2) In our study, ILD was more frequently associated with women and joint or skin symptoms, as well as with data on immunological activity, without statistical significance.

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POS0753

SUBSPECIALTY LUPUS CLINIC CARE IS ASSOCIATED WITH HIGHER QUALITY FOR PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS

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Background: Healthcare quality for systemic lupus erythematosus (SLE) is a modifiable target for improving patient outcomes. Disease-specific subspecialty clinics offer experienced healthcare professionals, collaborative multidisciplinary teams and streamlined care processes. A single centre study in the USA has suggested superior performance of the subspecialty lupus clinic in the provision of quality care (1), but this has not been examined outside the USA where access to care may be influential.

Objectives: To assess the quality of SLE care provided in a subspecialty lupus clinic compared with hospital general rheumatology and private rheumatology clinics in a non-US, universal healthcare setting.

Methods: Lupus patients (n = 258) were recruited in 2016 from various clinic settings in Australia, including a subspecialty lupus clinic (n = 147), two hospital general rheumatology clinics (n = 56) and two private clinics (n = 55). Quality of care was assessed using 31 validated SLE quality indicators (QI) encompassing diagnostic work-up, disease and comorbidities assessment, drug monitoring, preventative care and reproductive health (2,3). Data were collected from medical records and patient questionnaires. Overall and individual QI performance was calculated and compared between the three clinic settings, and multivariable regression was performed to adjust for sociodemographic, disease and healthcare factors.

Results: Median [IQR] overall performance on eligible QIs was higher in the lupus clinic (66.7% [16.9]) than the hospital general rheumatology (52.7% [10.6]) and private rheumatology (50.00% [18.0]) clinics (p < 0.01), and remained significant with multivariable adjustment. This trend was still observed when the overall performance was reassessed to include patient self-report (73.1% [14.8] vs 68.1% [11.5] vs 63.2% [13.4], p < 0.01). This difference may be due to consistent formal assessments of disease activity (100% vs 0% vs 0%, p < 0.01) and disease damage (95.9% vs 0% vs 0%, p < 0.01) at the lupus clinic. Performance was high across all clinic settings for diagnostic work-up, comorbidity assessment, drug monitoring, prednisolone taper, osteoporosis management, lupus nephritis and pregnancy quality indicators. However, the lupus clinic significantly outperformed the other clinic settings on eligible quality indicators for new medication counselling, pre-immunosuppression hepatitis and tuberculosis screening, drug toxicity assessment, sun avoidance education, vaccinations, cardiovascular risk factor assessment and contraception counselling.

Conclusion: SLE patients managed in a subspecialty lupus clinic received higher overall quality of care when compared to hospital general rheumatology and private rheumatology clinics. Regular assessment of QI performance can improve quality of care for patients in all clinic settings.

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POS0754

DEVELOPMENT OF A RISK PREDICTION MODEL FOR VENOUS THROMBOEMBOLISM IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: THE SLE-VTE SCORE

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Background: Patients with systemic lupus erythematosus (SLE) have a substantially increased risk of venous thromboembolism (VTE). An individual VTE risk assessment is important to ensure that all patients are assessed and given adequate thromboprophylaxis.

Objectives: We conducted this study to develop a risk score for VTE in patients with SLE.

Methods: Patients with SLE who participated in the Chinese SLE Treatment and Research group were enrolled in this study. Patient baseline information and clinical laboratory indicators were obtained, and VTE events were recorded every 3-6 months during follow-up visits. The risk prediction model was created and internally validated using the bootstrap methods, and a scoring system was established (Figure 1).

Figure 1. Flow chart of study design.