tsDMARD or a bDMARD in the 9 months before the start of the vaccination season (from October 1 to December 31). The observation period comprises all the years from 2006 to 2018. Multivariate logistic regression was used to assess the association between the probability of vaccination and demographic and clinical patient's characteristics in the influenza season 2018-2019.

Results: table 1 summarizes the results. During the whole period of observation, the coverage is always under the minimum desirable threshold of 75% and far from the optimum target of 95%, according to the National Italian Plan for Vaccination in the population at risk, even in the subgroup of older patients (age $\geq$ 65 years). In the logistic model including sex, age category, number and type of chronic conditions, socioeconomic status, rheumatic disease affecting the patient, area of residency, and treatment with tsDMARD or bDMARD, in 2018, older subjects were more likely to be vaccinated (people 65-74 vs 44-64, OR 4.63, 95%CI 3.76-5.70; people 75-84, OR 6.61, 95%CI 5.14-8.50) as were those with diabetes comorbidity (OR 1.64, 95%CI 1.03-2.59); a lower borderline-significant probability of being vaccinated was observed among patients with low socioeconomic status (OR 0.83, 95%CI 0.68-1.00), and those treated by a biologic agent (OR 0.85, 95% CI 0.73-1.00)

Table 1. 2006-2018 vaccination coverage in RA, PsA and AS population.

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Global	1853	2031	2449	2684	2910	3092	3295	3471	3663	3883	4175	4334	4426
Number censored													
Total vaccinated (%)	662 (35.7)	664 (32.7)	848 (34.6)	946 (35.2)	892 (30.6)	942 (30.5)	886 (26.9)	994 (28.6)	926 (25.3)	1027 (26.4)	1232 (29.5)	1344 (31.1)	1550 (35)
Vaccinated $\geq$ 65 yrs (%)	61.4	57.9	61.6	60.5	55.7	54.5	47.7	49.9	43.9	46.1	51.9	52.6	57.0
RA													
vaccinated (%)	38.5	35.0	37.1	37.7	33.7	33.8	29.7	31.3	28.3	29.6	32.3	33.5	37.3
Vaccinated $\geq$ 65 yrs (%)	61.9	56.9	61.1	59.6	55.2	54.6	47.4	49.2	44.3	46.2	51.5	51.3	56.0
PsA													
vaccinated (%)	28.0	26.6	29.6	30.8	24.6	24.6	23.2	26.0	21.0	22.3	26.1	28.8	32.6
Vaccinated $\geq$ 65 yrs (%)	59.5	65.5	66.4	67.5	58.0	54.6	50.9	55.2	44.9	46.4	54.7	57.8	60.3
AS													
vaccinated (%)	19.5	19.6	19.2	19.9	16.7	14.4	10.1	10.7	11.1	12.9	18.1	19.1	25.1
Vaccinated $\geq$ 65 yrs (%)	42.9	57.1	50.0	57.1	66.7	50.0	34.6	32.4	23.5	43.5	47.3	49.2	58.8

Legend: RA, rheumatoid arthritis; PsA, psoriatic arthritis; AS, ankylosing spondylitis.

Conclusion: influenza vaccination coverage is low in a population at high risk of infectious complications, even in the subgroup of elderly patients. Local guidelines are needed to improve the vaccination policies in AIIRD in order to increase the protection among patients who really need it.

References:

- [1] Furer V, et al. Ann Rheum Dis 2019. Ann Rheum Dis. 2019 Aug 14. pii: annrheumdis-2019-215882

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AB1189

PICASO - THE PLATFORM FOR IMPROVED PERSONAL AND COORDINATED CARE OF CHRONICALLY ILL – SIX MONTHS RESULTS FROM A PROOF-OF-CONCEPT STUDY

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Background: Cross-sectoral coordination of treatment plans and efficient management of patients with chronic diseases and co-morbidities are of great importance. In rheumatoid arthritis (RA) it is essential to orchestrate information

available for a patient at various locations, to allow (cost) efficient data use, to optimize management processes and to avoid redundant diagnostics. The information and communication platform developed in the Horizon2020 funded PICASO project (www.picaso-project.eu) supports the management of patients and their data along the continuum of care, consisting of hospitals, outpatient departments, practices, other health service providers via remote health monitoring. The platform might empower patients to improve their self-management of their illnesses.

