10 years ago. Since then, the physicians of the department schedule follow-up visits for their patients depending on the disease, its course and ancillary tests.

Objectives: The purpose of this study is to evaluate and compare the self-management model for successive appointments in the rheumatology service of Ciudad Real Hospital versus the model of external appointment management implemented in 8 of the hospital's 15 medical services.

Methods: A comparative and multivariate analysis was performed to identify variables with statistically significant differences, in terms of activity and/or performance indicators and quality perceived by users. The comparison involved the self-management model for successive appointments employed in the rheumatology service of Ciudad Real Hospital and the model for external appointment management used in 8 hospital medical services between January 1 and May 31, 2016.

Results: In a database with more than 1 00 000 records of appointments involving the set of services included in the study, the mean waiting time and the numbers of non-appearances and rescheduling of follow-up visits in the rheumatology department were significantly lower than in the other services. The number of individuals treated in outpatient rheumatology services was 7,768, and a total of 280 patients were surveyed (response rate 63.21%). They showed great overall satisfaction, and the incidence rate of claims was low.

Conclusions: Our results show that the self-management model of scheduling appointments has better results in terms of activity indicators and in quality perceived by users, despite the intense activity. Thus, this study could be fundamental for decision making in the management of health care organisations.

REFERENCES:

- [1] Pérez JJ, García J, Tejedor M. Gestión clínica: conceptos y metodología de implantación. *Rev Calidad Asistencial*. 2002;17:305–11.
- [2] Anguita-Guimet A, Ortiz-Molina J, Sitjar-Martínez de Sas S, Sisó-Almirall A, Menacho-Pascual I, Sebastián-Montal L. Nuevo modelo de autogestión profesional en atención primaria. *Semergen*. 2012;38:79–86. <http://dx.doi.org/10.1016/j.semerg.2011.07.003>.

Acknowledgements: The authors want to express their gratitude to all the services involved in this study, since without their collaboration all this would not have been possible at the time of the collection, categorization and analysis of data, as well as the interpretation of these and the application in a the near future for a better organisation of the health system.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.1639

AB1239 THE BRAZILIAN RHEUMATOLOGY TRIAGE: AN ASSESSMENT OF THE PRIMARY HEALTHCARE SYSTEM

F.M. Borghi^{1,2}, B.B.R. Chu², D.N. Dias², S.C. Kowalski², P.R. Donadio³.

¹Universidade Federal do Parana, Maringá; ²Universidade Federal do Parana, Curitiba; ³Universidade Estadual de Maringá, Maringá, Brazil

Background: There are more than 100 rheumatic diseases involving 10% of the population. Their clinical manifestations and treatment vary but generally progress to disability. Recently, new technologies in rheumatology are available for diagnosis and treatment. However, the timely diagnosis and access to treatment are essential to prevent disability. Many barriers for the access to the rheumatologist have been identified, namely: population lack of knowledge regarding rheumatic diseases, lack of prioritisation in the reference process from primary care to rheumatologists, and scarcity of rheumatologists. Therefore, it is fundamental to address all the barriers and present facilitators in the healthcare system to ensure that rheumatic patients have timely access to rheumatologists.

Objectives: To assess the primary healthcare triage system in Maringá, a countryside city in the state of Parana-Brazil. Mainly, identifying barriers (waiting time from symptoms to primary care visit, to timely access to rheumatologists and beginning the treatment).

Methods: This is a cross-sectional study. The population of Maringá in 2016 was 399.605 people. There were 1200 patients in the waiting list for rheumatologists (2016). Medical records were analysed to describe the format and content of referrals, the duration of symptoms, exams ordered, and diagnosis agreement with rheumatologists.

Results: Medical records of 774 women and 147 men were analysed. The mean (SD) age was 55.1 (16)yrs. old. The median (IQR) time from symptoms to the rheumatologic visit was 16 mo. (9 to 28). About 10% of the referrals did not mention any detail about physical examination or diagnosis. 207 (22%) had diagnosis of gout, osteoporosis, rheumatoid arthritis, spondyloarthritis, and systemic lupus erythematosus. 111 patients (10%) cancelled their visits.

Conclusions: The period from the symptoms to the visit with rheumatologists was large. The format and content of the referrals were incomplete. There were many patients that cancelled the visits with unknown prognosis. Educational

initiatives should be implemented in Maringá-Brazil to enhance the skills of the primary care physicians to establish referral priorities and to start timely treatment.

