Using novel remote electronic monitoring to measure and manage the Rheumatology Clinic backlog generated by COVID-19

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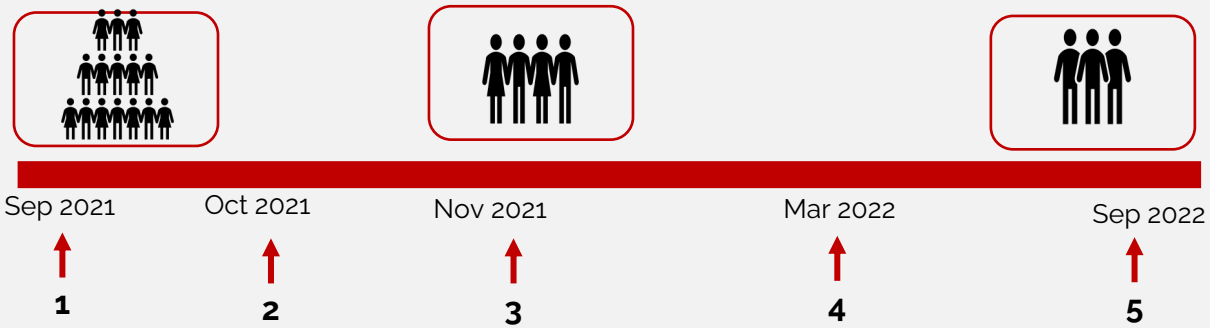
BACKGROUND

- During the COVID-19 pandemic we were unable to provide regular outpatient services.
- A **backlog** of 6812 patients without an allocated follow-up appointment accrued by September 2021.
- We aimed to analyse attempts to deliver care remotely to patients on the backlog using:
  - Video appointments
  - Telephone Appointments
  - Electronic remote management forms (RMFs).

METHODOLOGY

We focussed on the **3259 patients** whose last appointment was between May 2020 and May 2021.

We re-looked at this portion of the backlog on four occasions between September '21 and September '22 to assess how many still remained to be seen: at baseline, then at 1, 2, 6 and 12-months



Audit Time Points

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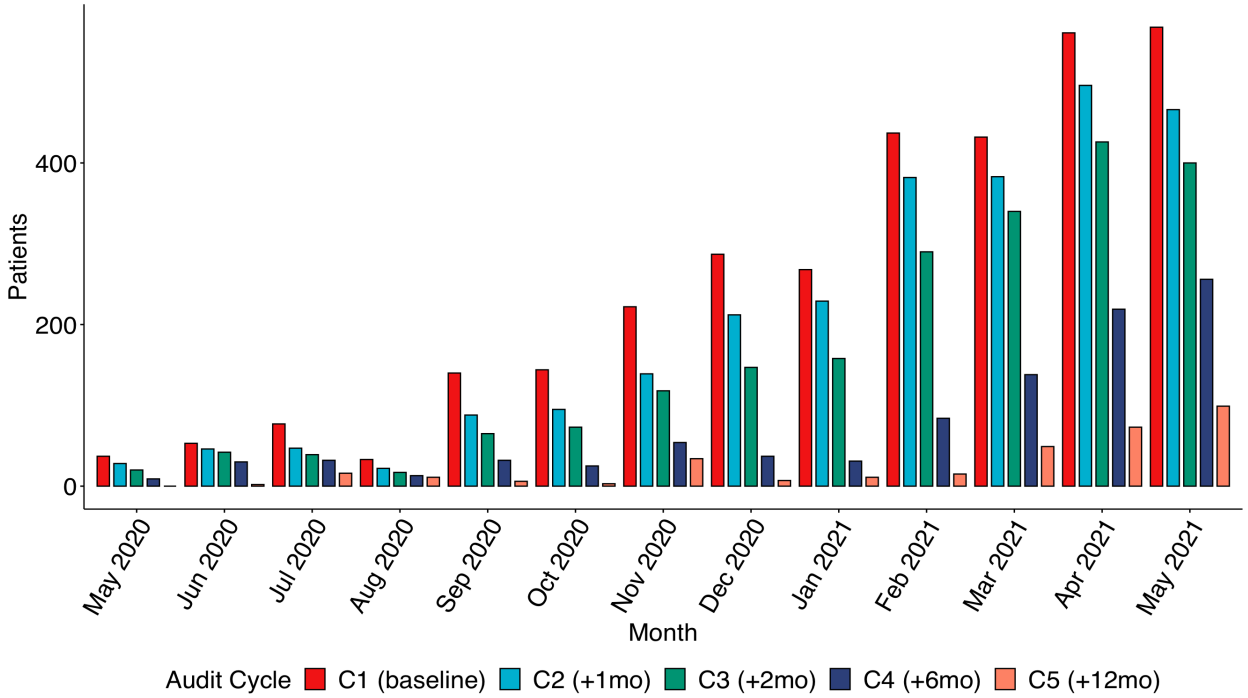
RESULTS



- We demonstrate a **90% reduction** in patients awaiting follow-up since these dates (within 12 months (from 3259 to 326).
- A **71% reduction was achieved by 6 months (March 2022).**
- This reduction was **statistically significant and progressive** (p<0.001 - Chi-square test for trend).

Remote Management Forms

- **1956** forms were completed between September 2021 & March 2022.
- Only 261 patients recorded prior appointment date.
- **154/261 (59%) were completed by patients on the backlog** between May '20 – May '21, indicating a **preferential use of RMFs targeting backlog patients.**
- 5% of all backlog patients were managed with RMFs (based on available data).

Months from Baseline	Cumulative pts seen (%)	Cumulative assessed by RMF (%)
+1	626 (19)	17 (2.72)
+2	1124 (34)	60 (5.3)
+6	2299 (71)	154 (6.7)
+12	2933 (90)	154 (5.2)

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CONCLUSION

We have significantly reduced the size of our backlog of outpatient follow-up due to COVID-19 over a 12-month period with a sizable contribution from remote management.

1

We demonstrate a **90% reduction** in the number of patients with unallocated follow up since the pandemic period **within 12 months**

2

Remote management made a sizeable contribution, meaning some of this reduction was achieved **without clinician-patient encounters;** these results **underestimate the effect** of RMFs due to this dataset being incomplete

3

We show robust integration of our RMFs into outpatient services, providing **evidence for remote management as a useful tool in outpatient care** e.g. in areas such as patient-initiated follow-up pathways.

References:
Annals of the Rheumatic Diseases 2021;80:289-290.