P122  EARLY INFLAMMATORY ARTHRITIS REFERRALS SHOULD BE SEEN FACE-TO-FACE FOR THEIR INITIAL CONSULTATION: AN ANALYSIS OF RHEUMATOLOGY NEW PATIENT TELECONSULTATIONS

Yik Long Man, Samir Patel and Nora Ng
Rheumatology, Guy’s & St Thomas’ NHS Foundation Trust, London, UNITED KINGDOM

Background/Aims
The COVID-19 pandemic has hugely impacted on the structure of rheumatology services across the country and remote consultations have become a familiarity. It is important to understand the effectiveness of new patient consultations conducted over the telephone, whether there is a role to continue using teleconsultations to triage referrals and whether there is a difference in outcomes based on the type of initial consultation [telephone or face-to-face (F2F)].

Methods
All new referrals to our department that received an initial telephone consultation over a 2-month period (October-November 2020) were identified. The conversion rate to a F2F consultation and discharge rates were calculated. Referrals were also separated into two groups based on the referral details [early inflammatory arthritis (EIA) and non-early inflammatory arthritis (non-EIA)]. Patients ultimately diagnosed with inflammatory arthritis (IA) were identified and separated into two groups according to their initial consultation; initial telephone consultation (October-November 2020) and initial F2F consultation (March-April 2021). The time from first encounter to disease-modifying antirheumatic drug (DMARD) initiation was calculated and compared between the two groups.

Results
October-November 2020: 154 new patient referrals had teleconsultation for their first appointment (44% were EIA referrals). 56% of the 154 patients were given a F2F appointment following the telephone consultation. The conversion rate was higher in the EIA group in comparison to the non-EIA group (69% vs 41%). 10 patients were diagnosed with IA (8 were EIA referrals) and the average time to initiation of DMARD was 55 days. 19% of the 154 patients were discharged following the initial telephone consultation, of which 72% were non-EIA referrals, with the most common diagnoses being mechanical/degenerative problems and fibromyalgia. These results were presented at a departmental meeting and it was agreed that all future new EIA referrals should have an initial F2F consultation to minimise the number of consultations and potential delays in treatment. March-April 2021: 319 patients had a F2F consultation for their first consultation. There were 39 patients with confirmed IA in this group (36 were EIA referrals). The average time to initiation of DMARD was 22 days, with 40% starting a DMARD on initial consultation.

Conclusion
There seems to be a role for teleconsultation for new patient referrals, as evidenced by a 19% discharge rate. However, high conversion rates to F2F appointment in the EIA group suggests that initial teleconsultations were not only ineffective but also led to slower DMARD initiation. One limitation of this project was that EIA patient sample sizes were small. As our specialty continues to utilise other modes of consultation beyond traditional F2F reviews, we must adapt and better identify which patients are most suitable for each particular mode of consultation.

Disclosure
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