SP0029 RHEVITAL: CONTROLLING YOUR DISEASE ACTIVITY WITH AN APP

Corinna Elling-Audersch. *German League against Arthritis, NRW, Solingen, Germany*

Background: Rheumatoid arthritis (RA) is a chronic inflammatory disease requiring long-term treatment with regular monitoring of the ongoing therapeutic process by a rheumatologist to achieve good health outcomes and prevent negative disease impacts.

Objectives: The RheVITAL App is the product of a new and multilayered concept of treatment.

A combination of a team of rheumatologists, physiotherapists, IT specialists and research partners from the German League against Arthritis have all contributed to the development of this research project.

Methods: The presentation will show how this monitoring system improves the treatment of RA individually, monitors the patients on their way to self-empowerment and promotes participative collaboration between patients and rheumatologists.

Results: The patients play an active role in the whole system. The patients are trained about their diseases, their treatment and the medicine they are taking. Furthermore they are given much more information about the German patient organisation.

Conclusion: My talk will consider the function and management of the app, the difficulties as well as the efforts of data security and the role of the patient organisation as a research partner involved in this project.

Disclosure of Interests: None declared

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SP0030 DEVELOPING E-HEALTH SOLUTIONS FOR PATIENTS WITH PATIENTS

Susanne Karlfeldt. *Karolinska Institutet, Academic Specialist Center, Center for Rheumatology, Stockholm, Sweden*

Background: At the Center for Rheumatology the Patient's voice and needs are always central in the planning and development of the organization and its' services and structure. The Patient Council at the unit, with representatives from 14 different patient organizations, is a core facility that is always addressed when decisions are to be made that affects the patients. The need of a structure for digital re-visits at the clinic was raised in the Patient Council meeting.

Objectives: To develop a structure for a fully digital re-visit where all the preparations, the actual visit and the documentation and follow up could be conducted using different e-Health solutions and digital tools.

Methods: By first asking the involved patient representatives about desired interfaces and features of the end solution, we could decide on which available tools and structures we could build the digital re-visit around. A working group including patients, health care providers at the unit and technical staff, together formed the end product.

Results: A fully digitalized structure for re-visits to different health care providers (physicians, nurses, physiotherapists etc) is now up and running with an increasing number of visits every week.

Conclusion: By asking the patients about what is most important for them we focus on solutions and services that the patients really need and ask for. If we involve patients in the process from the very beginning, we know that we are doing the right thing and that we use our resources in the best way.

Disclosure of Interests: None declared

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WEDNESDAY, 12 JUNE 2019

16:15:00 – 17:45:00

Rehabilitation; opening Pandora's Box

SP0031 NEWS IN THE WORLD OF REHABILITATION

Ann Bremander. *RanD Spenshult, Sweden*

The ageing population and the increasing prevalence of chronic diseases is a great challenge for future health care systems. There will be a growing demand for rehabilitation services and a need to strengthen rehabilitation in the health system. According to the World Health Organization (WHO), rehabilitation is "the key for health in the 21st century". In the document *Rehabilitation in health systems* (2017), the WHO presents a number of overarching principles for rehabilitation services: the provision of person-centred care, the continuum of care across different levels of the health care system, and the importance of accessible, affordable care of high quality to everyone in need of rehabilitation. With reference to

the WHO overarching principles, I will shortly address and discuss some achievements and challenges in the delivery of rehabilitation services supported by recent and ongoing studies. Rheumatic and musculoskeletal diseases (RMDs) include over 200 diagnoses why the talk will include examples from rehabilitation services given to people with inflammatory arthritis (IA).

Over the last decades, pharmacological interventions has contributed to improved quality of life for a large number of people with inflammatory arthritis (IA). However, a relatively large group of people with IA lives with a persistent disease and experience pain, fatigue, physical disability, impaired work ability and decreased quality of life, emphasizing the need of rehabilitation services. I will discuss advancements and challenges in providing person centered care, in bridging the gap between health care sectors, the challenge to provide evidence of an effective rehabilitation service of high quality and if we provide accessible rehabilitation services according to the need of people with rheumatic diseases.

REFERENCE:

- [1] Rehabilitation in health systems. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

Disclosure of Interests: None declared

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SP0032 HOW TO MEASURE REHABILITATION

Alison Hammond. *University of Salford, Centre for Health Sciences Research, Salford, United Kingdom*

Background: Measuring outcomes is fundamental to rehabilitation. A wide range of subjective and objective outcome are available to health professionals, with patient reported outcomes (PROs) being widely used. Fundamental to their use is understanding how to select appropriate measures and interpret results.

Objectives: This talk addresses: how to identify and select patient reported outcomes measures; the COSMIN taxonomy; understanding measurement properties; evaluating fitness for purpose; and understanding cross-cultural and linguistic validation of PROs, to enable PROs to be used across countries. This will be illustrated with an example of a Swedish – English-Dutch-German PRO, the Evaluation of Daily Activity Questionnaire.

Disclosure of Interests: None declared

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SP0033 RHEUMATOLOGICAL REHABILITATION, WHAT'S NEXT

Thea Vliet Vlieland. *Leiden University Medical Center, Orthopaedics, Rehabilitation and Physiotherapy, 2300 RC Leiden, Netherlands*

Over the past years, there have been major changes in the delivery of rheumatology rehabilitation and advances in its evidence base. To make rheumatology rehabilitation future-proof, a number of developments in the medical treatment of people with rheumatic and musculoskeletal diseases (RMDs), health systems and society as a whole need to be taken into account with the planning of services and their evaluation and the training of health professionals in rheumatology (HPRs).

Regarding the health status and needs of people with RMDs, their profile has changed markedly over the past decades, to a large extent due to improvements in the medical treatment. But some patients may not respond well to treatment, and for those who do, there may still be challenges to keep up with the increasing demands of our society.

For reasons of transparency, quality and efficiency there is a need to demonstrate the added value of rehabilitation, by working along defined rehabilitation care pathways. But care also needs to be personalized, tailored to a person's individual situation, abilities and needs. This includes, among others, that people with RMDs must be involved in any treatment decision, requiring a specific level of health literacy.

The actual delivery of rehabilitation services by means of extensive inpatient or outpatient trajectories is under pressure in many health care systems, for economic reasons but also because treatment in one's own environment whenever possible, is preferred by many people with RMDs. For that purpose, adequate use of digital interventions, but also seamless care involving primary care clinicians with specific expertise is needed.

All of the abovementioned developments require specific competences of HPRs, not only including the optimal assessment and treatment of individual people with RMD, but also makes a strong appeal to e.g. their communication, advocacy and organizational skills and abilities to monitor the quality of their practices and redesign when needed.

This presentation addresses current and future challenges for HPRs in rheumatology rehabilitation and how they can anticipate to be prepared for the next phase.