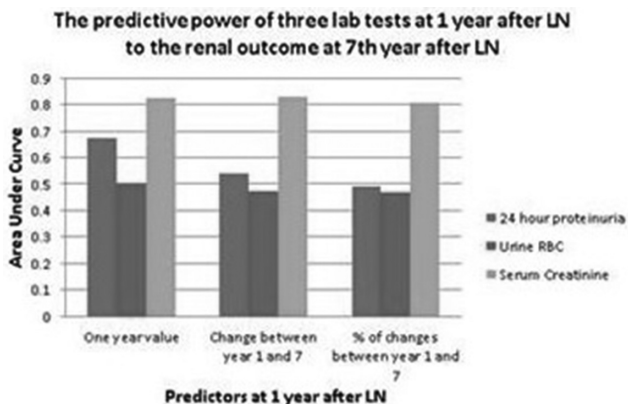Abstract 445 Figure 1 ROC curve of proteinuria at 1 year, absolute change and percentage of change between year 1 and 7.

Abstract 445 Figure 2

predictive benefit while Cr at 1 year predicted long-term renal outcome with an AUC of 0.82 (Figure 2).

Conclusions Proteinuria of 0.6 g/d at 1 year and Cr at 1 year post-LN diagnosis best predicted good long-term renal outcome. uRBCs did not offer any prognostic benefit.

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446   RELATION OF VITAMIN D LEVELS IN SLE NUMBER OF SEVERE FLARES

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Background and aims The aim of this study was to evaluate retrospective data of Vitamin D levels in SLE patients, at the beginning of the disease and mean values during 10-years follow-up, and correlate them with severe flares frequency.

Methods We selected, from a cohort of 675 SLE patients, 112 patients who had baseline Vitamin D levels at SLE diagnosis and 68 patients with at least three evaluations of Vitamin D levels during the last 10-years follow-up. The number of severe flares (defined by the SELENA-SLEDAI flare composite index) was required for all patients. We correlated the baseline Vitamin D levels with severe flare number and with patients with three or more and less than three severe flares. We also correlated severe flares with mean Vitamin D value in the last 10-years follow-up.

Results We observed a higher number of flares in patients with low disease baseline Vitamin D levels (p=0.045). We also observed that patients with three or more flares have significant lower baseline Vitamin D levels (p=0.004). The mean Vitamin D levels in the previous 10-years of disease, were lower in patients with more severe flares, although not significant (p=0.178). However, if we divide them in two subgroups (patients with three or more and less than three severe flares), the difference is significant (p=0.044).

Conclusions Vitamin D levels at the beginning of the disease and the vitamin D burden during disease are related to the number of severe flares and so resulting in more aggressive phenotypes.

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447   IMPROVING THE QUALITY OF CARE IN SYSTEMIC LUPUS ERYTHEMATOSUS (SLE) THROUGH TIME-STRUCTURED, INFORMATION TECHNOLOGY-ENHANCED, QUALITY IMPROVEMENT INDICATOR-DRIVEN PATIENT MANAGEMENT

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Background and aims Gaps exist in SLE patient care at Ochsner Health System (Ochsner) related to both A) monitoring and management of comorbidities and treatment-related toxicities and, B) monitoring and management of disease activity. The uncovered gaps suggested a lack of well-defined systems of care in SLE within Ochsner that lead to a "looser" overall management of SLE patients than is optimal. Our hypothesis was that a more time-structured, IT-enhanced, and QI indicator-driven approach to SLE patient management would translate into a more frequent, more comprehensive, and guideline-adherent interaction with the patient (i.e. "tighter" management). This "tighter" management, we hypothesised, would manifest as improved patient outcomes.

Methods In order to prompt "tighter" management, we implemented the following interventional modalities:

- Lupus Management Module: An SLE-specific management dashboard programmatically embedded into the Epic EHR system in use at Ochsner. The dashboard incorporates SLE-management-specific reminders, alerts, historical test result tracking, and customised assessment (SLEDAI, SLICC) programming.