Objectives: What technological expertise and resources do RA patients and physicians have, who are willing to participate in a proof-of-concept study using a modern ICT platform? What is the user satisfaction? What are platform's clinical implications?

Methods: PICASO pursued a user-centered design approach. Platform's user requirements were determined through workshops and interviews with physicians from various disciplines, patients and other stakeholders in the health care system (e.g. data protection officers). The development was accompanied by so-called "expert walkthroughs" to ensure a user-friendly design. An evaluation concept assessing the usability of the applications, user satisfaction and clinical relevance of the platform was part of the 6-month proof-of-concept study with RA patients and their physicians (rheumatologists and family doctors). A positive ethics vote was obtained.

Results: 111 user requirements were identified and used to develop the platform. Conformity with the GDPR as well as national regulations were precisely adhered to. All developments are based on the new 'Fast Healthcare Interoperability Resources' standard enabling data exchange with other software systems in the healthcare sector. This offers many advantages, e.g. a semantic model for describing the smallest units in the health care system (e.g. medication intake times, diagnostic procedures). Thus information can be linked and made available across sectors. Data can remain with the data owner and role-specific data access is ensured.

30 RA patients (80% female) participated, mean age was 58.6 $\pm$ 10.8 years, disease duration 12.6 $\pm$ 8.5 years, DAS28 2.6 $\pm$ 0.9, average number of comorbidities 3.0 $\pm$ 1.6. Patients' IT-experience was heterogeneous. After 6 months evaluations showed a good platform acceptance with an overall rating of 2.3 $\pm$ 1.1 (n=27, Likert scale (LS) 1-6) and evaluation of 'ease of use' at 2.3 $\pm$ 1.2 (n=27, LS 1-6). Usability tests showed that for patients the presentation of (1) tasks to be performed for the management of their disease, (2) results from their remote health monitoring, and (3) patient-reported outcome instruments in a dashboard was clear and easy to understand. Time required for documentation and daily tasks was rated as appropriate by 75.9% of the patients. No major technical problems or impairments due to RA where experienced when using the dashboard. 8 physicians (37.5 % female) participated in the evaluation; overall the platform was rated at 2.2 $\pm$ 0.5 (LS 1-6).

Conclusion: The platform offers cross-sectoral orchestration of patient data and thus innovative capabilities for modern management processes (e.g. treat-to-target, tele-monitoring). The PICASO platform is available for RA patients as well as for other chronic diseases.

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AB1190

DIRECT MEDICAL COSTS OF HOSPITALIZATION DURING THE MAINTENANCE THERAPY IN PATIENTS WITH ANTINEUTROPHIL CYTOPLASMIC ANTIBODY-ASSOCIATED VASCULITIS USING JAPANESE HEALTH INSURANCE DATABASE

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Background: Antineutrophil cytoplasmic antibody-associated vasculitis (AAV) requires a long-term maintenance therapy (MT), often accompanied by hospitalization due to relapse and/or comorbidities such as infection¹. However, data about direct medical costs of hospitalization during MT in patients with AAV is limited to date despite of an increasing concern about the economic burden of patients with AAV²⁻³.

Objectives: To describe frequency of hospitalization and its direct medical costs during MT after the remission-induction therapy (RT) in patients with AAV using Japanese health insurance database.

Methods: This retrospective longitudinal population-based study was conducted using claims data in Japan provided by Medical Data Vision Co., Ltd. We defined individuals as AAV cases receiving RT if they met all of the following: 1) having