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# When and how to refer to a rheumatologist

## Koga, kdaj in kako napotiti k revmatologu

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### Abstract

In Slovenia, the number of rheumatologists per capita is 40% lower than the European Union average, which can make the implementation of management guidelines challenging. Despite this problem, rheumatologic patients are managed according to international guidelines and comparable with other developed European countries. Unnecessary referrals put additional strain on the overburdened rheumatology outpatient clinics and may ultimately jeopardize the level of care for patients with rheumatological conditions. Herein, we summarized current rheumatology outpatient clinic directions according to different emergency levels.

### Izvleček

V Sloveniji kljub pomanjkanju revmatologov in s tem daljšimi čakalnimi dobami revmatološkim bolnikom zagotavljamo sodobno obravnavo, ki je primerljiva z delom v najbolj priznanih svetovnih ustanovah. Da visoko raven obravnave tudi vprihodnosti ohranimo, je bistvenega pomena, da so poslane napotnice primerno izpolnjene in opremljene z vsemi podatki, ki jih potrebujemo za ustrezno razvrščanje v čakalno knjigo glede na resnost in vrsto bolezni (triažiranje). V prispevku podajamo osnovna navodila glede napotitev v revmatološko ambulanto s strokovno ustreznimi stopnjami nujnosti.


## 1 Introduction

A large number of rheumatic diseases are chronic autoimmune diseases that, without proper treatment, can lead to irreversible organ or organ system damage, poor quality of life, lower work capability and higher mortality. However, rheumatic diseases are rarely an emergency. While a rheumatologic emergency can lead to death or irreversible organ damage without rapid and appropriate management (1), there are also inflammatory rheumatic diseases that do not require an urgent referral to a rheumatologist. Therefore, the referral urgency should be tailored to individual diseases.

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The article discusses currently valid international guidelines on rheumatology referrals and their level of urgency. It is intended to help physicians who face the issue of rheumatology referrals on a daily basis.

## 2 Referrals

A referral is a medical document with which a physician refers a patient to a specialist for consultation or a procedure. It consists of the patient's basic personal information, the medical service to which they are referred and the level of urgency, which, based on waiting lists, dictates the appointment date. Since 2017, an electronic referral system has been in use in Slovenia. An e-referral enables the patient to book an appointment with a specialist online instead of physically sending it to a specialist.

## 3 Level of urgency

The referral's level of urgency depends on the nature of the medical problem and expected disease course. In Slovenia, these levels are *regular, fast, very fast and urgent,* depending on how quickly the patient should be seen by a specialist. The Health Insurance Institute of Slovenia (HIIS) recommends the following maximum waiting times: six months for *regular* referrals, three months for *fast* referrals, 14 days for *very fast* referrals and 24 hours for *urgent* referrals.

There are some exceptions to the maximum acceptable waiting time at the *fast* or *regular* levels of urgency. Among the exceptions is a first rheumatologist appointment, for which a period of 12 months is allowed at the *regular* level of urgency. However, the restriction on the maximum acceptable waiting time does not apply if the patient wants a specific provider, regardless of their number of patients in the waiting line.

In Slovenia, the waiting times for a first rheumatologist appointment exceed the maximum acceptable waiting times as the number of rheumatology referrals exceeds the rheumatologists' capacities. Therefore, it is crucial that referrals are appropriately completed with all the information required for triage. At the Department of Rheumatology, University Medical Centre Ljubljana, patients are seen at the emergency rheumatology clinic every workday at regular hours, while a *very fast* referral still enables management of all patients within a 14-day period. Based on the data from April 2021, the waiting time for a first appointment with a *fast* referral was approximately 12 months, and 18 months with a *regular* referral. Despite COVID-19 restrictions, we managed to reduce the number of patients in the waiting line by 20%.

Despite long waiting times, management of patients with inflammatory rheumatic diseases at the Department of Rheumatology, University Medical Centre Ljubljana is modern and in accordance with international guidelines.

Patients with newly diagnosed rheumatoid arthritis are mostly seen within 12 weeks of disease onset. The time from referral to clinic visit ranged from one to three days (2). In some respects, we exceed the standards of most developed European countries. For example, at our department, we manage cases of giant cell arteritis with an extremely short period elapsed between the appearance of first symptoms to diagnosis and treatment start (one day, including using ultrasound and/or preliminary temporal artery biopsy histology results, although the latter investigation was practically abandoned in recent years), which is very important in preventing vision loss (our patients experience permanent vision loss in approximately 10%, while the literature describes permanent vision loss in approximately 20% of patients) (3,4).

