
Medications listed?	1
Urgency indicated?	1
Relevant x-rays done?	1
Relevant lab tests done?	1
Tentative diagnosis made?	1
Clinical impression possible?	1
Total maximum score	10

OUR STUDY: METHODOLOGY

Creation of an 'Appointment Angel':

- Select 40 letters at random
- Organise additional investigations:
  - RA: lab tests, radiograph hands and feet
  - Mono-arthritis: radiograph of relevant joint
- Outcomes for this cohort compared to other patients who were not contact prior to their visit
- Ethics approval obtained

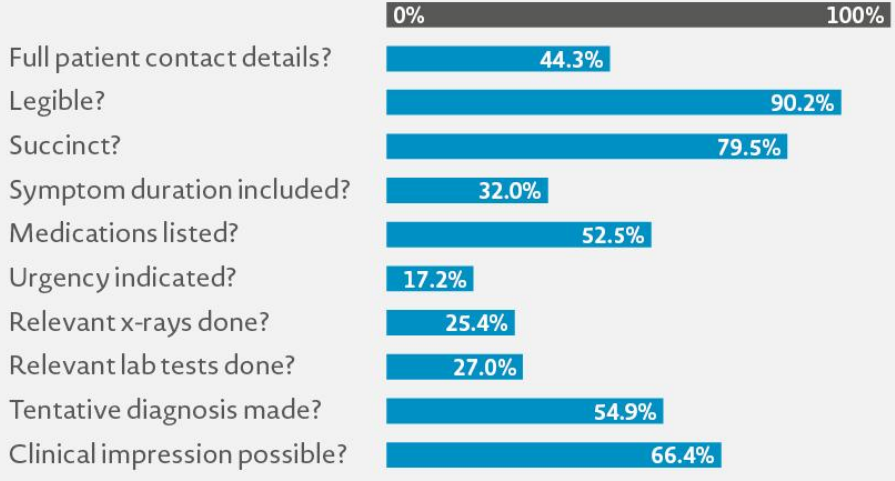
OUR STUDY: METHODOLOGY

Comparison of 'prepared' and 'unprepared':

- 122 referrals (4 letters returned, 1 chart missing, not included in analysis)
- 40 patients randomly selected for added investigations
- 78 patients received no additional contact from the hospital
- No significant different in demographic details between cohorts

OUR STUDY: RESULTS

Quality of referral letters:



- Mean score for all letters: **5.1 out of 10**
- GP referrals score higher than hospital referrals (5.4 vs 4.6)
- **No letter** contained all the desired information

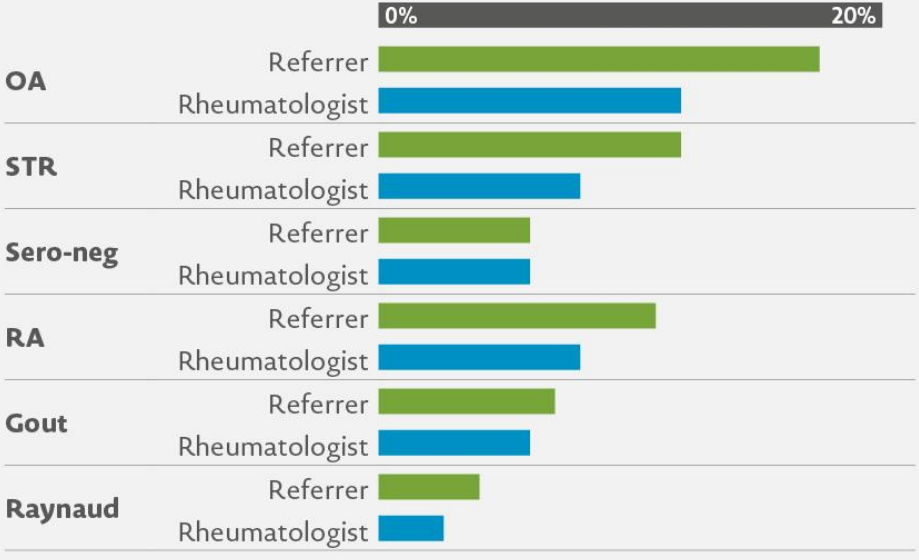
OUR STUDY: RESULTS

Accuracy of referral letters:
of the 89 patients who attended the clinic...

- Tentative diagnosis possible from referral letter in 78.7% of cases
- Diagnosis was confirmed in 43.8% cases
- Inferred diagnosis was inaccurate in 28.6% of cases
- Good diagnostic correlation with gout, seronegative spondyloarthropathies and shoulder tendinitis
- Poor diagnostic correlation with osteoarthritis, rheumatoid arthritis and Raynaud's disease

OUR STUDY: RESULTS

Discrepancies between tentative and confirmed diagnoses:



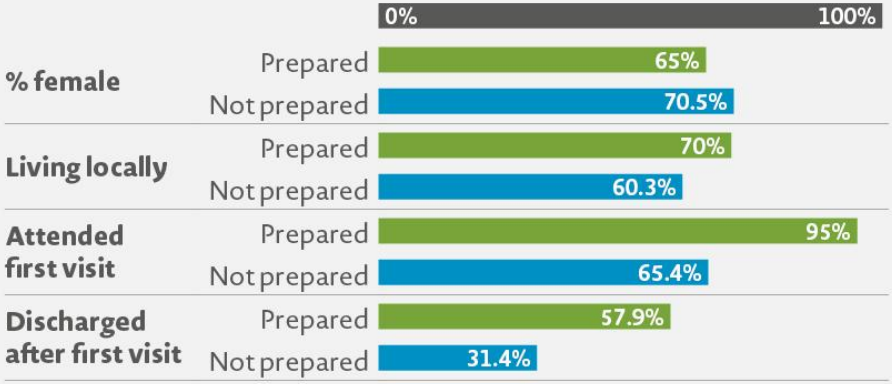
OUR STUDY: RESULTS

Referral Letters: Discussion...

- Information in the referral letter is very important
  - major impact on allocation of appointments
- Legibility
  - 20% were handwritten
- Omission of medication list
  - potential for delay in treatment
- Ability to make a tentative diagnosis
  - helps determine urgency of appointment

OUR STUDY: RESULTS

Comparison of 'prepared' and 'unprepared':



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