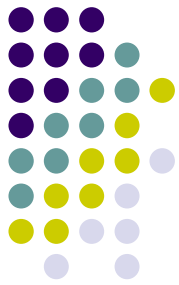


Developing Priority-Setting Referral Tools for Medical Subspecialties

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CAHSPR, May 28, 2008





Alberta

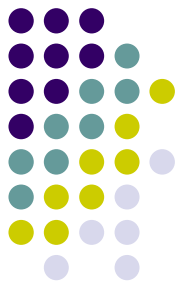
Health and Wellness



Referral tool development



- Aim of the project
- Literature search
- Clinical Panels
 - case vignettes
 - rank order
 - criteria and categories
- Tool testing



Aim of the project

- Improve access to and flow through medical subspecialties
 - Referral process redesign
 - Central intake
 - **Referral tool development (WCWL)**
 - Patients with chronic complex needs
- AH&W funded – UofC and CHR
Department of Medicine

Objective

- **To develop priority-setting referral tools for use by primary care providers.**



Four sub-specialties

- Rheumatology
- Nephrology
- Geriatric medicine
- Gastroenterology



Scope

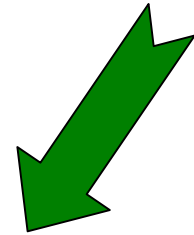


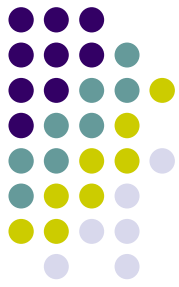
- surgery is easier
- one condition may comprise large proportion of practice
- differences in practice patterns
- different reasons for referral



Method

- Lit review: anything available?
- Clinical panel
- Development of case vignettes
- Clinical ranking of cases
- Criteria and weights
- Rating, rewriting, reranking . . .





Literature review

- Existing priority criteria?
- Appropriateness of referral NOT the focus
- Systematic approach
- Citation searches, hand searches, journal searches, internet sites



Clinical panel

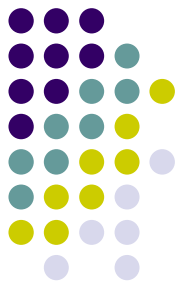
- Specialists and family practitioners
- Co-chaired
- Two two-day meetings
- Honorarium provided



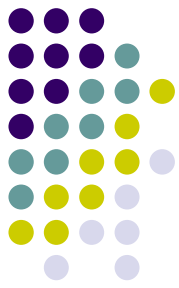
Case Vignettes



- Created by the specialist co-chair, reviewed by FP co-chair
- Based on information received in referral letters + ideal + FP view
- Cover scope of referrals
- 20 to 30 cases

