

Increase Successful Right Siting of Patients from Department of Rheumatology, Allergy & Immunology (RAI) to Shared Care Community Right Siting Programme (CRiSP)

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Mission Statement

To increase the percentage of successful right siting of patients from Department of Rheumatology, Allergy and Immunology (RAI) to shared care community right siting programme (CRiSP) from 9% to 30% (stretch goal 70%) for eligible patients* over 6 months.

*The following criteria is used to define eligible patients:

- Patients with either Rheumatoid arthritis, Sjogren's syndrome or Psoriatic arthritis.
- Patients not on Medifund
- Patients not on treatment, or on any of the following medications: hydroxychloroquine, sulfasalazine, methotrexate or prednisolone.
- Stable disease and on stable treatment (based on individual rheumatologist's assessment)

Team Members

	Name	Designation	Department
Team Leader	Dr Loh Mung Ee	Senior Consultant	RAI
Team Members	Dr Rachel Lim Wei Shan	Senior Resident	
	Ms Tan Kwee Ng	Senior Staff Nurse	Specialty Nursing
	Ms Shealynn Ong Wee E	Coordinator	Population Health Group (Network Development)
	Ms Xiao Ting Ting	Coordinator	
	Ms Vanessa Leong Ying Wei	Executive	
	Ms Loh Siew Qi	Patient Service Associate Executive	Clinic B1A

Sponsors

Adj A/Prof Kong Kok Ooi (Head & Senior Consultant, Rheumatology, Allergy & Immunology)

Mentors

- Ms Sui Huangbo (Deputy Director of Nursing, Nursing Service)
- Ms Lim Yi Hui (Principal Occupational Therapist, Occupational Therapy)

Evidence for a Problem Worth Solving

Good Practice in Shared Care for Inflammatory Arthritis

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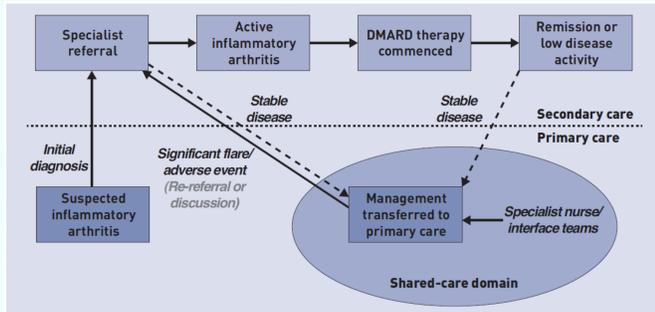
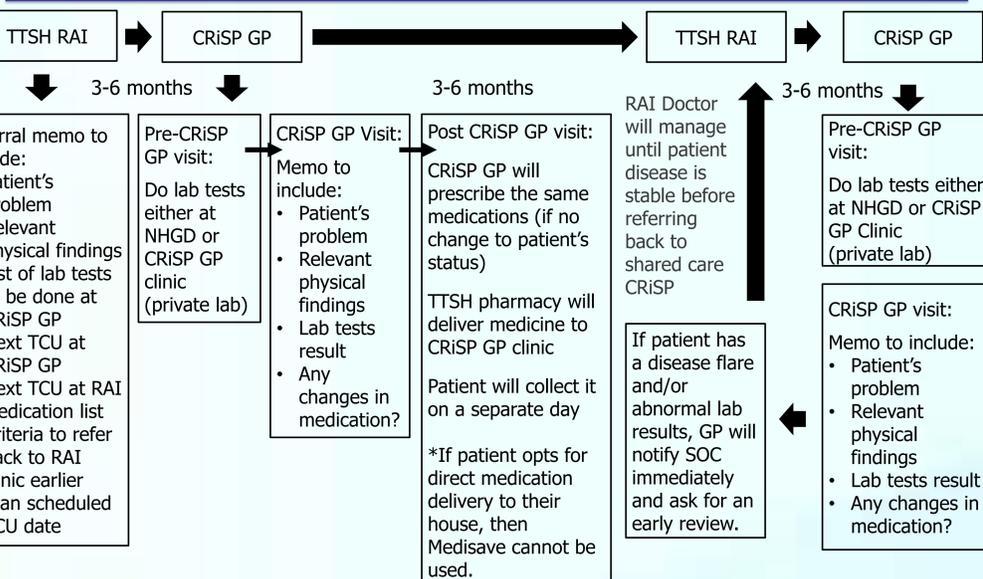
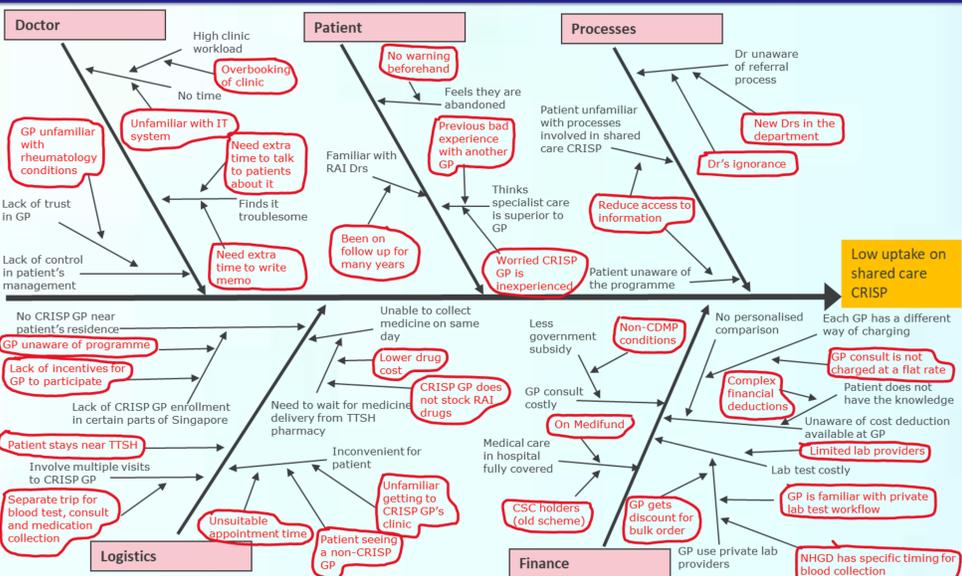


Figure 1. Pathway for patients with inflammatory arthritis from diagnosis to the shared-care domain.

