The Concept of Patient-Centered Care in Spondylarthitis Based on a Multidisciplinary Model

P. Santos-Moreno, L. Villareal, D. Bultrago-Garcia, M. Cabrera.

Background: Spondylarthritides (SpA) is one of the most prevalent musculoskeletal disease in the Americas, with an estimated prevalence of 0.5%. This group of patients presents a number of unmet needs for accessibility to the consultation, diagnosis and adequate treatments. That for this reason it is necessary to develop a program of Centers of Excellence (CoE), which allows answer to these needs and at the same time to add values for our health systems.

Objectives: The aim was to create a program with pilot SpA centers initially in some countries that operate under the scheme of CoE, as they are already delineated in projects like REAL-PANLAR for rheumatoid arthritis. In a second phase and under the auspices of PANLAR (Panamerican league of associations for rheumatology) create a Pan American Network of Centers of Excellence in SpA (CESPA).

Methods: We performed a systematic review of the literature in global and regional databases (PubMed, Medline, Scopus, Lilacs), in order to search information on this research question-hypothesis. Subsequently and under a Delphi-modified methodology and consensus of involved rheumatologists lay the conceptual bases on this particular subject – the Centers of Excellence in SpA (CESPA). As a result of the above was defined as should be a CESPA.

Results: In accordance with the principles of creation and operation of the CoE in particular, specific themes were developed by a coordinator who, after a review of the literature, presented a specific proposal on every particular topic that was discussed and then voted on and implemented within the CESPA concepts. A CoE- SpA must have: 1. Screening Clinic and Early Diagnosis of SpA: the purpose is to rule out false positives of disease and to diagnose early SpA; 2. Model of patient-centered care: a model of frequencies of care should be implemented for SpA patients from the perspective of the different specialties involved in the multi-disciplinary team; 3. Laboratories and images: conventional laboratory tests as having a minimum of 3-4 times a year and each patient will have conventional X-rays images of cervical and lumbarosacral column at the beginning and then once a year; 4. Ultrasound of entheses: upon admission to the program and then with a certain periodicity (annual) or depending of sensitivity to change (OMERACT). The same applies to the subject of MRI of sacroiliac joints and column for both diagnostics and follow-up; 4. Clinical guideline on SpA should be adapted and customized to the particular realities of some of our countries; 5. There must be a management (disease management) program that must include Structure, Process and Result Indicators to define CESPA as Standard, Optimal and Model; 6. There must be standardized education and research programs for patients and physicians at the center.

Conclusions: There is a global need to develop CESPAs, in order to define treatment targets type T2T-SpA, which would improve clinical outcomes and avoid so much disability and health economic costs.

REFERENCES:

Disclosure of Interest: None declared


FRIDAY, 15 JUNE 2018

HPR Professional education, training and competencies

Switching Management between Similar Biological Medicines, a Communication Information Guide for Nurses

J.E. Voogmey-van Nieuwenhuys, L. Moortgat, M. Pavic-Nikolic, P. Crombez, B. Oomen on behalf of European Specialist Nurses Organisations (ESNO): representatives of five organisations: Oncology, Diabetes, Dermatology, Rheumatology and Inflammatory Bowel Diseases are involved. 1Rheumatology, Maasstad Hospital Rotterdam, Rotterdam, Netherlands; 2Gastroenterology, AZ Delta, Roeselare, Belgium; 3Rheumatology, University Medical Centre, Ljubljana, Slovenia; 4Hematology, Jules Bordet Institute; 5ESNO, Brussels, Belgium

Background: Biologicals are used in the field of rheumatology but are also important in other fields such as oncology and gastroenterology. Over the last few years, biosimilar versions of many biologicals have been launched. Patients may be switched depending on local rules and appointments. To provide support and information for nurses working with patients who are switching between similar biological medicines ESNO has taken the initiative to develop an information guide for nurses.

Nurses can take the lead in implementing the transition between branded and biosimilar biological medicines. This includes managing the process before, during and after the switch.

Objectives: The guide was developed to provide support and information for nurses working with patients who are switching between similar biological medicines

The guide provides examples of projects and best practices based on different specialties to increase trust in biological medicines including biosimilars. Its aim is to contribute to the safe use of and trust in biological medicines, and give nurses the tools to implement switching decisions in a clinical context and deal with patient concerns, drawing on the learnings from real-life experiences.

Methods: We collected previous experiences from nurses with switching biologicals. We also developed a roadmap for how to inform patients, a set of frequently asked questions (FAQ) and points to consider when switching.

Disclosure of Interest: None declared


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