

EDITORIAL

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Aortic valve disease, diabetic foot and lung nodule referral between primary and secondary care: reflection of current practice.

Communication between the different levels of care in the healthcare system play a key role in efficient care, preventing long term morbidity. In Portugal, family doctors (FD) act as gatekeepers, being responsible for almost all the referrals within the National Health System. Conscient that this process has inefficiencies, is time-consuming and not always linear, a group of 5 FD, in collaboration with the Portuguese Association of Family Doctors, organized a study to understand how FD were referring to 3 major surgical areas: aortic valve disease, diabetic foot and lung nodule.

During November 2021, a survey asking clinicians to which speciality they referred their patients, availability of exams to do the diagnosis and if they believed a fast-track was needed, was sent through the communication channel of the Portuguese Association of Family Doctors. A total of 375 answers were collected, representing all administrative regions in Portugal. Most of the participants worked only in public units or accumulated public and private practice (96%), 29% were interns and 71% were specialists.

Regarding access to the 3 main surgical specialities, in the first hospital of reference, involved in treating these 3 pathologies, 70% had access to Vascular Surgery (VS), but only around 30% had access to either Cardiac Surgery (CS) or Thoracic Surgery (TS). A considerable number of FD didn't have access to any of the specialities (33%).

Diabetic Foot is an important health problem, in

which early diagnosis is key. Pocket doppler ultrasound was present in 35% of health care units, but only 11,2% of the participants would evaluate ankle-brachial index (29 specialist and 12 interns), and of this only 21% would trust those results. These results show that probably we will need more than access to the technology to make it current practice. Lower limb doppler ultrasound was available for 90% of the participants, but only around 50% had access to level 1 diabetic foot consult. In diabetic foot, referral was spread among different specialities mostly general surgery (43%), followed by vascular surgery (37%), endocrinology (12%) and others (8%). This result shows that different regions /hospitals probably apply different protocols.

Treatment of severe aortic stenosis has an important functional impact on patients, in this study we found 84% of FD refers these patients to Cardiology, although the remaining 16% did it directly to CS. The main reason appointed to the referral to CS was the fast response from the surgical teams. More than 97% of FD report having access to echocardiograms.

Regarding the lung nodule, referral in this pathology was more consensual, all FD forwarded to pneumology, and more than 98% had access to CT-Scan.

Results regarding fast-tracks were also interesting, while around 90% of FD were in agreement with fast-tracks being created to evaluate patients with diabetic foot, this

percentage decreases to 75% in severe aortic stenosis and only 57% agrees in lung nodules.

These results were presented and discussed in the SPCCTV 4Divisions 2021 Congress, making us all reflect on the impact patients' journeys can have on the quality of care. It is known that, the delay in the diagnosis as well as waiting for referral and elective surgery act as obstacles and have a negative impact on patients' outcomes.^{1,2} For example in aortic stenosis³, a patient with a 3-month treatment delay compared to another, with the same NYHA class, has a 90% higher risk of postoperative mortality and in diabetic foot⁴, the severity of ulcers increases with the delay in the referral to secondary health care. Further studies are needed to understand the full impact these processes have on patient outcomes and how we can improve it.

REFERENCES

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