

**Conclusions:** This study is the first to use experimental survey to assess PAMA. The result indicates that healthcare priorities form a base of trust between health care providers and patients. It further indicates that PAMA might increase if the healthcare provider refers to national expertise and patient organisations beliefs of a given treatment. This finding is supported by psychological theories of meaning-making<sup>3</sup>.

Informing the patient about the views of the patient organisations and national expertise in the reasoning for a given treatment, may improve patient adherence to medical advices.

#### References:

- [1] Costa E, Giardini A, Savin M, et al. Interventional tools to improve medication adherence: review of literature. Patient preference and adherence 2015;9:1303–14. doi: <http://dx.doi.org/10.2147/PPA.S87551> [published Online First: 14.9.2015].
- [2] Ivarsson E. Norwegian citizen panel Wave 2, 2014. First NSD edition, Bergen 2014 ed. University of bergen, 2014.
- [3] Lewis J. From culturalism to transculturalism. Iowa journal of cultural studies 2002;1:14–32.

**Acknowledgements:** Siv Mørkved for the support and encouragement to do the study.

**Disclosure of Interest:** None declared

**DOI:** 10.1136/annrheumdis-2017-eular.1914

### THU0764-HPR WHAT MOVES THE RHEUMATOLOGIST? UNRAVELLING DECISION MAKING IN SSC REFERRAL – A QUALITATIVE STUDY

J.K. Stöcker<sup>1,2</sup>, E. Cup<sup>3</sup>, R. Nijhuis-van der Sanden<sup>3</sup>, B. Staal<sup>2,3</sup>, M. Vonk<sup>3</sup>, F. van den Hoogen<sup>1,3</sup>, E. van den Ende<sup>1</sup>. <sup>1</sup>Sint Maartenskliniek; <sup>2</sup>Research group Musculoskeletal Rehabilitation, HAN University of Applied Sciences; <sup>3</sup>Radboud university medical center, Nijmegen, Netherlands

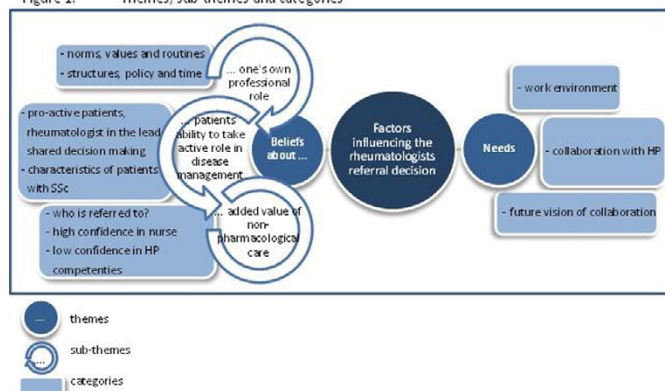
**Background:** Well-coordinated multidisciplinary non-pharmacological care is considered to be a cornerstone in the management of patients with systemic sclerosis (SSc). However, unmet information and healthcare needs are found to be common in patients with SSc [1]. In addition, referrals by rheumatologists' do not always correspond with potential treatment goals as identified by health professionals (HP)[2].

**Objectives:** The aim of this study was to gain insight in the perspective of rheumatologists about the referral process of SSc patients to non-pharmacological care and to identify starting points for its optimisation.

**Methods:** Semi structured in-depth interviews were held with 13 out of 24 rheumatologists, specialised in SSc management, from different Dutch university and regional medical centres. The qualitative data analysis used an inductive thematic analysis by moving through a process of coding in layers of abstraction and interpretation: familiarization with data, generating initial codes, grouping similar codes in categories, discussing categories, searching for themes among categories, reviewing themes, defining and naming themes, and producing the final report.

**Results:** One major theme was identified as influencing decision making: "beliefs" and its three sub themes: a) beliefs about one's own professional role; b) beliefs about the patients' ability to take an active role in managing the disease and c) beliefs about the added value of non-pharmacological care. We also found an additional theme reflecting the "needs" of the rheumatologists regarding professional multidisciplinary collaboration (Figure 1). Another remarkable finding to be further explored was the discrepancy we found between the reliance of rheumatologists on established routines with regard to when and to whom to refer and the low confidence in HPs competencies on the other hand.

Figure 1. Themes, sub-themes and categories



**Conclusions:** The results of our study give insight that rheumatologists base their referral decisions on complex reasoning mindlines and beliefs about their own professional role, the patient's role and HP competencies.

#### References:

- [1] Willems, L. M., Kwakkenbos, L., Leite, C. C., Thombs, B. D., van den Hoogen,

F. J., Maia, A. C., & van den Ende, C. M. (2014). Frequency and impact of disease symptoms experienced by patients with systemic sclerosis from five European countries. *Clinical And Experimental Rheumatology*, 32(6 Suppl 86), S-88–93.

