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-making³. 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.

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

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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.

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.

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

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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.

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

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

of telecare of Rheumatology Nursing (CTCER) of our hospital and health care activity generated by this.

Methods: Design: Observational study cross.

Patients: 301 patients for follow-up were derived to CTCER in a hospital of third level of January - November 2016. Our hospital serves a population of 600,000 people.

Protocol: We have a specific document for referral to CTCER where the rheumatologist specifies the reason for referral, the nurse review period and diagnosis. Nurse appointment the patient in its agenda for the telephone follow-up on the date indicated and recorded in the history of the patient efforts made the day of the appointment. The most common medical efforts making the nurse are preset by consensus with rheumatologists. Coming out than expected are reviewed with responsible for the patient's rheumatologist.

Variables analyzed: diagnosis, reason shunt type of FAME, adverse events, appearance of Comorbidities, nurse management, new problems after telephone consultation.

Statistical analysis: descriptive analysis of the main variables.

Results: Of the 301 patients, 68.4% were women. The diagnoses were: rheumatoid arthritis (RA) 116 (38.5%), spondyloarthropathy (SpA) 34 (11.3%), psoriatic arthritis (PsA) 45 (15%), systemic lupus erythematosus (SLE) (18.9%), vasculitis 1 (0.3%), arthritis juvenile idiopathic (AJI) 5 (1.7%), Still's disease adult 3 (1%), osteoporosis 4 (1.3%), 4 undifferentiated arthritis (1.3%). Them reasons of referral were: control to the month of home of FAME synthetic 120 (39.9%), Control to the home of FAME biological 28 (9.3%), review consultations 110 (36.5%), control toxicity hepatic 17 (5.6%), control alteration hematologic 7 (2.3%), control alteration renal 1 (0.3%), control of security of treatment Mycophenolate 4 (1.3%), control of safety of Teriparatide 6 (2%), wish gestational 1 (0.3%), analytical control not performed in consultation 13 (4.3%) (Table1). The most derived synthetic FAME was methotrexate 174 (57.5%) and the most derived biological FAME was etanercept 16 (5.3%) (table2). Nurse managed bypass autonomously 298 (99%) referrals, need help of the rheumatologist in 2 (0.7%) referrals and having only 1 shunt derived to 2017. 17 (5.6%) leads new problems with the call appeared: intolerance digestive 11 (3.7%), headache 3 (1%), worsening 1 (0.3%), moderate 1 infection (0.3%), poor adhesion 3 (1%), new comorbidity 3 (1%).

Conclusions: The inquiry of telecare is a form of collaborative work rheumatologist-nurse. The nurse can manage leads independently without having to go to your rheumatologist. This type of nurse call brings improvements in patient care, prevents displacement, decreased on-site visits and improves the safety of patients.

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THU0767-HPR ADVANCED PRACTICE MUSCULOSKELETAL PHYSIOTHERAPY SERVICES: A NATIONAL EVALUATION

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Background: Patients with musculoskeletal (MSK) disorders may remain on lengthy hospital outpatient waiting lists to be reviewed by a consultant doctor, although medical or surgical intervention may not be required (1,2). In 2012, a waiting list initiative saw the introduction of Advanced Practice Physiotherapists (APPs) across 16 hospitals in Ireland. APPs triage and manage patients awaiting a consultant doctor appointment, who are deemed non-urgent or unlikely to require surgery on screening of referral letters. APP scope of practice generally involves some traditionally medical-controlled acts such as: administering injections, ordering investigations/imaging, surgical listing and onward referral to hospital specialities; and depending on consultant doctor availability, their input may be sought on clinical decisions if required.

Objectives:

- Profile the national APP patient caseload
- Establish the clinical outcomes of APP consultations

Methods: A national database was established with all APPs (n=22) submitting patient data for 2014. These data were analysed using descriptive statistics.

Table 1. Outcomes of APP Consultations

Clinical Outcome	Service Users (n=16,577) n (%)
Physiotherapy*	6,715 (41)
Clinical Investigations	4,833 (29)
Clinical Imaging ^a	1,865 (27)
Orthopaedic/Rheumatology Services [†]	2,818 (18)
Other Hospital Speciality [‡]	563 (4)
MSK Injection	685 (4)
Surgical listing	404 (2)

Note: Other clinical outcomes included discharge. Clinical Imaging was added to the database from August to December inclusive. Valid data: ^an=7,009, [†]n=16,194, [‡]n=15,557.

Results: Data showed that APPs assessed 13,981 new patients, who presented most commonly with MSK disorders of the knee (n=3,096), lumbar spine (n=2,926) and shoulder (n=1,945) (Fig. 1) and the median wait time was 167 days (IQR 91–316). Including an additional 2,596 return appointments, the most common clinical outcomes were physiotherapy and/or clinical investigations (Table 1), and clinical decisions were made independently by the APP in 77% (n=11,728) of recorded cases (n=15,189).

Figure 1. APP MSK Caseload (n=13,367)

Conclusions: APP services provide a more efficient MSK clinical pathway and reduce demands on the Consultant Doctor services. Collection of National Data enables ongoing service evaluation and monitoring of key performance indicators.

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THU0768-HPR PHONE FOLLOW-UP PROGRAM ENHANCES TREATMENT SAFETY AND DRUG CONCORDANCE ON DISEASE MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs) THERAPY FOR RHEUMATOLOGY PATIENTS

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Background: DMARDs are beneficial for a number of rheumatic conditions. However, treatment effect may take a few weeks. On the other hand, patients may experience adverse effects (AEs) early on and they may not be able to follow complicated dosage titration regimen. In order to enhance treatment safety and empower self-management, rheumatic disease patients requiring initiation or change of DMARDs were recruited to a rheumatology nurse phone follow-up program.

Objectives: (1) To evaluate the service outcomes of Rheumatology Nurse Phone follow-up Program and (2) explore the factors that may influence treatment adherence

Methods: Upon initiation of DMARDs therapy at out-patient clinic or before hospital discharge, patients and/or their caregivers will be counseled for the new treatment plan and self-management knowledge by rheumatology nurse. A telephone follow-up by rheumatology nurse will be arranged within 4 weeks to monitor patients' condition. Treatment responses, AEs, drug concordance of patients and advice given in each phone consultation (PC) were recorded. Retrospective case review was performed.

Results: There were 1230 episodes of PC performed by rheumatology nurse in 2015. 180 episodes of PC involved 76 patients (56 female) were randomly selected. The average number of PC was 2.4 times per case. The mean age of patient was 58 (24–85) years. Disease categories mainly involved rheumatoid arthritis (60.5%), systemic lupus erythematosus (7.9%), spondyloarthritis (5.3%) and gout (3.9%). The most common DMARDs prescribed were methotrexate (40.8%), hydroxychloroquine (27.6%), sulphasalazine (22.4%) and 39.5% of the study cases have received steroid courses. Among the 76 patients, 8 (10.5%) have taken wrong dosage and another 4 (5.3%) patients have not started therapy due to worries about potential AEs. Altogether 40 patients (52.6%) reported AEs after starting DMARDs. The most common AEs were rash, itchiness, dizziness, alopecia and oral ulcers. For non-adherence behaviour, 8 patients (10.5%) have self-stopped their medication and another 7 patients (9.2%) have self-adjusted the medication respectively. Eventually 90% of the cases were able to continue therapy with or without adjustment of regimes. Only 7 cases (9.2%) required interruption of current treatment or switching to other DMARDs due to AEs within the study period.