However, further methodological research is needed to achieve standardization of procedures.

PM55 EVALUATING THE DEGREE TO WHICH ABILITY TO PAY AND HEALTH-RELATED QUALITY OF LIFE (BIOLOG) INFLUENCE WILLINGNESS TO PAY (WTP) IN PSORIASIS AND PSORIATIC ARTHRITIS PATIENTS

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**OBJECTIVES:** The aim of this study was to measure what matters most in WTP for a treatment, the patients’ perception of their health status, their ability to pay, or a combination of both. **METHODS:** 395 US patients diagnosed with either psoriasis (n=151) or psoriatic arthritis (n=248) completed a questionnaire as part of a broader survey of treatment of psoriasis/psoriatic arthritis in the US. The questionnaire included the EQ-5D-5L instrument and accompanying VAS. Patients were additionally asked to state at the baseline the amount (n=0.5) they would be willing to pay for treatments that would improve their health status by 10 points, retain their current health and prevent a decline in health status by 10 points. Annual household income information was also reported by patients. Households income was a better predictor of WTP than ability to pay whereas patients with an annual income of less than $25000 were willing to pay the least (p<0.001), whereas patients with an annual household income of $75000 to $50,000 would pay most (p<0.001). Patients within the lowest VAS segment were prepared to pay significantly more for an improvement in their health status than patients within the other segments (p<0.003). No significant differences were noted between groups to either retain their baseline or avoid health decline. For predicting WTP for an improvement in health status, a combination of low yearly income (<$25000) and the EQ-5D-VAS was the best (sig <0.01); WTP for a 10 VAS point improvement = $142 + ($39.9*Low Income) + ($0.7*VAS score). **CONCLUSIONS:** Both ability to pay and health status are valid predictors of willingness to pay for a treatment. Yet ability to pay is a better overall predictor of willingness to pay than HRQoL.

PM56 FUNCTIONAL STATUS AND LABOR PRODUCTIVITY WITH TOFACITINIB IN PATIENTS WITH INADEQUATE RESPONSE TO NON-BIOLICAL DISEASE-MODIFYING ANTITHROMBATIC DRUGS (DMARD) VERSUS ANTI-TUMOR NECROSIS FACTOR DRUGS (ANTI-TNF) IN COLOMBIA

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**OBJECTIVES:** To evaluate the benefits in functional status and labor productivity of tofacitinib in patients with inadequate response to a non-biological DMARD vs anti-TNF in Colombia. **METHODS:** The response to treatment was assessed by the change in Birmingham Simple Health Assessment Questionnaire-Disease Activity Index (HAQ-DI) from baseline and work lost productivity: absenteeism and presenteeism (productivity reduction ≥50%) due to patient’s functional status, as reported by Chapparo del Moral\textsuperscript{3} and Idsme\textsuperscript{1} 2010 who measured their associates’ working time. Household income was a better predictor of WTP for a treatment; those patients with an annual income of less than $25000 were willing to pay the least (p<0.001), whereas patients with an annual household income of $75000 to $50,000 would pay most (p<0.001). Patients within the lowest VAS segment were prepared to pay significantly more for an improvement in their health status than patients within the other segments (p<0.003). No significant differences were noted between groups to either retain their baseline or avoid health decline. For predicting WTP for an improvement in health status, a combination of low yearly income (<$25000) and the EQ-5D-VAS was the best (sig <0.01); WTP for a 10 VAS point improvement = $142 + ($39.9*Low Income) + ($0.7*VAS score). **CONCLUSIONS:** Both ability to pay and health status are valid predictors of willingness to pay for a treatment. Yet ability to pay is a better overall predictor of willingness to pay than HRQoL.

PM57 WALKING SPEED PREDICTS WORK STATUS DUE TO HEALTH IN COMMUNITY DWELLING WOMEN: THE OSTEORRHITHIS INITIATIVE (OAI)