- [2] Schouffoer, A., Zirkzee, E., Henquet, S., Caljouw, M., Steup-Beekman, G., Laar, J., & Vlieland, T. (2011). Needs and preferences regarding health care delivery as perceived by patients with systemic sclerosis. *Clinical Rheumatology*, 30(6), 815–824. doi:10.1007/s10067-010-1645-6.

**Disclosure of Interest:** None declared

**DOI:** 10.1136/annrheumdis-2017-eular.5886

### THU0765-HPR PATIENT SATISFACTION AND SELF-MONITORING OF CHRONIC INFLAMMATORY ARTHRITIS

K. Grønning<sup>1,2</sup>, E.K. Lyngvæ<sup>2</sup>, A.S. Magnussen<sup>2</sup>, E. Rødevand<sup>2</sup>. <sup>1</sup>Department of Public Health and Nursing, Norwegian University of Science and Technology; <sup>2</sup>Rheumatology, University Hospital in Trondheim, Trondheim, Norway

**Background:** Effective drug treatment for patients with inflammatory arthritis have brought a major proportion of patients in clinical remission. The need for regular follow-up intervals in specialized care is less; patients take greater responsibility for their own care, and patients request access to more flexible health care services. As a result of this development, the University Hospital, St.Olavs Hospital, Department of Rheumatology, has developed a on-demand pathway (PORS) for patients with inflammatory arthritis (RA, PsA and AS) in clinical remission or low disease-activity aiming for increased patient responsibility and flexibility.

**Objectives:** The aim of this study was to investigate patients' satisfaction with PORS regarding disease status, treatment, knowledge, responsibility, and cooperation with health care professionals.

**Methods:** We conducted a quest-back survey for patients included in PORS for ≥ 1 year in the period from June 2016 to October 2016. The survey contained 10 questions about the pathway. The response alternatives and scoring were: not at all =1, to a small extent =2, to some extent =3, to a large extent =4, to a very large extent =5, and not relevant =0.

**Results:** We identified 1048 eligible patients, 10 invitations were returned (unknown address), and 312 responded (30%). The descriptive analyses (see table) showed that the patients in general considered their disease activity to be in a stable phase. The cooperation with their general practitioner was good, they had to some or large extent sufficient knowledge to take responsibility for the blood test controls and adhere to prescribed medication. The patients were to some extent satisfied with the renewals of prescriptions and access to health professionals. The patients were less satisfied with the "promise" of getting outpatient appointments within 14 days if needed. Finally, the patients would largely recommend PORS to other patients.

PORS Questions	Mean (SD)	Median	Not relevant
Is the disease activity in a stable phase now?	3.70 (0.95)	4	–
Has the disease activity been in a stable phase since you became included in PORS?	3.62 (0.96)	4	1%
Do you have sufficient knowledge to take responsibility and carry out the routine blood test controls?	4.21 (0.94)	4	1%
Do you have sufficient knowledge and confidence to take your medications as prescribed?	4.26 (0.91)	4	1%
Do the renewals of medications prescriptions work okay?	3.16 (2.1)	4	26,6%
Do you get in touch with the Health Professionals at the Rheumatology Department by phone when you need to?	3.61 (1.6)	4	11,5%
Was the waiting time for an appointment at the department too long before you became included in PORS?	2.50 (1.33)	2	6,7%
Do you get the outpatient appointment within 14 days if you need one?	2.28 (2.06)	2	40,7%
Do you have a good cooperation with your general practitioner?	4.05 (1.07)	4	1,3%
Would you recommend PORS to other patients?	3.91 (1.33)	4	0,3%

**Conclusions:** We found that patients with inflammatory arthritis in general were satisfied with a management pathway encouraging greater responsibility for managing their own care and the possibility for more flexible contacts with the health care services. However, fulfilling the promise of outpatient appointments within 14 days were not always possible to achieve.

**Acknowledgements:** We would like to thank the local Rheumatology fund for financing the project.

**Disclosure of Interest:** None declared

**DOI:** 10.1136/annrheumdis-2017-eular.3223

### THU0766-HPR REFERRAL TO TELECARE. A NEW MODEL OF RHEUMATIC PATIENT FOLLOW-UP

L. Cano Garcia, N. Mena-Vazquez, S. Manrique-Arija, F.G. Jiménez-Núñez, I. Ureña-Garnica, C. Domic-Bueno, M. Rojas-Gimenez, C. Fuegos-Varela, M.V. Irigoyen-Oyarzabal, E. Vilchez-Ocaña, A. Fernández-Nebro. *Rheumatology, Hospital Regional Universitario de Málaga, Málaga, Spain*

**Objectives:** To analyze the medical ramifications that are made to the consultation