

Further Study of “Care Partnerships”: The Rheumatology Perspective

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Abstract: *Objective:* We have previously described rheumatology ‘care partnerships’ from the perspective of Quebec family doctors. Our current objective was to describe the perceptions of rheumatologists regarding rheumatology ‘care partnerships’.

Methods: Practicing Quebec adult rheumatologists (N=100) were mailed a questionnaire, asking them to rate, on a 5-point scale, factors of importance regarding their relationship with family physicians. A factor was considered to be ranked as high importance to the rheumatologist, if the factor was scored as ≥ 4 .

Results: Of the 100 rheumatologists contacted, 56 completed the survey. All but one of the respondents (n=55) ranked communication and information exchange, as being of high importance. Clear and appropriate balance of responsibilities was also considered very important by most respondents (n=47, 84%) as was appropriateness of referrals from the family physicians (n=42, 75%). Personal knowledge of the family physician (n=19, 34%) and physical proximity to the family physician (n=7, 13%) were less frequently ranked as important to rheumatologists.

Conclusion: Along with our previous work, these results confirm that rheumatologists and family doctors share similar values when it comes to rheumatology “care partnerships”. Further study of how to optimize relationships between family physicians and specialists would be of interest.

Keywords: Rheumatology, arthritis, family physicians, specialists, care partnership, communication.

INTRODUCTION

Chronic illnesses create a huge financial and social burden in our society. To lessen this burden, we must focus on how care is managed. Rheumatoid arthritis (RA) is a potentially devastating disease causing significant social and economic burdens [1] and affecting upwards of 1% of the Canadian population [2]. Aggressive, early treatment can slow or prevent joint damage [3] and burden [4]. This treatment is usually initiated by a rheumatologist [5] who in turn, should provide support and advice to the patient and primary care physician. Optimal care for RA thus requires both prompt referral to a rheumatologist and ongoing involvement with the family physician [6].

We have previously described rheumatology ‘care partnerships’ from the perspective of Quebec family doctors [7] with respect to personal relationships, sharing of knowledge and responsibilities, adequate communication, and proximity to the specialist. Our current objective was to describe the perceptions of rheumatologists regarding rheumatology ‘care partnerships’, and find common elements that encourage collaboration between family doctors and specialists.

METHODS

Inclusion Criteria

We reviewed the membership registries of the Association des médecins rhumatologues du Québec, the Canadian Rheumatology Association, and the American College of Rheumatology, as well as Quebec rheumatologists listed on the Arthritis Society website.

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Exclusion Criteria

Non-physician members, physicians in full-time research or administration, and pediatric rheumatologists were excluded, leaving a total of 100 Quebec rheumatologists practicing full or part-time.

A survey package was sent to each, including a personalized cover letter, an English or French questionnaire, and a stamped addressed return envelope.

After the first wave of surveys, a second wave was sent to non-respondents, followed by two more waves

of follow-up mailings to those who remained non-respondents, at an interval of four weeks. The mail-out included an option to access an online version, and concurrently with the mail-out, we sent electronic invitations for an online version of the survey, where a published email address was available. Once a rheumatologist had responded either in paper or electronically, they were not contacted any further.

On the survey (Figure 1), we asked the rheumatologists to rate, on a 5-point scale, factors of importance regarding their relationships with family physicians. The survey resembled that used in a previous study of rheumatology care partnerships from

I. Your demographics and practice setting:(Please circle all that apply)

| Demographics | | Practice setting: | | MD obtained |
|--------------|---------|-------------------|---------|-------------|
| Male | Female | Academic | Private | Before 1975 |
| | | | | 1975-1994 |
| Age ≤40 | Age ≥40 | Solo | Group | 1995-2006 |

II. Professional relationships between family physicians and rheumatologists: We wish to study the relationship between family physicians and rheumatologists. Below are questions to capture the importance of aspects of this relationship, to you. Please **circle the most appropriate response** for each.

