

No	Domain Structure	Agreement (%) (n=140)	Misunderstanding* (%)	Prioritization, NRS (0-10), Mean (SD), [Range]	Prioritization ≥8 (%)
1	Access to health care	92.9	0.7	7.7 (1.7) [1-9]	69.2
2	Availability of specific care	89.4	7.1	6.2 (2.7) [0-9]	40
3	Existence of local specialist referral center	87.9	0.7	7.2 (2.0) [0-9]	54.2
4	Rapid access	82.3	2.1	6.7 (2.0) [0-9]	40
5	Training on how to calculate scores	80.1	2.8	6.0 (2.6) [0-9]	34.2
6	Interaction between community	76.6	2.8	6.2 (2.2) [0-9]	30.0
7	Structure of that setting	77.3	1.4	5.2 (2.6) [0-9]	18.3
8	Structural support for physiotherapist-led exercise	NA	NA	5.7 (2.5) [0-9]	23.3
No	Domain Process	Agreement (%) (n=140)	Misunderstanding (%)	Prioritization, NRS (0-10),	Prioritization ≥8 (%)
1	Assessment of disease activity	92.1	2.1	8.6 (1.8) [1-10]	80.2
2	Assessment of disease status	92.1	2.1	8.0 (2.2) [1-10]	69.0
3	Patient information (e.g. about their disease, its treatment and managing, specifically smoking cessation, exercise and orthotics advice)	92.1	0.7	8.5 (1.9) [2-10]	78.4
4	Timely diagnosis (e.g. such as time of GP referral or time to diagnosis after first visit to a specialized center)	89.3	1.4	8.6 (1.6) [4-10]	81.9
5	Assessment of physical function (such as BASFI)	88.6	2.1	7.9 (1.8) [2-10]	69.8
6	Assessment of infections in	87.9	4.3	8.5 (1.9)	75.9

	patients starting on biologics			[2-10]	
7	Treatment plan provision	87.1	2.1	8.0 (2) [2-10]	69.0
8	Assessment of comorbidities	85.7	8.6	8.1 (2) [2-10]	72.4
9	Documentation of diagnosis	85.7	2.1	8.5 (2) [2-10]	81.0
10	Assessment of radiographic damage	85.0	0.7	7.8 (2.1) [1-10]	66.4
11	Time between diagnosis and the initiation of appropriate therapy	85.0	0.7	8.0 (2) [0-10]	70.7
12	Assessment of symptoms	82.9	2.1	8.0 (1.8) [4-10]	69.8
13	Assessment of mobility	82.9	2.1	8.0 (2.0) [0-10]	62.9
14	Involvement of patients into decision	82.9	1.4	8.3 (2.0) [1-10]	74.1
15	Assessment of work status	82.1	0.7	7.4 (2.4) [0-10]	62.9
16	Assessment of other patient-reported outcomes	79.3	0.7	7.3 (2.3) [0-10]	62.1
17	Patient receiving a structured education	78.6	2.1	7.2 (2.4) [0-10]	50.9
18	% of axSpA patients who have been seen within 12 weeks for assessment of response after the start of biologics	77.1	2.9	7.7 (2.3) [0-10]	61.2
19	Frequency of follow-up visits	72.9	2.1	6.5 (2.4) [0-10]	38.8

20	% of axSpA patients who have been seen every 6 months on NSAIDs	65.7	2.9	6.1 (2.7) [0-10]	35.4
21	% of axSpA patients who have been seen every 3 months on biologics	64.3	2.9	6.6 (2.8) [0-10]	48.3
22	Assessment of morphometric assessments	45.0	26.4	5.7 (2.4) [0-10]	25.9
23	% of axSpA patients who have been seen one month after 1st visit	43.6	5.7	5.4 (3.1) [0-10]	28.4
24	Extra-articular manifestation	NA	NA	8.1 (1.9) [2-10]	72.4
25	Assessment of current treatment	NA	NA	7.6 (1.9) [1-10]	56.0
No	Domain Outcome	Agreement (%) ,	Misunderstanding* (%)	Prioritization, NRS (0-10), Mean (SD), [Range]	Prioritization ≥ 8 (%)
1	% of axSpA patients with high disease activity at treatment start and low disease activity after 3 months of treatment start	77.1	2.9	8.0 (2.1) [0-10]	64.7
2	% of axSpA patients who are being employed if age ≤ 65 years	65.7	3.6	7.0 (2.0) [0-10]	47.4
3	% of axSpA patients receiving corrective osteotomy	49.3	15.0	4.5 (3.0) [0-10]	16.4
4	% of axSpA patients receiving total arthroplasty	35.0	13.6	5.2 (2.8) [0-10]	18.1
5	% of axSpA patients who improved in mobility as measured by physiotherapists	NA	NA	6.6 (2.6) [0-10]	43.1

	tests				
6	% hospital admissions for complicated disease	NA	NA	6.4 (2.9) [0-10]	43.1

*Definition of misunderstanding: Each participant was asked whether they fully understood the explanation to and the phrasing of the key area provided. Participants had the possibility to agree or disagree. Participants were educated about the intention of the project and received instructions prior to responding to the questionnaire.

Supplement 1 :Key area for quality improvement Votes of 1st round