In order to maintain or even improve such a high level of management of rheumatology patients, the cooperation of referring physicians and their consistency in referrals to rheumatology clinics is crucial.

The following are recommendations for referrals to a rheumatology clinic.

## 4 Appropriate referrals

When referring a patient to a rheumatology clinic, it is important to correctly, professionally and completely fill out the referral letter. A short description of the patient's symptoms and significant abnormalities found on examination is required. Results of laboratory testing that should be performed per general agreement before a first non-urgent rheumatology referral needs to be included in the referral (5): CRP, ESR, complete blood count; other testing can be performed at the discretion of the referring physician (6). Taking into account the disease symptoms and signs and basic laboratory testing results, most patients can be placed into one of the proposed levels of urgency. Some patients may have circumstances that are not covered by these recommendations, but significantly affect the time required to see them at a rheumatology clinic. In such cases, it is possible, with a clear referring physician's written explanation, to triage the patient into a different (normally higher) level of urgency than

recommended. The triage rheumatologist can also detect such circumstances and change the level of urgency. We should also be aware that the disease develops over time. A patient may experience a new significant symptom or sign of disease progression while waiting. In such cases, it is necessary to report this so that the triage is repeated and the patient is given a more appropriate appointment.

In patients with a known inflammatory rheumatic disease in whom basic immunosuppressive therapy (methotrexate, leflunomide, sulfasalazine, azathioprine, mycophenolate mofetil and related drugs) was recently initiated and abnormal laboratory results that could be a consequence of such treatment are found, we recommend a consultation with the patient's rheumatologist before referring them to the rheumatology clinic; in case the patient is followed by rheumatologists at the Department of Rheumatology, University Medical Centre Ljubljana, the referring physician should consult the consultant rheumatologist at the department (01 522 44 61 every working day from 12.30–13.30 or e-consultation). At the Department of Rheumatology, University Medical Centre Maribor, the rheumatologist is available on the telephone number 02 321 24 87 every workday from 13.00 to 14.00, and e-consultation is also possible. In addition, the number for Murska Sobota General Hospital is 02 512 35 50, and Izola General Hospital is 05 660 61 71; both lines are available from 10.00 to 14.00 on workdays.

Similarly, we recommend an initial consultation with a rheumatologist in patients with exacerbation of already known inflammatory rheumatic disease. In patients who have just started taking basic immunosuppressives, it is important to know that most of these drugs require at least two to three months before improvement of clinical problems. Therefore, if a patient experiences the same problems as before the newly introduced immunosuppressive therapy, re-examination will not contribute to improved management.

## 5 Emergency rheumatology clinic at the Department of Rheumatology, University Medical Centre Ljubljana

The emergency rheumatology clinic is not a typical emergency medicine unit as it does not provide continuous coverage. It is open only in the morning (patient reception takes place between 7 am and 10 am) on workdays. Monitoring the number of examined patients shows that such an arrangement is sufficient with respect to the appropriate management of all rheumatological patients needing urgent treatment according to guidelines. We have noticed a distinct proportion of non-urgent referrals, but in recent years, this has significantly improved. In 2016, 2498 patients were referred to the emergency clinic, while in 2020, this number was 1623. Overloading the emergency rheumatology clinic can jeopardize the quality of treatment of those patients who truly require urgent or priority management.

**Only patients with suspected new-onset or acute exacerbation of life-threatening inflammatory rheumatic disease or a high risk of permanent organ damage should be referred to an emergency rheumatology clinic.**

**Examples of such diseases or reasonable suspicion of them:**

- Giant cell arteritis (7): referral to emergency rheumatology clinic only during workdays in the morning with an *urgent* referral; basic laboratory testing (CRP, ESR, complete blood count) should already be performed.
- Acute impending internal organ damage or necrotizing cutaneous lesions as part of systemic connective tissue disease or vasculitis, acute dysphagia as part of inflammatory myopathy (8): *urgent* referral to the emergency rheumatology clinic; laboratory testing: as required by the underlying disease.
- Septic arthritis: patients are normally referred to an infectious disease specialist or orthopaedist (at the University Medical Centre Ljubljana, this means the emergency clinic at the Department of Infectious Diseases; at the University Medical Centre Maribor, this means the clinic at the Department of Orthopaedics; for other regions, it depends on their organization (see the Appropriate referral chapter).
- Life-threatening conditions as part of inflammatory rheumatic disease and all urgent conditions when the emergency rheumatology clinic doesn't accept patients: referral to the Medical Emergency Unit at the University Medical Centre Ljubljana or a regional emergency centre (continuous coverage).

