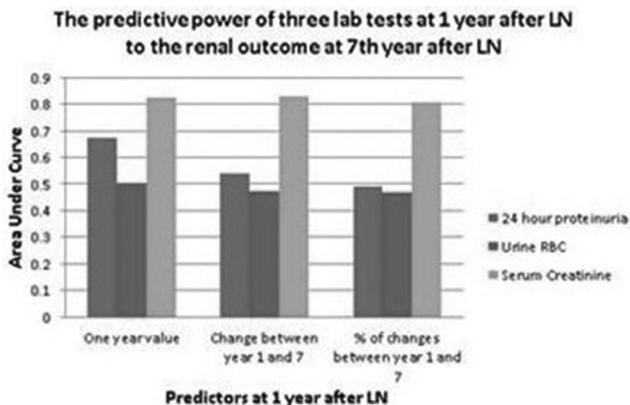


**Abstract 445 Figure 1** ROC curve of proteinuria at 1 year, absolute change and percentage of change between year 1 and 7.



**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.

#### 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.

#### 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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10.1136/lupus-2017-000215.447

**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.