5.5/10 pre-education; this rose to a median of 10/10 post-education. The median anxiety score was 3/5 pre-education; this dropped to 2/5 post-education. The presentation was adapted based on questions that arose during the sessions. Multiple patients gave informal, verbal feedback stating that they found the group environment to be beneficial, providing a chance to meet others with similar conditions, share experiences and feel reassured that they are not alone in starting biologic therapy.

Conclusion: Patient feedback demonstrated that the group education sessions at UCLH were effective in improving their understanding of the rationale for biologic treatment, increasing their confidence in self-administration, and reducing anxiety. Verbal feedback illustrated that many patients enjoyed the group environment, and the opportunity to interact and share experiences with others. At an average rate of 4 patients currently being seen a week, it is estimated that this will save 192 specialist nurse appointments per year (out of an estimated 226 commencing biologic therapy). There is scope for further research into the effects that this has had on waiting times to receive education / start treatment, and on drug compliance.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.1503

AB1350-HPR SOCIOECONOMIC BURDEN OF NON-ATTENDANCE IN RHEUMATOLOGY CONSULTATION

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Background: Outpatient non-attendance refers to the phenomenon of patients who have a medical appointment but do not show up at the specified date, time, and location without giving previous notice.¹ In addition to affecting the efficiency and thereby increasing the healthcare total costs, nonattendance might also delay access to care for users on waiting lists.¹ Nonattendance at health appointments is costly to services, and can risk patient health.² There is very little data on the nonattendance prevalence and impact in Portugal. This knowledge might be fundamental to improve effectiveness of outpatient care in Portugal.

Objectives: 1) describe patient's non-attendance rate; 2) assess and characterize the sociodemographic and clinical characteristics among non-attending patients; 3) estimate the economic burden of non-attendance.

Methods: Retrospective, cross-sectional and analytical study. We reviewed a one-month Rheumatology consultation period regarding performed medical consultations and non-attended consultations without previous notification from patients. Direct economic costs of non-attended appointments were calculated based on the "Amending Agreement to the ULSAM, EPE Program Agreement".

Results: 982 consultations within January 2018 were included. Appointments episodes for therapeutic prescription, medical reports or programmed admissions were excluded. Fifty-seven (5.8%) of scheduled outpatient appointments were non-attended. Subsequent consultations represented 85.2% of attended appointments and 80.7% of non-attended appointments. Female gender was the most prevalent in both groups – 620 (67.0%) among attended consultations and 37 (65.0%) among non-attended consultations. Mean age was 57±15 years in the first group and 54±16 years in the second one. Among attended appointments, mean education level was 8±5 years versus 9±6 years among non-attended appointments. There were no differences between both groups in gender, age, education level, diagnosis, disease duration and activity or appointment type (first or subsequent consultation). A cost of 2,438 euros was estimated regarding non-attended appointments for this period, what could represent a burden of more than 29,000 euros yearly, in direct costs, only.

Conclusion: Non-attendance at scheduled appointments in public hospitals seems to be influenced by other factors besides gender, age and education level. The burden of non-attended appointments is undeniable. In addition to the costs estimated in this study, further indirect costs such as poorer patients outcomes, impaired access to medical care and hospital penalties should be taken into account. Implementation of awareness strategies aiming the optimization and effectiveness of healthcare system are required.

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Disclosure of Interests: None declared

DOI: 10.1136/annrheumdis-2020-eular.3360

AB1351-HPR A HAND EXERCISES MHEALTH APP FOR PATIENTS WITH RHEUMATOID ARTHRITIS: DEVELOPMENT, DESIGN AND USABILITY STUDY IN TURKEY

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Background: The Strengthening and Stretching for Rheumatoid Arthritis of the Hand (SARAH) programme has been shown to provide long term improvement in hand function for patients with rheumatoid arthritis (RA) affecting their hands. In Turkey, limited number of physiotherapists work in rheumatology departments so there is an opportunity to use the digital technologies for exercise prescription and follow up to improve access to treatment. Growing research evidence supports the effectiveness of mHealth interventions for improving exercise adherence and motivation. To our knowledge, there is no hand exercises mHealth program for patients with rheumatoid arthritis designed by experts with the user-centered method.

Objectives: The aim of our study is to develop and design a smartphone application for structured hand exercise program for patients with RA in Turkey and to test its usability.

Methods: We used a qualitative user-centered design approach with 2 phases. PHASE 1: we conducted focus group meetings to discuss the content, feature and design of app to produce a prototype version of smartphone software for RA hand training program. The Focus Group consisted of two physiotherapists and three hand therapists working in the field in different rheumatology or hand rehabilitation clinics, two software-computer engineers, and three patients with RA who had previously participated in hand therapy. The focus group met 4 times during phase 1. PHASE 2: we investigated the usability of prototype version of the rheumatoid hand exercise smartphone app software. All focus group members (n=10) and 6 patients used the app for one week. All users filled the usability questionnaire and provided written feedback on the app. Revisions were made and the revised version was tested. We put the revised app in digital markets in Turkish and English.

Results: The major themes identified from the Focus Group discussions during phase 1 were (a) Login techniques (b) self-monitoring (c) exercises types/frequency/diary, (d) patient education, (e) behavioral change and encouragement (f) exercise adherence. Patients and therapist all agreed the login needed to be easy. Patients wanted to be able to monitor their pain levels and hand function in the app. Patients thought the SARAH exercise were suitable for the app. A patient said: 'SARAH exercises is beneficial for my hand and tendon gliding exercise, I will be happy to see these exercises in app'. Patients wanted exercise reminders using push up notifications to encourage exercise were proposed and included. A patient commented 'in the morning and after work, motivational push up messages could be beneficial for exercise habit.' During the phase 2, we identified a need for education on how to use digital app, ways to provide patient follow up to monitor adherence, the need to allow patients to select the amount of notifications. This feedback was incorporated into the final version.

Conclusion: mHealth applications represent an easily accessible bridge between patients and health professionals for home-based programs. Using a user-centered approach ensured that we developed an application that met the needs of therapists and patients. Physiotherapists are using the app in rheumatology clinics in Turkey and long-term usability and feasibility studies are ongoing.