Results: The potential barriers were identified and explored by both professional groups. The introduction of change into the routine delivery care was identified as one of the most important barriers. According to the GPs' perspective, the possibility of inadequate referral was considered as an issue. The PTs highlighted the challenges inherent to the psychosocial informed physiotherapy treatment of patients classified with high risk of developing persistent and disabling pain. More specifically, they emphasized the need to receive mentoring sessions in clinical practice, in order to develop competences for the management of psychosocial issues.

In what concerns to the potential facilitators to the implementation of the model, the participants' personal motivation was considered as one of the most important factors. The alignment of the SPLIT model with the mission and goals of the health care units where the project was going to be piloted was also identified as an important facilitator. Finally, both professionals groups considered that the SPLIT model may facilitate the interdisciplinary approach to the management of this condition, as it clarifies the specific contribution of GPs and PTs in the approach to LBP patients

Conclusion: The knowledge about the potential barriers and facilitators to the implementation of the SPLIT stratified model of care may contribute to the successful implementation of stratified care for LBP patients in Portugal.

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AB1200

IMPROVEMENT IN THE QUANTITY AND QUALITY OF OBSERVATIONAL DATA COLLECTED FOR US VETERANS ENROLLED IN THE VETERANS AFFAIRS RHEUMATOID ARTHRITIS REGISTRY USING AN ELECTRONIC AUDIT, FEEDBACK, AND DATA CORRECTION SYSTEM

Grant Cannon¹, Jorge Rojas², Neill Bell³, Namrata Singh⁴, Ted Mikuls⁵, Liron Caplan⁶, Gail Kerr⁷, Joshua Baker⁸, Angelo Gaffo⁹, Jennifer Barton¹⁰, Deana Lazaro¹¹, J Stuart Richards¹², Brian Sauer¹. ¹Salt Lake City VA Medical Center and University of Utah, Rheumatology, Salt Lake City, United States of America; ²Salt Lake City VA Medical Center, Salt Lake City, United States of America; ³Dallas VA Medical Center, Dallas, United States of America; ⁴VA Nebraska-Western Iowa Health Care System and University of Iowa, Iowa City, United States of America; ⁵VA Nebraska-Western Iowa Health Care System and University of Nebraska, Rheumatology, Omaha, United States of America; ⁶Rocky Mountain Regional VA Medical Center and University of Colorado, Denver, United States of America; ⁷Washington DC VA Medical Center, Georgetown and Howard Universities, Washington DC, United States of America; ⁸Philadelphia VA Medical Center and University of Pennsylvania, Philadelphia, United States of America; ⁹Birmingham VA and University of Alabama, Birmingham, United States of America; ¹⁰Portland VA Medical Center and University of Oregon, Portland, United States of America; ¹¹Brooklyn VA Medical Center and SUNY Downstate, Brooklyn, United States of America; ¹²Pittsburgh VA Medical Center and University of Pittsburgh, Pittsburgh, United States of America

Background: The Veterans Affairs (VA) Rheumatoid Arthritis (RA) (VARA) registry is an observational cohort study of US Veterans with RA at 11 VA Medical Centers. VARA investigators capture clinical and laboratory disease activity measures (DAMs) during clinic visits via standardized templates in the electronic health record (EHR). Six clinical (tender/swollen joints, patient/provider global, MD-HAQ, pain) and 2 laboratory (ESR,

CRP) DAMs are extracted post-visit using natural language processing (NLP).

Objectives: This analysis determined the impact of an audit, feedback and data correction system on the quantity and quality of DAMs collected in the VARA registry.

Methods: After September 2017, VARA site investigators were provided monthly feedback reports of incomplete/missing DAMs for the prior month to allow sites to correct data entry errors. Updated and/or corrected data were entered into the EHR via note addendums and then automatically re-extracted by NLP to complete the capture of DAM data. DAMs from October 1, 2016 to September 30, 2017 (pre-feedback implementation – Pre-IMP) was compared to October 1, 2017 to September 30, 2018 (post-feedback implementation – Post-IMP).

Patients and Notes	Pre-IMP	Post-IMP	Increase (%) †
Unique patients	1,116	1,208	92 (8.2%)
Total Notes	2,411	2,873	460 (19.1%)
Average notes per patient	2.2±1.1	2.4±1.1	0.2 (10.1%)
Impact of Feedback/Corrections			
Disease Activity Measure (DAMs)		Before	After
Total DAMs	15,709	20,688	21,064
Number Clinical DAMs per note	4.9±1.5	5.5±1.2	5.6±1.1
Notes with 6 Clinical DAMs	1,267 (52.5%)*	2,195 (76.4%)‡	2,332 (81.1%)‡
Notes with 4 DAMs for DAS28	1,526 (63.3%)*	2,038 (70.9%)‡	2,873 (74.5%)‡
Notes with 6 clinical and 2 lab DAMs	1,055 (43.8%)*	1,794 (63.4%)‡	1,857 (64.7%)‡

* Percent of total notes during the pre-implementation period.

† Percent of total notes during the post-implementation period.

‡ Percent change from pre-implementation baseline to post-implementation after corrections.

VARA registry goal is to collect the following Disease Activity Measures (DAMs) at each visit.

Six Clinical DAMs

Joint Tender Count of 28 joints
Joint Swelling Count of 28 joints
Patient Global Assessment of Disease Activity
Physician Global Assessment of Disease Activity
Modified Health Assessment Questionnaire
Patient Pain Score

Two Laboratory DAMs

Westergren Erythrocyte Sedimentation Rate
C-Reactive Protein

Composite DAM

Disease Activity Score for 28 joint count (DAS28)

Table 1

Results: During the pre-IMP period, there were 2,411 notes with DAMs collected on 1,116 unique patients compared to 2,873 notes on 1,208 unique patients in the post-IMP period - an increase of 92 (8.2%) unique patients and 460 (19.1%) notes. Enrollment in the VARA registry only increased by 121 (6.5%) during post-IMP period. During post-IMP period, there were 541 notes identified with deficiencies in clinical DAMs and monthly audit and feedback reports were provided to VARA sites to allow corrections. Individual site review resulted in 376 additional DAMs in 225 notes, with complete resolution of all error in 137 (25.3%) notes. The quantity of DAMs collected increased from 15,709 to 21,064, a 34.1% increase with the average number of DAMs collected per note rising from 4.9 to 5.6. The quality of data improved as demonstrated by the proportion of notes with all 6 clinical DAMs increasing from 52.5% to 81.1% and other improvements in quality/completeness as noted in table.

Conclusion: An audit, feedback, and efficient data collection system improved both the quantity and quality of DAMs collected. The improvement in the collection of DAMs in RA patients will further enhance epidemiologic and outcomes studies of RA and provide higher quality longitudinal data to enhance the care of RA patients.

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