pronounced among women and younger participants (<45y), compared with their counterparts.

Conclusion: The Life’s Essential 8 metrics was associated with a low likelihood of having hyperuricemia in Chinese adults.

REFERENCES:

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AB1617 DIFFERENCES IN ACCESS TO RHEUMATOLOGICAL CARE OF PATIENTS WITH CHRONIC POLYARThRIStIS AND CONNECTIVE TISSUE DISEASES: A PILOT STUDY USING INTERACTIVE PROCESS MINING ANALYSIS

Keywords: Health services research
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Background: Process mining is a research discipline used to derive process-related knowledge from data on event occurrences at different times. In the healthcare domain, these techniques can be applied to outpatient processes to extract information regarding how they take place and identify inefficiencies or points form improvement.

Objectives: Our aim was to analyze how patients that receive a diagnosis of chronic polyarthritis (CP; including conditions such as rheumatoid arthritis and undifferentiated arthritis) or connective tissue diseases (CTD; such as Systemic Lupus Erythematosus, scleroderma or vasculitis) access a tertiary care level rheumatology outpatient clinic using novel process mining techniques.

Methods: Retrospective study, including patients first seen at the Hospital Clínico San Carlos Rheumatology Outpatient clinic between 2016 and 2019, belonging to the Hospital Clínico San Carlos Musculoskeletal Cohort. We included those patients receiving ICD10 diagnostic codes, by their attending rheumatologists, compatible with Adult-onset Still’s disease, undifferentiated polyarthritis, polymyalgia rheumatica and rheumatoid arthritis (which were later grouped under the category of “chronic polyarthritis”), and myositis, antiphospholipid syndrome, sarcoidosis, Behçet disease, polymyositis, scleroderma, mixed connective tissue disease, Sjögren syndrome, systemic lupus erythematosus, vasculitis and Raynaud’s syndrome (which were later grouped under the category of “connective tissue diseases”). Information regarding outpatient activity at the Rheumatology clinic (dates of appointments, if they were a first visit in the clinic or a revision, and which department requested the appointment) was obtained from the Hospital Information System (HIS). Process Mining techniques were used to visualize the pathways followed by the patients included in both categories, and to highlight differences.

Results: 174 patients with CTDs and 341 patients diagnosed with CPs were analyzed. Regarding CPs, most patients were initially referred from Primary Care. Furthermore, most of those patients were not referred from other departments. However, we can also see that some patients undergo several referrals from different departments. Regarding CTDs, although Primary Care seems to be the most common level of referral, other origins are more likely. When the pathways of both disease classifications are compared (Figure 1), we can observe that, compared with CPs, CTDs, have a lower chance of being referred from the Orthopedic Department (“TRA-REU” node in blue) and a higher chance of being referred from “other departments” in secondary care (“REU” node in red). Furthermore, it is less likely that a patient with CTD undergo referrals from different departments and care levels during follow-up (see by the lines in blue color connecting the nodes “TRA-REU”, “URG-REU”, “PRI-REU”, and “REU Rev”).

Conclusion: In this pilot analysis, we have observed that the pathways followed and the referral departments of the patients diagnosed with CPs and CTDs are different. Process mining can be a very useful tool to characterize and identify the pathways that patients undergo within the healthcare system, across levels and specialties.

REFERENCES: NIL.
Disclosure of Interests: None Declared.
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AB1618 OUTCOMES OF HEPATITIS B AND TUBERCULOSIS SCREENING IN A COHORT OF PATIENTS ON BIOLOGIC DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (BDMARDS) FOR RHEUMATIC DISEASE AT A MELBOURNE PUBLIC HOSPITAL

Keywords: Vaccination/Immunization, bDMARD, Quality of care
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Background: Screening for hepatitis B and tuberculosis is recommended prior to the commencement of biologic disease modifying anti-rheumatic drugs [1]. However, in routine clinical practice this can easily be overlooked, sometimes with severe consequences.

Objectives: We aimed to identify the percentage of patients screened for hepatitis B and tuberculosis prior to the commencement of bDMARDS in our rheumatology patients. We also determined if immunisation to hepatitis B was discussed in those with no serological evidence of immunity to the disease, and whether individuals with positive quantiferon gold (QTB) serology were referred for treatment prior to commencing bDMARDS.

Methods: All current rheumatology patients on bDMARDS at the Northern Hospital in Epping, Melbourne Australia were included in this study. By retrospectively reviewing the medical records, data was collected regarding patient demographics, clinical information and pre-treatment screening results including hepatitis B and QTB serology. Ethics committee approval was sought from our institution (Reference number: ALR 63.2020).

Results: There were 138 patients on bDMARD included in this analysis. 97 (70%) were female with a mean age of 51 (SD +/-15) at the time treatment was commenced. Rheumatoid arthritis was the most common indication for biologic