

Consultation outcomes for musculoskeletal conditions at two Community Health Centres in Cape Town, South Africa

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Objectives: To compare the proportion of patients with documented diagnoses and management plans when they presented with musculoskeletal complaints at two community health centres (CHCs) using two models of care: one with a rheumatology outreach service and the other with none. Secondly, to describe the profile of patients with rheumatoid arthritis (RA) who attended the CHC with the outreach service.

Design: Cross-sectional. Setting: Heidelberg Community Health Centre and Vanguard Community Health Centre, Cape Town.

Subjects: A group of 59 patients at each CHC were compared regarding engagement of their musculoskeletal complaints by doctors and clinical nurse practitioners (CNPs). Secondly, 24 RA patients who attended Heideveld CHC were profiled.

Results: A comparison of the “overall engagement” between the two CHCs [risk

difference (RD) -0.06, 95% confidence interval (CI): -0.17–0.05, odds ratio (OR) 0.79, 95% CI: 0.51–1.24, chi-square 0.82, p-value 0.36] was not significantly different. Comparison between doctors (RD -0.05, 95% CI: -0.05–0.08, OR 0.80, 95% CI: 0.46–1.40, chi-square 0.41, p-value 0.52) was also not significantly different. The comparison between the CNPs at the two CHCs was statistically significant (RD 0.30, 95% CI: 0.14–0.45, OR 8.37, 95% CI: 1.05–66.60, Fisher's exact test 0.01), but the CI around OR was large. Patients with RA had a mean age of 60 years, an average of two co-morbidities and an average of three annual clinic visits. Eighty-three per cent resided in the drainage area of the clinic.

Conclusion: There was no significant difference in engagement between the CHCs. The potential that CNPs seemed to show of being positively influenced by the outreach service should be further researched. Patients with RA had co-morbidities that required management at primary healthcare level.