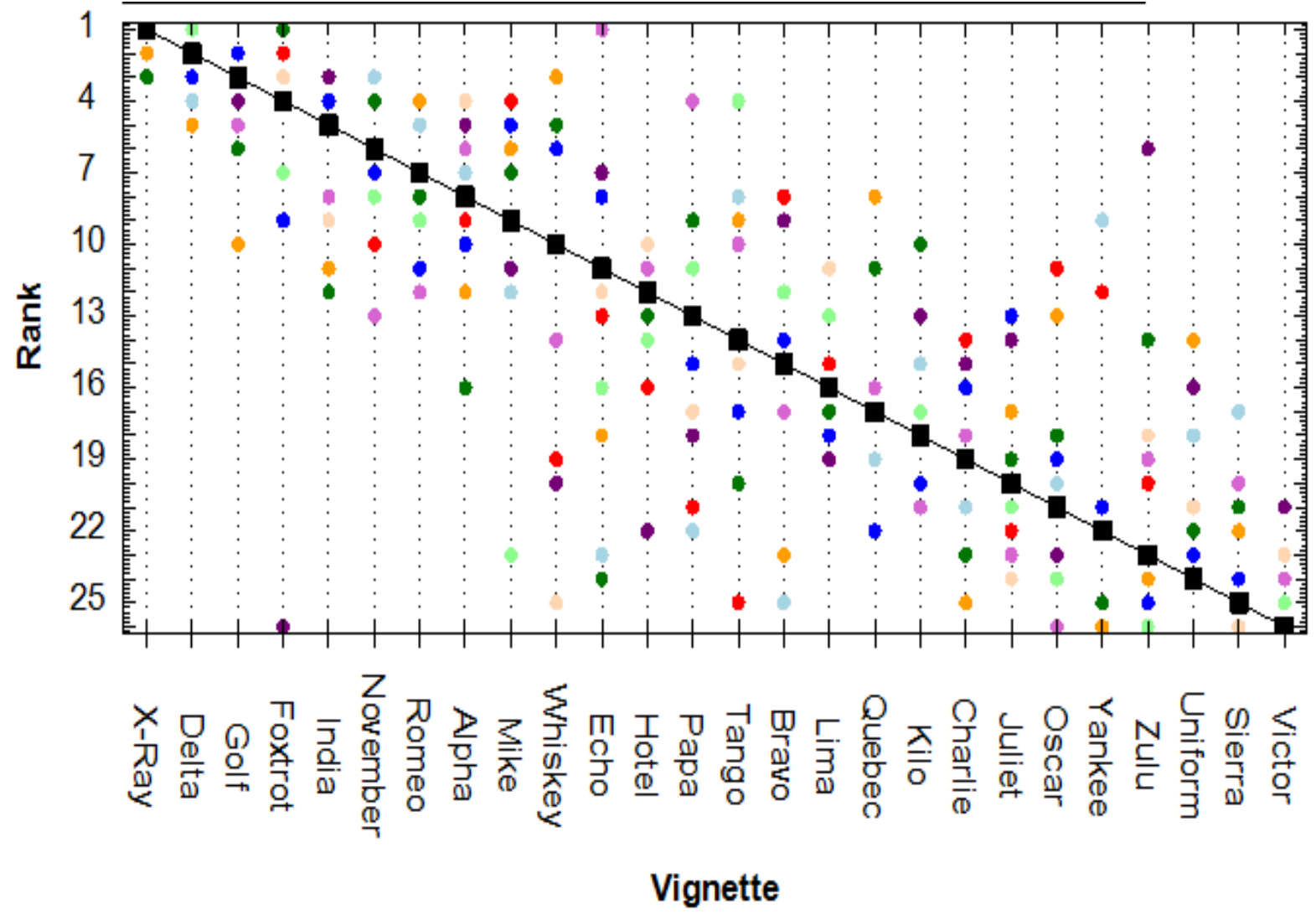


- 68 yr old male recently moved to this city, with history of joint pain and swelling hands and feet X 4-5 months and pains shoulders X 2 months.
- Previous rheumatologist (in another city) diagnosed RA 6 weeks ago and started hydroxychloroquine 200 mg bid (Plaquenil) and naproxen but no improvement yet.
- Pain is causing difficulty working and received no benefit from Tylenol #3 qid, so FP has started Prednisone 40 mg/d X 1 week.
- Lab: ↓Hb 130 g/L, WBC 7900, ↑CRP 44 mg/L, RF +100, high + anti-CCP antibody



Rank order

- Panelists individually rank order the cases relying on clinical expertise
- Discussion follows about ranking to determine criteria
- Also identify 'red flag' conditions





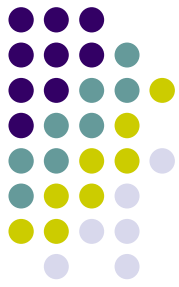
Discussion

- What caused people to rank differently?
- What are the salient features that affect **priority** for referral?
- Elicit criteria and categories



Criteria

1. Patient's current status
 - Symptoms, function
 - Impact on usual role
2. Expected progression
 - Risk due to comorbidities
3. Benefit of intervention
 - Early RA



Score using criteria

- Criteria are not weighted at this point
- Where is more info needed in the case vignette?
- All levels in all criteria?
- Clarity of the descriptors?



Weighting

- Use of **1000Minds** software
- Complicated trade-offs impossible
- If $a > b$ and $b > c$, then $a > c$

All else being equal. . .



- Steroids < 25 mgm / day
- Evidence of active inflammation: yes with RF+

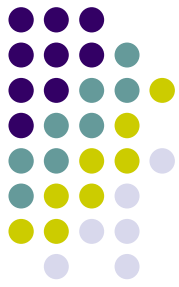
OR

- Steroids \geq 25 mgm day
- No evidence of active inflammation



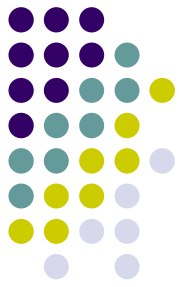
Result

- Referral tool with criteria and weights
 - Red flags, exclusions, definitions
- Cases scored using tool
- Rank order agreed to by clinical panel



Products

- Referral tool with criteria and weights
 - Red flags, exclusions, definitions
- Cases scored using tool
- Rank order agreed to by clinical panel



Learnings

- Clinical co-chairs
- Case vignettes
- Respectful clinical panel
- Importance of testing for reliability, pilot testing, validity



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