



Audit Report

Chronic Disease Management (CDM) reviews and onward referrals-
A National Audit of Patient CDM Reviews in General Practice

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Irish College of GPs
Research, Policy & Information Department

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1. Background

Healthcare systems that manage health issues at the earliest opportunity in primary care are more efficient and economical¹. As life expectancy in the Republic of Ireland (ROI) continues to increase², numbers of older patients looked after in general practice also increases³. Patients aged over 70 years in ROI are entitled to free public healthcare through a General Medical Services (GMS) or Doctor-Visit Card (DVC) card. These patients attend their GP more than any other group, and understandably have the highest rates of comorbidities⁴.

The launch of the Health Service Executive (HSE) suite of Enhanced Community Care (ECC) measures in 2020, which includes the structured Chronic Disease Management (CDM) programme and wider access to diagnostic testing for GPs, are welcome developments for patients attending general practice in ROI. General Practice has responded enthusiastically to the CDM programme, performing 140k CDM reviews in 2020, increasing to 225k in 2021 and to 400k in 2022⁵. As 95% of our 4,350 GPs⁶ have opted in to provide the CDM programme⁷, the 400k reviews performed in 2022 translates to each of our GPs performing 2 comprehensive CDM reviews per week for their patients with highest healthcare needs.

This audit aims to examine how CDM reviews being carried out in general practice in Ireland in 2024 may be impacting on:

- 1) Referrals to the Chronic Disease Multi-Disciplinary Team (MDT) allied health professions (e.g., Physiotherapists, Dieticians, Podiatry, Clinical Nurse Specialists)
- 2) Referrals to the Chronic Disease MDT Consultant Physicians
- 3) Referrals for diagnostic tests (e.g., Imaging, Spirometry, Echocardiogram)

¹ Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. *Milbank Q.* 2005;83(3):457-502.

² Department of Health. Key trends Report 2022.

³ Department of Health. Healthy Ireland survey 2022.

⁴ Primary Care Reimbursement Service (PCRS) Open Data analyses on patient numbers by card type (Mar 2023).

⁵ Primary Care Reimbursement Service (PCRS) Open Data analyses on treatment claims (STCs) (Apr 2023).

⁶ Irish College of GPs – Annual statistics update 2023. Published April 2024.

⁷ HSE- First report of the Structured Chronic Disease Management Programme in General Practice (Mar 2022)

2. Methods

The audit involved a chart review by 12 general practitioners of 20 CDM reviews conducted in their respective clinics during the first six months of 2024.

GPs were recruited from the HSE/Irish College of GPs (the 'College') Clinical Leads Programme and through the College's Member Groups in order to provide good geographical representation.

Audit questions asked focused on 3 broad groups of referrals: (1) referrals to allied health professionals and (2) Consultants in Chronic Disease Multi-Disciplinary Teams (MDTs), and (3) to diagnostic services.

GPs were also given the opportunity to record an optional free text comment about each patient's case/CDM review.

Appendix 1 shows a screenshot of the Audit template file GPs were asked to complete.

3. Results

Audit returns on 240 CDM reviews were received from 12 GPs distributed across all six HSE Health Regions (see Figure 1).