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**OBJECTIVES:** Early identification of declining health in working adults with osteoarthritis (OA) may allow targeted interventions that prevent health related job loss. Usual walking speed (WS) is a predictor of health status in adults ≥ 65 years and may also be a useful simple predictor of work status in younger adults with OA. The purpose of this study was to determine whether walking speed is an independent predictor of work status in women with or at risk for osteoarthritis adjusting for covariates. **METHODS:** Participants were 2,634 women (23% African American) age 45-79 years and with self-selected 20 meter walk [7] in the OA Index. Linear regression examined WS as a predictor of work status (working versus not working due to health [NWH]) for those walking at slow (<1.10 meters/second[s]), moderate (1.1-1.29 m/s) and normal (>1.3 m/s) speeds, adjusting for demographics and other confounders. **RESULTS:** The 2,634 women at age 60.0, Standard Deviation [SD] 9.1, years, 57.9% (1,533) were working, 36.0% (952) were not working for other reasons and 5.6% (149) were NWH. WS was significantly faster in those compared to those WS (mean speed 1.3 m/s vs 1.08 m/s; p<0.003). Compared to women with normal WS (>1.3 m/s), those considered slow walkers (WS <1.10) were 12 times more likely to be NWH compared to those walking at normal speed (Odds Ratio [OR] 12.95; 95% Confidence Interval [CI] 6.0 - 25.6; p<0.001). Post-hoc analysis revealed a stronger correlation for age, gender, race, education, body mass index (BMI), income, and comorbidities. Further, the contribution of comorbidities in the model was significantly (p<0.001) weakened when WS entered the model. **CONCLUSIONS:** Walking speed was an independent predictor of NWH. Further evaluation of the longitudinal predictive capability of WS is needed.

PM588 THE ASSESSMENT OF SHOULDER INSTABILITY: THE DEVELOPMENT AND VALIDATION OF A QUESTIONNAIRE – THE OXFORD SHOULDER INSTABILITY SCORE (OSSI)

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**OBJECTIVES:** To develop a questionnaire for completion by patients presenting with shoulder instability. **METHODS:** A draft 18 item questionnaire was developed using expert opinion. The draft questionnaire was then tested on further groups of 20 patients attending an outpatient clinic, to which they had been referred with instability of the shoulder. **RESULTS:** The questionnaire was completed by 92 patients and 12 items (34.4%) were removed due to poor discrimination. The remaining questionnaire correlated well with the Constant and Rowe clinical scores both before operation and at the six-month follow-up. It also agreed significantly with the related parts of the SF36, particularly in physical function and pain. **CONCLUSIONS:** The new questionnaire (scored 0-5) is reliable (p<0.05) and which provides reliable and valid response information as to their perception of shoulder instability.

PM559 CHARACTERISTICS OF PATIENTS WITH RHEUMATOID ARTHRITIS SAMPLED FROM A PATIENT ADVOCACY ORGANIZATION VERSUS A CONSUMER PANEL: IMPLICATIONS FOR PATIENT-CENTERED RESEARCH

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**OBJECTIVES:** Much information about the disease experience can only be obtained directly from patients. However, biases may be introduced to patient-reported research depending on the source of the sample. This analysis seeks to identify differences in demographic characteristics of patient samples sampled with rheumatoid arthritis (RA) recruited through an advocacy organization and a consumer panel. **METHODS:** Data were collected online from two groups of patients through self-administered questionnaires. Patients were recruited through the patient advocacy organization, Creakyjoints and the Lightspeed Research consumer panel. Patients in both groups were U.S. adults (aged ≥18), diagnosed with RA, currently treated by a rheumatologist with disease modifying anti-rheumatic drugs (DMARDs), and with no history of biologic use but had discussed biological agents with their physicians. **RESULTS:** A total of 243 patients completed the study. Of these, 101 were from the advocacy organization and 142 were from the consumer panel. Patients from the advocacy organization were younger (mean age, 46 vs 57.7) and more likely to be female (93% vs 80%), employed (53% vs 31%), have a college degree (59% vs 43%), and have commercial insurance (70% vs 51%) than patients from the consumer panel (p<0.05 for all comparisons). Patients from the advocacy organization also began experiencing RA symptoms more recently (mean years 41 and 49 years). There was no significant difference in the characteristics of patients with RA aged 50 years, with or without a history of RA use but had discussed biological agents with their physician. **CONCLUSIONS:** Members of patient advocacy organizations and consumer panels can differ demographically and in their disease characteristics. The potential impact of these differences on study results should be considered when developing a sampling and recruitment plan for patient-centered survey research.

PM560 PATIENT-REPORTED OUTCOMES IN SURGICAL PRACTICE: PREOPERATIVE PREDICTORS OF POOR OUTCOME FOLLOWING PRIMARY TOTAL KNEE ARTHROPLASTY

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**OBJECTIVES:** Identifying patients at highest risk of poor outcomes is critical to population health management. The purpose of this study was to identify preoperative factors and comorbidities that are associated with that risk of poor patient-reported physical function recovery one year following total knee arthroplasty (TKA). **METHODS:** Primary TKA unilateral procedures from a patient-reported total