INTRODUCTION

To gain insights into RA model of care experiences from the RA patient perspective and to gain understanding of patients’ experiences with different model of care elements.

OBJECTIVES

- Identify key model of care elements for rheumatoid arthritis (RA)
- Examine the current provision of these elements from the patient perspective
- Identify common challenges and gaps in the model of care provision
- Identify patient needs and gaps in knowledge about RA

METHODS

- A cross-sectional web-based survey among patients with RA from 18 countries (Austria, Colombia, Cyprus, Germany, Hungary, Mexico, Netherlands, Poland, Portugal, Switzerland, United Kingdom, and others) who were members of national patient organizations.
- Survey conducted in September 2017.

RESULTS

Geographic Representation

- The survey included respondents from 18 countries.
- The largest number of respondents came from Brazil (22%) and France (21%).

Key Element 1: RA Patients Recognize Symptoms and Seek Care

- More respondents (60%) reported that they chose their rheumatologist because of training and expertise.
- The most common symptoms reported by respondents were joint pain, morning stiffness, and fatigue.

Key Element 2: Access to Specialist Care

- The majority (83%) of respondents reported that they had an annual physical examination.
- The most common methods used to access specialist care were self-referral and general practitioner referral.

Key Element 3: Medical Management

- More respondents (60%) reported that they chose their rheumatologist because of training and expertise.
- The most common methods used to access medical management were self-referral and general practitioner referral.

Key Element 4: Shared Care

- More respondents (60%) reported that they chose their rheumatologist because of training and expertise.
- The most common methods used to access shared care were self-referral and general practitioner referral.

Key Element 5: Self-care

- More respondents (60%) reported that they chose their rheumatologist because of training and expertise.
- The most common methods used to access self-care were self-referral and general practitioner referral.

DISCUSSIONS

- Identifying key model of care elements for rheumatoid arthritis (RA)
- Examining the current provision of these elements from the patient perspective
- Identifying common challenges and gaps in the model of care provision
- Identifying patient needs and gaps in knowledge about RA

REFERENCES

2. Y . Ma, L. Li, A.M. Hoens, and J.M. Esdaile have nothing to disclose.

Cheryl L. Koehn,1 Kelly Lendvoy,1 Yue Ma,2 Linda Li,3 Alison M. Hoens,3 Marion Souveton,4 John M. Esdaile3

1 Arthritis Consumer Experts, Vancouver, BC, Canada
2 Simon Fraser University, Burnaby, BC, Canada
3 Arthritis Research Canada, Vancouver, BC, Canada
4 Y . Hoffmann-La Roche Ltd, Basel, Switzerland

This study was funded by Y . Hoffmann-La Roche Ltd and was supported by the resources of Global RA Network member organizations. Support for the party writing position for this poster was provided by Y . Hoffmann-La Roche Ltd.