Methods: We conducted an analysis of three indirect indicators of quality of care: Need for reassessment due to pain (NRD), specialised referral rate (TDE) and length of stay in the emergency room (TDU). Records of patients treated for acute omalgia between 2014 and 2016 were reviewed and classified according to whether or not ultrasound was used as a diagnostic tool. For the statistical analysis we used the Student's T test, Fisher's exact test and survival curve (for TDU, TDE and NRD, respectively). The design used was that of a retrospective descriptive study. The information on waiting times was obtained from the CAJAL registry, information on new consults and specialised referral registration were obtained from the HORUS program and CAJAL registry. A comparative retrospective study was carried out based on the usual clinical practice. We examined the records of patients treated between 2015–2016 in the rheumatological emergency unit, who were known diabetics and who underwent an ultrasound-guided infiltration. Using the HORUS program we reviewed the patient's files of the immediate outcome after infiltration and the follow up consults.

Results: We included 1433 records of patient. Of these, 547 (38.1%) were examined with ultrasound assistance (Group-ECO) from which 2 were performed by a radiologist and the rest by a trained physician (Rheumatologist or Family Physician). The rest of the assessments, 886 (61.8%) were made without using the ultrasound (Control group), although in 540 cases a different imaging test was used. At 30 days after the first assessment, 90 patients (10.1%) in the control group had consulted again (56 due to emergencies and 34 per AP), while in the ECO-Group 14 (2.5%) consulted again at least once (12 for emergencies and 2 for AP) ($p<0.001$). The referral rate to the specialist in the Control-Group was 36.5%, while in the ECO-Group was 6.21% ($p<0.0001$). The average stay time was 94.5 DE 34.3 min in the Control Group and 105.4 DE 40.1 min in the ECO-Group ($p<0.0001$).

Conclusions: The use of ultrasound as a diagnostic tool reduces the need for re-evaluations of patients and the rate of referrals to the specialist in a significant way. On the contrary, it increases the patient's stay time in the emergency room, probably due to delays in the availability of the equipment to perform the diagnostic procedure. Globally, our results show that most quality health care indexes improve in patients assessed by using ultrasonography.

Disclosure of Interest: None declared

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THU0644 PERCEPTIONS OF BIOSIMILARS AMONG PRACTICING RHEUMATOLOGISTS: RESULTS FROM A MULTICOUNTRY STUDY IN EUROPE

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Background: In recent years, a substantial number of biosimilar (BioSm) products have come into the market for the treatment of rheumatic disorders, that might potentially improve patient access to treatment, resulting in cost savings and improved outcomes. However, given the limited regulatory evidence, clinical decision making continues to be a challenge.

Objectives: The objective of the study was to assess perceptions of prescribing biosimilars among rheumatologists and gain insights on barriers to access in the EU5 countries (United Kingdom (UK), France (FR), Italy (IT), Spain (SP) and Germany (DE)).

Methods: A cross-sectional survey was conducted in Q4 2016 in the EU5 among national, regional and hospital physicians who had been practicing between 3–30 years. Respondents completed a Physician Biosimilar Perceptual Questionnaire, which assessed the overall perception of anti-TNF biosimilars, specific barriers to prescribing them and cost factors influencing the current use and adoption of biosimilars. Data was analysed using descriptive statistics.

Results: A total of 256 rheumatologists in the EU5 were recruited as part of the study (with almost equal number of rheumatologists representing each EU5 country). Treating rheumatologists were practicing for an average of 16 years, mainly practicing in teaching hospitals (52%), and urban hospitals (21.9%). Overall, 83% of rheumatologists had awareness of biosimilars (range: 70% in DE and IT to 92% in UK). Among the different domains queried, only one in four rheumatologists trusted BioSm as much as branded biologics (range: 17.3% in IT to 39.2% in UK) and about 30% were comfortable with the safety profiles, and reported that long term efficacy and safety was of great importance for prescribing BioSm. Comparing perceptions of BioSm across countries, only 25% of rheumatologists in IT felt that BioSm offered equivalent efficacy to branded biologics, whereas 60.8% in the UK agreed with the same statement (figure 1). There was a consensus among respondents in all five countries regarding the lower cost of BioSm (range: 56.9% in SP to 72.5% in UK). Over 35% of the rheumatologists anticipated that clinical guidelines would require them to prescribe biosimilars. Data also showed that 63% chose BioSm for cost and 49% for formulary placement in clinical practice.

Abstract THU0644 – Figure 1 Perceptions of Physicians in EU5: Equivalent efficacy as branded biologics

Conclusions: Overall, rheumatologists expressed the greatest level of awareness of biosimilars, even though differences were seen among the countries. Long term safety and efficacy data was of key importance; however, cost and formulary coverage did impact the prescribing pattern.

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THU0645 IMPACT OF SECOND-LINE THERAPY WITH ABATACEPT VERSUS OTHER TARGETED DMARDS ON THE RISK FOR INFECTION-RELATED HOSPITALIZATIONS AND ASSOCIATED COSTS AMONG RA PATIENTS IN THE UNITED STATES

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Background: Abatacept is a targeted DMARD (tDMARD) with a unique mechanism of action that has demonstrated a lower risk of infection-related hospitalizations as a second-line (2L) therapy compared with other tDMARDs among patients (pts) with RA. The cost savings in the United States associated with this reduced risk of infection-related hospitalizations is not well understood.

Objectives: To compare infection-related hospitalisation risk and associated healthcare costs of RA pts who were treated at 2L with abatacept versus other tDMARDs, including TNF- α inhibitors (TNFis) and non-TNFis.

Methods: Pts prescribed a 2L tDMARD (index date) who had ≥ 1 inpatient diagnosis or ≥ 2 outpatient diagnoses of RA in the 12 months prior to the index date were identified from the MarketScan[®] Commercial and Medicare claims databases between 1 January 2010 and 30 September 2015. Pts were required to have 12 months of continuous insurance coverage prior to the index date (baseline period) and throughout the follow-up period (≥ 12 and up to 36 months). All pts were treated with a TNFi in first line. Infection-related hospitalizations and associated costs (on a per-pt per-month [PPPM] basis) were evaluated during baseline and follow-up periods. Multivariable regression analyses were used to evaluate the impact of index drugs on the risk of infection-related hospitalisation, as well as infection-related medical cost change from baseline to follow-up periods, while controlling for differences in baseline pt characteristics.

Unadjusted Comparison of Medical Cost, PPPM				
	Abatacept	TNFis	Non-TNFis	p-value
Baseline medical costs	\$121	\$48	\$39	0.02
Follow-up medical costs	\$30	\$69	\$102	0.16
Medical cost difference (follow-up – baseline)	–\$91	\$21	\$63	0.005
Regression Adjusted Comparison of Difference of Medical Cost, PPPM				
	Cost difference, PPPM			p-value
TNFi vs abatacept	\$51			0.09
Non-TNFi vs abatacept	\$76			0.04

Results: Among the study population, 285 pts (mean age 55 years; 85% female) were treated with abatacept, 954 with TNFis (mean age 52 years; 82% female) and 288 with non-TNFis (mean age 55 years; 76% female). After controlling for differences in pts' characteristics, Cox regression showed that the risk for an infection-related hospitalisation was significantly greater among those treated with TNFis (hazard ratio [HR] 2.8; 95% CI 1.2, 6.7; $p=0.02$) and higher, although not