REFERENCES:

- [1] GAMEZ-NAVA, J. I. et al. Referral and diagnosis of common rheumatic diseases by primary care physicians. *Br J Rheumatol*, v. 37, n. 11, p. 1215–9, Nov 1998. ISSN 0263–7103. Disponível em: <https://www.ncbi.nlm.nih.gov/pubmed/9851272>
- [2] VILLENEUVE, E. et al. A systematic literature review of strategies promoting early referral and reducing delays in the diagnosis and management of inflammatory arthritis. *Ann Rheum Dis*, v. 72, n. 1, p. 13–22, Jan 2013. ISSN 1468–2060. Disponível em: <https://www.ncbi.nlm.nih.gov/pubmed/22532640>
- [3] WIDDIFIELD, J. et al. Wait times to rheumatology care for patients with rheumatic diseases: a data linkage study of primary care electronic medical records and administrative data. *CMAJ Open*, v. 4, n. 2, p. E205–12, 2016 Apr-Jun 2016. ISSN 2291–0026.

Disclosure of Interest: None declared

DOI: 10.1136/annrheumdis-2018-eular.7250

AB1240 EFFECT OF A MULTIDISCIPLINARY APPROACH IN THE PHARMACOLOGICAL THERAPY PROCESS FOR PATIENTS WITH RHEUMATOID ARTHRITIS IN A SPECIALISED RHEUMATOLOGY CENTRE

D. Buitrago-García¹, L. Villarreal-Peralta², P. Santos-Moreno³. ¹Epidemiology, SIIES; ²Healthcare Management; ³Rheumatology, Biomab, Center For Rheumatoid Arthritis, Bogota, Bogota, Colombia

Background: Rheumatoid arthritis (RA-9 is an inflammatory autoimmune disease with a prevalence of 0.2% to 1%.¹ Although the advances in pharmacological treatments offered to manage the disease have achieved many goals, the disappearance of symptoms and disabilities are accomplished by a small proportion of patients with RA.² However, patients need a follow up where a multidisciplinary team care programs for patients with RA take into consideration not only the disease activity but psychosocial, adherence and other aspects that conventional care does not take into account, showing a positive effect in all life aspects of a patient with RA.^{2,3}

Objectives: To evaluate the effectiveness regarding, treatment, safety and rehabilitation in patients with a complex disease activity through a multidisciplinary care management.

Methods: Once a rheumatologist identified a patient with RA with indication to begin biological therapy or switching from one biological to another, a checklist and an evaluation was performed, then the patient was presented in a multidisciplinary team meeting where a rheumatologist, pharmaceutical chemist, psychologist, physiatrist and a nurse assessed the particular case of the patient. Additionally, an ultrasound was performed in every patient in order to evaluate disease activity. Based on the patient's disease activity, adherence to treatment, psychosocial and economic factors the pharmacological therapy and management of the patient was prescribed.

Results: During 18 months 551 patients were evaluated by a multidisciplinary team, 90% to define the pharmacological therapy, and 10% for biologic switching. Mean DAS28 of patients was 3.79±1.37, once the patients were evaluated the choices made by the team were: 60% continued in follow-up receiving conventional DMARDs therapy because ultrasound didn't show any disease activity; finally biological therapy was initiated in 21% and switching among biologicals was made in 11%. conventional therapy was adjusted in 5% of patients, and discontinuation of therapy due to non-adherence of patients or other reasons was ordered in 3%.

Conclusions: As other studies have shown, a multidisciplinary assessment of the patient with RA from different viewpoints allows taking into consideration aspects that are not linked only to the pharmacological therapy but to other aspects in a patient's life. Also we avoided high costs therapies for the management of rheumatoid arthritis, therefore we contribute not only to the health outcomes of patients but the health economic aspects in the management of RA.

REFERENCES:

- [1] Alamanos Y, et al. Incidence and prevalence of rheumatoid arthritis, based on the 1987 American College of Rheumatology criteria: a systematic review. *Seminars in arthritis and rheumatism*. 2006;36(3):182–8.
- [2] Vliet Vlieland TP, et al. Efficacy of multidisciplinary team care programs in rheumatoid arthritis. *Seminars in arthritis and rheumatism*. 1997;27(2):110–22.
- [3] Arentz-Hansen H, et al. NIPH Systematic Reviews: Executive Summaries. Effect of Multidisciplinary, Team-Based Rehabilitation, Including Education,