improvement from baseline to week 26, in 7 of 8 SF-36 domains, versus non-responders, and 2 to 8 times greater improvement in HAQ. Patients attaining low disease activity (Sub-group C) experienced the greatest differences. For Sub-group B, where cohorts had the most comparable baseline scores, results were statistically significant for HAQ (p=0.0012) and 6 of 8 SF-36 domains (p<0.01 except role- emotional and mental health domains). CONCLUSIONS: Patients able to attain T2T-status achieved significantly greater absolute improvement in health status versus non-responders, in HAQ and 6 of 8 SF-36 domains. There may be additional value in adding change scores to threshold values in current T2T objectives for severe patients and consideration of patient functionality may be warranted.

PMS1

SHARED DECISION MAKING BETWEEN PATIENTS AND PHYSICIANS IN THE CHOICE TO INITIATE BIOLOGIC THERAPY FOR TREATMENT OF RHEUMATOID ARTHRITIS

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OBJECTIVES: To describe the shared decision-making process between patients and physicians when initiating biologic therapy for the treatment of rheumatoid arthritis (RA) from the patient perspective. METHODS: Patients self-reporting a diagnosis of RA completed a self-administered, internet-based questionnaire in the Fall of 2011. A subset of patients currently using a biologic therapy to treat their RA provided details about the decision-making process for initiating their current therapy. RESULTS: A total of 2138 respondents (76% female, mean age 56.4) completed the questionnaire. Of these, 20% (n=416) were currently on a biologic therapy. Discussions about biologic therapy were most often initiated by a rheumatologist (91%), only a small proportion of patients reported that a primary care physician (4%), the patient themselves (3%), or another (2%) initiated the discussion. Factors influencing the decision included: physician (77%), dosing schedule (77%), side effects (71%), safety risks (64%), importance of concomitant methotrexate use (57%), long-term use (57%), and importance of concomitant methotrexate use (53%). Patients rated the following as very or extremely influential (4 or 5 on a 5-point Likert scale): timing of the decision to initiate biologic therapy: advice or recommendation by physician (76%), co-pay assistance to cover out-of-pocket costs (11%), advice or recommendation from other healthcare professional (28%), patient literature materials from physician office (27%), and information from general websites (22%). Most patients (71%) reported making the decision to start biologic therapy at the time of the initial discussion with their physician; mean time for all patients to make a decision to start biologic therapy was 12.2 days from the time of initial discussion. CONCLUSIONS: Rheumatologists are best positioned to ensure that patients have the necessary information to actively engage in the shared decision-making process for initiating biologic therapy. Future research should focus on potential outcomes benefits of shared decision-making.

PMS52

VALIDATION OF REMISSION OF RHEUMATOID ARTHRITIS BY TRADITIONAL DISEASE ACTIVITY SCORE AND PROVISIONAL CRITERIA BY AMERICAN COLLEGE OF RHEUMATOLOGY AND EUROPEAN LEAGUE AGAINST RHEUMATISM: ANALYSIS BASED ON PATIENT REPORTED OUTCOMES FROM 3 COLLEGE OF RHEUMATOLOGY AND EUROPEAN LEAGUE AGAINST RHEUMATISM (EULAR) RHEUMATISM: A NATIONALLY REPRESENTATIVE SAMPLE

Harrington R1, Churchman D2, Dawson J3, Clayson D4, Price A1, Rees J1


OBJECTIVES: To compare the health-related quality of life costs between the commercial population. Moreover, a stronger positive trend exists between the Charlson Comorbidity Index (CCI) and total health care costs but not with RA-related health care costs in the commercial population. Chronic Disease Score (CDS) shows the same trend as CCI. A positive relationship can also be seen between RA and all-cause health care costs. CONCLUSIONS: There were strong positive relationships between baseline and follow-up health care costs among RA patients who initiated anti-TNFs and subsequently switched to another drug or escalated their dosage. The positive relationships between CCI and CDS were more prominent in the commercially-insured patient population.

PMS54

ROUTINE ELECTRONIC PATIENT REPORTED OUTCOME (ePRO) DATA COLLECTION IN AN ORTHOPAEDIC CLINIC: WHAT IS USED TO ENSURE PROPER MIGRATION OF THE PRO MEASURE AND BENEFITS TO THE CARE PATHWAY

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OBJECTIVES: To develop and test an ePRO system for routine collection of surgical outcomes in a busy orthopaedic clinic. METHODS: We developed an ePRO (iPad) version of the widely adopted Oxford Knee (OKS) and Shoulder (OSS) scores. A multi-stage process was undertaken to ensure ePRO was verbatim equivalent to the original paper version equivalence involving the PRO instrument developer, PRO manager, PRO translation specialists as well as surgeons and Electronic Management Record (EMR) hospital specialists. This included, a review of the draft ePRO version, pilot-testing (cognitive debriefing and usability testing) on five patients attending an outpatients clinic and subsequently tested results recorded from a random sample of patients attending to the clinic. RESULTS: The ePRO version of both questionnaires were shown, from pilot-testing, to be easy to use. Compared with OKS and OSS paper versions, ePRO responses were all legible (an issue for some Rheumatoid patients) and complete. ePRO completion also takes care of data entry, resulting in a dataset free of errors that might otherwise arise. This suggested the potential for higher return rates with reduced handling costs. Following review of pilot-testing, no significant issues were identified, so the final ePRO versions were adopted. Secure synchronisation of the completed ePRO results with the local EMR system proved straightforward, required little data cleaning and provided almost immediate feedback to outcomes to clinicians. CONCLUSIONS: Initial results demonstrated the OKS and OSS have been successfully migrated to the ePRO (iPad) version, with results from pilot-testing demonstrating that the general structure and the original scores have been maintained. ePRO completion enters scores instantaneously on the local EMR system and as a result routine collection of a high volume of PROs could be achieved efficiently. This development facilitates the collection of PRO measure data within the clinic setting, highlighting their potential to enhance patient-centred care across the patients care pathway.

