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.

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

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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.

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

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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.

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AB1241 HIGH LEVELS OF PATIENT SATISFACTION IN A PUBLIC HOSPITAL STREAMED RHEUMATOID ARTHRITIS CLINIC COHORT

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Background: Many Australian public rheumatology services have now adopted streamed clinics for RA and specific rheumatic diseases to promote best practice care. Our RA clinic has been operating for a decade and serves a large population in Southeast Victoria. Patient attitudes to such streamed clinics have not been extensively examined, despite the integral role patient satisfaction plays in decisions about how health care is delivered [1,2].

Objectives: To evaluate the level of patient satisfaction in an established tertiary hospital streamed RA clinic.

Methods: A cross-sectional study of 106 patients was undertaken at a public RA outpatient's clinic. Eight domains included questions which evaluated clinic administration, the consultation itself, and overall experience using a Likert scale ranging from 1–5 (1=very poor, 5=very good). Qualitative comments were also recorded.

Results: Patient attitudes toward the clinic were predominately positive. 90.5% of patients scored their overall experience as good⁴ or very good⁵ (mean=4.46), with 69.8% of these patients scoring 5. Questions regarding the consultation itself received the highest satisfaction scores. Patients were highly satisfied with the explanations given about their condition or treatment (mean=4.59), addressing of patient concerns (mean=4.56) and length of consultation (mean=4.52). Waiting time received the lowest satisfaction score (mean=3.25), and a further 36.4% of qualitative comments expressed dissatisfaction with the long wait times. 15.2% of qualitative comments regarded limited parking at the hospital, and 9.1% to difficulty locating the clinic within the hospital. 6.1% of patients wanted more information regarding complementary medications or lifestyle modifications. Despite this, 94.7% of all patients surveyed would recommend the clinic to friends or family.

Abstract AB1241 – Table 1

Category	Question	Mean
Clinic administration	Ease of booking appointments	4.36
	Waiting time	3.25
Consultation	Explanations given by doctor/nurses	4.59
	Questions and concerns answered to your satisfaction	4.56
	Amount of time	4.52
Overall Experience	Rating of overall experience	4.46
	Would you recommend clinic to friends/family	Yes=94.74% No=5.26%

Conclusions: High levels of patient satisfaction with the streamed RA clinic consultation outweighed frustrations with wait times and parking. This is demonstrated by the high overall rating and most patients being likely to recommend the clinic, and highlights the priority and importance of good communication for patient satisfaction. These findings can guide areas of future improvement to the quality of patient experience. From the perspective of patients, streamed disease clinics like this RA clinic appear to be highly acceptable in the provision of specialised care, and have garnered extremely positive patient satisfaction and feedback.

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AB1242 COMPARING ADHERENCE TO TREATMENT IN LUPUS AND VASCULITIS PATIENTS

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Background: Good adherence to prescribed pharmacotherapy is often over-estimated by physicians. Although in Systemic Lupus Erythematosus (SLE) non-adherence is well-researched, less research exists for vasculitis.

Objectives: We compared cohorts of patients with SLE and vasculitis to identify emerging patterns, behaviours and differences that could introduce barriers to adherence.

Methods: With patient input, we designed and undertook an anonymised questionnaire-based survey on the assessment of self-reported adherence and influencing factors in lupus and vasculitis clinics at University College Hospital (UCLH) and Royal Free Hospital (RFH). Both serve a largely urban and ethnically diverse population.

Results:

Abstract AB1242 – Table 1

	Lupus (n=110)	Vasculitis (n=75)	P value
Female	99/109 (91%)	43/73 (59%)	<0.001
Age>60 years	14/104 (14%)	34/68 (50%)	<0.001
Disease duration>10 years	61/106 (58%)	18/74 (24%)	<0.001
Self-rate Disease activity≥7/10	17/106 (16%)	16/70 (23%)	0.324
Kidney function Moderate or severe	32/96 (33%)	22/73 (30%)	0.659
Self-medicating	103/108 (95%)	69/72 (96%)	1.00
"Always taking tablets as prescribed"	70/102 (67%)	50/62 (81%)	0.104
"Managing well with medication"	52/103 (51%)	63/66 (96%)	0.0001
≥7/10 on Self rate Likert scale			
Attending>75% of clinic appointments	99/107 (93%)	72/72 (100%)	0.022

A total of 199 patients completed the questionnaire. 110 (55%) had lupus and 75 (38%) vasculitis. 14 (7%) patients reported having other conditions and thus excluded. 52% were Caucasian and 37% were born outside the UK. The majority (78%) were female and 28% were aged >60 years. Half were university graduates. Both centres had similar number of responses reducing bias. As shown in table 1, lupus patients were more females (p<0.001), younger (p<0.001), with longer disease duration (p<0.001) and commented that adherence decreased with time (p=0.011) compared to vasculitis patients. Conversely, the vasculitis patients had higher attendance at clinic appointments (p=0.022) and were more confident they could manage taking tablets correctly. 67% of lupus patients and 81% of vasculitis patients reported that they always took tablets as prescribed (p=0.104). Concerns of weight gain and osteoporosis worried patients on steroids. Changes in weight, appearance, nausea and fatigue were common side-effects for missed medications. A small number of patients cited religion or alternative therapies as a reason (<5%). Furthermore, as shown in fig 1, non-deliberate forgetfulness was the most common reason for non-adherence, in both groups. Overall, the majority of patients (96%) were self-medicating and reported taking an average of 5 different types of tablets, half of this for their Lupus/Vasculitis. Patients were well-informed about their condition and medications.

Reasons relating to the Tablets/Medication

Abstract AB1242 – Figure 1