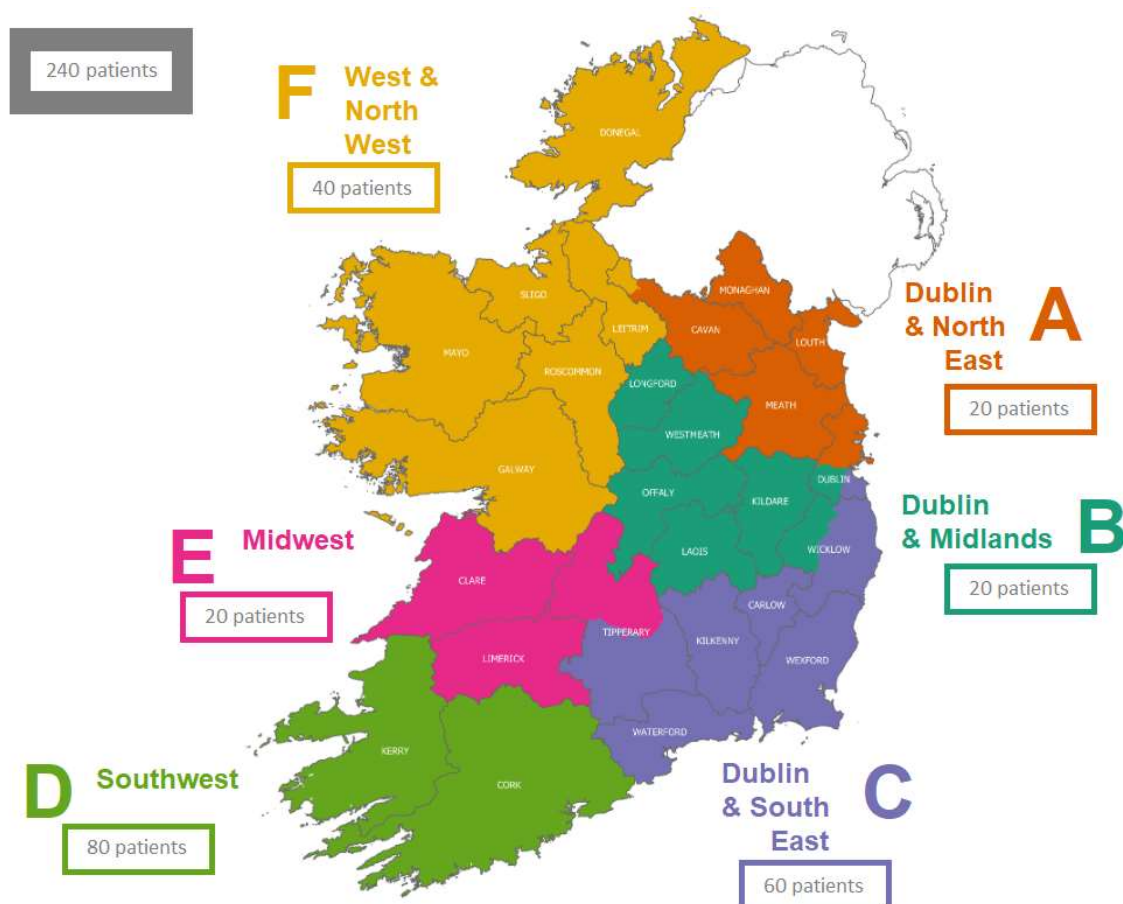


Figure 1- Returns from GPs by HSE Health Region

3.1 Patient characteristics

Figure 2 demonstrates the summary statistics of the patient charts reviewed, with an average age of 70.6yrs. Almost 6 in 10 patients had a qualifying cardiovascular condition, with roughly a third of CDM review patients having diabetes and/or a qualifying respiratory condition.

