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AB1267

ONLINE CASE-BASED EDUCATION SIGNIFICANTLY IMPROVED RHEUMATOLOGISTS' KNOWLEDGE AND CONFIDENCE IN MANAGING PATIENTS WITH RA

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Background: With the rapid evolution in treatment strategies and the increasing range of available therapeutics for rheumatoid arthritis (RA), keeping pace with advances can be a challenge for busy physicians.

Objectives: We assessed whether online CME can improve rheumatologists' knowledge of RA management focusing on the assessment and monitoring of RA, the selection of appropriate treatments and the clinical efficacy and safety data for JAK inhibitors.

Methods: Rheumatologists participated in a text-based activity featuring two patient cases with questions that "tested" knowledge and discussion of the main "teaching" points. Educational effect was assessed using a repeated-pair design, pre-/post-assessment. A Chi-square test of independence determined if a statistically significant improvement (5% significance level, $P < .05$) existed in the number of correct responses between the pretest and posttest scores. Cramer's V estimated the effect size of the education. The activity launched on 15 December 2018 with data collection through 27 February 2019.

Results: •Significant improvement in average percentage of correct responses, rising from 47% at baseline to 92% post-activity ($P < .001$) and extensive educational impact (Cramer's V=0.496)

•Significant increase in percentage of rheumatologists (n=111) answering all 3 questions correctly (9% at baseline rising to 78% post assessment)

•Significant improvements in knowledge of EULAR/ACR assessment criteria (86% improvement, $P < .001$), EULAR treatment recommendations for a patient failing on MTX and a TNF inhibitor (100% improvement, $P < .001$), and the VTE risk associated with having RA or receiving RA treatments (108% improvement, $P < .001$)

•46% of rheumatologists reported greater confidence in their ability to appropriately incorporate JAK inhibitors into the treatment of patients with RA (average confidence shift 20%)

Conclusion: Overall, this learning activity was highly successful in improving rheumatologists'

knowledge and confidence in managing patients with RA, particularly with regard to the appropriate use of JAK inhibitors in patients for whom such treatment is suitable. The extensive impact of this interactive 'test then teach' activity is likely to directly translate into patient benefit. Further education on this topic would be useful to enhance and reinforce this knowledge and to support physician confidence in the use of JAK inhibitors in clinical practice.

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ONLINE EDUCATION YIELDS SIGNIFICANT GAINS IN RHEUMATOLOGISTS' KNOWLEDGE OF THE ROLE OF JAK INHIBITORS IN THE MANAGEMENT OF RA

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Background: The treatment armamentarium for rheumatoid arthritis (RA) has expanded rapidly in recent years, making it challenging for rheumatologists to stay up to date with key advances. The most recently available treatment options for RA are the JAK inhibitors.

Objectives: Our goal with this activity was to assess whether online CME can improve rheumatologists' knowledge of the role of JAK inhibitors in the management of RA.

Methods: Rheumatologists participated in an online CME activity entitled 'Advancing patient care in rheumatoid arthritis: role of JAK inhibitors'. This was a 30-minute video roundtable discussion between 3 experts, with accompanying slides. This CME activity launched on April 30 2019 with data collection through September 13 2019. The educational effect was assessed using a repeated-pair

design, pre-/post-assessment. A Chi-square test of independence determined if a statistically significant improvement (5% significance level, $P < .05$) existed in the number of correct responses between the pretest and posttest scores. Cramer's V estimated the effect size of the education.

Results: •Significant improvement in average percentage of correct responses, rising from a relatively high baseline of 67% to 81% post-activity ($P = .0006$)

•Increase in percentage of rheumatologists (n=68) answering all 3 questions correctly (37% at baseline rising to 66% post assessment)

•Significant improvement in knowledge of clinical trial safety data for JAK inhibitors (43% improvement, $P = .0079$)

•Numerical improvement from relatively high baseline for understanding of unmet needs in RA patients (74% at baseline, 87% post-activity) and the advantages of JAK inhibitors versus TNF inhibitors for a specific patient case (75% at baseline, 84% post-activity)