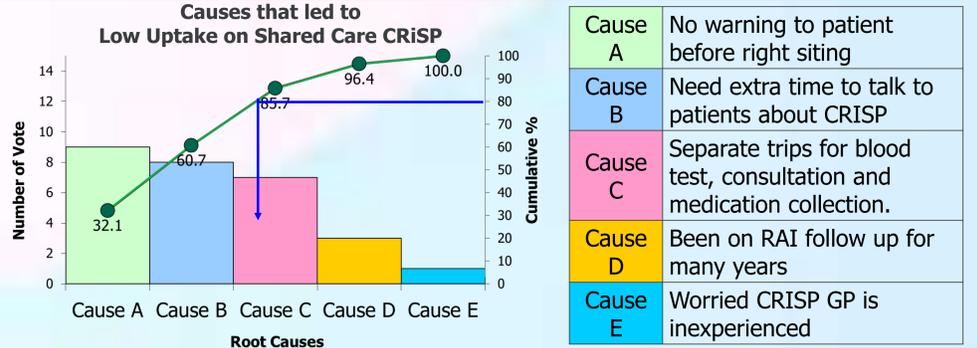
Flow Chart of Process



Cause and Effect Diagram



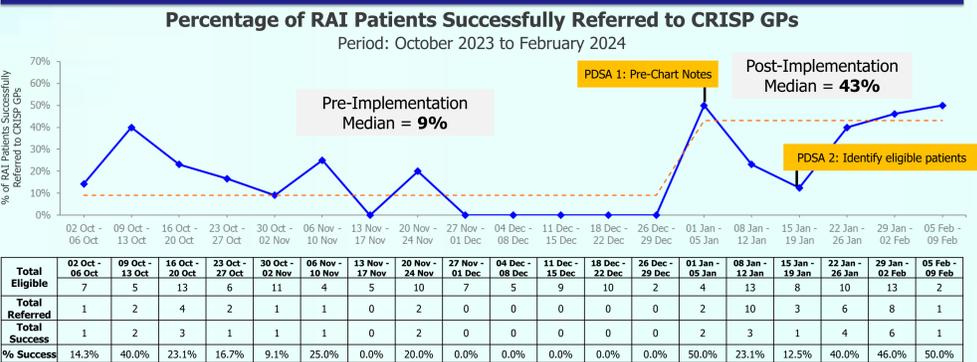
Pareto Chart



Implementation

Root Cause	Intervention	Implementation Date
Cause B: Need extra time to talk to patients about CRiSP	PDSA 1: Pre-chart patient's notes to identify eligible patients	2 January 2024
Cause A: No warning to patient before right siting	PDSA 2: Identify eligible patients to be referred in the next visit	15 January 2024

Results



Sustainability Results: Number of Cases Decanted to Primary Care through Right Siting

Period	Average Cases Decanted
Baseline Period (2 Oct 2023 to 29 Dec 2023)	Average of 0.85 cases decanted per week
CPiP Project Period (1 Jan 2024 to 9 Feb 2024)	Average of 2.8 cases decanted per week
Sustainability Phase (Apr to Dec 2024)	Average of 1.5 cases decanted per month

Cost Avoidance

	Pre-Intervention	Post-Intervention
Direct	*Consultation fee: \$79.50 *Lab fee: \$50-60 Total = \$139.50 *rates before subsidy and GST	*Consultation fee: <\$40 *Lab fee: \$50-60 (NHGD); \$60-65 (private lab) Total=\$105 *rates before subsidy and GST
Indirect	Transportation: \$12-22 in the morning (for example AMK to TTSH) Time off work: \$\$	Transportation: less as it's usually <2km from patient's residence (especially if within TTSH catchment area) Time off work: may or may not need to take off if CRISP GP appointment is on weekends
Cost Avoidance (Per Patient)		\$139.50 - \$105 = \$34.50
Total Patients Successfully Referred to CRISP GPs	11 patients in 6.5 months (ie. 2 patients in a month)	17 patients in 3 months (ie. 6 patients in a month)
Cost Avoidance (in 1 Year)		(6-2) x \$34.50 x 12 = \$1,656

Problems Encountered

1. High manual work in screening for patients who are eligible for shared care (prior to clinic visit) in individual rheumatologist's clinic.
2. Patients' reluctance in choosing shared care model due to various reasons (hospital is a 1-day visit for blood test, doctor's consult and medication collection whereby in shared care they need to return 2 to 3 times; pre-conceived notion that specialist clinic is always better).

Lessons Learnt

1. To change something, one needs to understand the groundwork that is in place and what's being practiced.
2. There are interventions that can be changed superficially but may not lead to a profound effect.
3. To increase patients' uptake and for shared care to be successful and sustainable, there's a need for a system change such as maintaining low cost comparable to polyclinics for it to be attractive to patients.

Strategies to Sustain

1. Biannual reminders to doctors on availability of shared care CRiSP and workflow.
2. Identify eligible patients early (within 2 years of follow up).
3. Simplify referral workflow to encourage uptake by doctors.
4. Annual rheumatology workshops to educate and empower partner General Practitioners (GPs).