Use of Facebook and MyChart to Identify Axial Spondyloarthritis among Patients with Chronic Back Pain

Swetha Alexander¹, Yuliya Afinogenova ², Andrew Haims³, and Abhijeet Danve²

¹University of Connecticut Department of Internal Medicine, ²Yale Department of Rheumatology, ³Yale Department of Radiology

Background

• Delay in diagnosis of Axial Spondyloarthritis (axSpA) remains a significant unmet need
• Delay may be due to lack of timely referral to rheumatology.
• Current referral strategies rely on formal patient referral by non-rheumatologists, such as primary care physicians, which may be difficult given busy primary care practices and lack of axSpA awareness among non-rheumatologists.
• In the ongoing Finding Axial Spondyloarthritis Study (FaxSpA), we are reaching out directly to patients by distributing online screening tool (A-tool) via electronic patient portal and Facebook.
• We believe this may be a feasible approach for screening with increasing use of social media and patient participation in electronic medical record.

Methods

A-tool is distributed to patient via MyChart or Facebook

If A-tool is positive, patient is invited for clinical evaluation

- Office visit with a rheumatologist
  - Labs (CRP, HLA B27)
  - Imaging (Xray and MRI SI joints)

Clinical diagnosis of axSpA

Results

• 634 patients completed the survey
• 94% had persistent back pain for more than 3 months, 78% had gradual onset back pain and 86% had back pain that started before age 45
• 428 (68%) passed the pre-screen and 268 (42%) had a positive A-tool
• An attempt was made to reach 256 patients by phone or email to confirm eligibility
• So far, 50 patients have been seen for a rheumatology research visit.

Conclusion

• Using MyChart and social media to screen for patients with axSpA may be a feasible and efficient strategy
• The gap between the number of patients found eligible and those who actually came in for a visit is interesting
• Stay tuned for the results on the effectiveness of A-tool based referral strategy in identifying axSpA.