## 6 "Very fast" referrals

Patients who need to be seen within four weeks should receive a very fast referral for a rheumatology clinic (referral validity is three days, appointment is within 14 days since receipt of the referral letter).

**New-onset, exacerbation or reasonable suspicion of inflammatory rheumatic disease which can**

**permanently damage health, but is not threatening to life or a vital organ.**

**Examples of such diseases or reasonable suspicion of them:**

- New-onset polyarthritis or exacerbation of known chronic arthritis (e.g. rheumatoid arthritis, psoriatic arthritis, spondyloarthritis) when significant improvement doesn't occur after two to four weeks of treatment with a full dose of a non-steroidal anti-inflammatory drug (NSAID) in the absence of contraindications.
- Systemic lupus erythematosus (with exacerbation of chronic organ involvement other than the skin).
- Systemic vasculitis (with exacerbation of chronic organ involvement other than the skin, unless there are necrotising cutaneous lesions).
- Polymyositis / dermatomyositis.
- Systemic sclerosis (involvement of an organ other than the skin).
- Polymyalgia rheumatica (only in the case of newly developed pain in the shoulder and pelvic girdle if the patient is over the age of 50 years and with increased inflammatory parameters).
- Uncontrolled gout with involvement of multiple joints.

## 7 "Fast" referrals

This level of referral includes conditions that, according to guidelines, require examination within three months of the onset of symptoms or signs of inflammatory rheumatic disease or exacerbation of inflammatory rheumatic disease.

**Examples of such diseases or reasonable suspicion of them:**

- Monoarthritis or oligoarthritis that does not respond to treatment with a full dose of NSAIDs (two to four weeks if there are no contraindications) and there is no clinical suspicion of septic arthritis.
- Recurrent episodes of pseudogout or gout despite adherence to current treatment recommendations.
- Inflammatory back pain that does not respond treatment with a full dose of NSAIDs (two to four weeks if there are no contraindications).
- Suspicion of systemic connective tissue disease without clear internal organ involvement.
- Suspicion of antiphospholipid syndrome (vascular involvement or pregnancy complications).

## 8 "Regular" referrals

This category includes conditions that, according to guidelines, do not require examination within three months, **namely the suspicion of inflammatory rheumatic disease without clear internal organ involvement organs or arthritis.**

**Examples of such diseases or reasonable suspicion of them:**

- Dry mouth and eyes – suspicion of Sjögren's syndrome. Dryness of the mucous membranes is an extremely unpleasant symptom that can greatly affect a patient's quality of life. However, even if the diagnosis is confirmed, since the measures are mostly symptomatic, earlier examination does not change the prognosis. *Regular* referral is sufficient for these patients, and any preferential management will depend on data that may indicate internal organ involvement.
- Raynaud's phenomenon without other symptoms or signs of systemic connective tissue disease or digital ulcers. Such patients are predominantly healthy women (9). Patients referred to a rheumatologist are significantly more likely to have an associated connective tissue disease, but they do not need to be seen at the emergency rheumatology clinic. Depending on associated symptoms, appropriate referral with basic laboratory tests is required.
- Inflammatory back pain responding to treatment with a full dose of NSAIDs in patients without increased CRP; as such a patient is already being treated appropriately, the first appointment may therefore be postponed.

**Which patients do not require referrals to a rheumatology clinic?**

Every joint symptom or pain does not warrant a rheumatology referral. Normally, joint pain without oedema or other clear signs of inflammation, e. g. post-traumatic, osteoarthrosis, fibromyalgia, Forestier's disease or condensing osteitis does not require a rheumatologist work-up after imaging had been performed.

## 9 Conclusion

In Slovenia, we are faced with a problem of unacceptably long waiting times for a rheumatologist appointment. Despite this, the management of our

patients is comparable to the world's leading institutions. If we wish to maintain appropriately prompt management of patients who need it most, the emergency rheumatology clinic must not be allowed to become a tool for solving long waiting times. A patient referred to the emergency rheumatology clinic who does not need an urgent work-up will not benefit from the referral; however, inappropriate management of non-urgent patients endangers patients who *do* need preferential treatment. Thus, a complete and thorough referral letter is important to enable appropriate triage.

## Conflict of interest

None declared.

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