•Considerable educational impact (Cramer's V = 0.167) with 35% of rheumatologists reporting greater confidence in describing the mechanism of action of current and emerging JAK inhibitors (noteable average confidence shift of 15%)

Conclusion: A positive and significant effect on physician knowledge and confidence regarding JAK inhibitors for RA was achieved following this online CME activity. The extent of this educational impact is likely to lead to better patient outcomes since physicians are better equipped to consider JAK inhibitors for appropriate patients. The results also revealed that physicians would benefit from additional education to reinforce their knowledge of key clinical data for JAK inhibitors and on the use of JAK inhibitors in clinical practice.

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AB1269

REGIONAL DIFFERENCES IN THE PATIENTS' UNDERSTANDING OF TREATMENT STRATEGY IN RHEUMATOID ARTHRITIS

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Background: The treat-to target (T2T) concept is the standard for treating rheumatoid arthritis (RA) patients worldwide¹. However, difficulties that patients encounter in achieving disease control may differ between regions, which may impact the type of support needed for successful T2T implementation.

Objectives: To compare differences in patient-reported challenges to controlling RA-related issues between Romanian and US patients.

Methods: A cross-sectional study that recruited 403 RA patients was conducted in six centers in Romania. Patients were invited to complete an RA-related questionnaire. We compared their responses to those from a previous published study that included patients with RA from the US². The survey included items on subjective beliefs about RA treatment (e.g. adherence, cost, adverse events) and knowledge about T2T strategy. Approval for US data use was given by the study coordinator².

Results: All patients in the Romanian cohort were Caucasian, with a mean age of 58.7 years (SD 11.6). 78% were females and the mean disease duration was 11.2 years (SD 8.3). Data was concordant with results from the previously published study. More patients from US had college education (60% vs 43.9%). Among the respondents, 93.3% Romanians were on a synthetic DMARD versus 97.7% Americans and 64.01% were currently on a biologic of choice compared to 74% patients in the US. More than half of the patients in both regions had a history of biologic DMARD use.

Asked to grade (0 very good, 10 very bad) their disease activity on the survey day, a large category of patients (37.4%, SD 14.1) marked an average state (4-6), while 19.08% (SD 11.2) were feeling poorly related to their disease. Patients were asked to define their adherence to RA treatment in the last 30 days. While the US study reported that 93% of patients were adherent², in our study only 62.5% of the Romanian patients reported adherence ($p < 0.01$). A significantly lower proportion of Romanian patients were aware of T2T strategy (35 %, $p 0.04$).

Regarding patient beliefs on their disease, statements were grouped into categories such as difficulty managing pain, medication safety, adherence, lifestyle.

Regarding patient beliefs on their disease, statements were grouped into categories such as difficulty managing pain, medication safety, adherence, lifestyle.

Most European patients would agree to change treatment to lower pain. Almost 82% stated they would accept rare adverse events in order to avoid invalidity, to confirm a better future outcome. US patients were more prone to stick to current therapy than escalate to increase clinical response. However, asked about novel therapies, Romanians were reluctant to changing treatment despite insufficient benefit, if the risk of cancer was noted. There was a high agreement that a delay in treatment would be unsatisfactory for both familial and professional chores.

Conclusion: There are regional differences in knowledge and perceptions about RA treatment. Romanian patients know less on T2T algorithm. Improving awareness of the T2T strategy among RA patients may need different types of support depending on the patient's place of residence.

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AB1270 RHEUMATOLOGY WORKFORCE IN LATIN AMERICA: TRAINING AND CURRENT STATUS

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Background: The demand for rheumatology care has been steadily increasing over the last few years. However, supply seems to be insufficient, according to previous research¹. This situation may be at least partly explained by less physicians beginning a rheumatology residency program².

Objectives: We aim to identify baseline data, room for change, and to strengthen functional processes associated with the rheumatology workforce in order to improve care offered to patients living with rheumatic diseases.

Methods: Descriptive cross-sectional study. We obtained data on each country through local PANLAR rheumatologists. They completed an online survey using the RedCap® platform, used for capture and storage of data. The sample was described according to the type of variable.