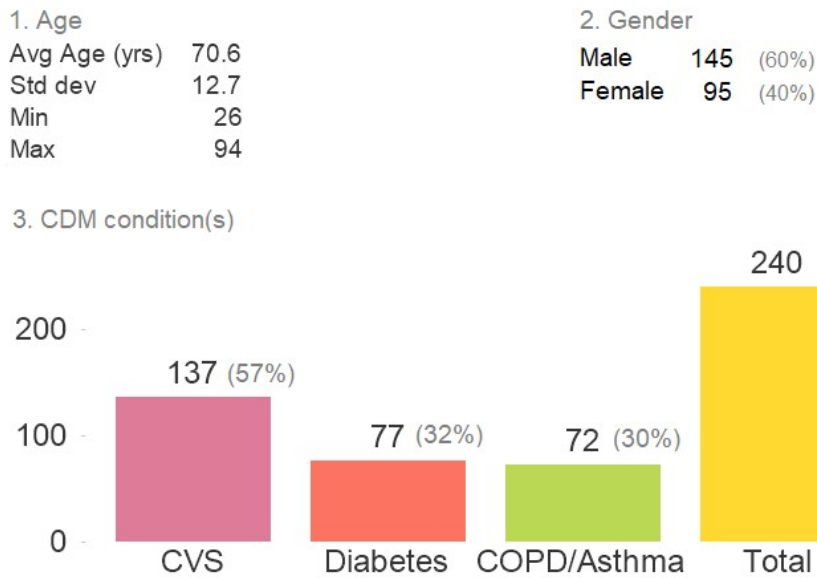


Figure 2- Patient characteristics

3.2 Referrals to Chronic Disease MDTs

Arising from the 240 CDM reviews, there were 24 referrals to chronic disease MDTs (see Figure 3), meaning that 1 in 10 CDM reviews resulted in a referral to an allied healthcare professional, specialist nurse or consultant on the chronic disease multi-disciplinary team.

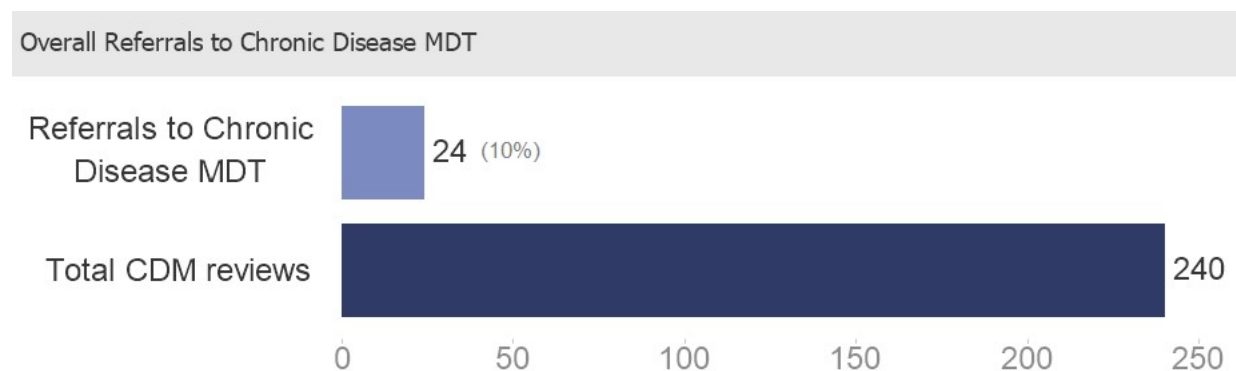


Figure 3- All Chronic Disease MDT referrals arising from CDM reviews

Figure 4 shows the breakdown of the 24 referrals by speciality area of the healthcare professional. Thus, 7.9% of CDM reviews were referred to allied health professionals, with

1.7% referred to a public outpatient service for assistance in managing a patient's CDM condition(s).

