Citation: McBain, H. B., Shipley, M., Moore, S., Olayeye, A., Hirani, S. P. & Newman, S. P. (2014). Self-Monitoring and Patient-Initiated Services in Rheumatology: The Views of Patients and Healthcare Professionals. Rheumatology, 53(suppl_1), i123. doi: 10.1093/rheumatology/keu107.001

This is the accepted version of the paper.

This version of the publication may differ from the final published version.

Link to published version: https://doi.org/10.1093/rheumatology/keu107.001

McBain, H., Shipley, M., Moore, S., Olaleye, A., Hirani, S. & Newman, S.P. (2014). Self-Monitoring and Patient-Initiated Services in Rheumatology: The Views of Patients and Healthcare Professionals. *Rheumatology*, 53(suppl 1), i123-i123.

Title: SELF-MONITORING AND PATIENT-INITIATED SERVICES IN RHEUMATOLOGY: THE VIEWS OF PATIENTS AND HEALTHCARE PROFESSIONALS

Category: Health services research, economics and outcomes research or BHPR Research – quantitative

Authors:

Hayley McBain[1 2], Michael Shipley[3], Samantha Moore[3], Abigail Olayeye[3], Shashi Hirani[1], Stanton Newman[1]

[1] School of Health Sciences, City University London, UK

[2] Community Health Newham, East London Foundation Trust, UK

[3] Centre of Rheumatology, University College Hospital London, UK

Background: Patient-initiated services in rheumatology have been found to be cost-saving and do not compromise the clinical or psychosocial well-being of patients with arthritis.[1-3] There maybe potential to incorporate this method of follow-up with self-monitoring, a technique utilised in many other long-term conditions. As little is known about the views of patients and healthcare professionals (HCP) about this type of service we conducted a survey to establish levels of confidence of the patients of their own ability, or for HCP, their confidence in the ability of their patients to participate in this model of care.

Methods: An online survey was conducted in collaboration with the National Rheumatoid Arthritis Society (NRAS). Data were collected on levels of confidence, participation or provision of self-management, engagement in self-management and levels of activation. Spearman's Rho correlations and Mann Whitney U tests were performed to look at associations between variables.

Results: The survey was completed by 885 people with arthritis (95% RA) and 117 of healthcare professionals (61% nurses). Over 80% of participants with arthritis felt very confident in their ability to monitor their symptoms and side effects, understand and interpret their blood test results and use this information to initiate care from their rheumatology team. Similarly, over 70% of HCP felt that their patients could undertake these tasks. However, HCP were significantly less confident than patients and rheumatologists were significantly less confident in their patients' abilities compared to nurses. For patients greater confidence was associated with being younger, having a longer disease duration, methotrexate monitoring being undertaken by a rheumatology nurse and/or rheumatologist, attendance at a structured self-management programme, engagement in more collaborative self-management with their rheumatology team and feeling more highly activated. HCPs were more confident when the trust they worked in was able to provide self-management education and if they believed that patients should be more involved in the monitoring of their arthritis.

Conclusions: The findings of this cross-sectional survey suggest that enabling patients to take a more active and focused role in the monitoring of their disease and management of how and when they see members of their rheumatology team may be an acceptable model of care. To allow patients to achieve this structured educational training would need to be offered so that patients understand the signs and symptoms they needs to monitor, interpret the meaning of their blood tests results correctly and learn how to use this information to make informed decisions about accessing care from their rheumatology team.

Reference

(1) Hewlett S, Mitchell K, Haynes J, Paine T, Korendowych E, KIRWAN JR. Patient-initiated hospital follow-up for rheumatoid arthritis. *Rheumatology* 2000; 39(9):2000.

(2) Hewlett S, Kirwan J, Pollock J, Mitchell K, Hehir M, Blair PS et al. Patient initiated outpatient follow up in rheumatoid arthritis: six year randomised controlled trial. *BMJ* 2005; 330(7484):171.

(3) Kirwan JR, Mitchell K, Hewlett S, Hehir M, Pollock J, Memel D et al. Clinical and psychological outcome from a randomized controlled trial of patient-initiated direct-access hospital follow-up for rheumatoid arthritis extended to 4 years. *Rheumatology* 2003; 42(3):422-426.