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Optimizing the access to new treatments for RMD patients

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Background: Quality of care measures for rheumatoid arthritis (RA) have been endorsed by the American College of Rheumatology and the CDC. Similar quality indicators have been studied and recommended by the European League Against Rheumatism. Improving quality metrics in an underserved community is a problem given the lack of resources.

Objectives: To identify quality metrics for RA patients with need for improvement in our underserved urban public hospital, and to establish an effective intervention.

Methods: An initial retrospective chart review established baseline data from patients with RA seen in our clinic (July 2015 - July 2016), they were identified by ICD-9/10 coding. We identified 3 RA measures needing improvement: (a) tuberculosis screening (TBsc) 12 months prior to starting a new biologic agent, (b) documentation of clinical disease activity index (CDAI) in >50% of encounters, (c) appropriate pneumococcal vaccination. We then planned an intervention by placing index cards at computer stations to remind providers to check these measures. We collected data on these 3 variables prior to the intervention (December 2016 - July 2017) and 30+ days after (August 2017 - December 2017). We also compared these results by provider type (attendings and fellows). For statistical analysis we used Chi-Square test and SPSS 24.

Results: Baseline data included 240 patients, analysis prior to the intervention included 86 patients, and after the intervention included 131 patients. CDAI documentation was improved from 72.1% to 90% (P<0.001), however stratifying the analysis by provider type, this improvement was only significant in attendings (P<0.005) and not in fellows (P=0.43). Further analysis by including only the same fellows in both pre and post intervention moments (some fellows graduated) showed a significant difference in both attendings (P<0.005); fellows: (P=0.024). In terms of TBsc, baseline data showed 73.1% compliance, however we already found a compliance of 100% prior to the intervention (Figure 2, P=0.002 when compared with baseline data). Finally, there was no difference in
compliance with pneumococcal vaccination between baseline data, prior and post intervention (p=0.895).

Conclusion: Placing a card reminding providers to check 3 RA quality measures significantly improved CDAI documentation after 30 days of starting the intervention. The compliance with TBsc prior to starting a new biologic agent was 100% even before the intervention, which was better compared to baseline data, likely due to providers being aware there was a problem after initial data was collected. We did not find improvement in pneumococcal immunization rate, most likely because there are multifactorial components to motivating patients to get the vaccine. Our results suggest that interventions as simple as raising provider awareness to a problem such as TB screening, and an index card to remind people to document CDAI can be effective to improve QI measures in RA patients in underserved communities.

REFERENCES:

Disclosure of Interests: None declared

OP0317 ASSOCIATION OF PATIENT SATISFACTION WITH HEALTHCARE UTILIZATION, COST, AND QUALITY OF LIFE IN RHEUMATOID ARTHRITIS

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Background: Patient satisfaction and experience with care is being used as a surrogate marker of quality and value of healthcare delivery. No study has evaluated the association of patient satisfaction with healthcare utilization and cost, and quality of life in RA patients.

Objectives: To examine the association of RA patient satisfaction with healthcare utilization and cost, and quality of life.

Methods: 2010-2015 longitudinal files from the Medical Expenditure Panel Survey (MEPS), a nationally representative survey of the US civilian non-institutionalized population were used to identify patients with self-reported RA diagnosis. MEPS has overlapping panel design with participants interviewed up to 5 rounds over a 2-year period. In rounds 2 and 4, patient satisfaction is assessed by the four items about physician interaction – listened carefully, explained things well, showed respect, and spent enough time; and one item for overall satisfaction with quality of care received. A patient satisfaction score was constructed from standardized composite score of these items, and classified as most satisfied (patient satisfaction quartile 4) and less satisfied (patient satisfaction quartiles 1-3). The outcome measures were assessed in year 2: healthcare utilization (any emergency department visit, any inpatient stay, number of visits to office-based providers, outpatient department, and prescription drugs); total healthcare expenditures (measured in 2015 dollars); and quality of life (QoL, measure using 12-item Short Form health survey (SF-12)). Two statistical approaches were used: a standard logistic regression comparing most satisfied with less satisfied; and propensity score matching. Propensity scores were estimated using a logistic regression to model most satisfied quartile (vs. lower) as a function of covariates (most saturated score in year 1 were matched 1 to 1 without replacement using a greedy matching algorithm. After matching, means of outcomes in year 2 were compared among matched pairs. Standard errors were estimated using bootstrapping method with 200 repetitions. Covariates included socio-demographic measures, health behaviors, health status (Charlson Comorbidity Index, general health, activity limitation, and pain affecting activities); RA measures (DMARDs, corticosteroids, and analgesics use); and the Year 1 outcome measures (utilization, total expenditure, QoL).

Results: 568 patients had a self-reported RA diagnosis. 1025 (65.4%) patients were analyzed (326 patients excluded for missing satisfaction response; 201 patients for missing information on other study variables; and 16 for not having data in all 5 rounds). The results using the propensity score matching approach are presented in the Table (202 most satisfied matched to 202 less satisfied patients). There were no differences in the healthcare utilization, cost and QoL among the two groups. Logistic regression approach yielded similar results.

Conclusion: Patient satisfaction score of RA patients was not associated with healthcare utilization and cost, and quality of life measures.

REFERENCE:

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Teenage look in the mirror (sexuality and body image meeting health care)

OP0318-HPR IS PSYCHOLOGICAL SUPPORT REACHING THOSE IN MOST NEED? A SURVEY OF PEOPLE WITH RHEUMATOID ARTHRITIS AND ADULTS WITH JUVENILE IDIOPATHIC ARTHRITIS:

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Background: Rheumatoid arthritis (RA) and adult juvenile idiopathic arthritis (AJIA) is associated with a significant impact on psychological well-being.1,2 UK guidelines for the management of RA3,4 state that psychological interventions should be offered to people with RA to help them adjust to living with their condition and manage their psychological well-being. Three in four rheumatology units in the UK however, rate their overall provision of psychological support as inadequate.5

Objectives: To establish levels of anxiety and depression in people with RA or AJIA and how this relates to the prevalence of diagnosed mood disorders and receipt of psychological support.

Methods: The 2018 National Rheumatoid Arthritis Society (NRAS) ‘Emotional Health and Well-being Matters’ survey was designed by patients and researchers. This included a questionnaire designed to capture self-reported comorbidities, receipt of psychosocial support and the Hospital Anxiety and Depression Scale (HADS). Participants were recruited by NRAS via their social media platforms, membership and non-membership lists and in newsletters and forum. The survey was open from May-July 2018. Recruitment was focused on those diagnosed with RA or AJIA aged 18 years and over and living in the UK.

Results: A total of 1565 people with RA and 55 AJIA completed the survey. Although mean scores on the HADS were within the normal range in both populations, over 25% of the samples were experiencing clinical levels of anxiety or depression. Over half of those reporting clinical levels of anxiety or depression had never received a formal diagnosis. Most concerning however, was that 1 in 2