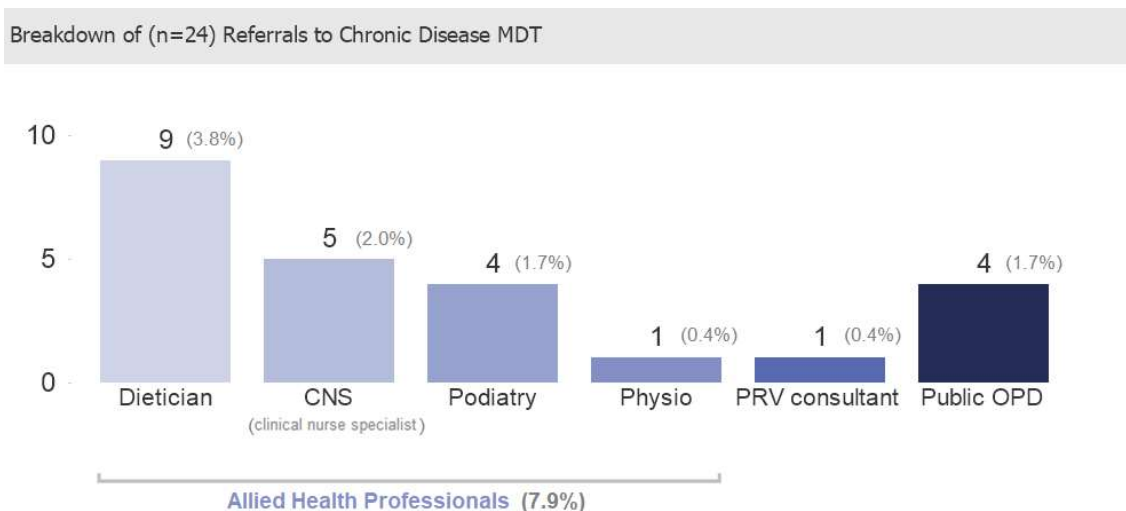


Figure 4- Breakdown of MDT referrals arising from CDM reviews

3.3 Referrals for further diagnostics

The 240 CDM reviews resulted in 7 referrals for imaging and 1 for spirometry (see Figure 4). From analysis of free text comments from GPs, there were 3 referrals for DEXA scans, 2 for MRIs (unrelated to CDM condition(s)), 1 for a plain-film X-ray (again unrelated to CDM) and 1 for an ultrasound for deranged liver function tests.

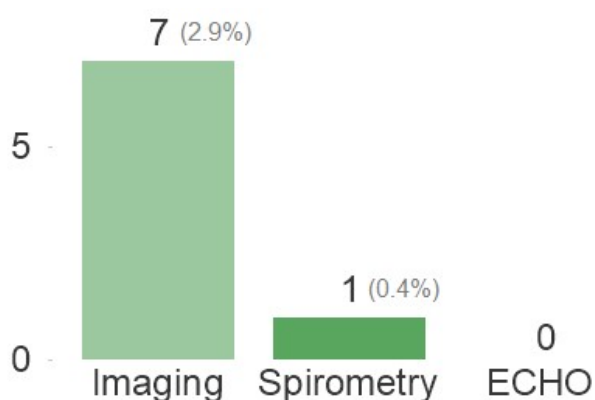


Figure 5- Referrals for Imaging [DEXA (3), MRI (2), X-ray (1), Ultrasound (1)], Spirometry and Echocardiogram

3.4 Referrals to Other Healthcare Settings

Finally, three GPs recorded a referral to an “Other” healthcare setting outside of the groupings mentioned above. Two of these cases (0.8%) involved referral to an acute medical unit. The first was to further investigate a “high suspicion of malignancy” and the second involved further management of a stable patient with a newly detected cardiac arrhythmia. Finally, an unstable patient was referred to an emergency department for further management of a newly detected unstable cardiac arrhythmia.

4. Discussion

The findings of this national audit suggest that comprehensive general practice CDM reviews are proving useful for identifying patients for whom GPs require specialist team input to manage their care appropriately. Identifying health issues upstream, and referring to MDT members such as dieticians, podiatrists and clinical nurse specialists (seen in 7.9% of reviews) in a timely fashion will improve downstream patient outcomes.

Nevertheless, management of the vast majority (90%) of patients with CDM conditions is remaining in general practice.

Less than 2% of reviews led to onward referral to a public outpatient clinic for hospital specialist input into management of a particular CDM condition (see Figure 4).

5. Conclusion

The CDM programme continues to deliver for public patients in Ireland. GP teams are willing and able to manage the vast majority of patients with chronic disease in general practice.

Small numbers of complex patients stand to benefit from additional input from the broader MDT and/or consultant colleagues, and the CDM programme offers an effective avenue for GPs to identify these patients.

Appendix 1

This Audit seeks to examine 20 GMS/DVC patients who have recently attended your practice for a CDM review... Since the start of 2024 please... From review of your records, did that CDM prompt referral to the services listed below (or other)???																	
Please enter anonymised data only, that can be sent back to ICGP at opengpdata@healthmail.ie																	
serial	pAge	pGender	? Diabetes	? CVS CDM condition	? Resp CDM condition (asthma/COPD)	dietician	physio	podiatry	clinical nurse specialist	echo	spirometry	consultant (private) - for CDM condition	OPD (public) - for CDM condition	consultant (private)- unrelated issue (e.g. Ortho)	OPD (public)- unrelated issue (e.g. Ortho)	Other HCP not listed	Comments
1																	

Figure 6- Screenshot of Excel data return template file