PMS55

QUALITY OF LIFE AMONG PATIENTS WITH SELF-REPORTED RHEUMATOID ARTHRITIS: AN NATIONALLY REPRESENTATIVE SAMPLE

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OBJECTIVES: To compare the health-related quality of life of patients with self-reported Rheumatoid Arthritis to statistically matched patients without Rheumatoid Arthritis. METHODS: The study utilized a cross-sectional population-based design, in which respondents, representing non-institutionalized adults in the United States of ages 18 or above, were chosen from the 2006 Medical Expenditure Panel Survey (MEPS). Respondents were included in the self-reported Rheumatoid Arthritis

PMS53

USING SCATTER PLOTS, ANALYSIS OF UNIVARIATE RELATIONSHIP BETWEEN CONFOUNDERS AND OUTCOMES AMONG RHEUMATOID ARTHRITIS PATIENTS WHO INITIATED ANTI-TUMOR NECROSIS FACTORS AND SUBSEQUENTLY SWITCHED OR ESCALATED

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RESULTS: Patients with a mean age of 55.9 were included in the final sample. 23.5% of these patients were insured by Medicare and 76.5% by commercial health plans. Scatter plots provide a positive relationship between age, gender, comorbidity indexes, baseline costs and total all-cause and RA-related health care costs. RESULTS: A total of 2057 RA patients

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OBJECTIVES: To identify available validated disease-specific instruments to enable a comprehensive evaluation of fibromyalgia patients in a clinical setting. The objective of this review is to provide clinicians and researchers with summarized information on the available instruments and aid them in diagnosis of this disorder.

METHODS: A comprehensive literature review from January 1990 to June 2011 was conducted with the combination of following key words: fibromyalgia, disease-specific, questionnaires, instruments etc. 58 articles that dealt with disease-specific instruments in FMS were identified of which 9 articles were included in the final review.

RESULTS: Only nine disease-specific instruments were identified in literature which can be classified as: a) Diagnostic tools (2 instruments); b) QoL evaluation tools (6 instruments); and c) Disease knowledge assessment tools (1 instrument). Most instruments possess strong psychometric properties that have been tested in fibromyalgia patients. This review describes the instruments with respect to their psychometric properties, strengths, and limitations.

CONCLUSIONS: These instruments can serve as supplementary aids to researchers and clinicians for screening, evaluating, and monitoring FMS patients.

PM58 BURDEN OF DISEASE IN PATIENTS WITH DIAGNOSED RHEUMATOID ARTHRITIS IN BRAZIL: RESULTS FROM 2011 NATIONAL HEALTH AND WELLNESS SURVEY (NHWS)

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From 2011 National Health and Wellness Survey (NHWS) in Brazil, a cross-sectional representative sample of the adult population. QOL was measured by the physical component score (PCS) and mental component score (MCS) of the Short-12 (SF-12). Loss of work productivity was measured by the validated Work Productivity and Activity Impairment instrument. Medical resource utilization was measured by health care provider, emergency room visits and hospitalization in the past 6 months. RESULTS: Of the 12,000 respondents, 65 (0.5%) had been diagnosed with RA, from which 58.0% were female. 45% of RA diagnosed group reported RA related problems once a month or less, 27% say their problems occur daily, and 28% experience problems more often than once per month, but not daily. Average, RA patients have been diagnosed for 14 years. RA diagnosed group was more likely to suffer from co-morbidities of mean (95% CI) and fibromyalgia (115% s 1%), was more likely to visit an emergency room in the past 6 months (41% vs. 21%), presented lower mean PCS scores (40% vs. 50%) and had higher percentages of absenteeism (9.2% vs. 6.5%), presenteeism (43.3% vs. 144.3%), work productivity loss (46.9% vs. 20.3%) and medical resource utilization in women with osteoporosis in Brazil. METHODS: A total of 12,000 individuals (age 18+) self-reported data were collected from 2011 National Health and Wellness Survey (NHWS) in Brazil. QOL was measured by the physical component score (PCS) and mental component score (MCS) of the Short-12 (SF-12). Loss of work productivity was measured by the validated Work Productivity and Activity Impairment instrument. Medical resource utilization was measured by health care provider, emergency room visits and hospitalization in the past six months. RESULTS: Of the 6017 female respondents, 179 (3.0%) were diagnosed with osteoporosis (with or without osteopenia) and 156 (1.8%) were diagnosed with osteopenia only. Among women diagnosed with osteoporosis/osteopenia, 219 (3.6%) were diagnosed with osteoporosis/osteopenia group reported more co-morbidities (headache 44%, pain 36%, insomnia 26%, migraine 23%, depression 22%, arthritis 22%), lower mean scores of PCS (42.6 vs. 47.33) and MCS (45.7 vs. 50.3), more patients visited healthcare providers (89% vs. 79%), and a higher percentage were using any cost-saving strategy (55% vs. 37%) over the past 6 months compared to non-osteoporosis/osteopenia group. Furthermore, osteoporosis/osteopenia group reported 35.8% impairment in daily activity compared to 23.0% in non-osteoporosis/osteopenia group. All comparisons were statistically significant at < 0.05.

CONCLUSIONS: Based on results from the Brazil NHWS, patients diagnosed with RA suffer from more pain and greater impairments in physical function and work productivity loss, and medical resource utilization in women with osteoporosis in Brazil.