| | Importance | | | | |
|---|------------|---|---|---|------|
| | Least | | | | Most |
| In professional relationships with family physicians, how important to you is each of the following aspects? | 1 | 2 | 3 | 4 | 5 |
| Personal knowledge of this physician (e.g. interactions in settings outside your practice, including previous contact during your professional training, or more recent interactions on committees, continuing medical education, etc.) | 1 | 2 | 3 | 4 | 5 |
| Clear and appropriate balance of responsibilities (e.g. each physician fulfilling the roles they feel make best use of their knowledge and skills) | 1 | 2 | 3 | 4 | 5 |
| Adequate communication/information exchange regarding patient issues | 1 | 2 | 3 | 4 | 5 |
| Appropriateness of patient referrals from the family physician | 1 | 2 | 3 | 4 | 5 |
| Physical proximity of your practice to the family physician’s practice | 1 | 2 | 3 | 4 | 5 |

III. Future workshop:

Would you be interested in participating in a workshop in the coming year, aiming to improve relationships between family physicians and specialists?

Yes Possibly No

If ‘yes’ or ‘possibly’, please provide some contact information in the box below.

| | | |
|-------|---------------|--------|
| Name: | Phone number: | email: |
|-------|---------------|--------|

Figure 1: Rheumatology Care Partnerships—Rheumatology Survey.

the family physicians perspective. A factor was considered to be of high importance to the rheumatologist, if it was scored as 4 or higher.

RESULTS

Of the 100 rheumatologists included in our survey, 56 completed the questionnaire. Most of the responders were male (n=31) and aged >40 (n=42). Most (n=42) reported working in an academic environment, though some of these also had private practices. Most respondents were mainly French-speaking (n=39) although in the Quebec setting most physicians are bilingual.

All but one of the respondents (n=55) ranked communication and information exchange, as being of high importance. Clear and appropriate balance of responsibilities was also considered very important by most respondents (n=47, 84%) as was appropriateness of referrals from the family physicians (n=42, 75%). Personal knowledge of the family physician (n=19, 34%) and physical proximity to the family physician (n=7, 13%) were less frequently ranked as important to rheumatologists.

Table 1: Characteristics of Survey Respondents, in Percentage (Absolute Number in Brackets)

| Characteristics | Respondents |
|------------------|-------------|
| Language | |
| English | 30 (17) |
| French | 70 (39) |
| Sex | |
| Female | 57 (31) |
| Male | 43 (25) |
| Age | |
| <40 | 18 (14) |
| >40 | 82 (42) |
| Practice setting | |
| Academic | 75 (42) |
| Private | 29 (16) |
| Solo | 23 (13) |
| Group | 55 (31) |
| MD obtained | |
| Before 1975 | 21 (12) |
| 1975-1994 | 45 (25) |
| 1995-2006 | 34 (19) |

DISCUSSION

Relationships between family physicians and specialists have been extensively studied in the past from the point of view of the family physician. However, the specialist's point of view is less often heard. Our study's aim was to take a first look at the rheumatology perspective, and to compare our results with our previous findings regarding factors of importance to family physicians in rheumatology care partnerships [7].

Based on our results, rheumatologists highly value good communication with family physicians regarding patient issues. The overwhelming majority of rheumatologists also consider clear and appropriate balance of responsibilities to be very important. This is similar to what we found amongst family physicians; in our earlier assessment, regarding interactions with rheumatologists, most family physicians highly rated the importance of adequate communication and information exchange. Waiting time for new patients to see a specialist was also important to the family physicians surveyed in that study, as was appropriately balanced responsibilities. Patient feedback and preferences was also a consideration for many of the family physicians surveyed in that earlier study. We have demonstrated in this study that most rheumatologists consider appropriateness of referrals from family physicians to be an important issue.

In other published studies, both quantitative and qualitative, personal knowledge was important to family physicians, when they were choosing a specialist to work with [8, 9]. Specialists also value personal knowledge of the family physicians, when they share care of patients [10, 11].

CONCLUSION

Our results confirm that rheumatologists and family doctors share similar values when it comes to rheumatology "care partnerships". Previous qualitative studies by other authors on specialists' view of their relationships with family physicians corroborate what our study showed [11]. This serves as an incentive for co-operative efforts to improve the quality of referrals.

Limitations of this study include a trend towards more responses from academic versus community rheumatologists. Further study of how to optimize relationships between family physicians and specialists would be of interest.

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