

delivery system further offers a promising theranostic-based system in oncology, ideally via its targeted apoptosis-inducing feature. Alternatively, we have also proposed the combination of our novel theranostic system with alternative therapeutic candidates such domain I and proteolytic resistant domain V of β 2-GPI, in combination with both PET imaging and metabonomics, as another feasible theranostic approach for management of angiogenesis-mediated cardiovascular disease (CVD) and cancer developments.

Parallel Session 16: Quality of care and patient reported outcomes

32 DISEASE OUTCOMES AND CARE FRAGMENTATION IN SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)

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Background and Aims To examine the impact of care fragmentation across multiple healthcare institutions on disease outcomes in patients with systemic lupus erythematosus (SLE).

Methods Methods: Using the Chicago HealthLNK Data Repository (HDR), an assembly of electronic health records from six institutions, we identified patients with SLE, using ICD-9 codes, whose care was delivered at more than one organisation. We examined whether patients had severe infections or comorbidities (ICD-9 code defined) that indicate SLE-induced damage. T-tests and chi-squared tests were used to examine differences between fragmentation groups. Logistic regression was used to assess factors contributing to the occurrence of disease outcomes.

Results We identified 4276 patients with SLE. 856 (20%) received care from more than one healthcare institution. African American patients and patients with public insurance were more likely to experience care fragmentation compared to white and private insurance patients (OR 1.66; 95% CI 1.44, 1.97 and OR 1.63; 95% CI 1.42, 1.95). We identified increased risk of infections (OR 1.57; 95% CI 1.30, 1.88), cardiovascular disease (OR 1.51; 95% CI 1.23, 1.86), end stage renal disease (OR 1.34; 95% CI 1.05, 1.70), nephritis (OR 1.28; 95% CI 1.07, 1.54) and stroke (OR 1.28; 95% CI 1.01, 1.62) among patients with fragmented care, adjusted for age, sex, race, insurance status, length of follow-up time, and total visit count. **Conclusion** In this cross-site cohort of SLE patients, care fragmentation is associated with increased risk of severe infection and comorbidities. These results suggest that improved health information exchange could positively impact outcomes for SLE patients.

