

# Patient, Rheumatologist and Nurse Perspectives on Multidisciplinary Rheumatology Care Assessments in B.C.

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**S**ince 2011, rheumatologists in British Columbia (B.C.) have been able to use a “Multidisciplinary Care Assessment” billing code which provides additional reimbursement when they see patients with certain rheumatic conditions along with a nurse. The code was designed to provide patients with counselling and education from rheumatology nurses, but was not prescriptive in what this comprised. It was also anticipated that rheumatologists might change the way they work, freeing up time to see more patients.

We sought to describe the delivery of multidisciplinary care in B.C. under this billing code and its perceived impact on care by conducting 45 interviews with 21 patients, 12 rheumatologists and 12 nurses from private and community practices located in four of the five health authorities in B.C. We found variety in the way multidisciplinary care was delivered with individual practices adopting differing appointment structures. These fell into three broad categories. Some practices had sequential appointments with patients spending time individually with the rheumatologist and the nurse. Some used shared appointments where patients, rheumatologists and nurses had a three-way conversation. Others had a blend of these shared and sequential structures, with patients getting time to debrief with the nurse after the shared portion of the appointment.

Patients appreciated having nurses involved as it gave them more contact with a health professional. They described having informative discussions with their nurses which made them feel more knowledgeable about their life-long condition and medications. Rheumatologists felt having nurses in their practice improved efficiency, increasing the numbers of patients seen and reducing wait times. Their interactions with patients were more productive as they could concentrate on addressing specific medical details

whilst assured that their nurses covered patient education, training about medications and disease management. We found educating patients was one of the core roles nurses performed in this interprofessional care model.

Some rheumatologists and nurses discussed initial difficulties with adopting this way of working, primarily with regard to the initial training of nurses, which was often rheumatologist-led and time consuming, given the absence of specific guidance on the role and scope of nurses under this billing code. However, rheumatologists were able to learn from their colleagues and customize the role of nurses to best fit their practices; after the initial adaptation time, rheumatologists described the addition of nurses to their practices as rewarding for them and their patients.

The rheumatologists and patients we spoke to in this study were positive about the role of nurses in Multidisciplinary Care Assessments and believe that rheumatology nurses improve overall care for patients.

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