Results: 19 Latin American countries were included in this study, globally 1 rheumatologist was available per 106,838 inhabitants. The highest rates were found in Uruguay (1 per 23.695 inhabitants) and Argentina (1 per 40.384 inhabitants). The lowest rates were found in Nicaragua (1 per 640.648 inhabitants) and Guatemala (1 per 559.902 inhabitants). The ratio between women and men rheumatologists was 0,99 women per each man. The lowest proportions were found in Peru (0,26:1), and the highest in the Dominican Republic (2,5:1). The average age for rheumatologists was 51,6 (SD12,75). Lowest average ages were found in Paraguay (43,1 SD10,77) and the highest age averages were found in Peru (56,23 SD12,93). The average monthly compensation was USD \$2.382,6 (SD\$1.462,5). Venezuela had the lowest salary (\$197), the highest salary was found in Costa Rica (\$4.500). The proportion of rheumatologists trained abroad was 26,7%, ranging between 0% in Uruguay and 90% in Bolivia.

The countries with more rheumatology training programs were Brazil n = 50 and Mexico n = 20, while Ecuador, Honduras and Nicaragua don't have any. The

countries with the greatest amount of active residents were Brazil (n = 252) and Argentina (n = 100). The educational level required to enter the program was postgraduate studies in internal medicine in 42.11% of the programs. Currently, 108 residency programs in Latin America are active. Duration of residency programs is variable: 2 years (79.63% of cases), 3 years (16.67%), 4 years (1.85%), 5 years (0.96%) or 6 years (0.96%). The median monthly compensation for residents was \$ 528 USD (IQR \$ 774), the country with the highest payment was Costa Rica (\$ 2637). Contrarily, in Cuba, Chile and Colombia there is no payment to residents. Finally, in 8 countries (42.11%) residents must not pay for their postgraduate studies, the average annual tuition expense in the rest of countries is \$ 1248 (SD \$ 2749).

Conclusion: The rate of rheumatologists per inhabitant is low. The demographic characteristics and the current status of the rheumatology workforce, as well as rheumatology training in Latin-America varies widely among countries. For instance, relevant differences can be found regarding payment to rheumatologists and residents, and tuition fees. The collected information will be useful when planning regional-based strategies, as well as for future research projects in each country and within PANLAR.

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AB1271 PATIENT EDUCATION IN PSORIATIC ARTHRITIS: A SERVICE EVALUATION AT ONE YEAR

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Background: Recent studies have demonstrated an increasing burden of musculoskeletal (MSK) diseases worldwide.¹ The importance of patient education (PE) is often overlooked in the management of long term inflammatory conditions. The European League Against Rheumatism recommends that PE should be integral to standard of care in inflammatory arthritis.² PE increases patients' knowledge, skills and confidence in managing their condition and improves patient activation (PA). Evidence shows that improved PA results in better outcomes and improved experiences of care. We previously reported on improved knowledge and confidence amongst a small patient group with psoriatic arthritis (PsA) who had attended a pilot education session.³ This education session was delivered to a wider group of patients with PsA over a 12 month period; we report on the evaluation received from this service.

Objectives: To provide a PE programme to a wider group of patients with PsA, using a multi-disciplinary team (MDT) approach and to evaluate whether this improved patients' knowledge, skills and confidence in managing their PsA.

Methods: Adult patients with PsA attending their rheumatology clinic appointments were invited to a 2.5 hour MDT education session which covered: 1) a general overview of PsA; 2) medications used in PsA; 3) the role of physiotherapy and occupational therapy; 4) flares and self- management. These were interactive sessions, held in a small group setting to allow for informal discussion and questions to the MDT. Written materials including several booklets and online resources were also provided. Patients evaluated their knowledge or understanding before and after each topic covered, on the same day, using an evaluation tool with 1-10 Likert scale items. Changes in ratings were analysed using student's t-tests. Patients were also asked: which aspects they found particularly helpful; if there was anything they would like to have added/ have more of in the session; whether they found the session helpful; whether they would recommend