problems at various moments along their patient journey, this population can benefit from more continuous information about their medication and healthcare provider support to manage drug-related problems. To most effectively employ telehealth for this purpose, it is important that offered technologies match with patients’ needs and preferences.

**Objectives:** Identify factors influencing the preference of patients with rheumatic diseases regarding telehealth applications.

**Methods:** A qualitative descriptive study was performed in the Netherlands between May and June 2021. Using a semi-structured interview guide, patients with a rheumatic disease were interviewed face-to-face. First, patients were presented four telehealth applications (frequently asked questions page, digital human, and chatting with video calling with healthcare providers). Second, patients were asked to use each application to answer one medication-related question predefined by the research team. During the process of finding an answer to the question, patients were asked to think aloud and were questioned on which factors influenced their experience and preference for each application. Third, patients were given additional hypothetical questions after which they were asked to explain their preferred application for answering the question, to elicit additional factors influencing preference. Interviews were audio recorded, transcribed verbatim and analysed thematically.

**Results:** Fifteen patients (aged 19 – 73 years, 53% female) participated. Three domains influenced patients’ preference for telehealth applications. First, preference for telehealth applications was influenced by factors related to individual patients such as medication-related information needs, literacy, and skills with digital applications. Second, preference was influenced by factors related to the specific applications such as speed of answer, level of interaction, extent of privacy, the perceived usefulness of an application, and usability of the application. Third, preference was influenced by factors related to the context in which telehealth applications are offered, such as the support from healthcare providers in using telehealth applications, reliability of information source, and potential of telehealth to save time for healthcare providers.

**Conclusion:** Patients’ preference for telehealth applications is influenced by patient-related, application-related and context-related factors. To effectively support patients with rheumatic diseases, telehealth applications should match with patients’ preferences. Furthermore, it is important to offer a variety of telehealth applications as preferences differ among patients and circumstances.

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