AB1352-HPR SHARED CARE – AN ALTERNATIVE WAY TO COPE WITH INCREASING SERVICE DEMAND

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Background: Rheumatic diseases are immune-mediated disorders that affect the musculoskeletal system, soft tissues, blood vessels and connective tissue. Patients with rheumatic diseases need regular follow up for disease and drug toxicity monitoring. To cope with the increasing service demand, the Division of Rheumatology in the United Christian Hospital developed and expanded the shared care service. In the conventional practice, patients have been seen by rheumatologist for every visit while the shared care service involved follow up by rheumatologist and rheumatology nurse in alternate sessions.

Objectives: To evaluate the effectiveness and safety of the shared cared service 2To evaluate the effectiveness of reduction in workload of rheumatology clinic

Methods: This is a retrospective study involving the period from 1/1/2019 to 31/12/2019. Patients who attended the rheumatology nurse clinic for shared care were recruited and reviewed. All patients were selected and referred by rheumatologists. Criteria for shared care included regular follow up in rheumatology clinic and stable clinical condition. The length of follow up is adjusted according to the patient condition. Services provided by rheumatology nurse (RhN) included disease education, drug and disease monitoring, drug advice and referral to other professionals and community service as indicated. During each visit, patient’s vital signs, disease activity and laboratory results were assessed according to standard protocol. RhN will make discharge record to ensure continuity of care.

Results: Totally 489 episodes of attendance to nurse led clinic were recruited. Majority (97.3%) were arthritis patients. Others included lupus, vasculitis, Sjogren’s syndrome and miscellaneous conditions. The length of follow up ranged from 3 weeks to 24 weeks and most of the patients were follow up between 8 to 16 weeks. Shared care patients included those with stable disease for intervals monitoring, and patients for drug initiation and titration. The ratio for disease monitoring and drug monitoring are 41.3% and 58.7% respectively. For the 489 episodes of attendance, 10 (2%) episodes needed rheumatologist interventions and advance follow up mainly are suboptimal disease control requiring medication adjustment or musculoskeletal ultrasound investigation. 178 (36.4%) episodes of nursing intervention were delivered, majority were medication advice (133, 27.2%). Reasons for nursing intervention included adverse drug reaction, abnormal investigation results, poor drug adherence and disease flare up. There were no emergency department attendance or admission related to rheumatic problems within one month of RhN follow up.

Conclusion: The shared care service is smooth and can safely lengthen the follow-up intervals to reduce clinic visit burden in rheumatology clinic. RhN input also allowed prompt advice for steroid tapering and dose titration for disease specific medication for better disease control. Proper case selection and close collaboration between rheumatologist and rheumatology nurse is the key.

Disclosure of Interests: None declared

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AB1354-HPR CURRENT SITUATION OF TRAINING IN RHEUMATOLOGY IN THE POSTGRADUATE CURRICULUMS OF INTERNAL MEDICINE, FAMILY MEDICINE, GERIATRICS, PAIN MEDICINE AND, PHYSICAL AND REHABILITATION MEDICINE ACROSS COLOMBIA

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Background: Rheumatic diseases are an important complaint in patients, although the incidence is low, they cause disability and a high impact on the health system. Currently, in Colombia, there are 198 rheumatologist, so it’s important to know how is rheumatology training in specialties related to rheumatology, which are the specialties that the patient with a suspected rheumatic disease will visit at first.

Objectives: To describe the training status in rheumatology in the postgraduate curriculums of internal medicine, family medicine, geriatrics, pain medicine and, physical and rehabilitation medicine across Colombia

Methods: This is a descriptive cross-sectional study. A survey was applied in each participating medical school using the RedCap® platform. The questionnaire included multiple-choice responses and a textbox to complete. The survey was done to the 29 registered medical schools which offer the specialties