ONLINE SUPPLEMENT 1: Guideline adherence parameters, corresponding treatment recommendations and level of measurement

Guideline adherence parameter	Dutch guideline recommendation	Local guideline recommendation	Level of measurement
Radiographs of hands, feet and thorax ordered within the first three visits, in patients with a disease duration ≤1 year	Radiographs of hand and feet at moment of diagnosis and one year thereafter (year 0 and 1).[16]	In case of clinical suspicion for RA, radiographs of hands, feet and thorax should be made.	Patients
Prescription of conventional and biological DMARDs in agreement with the local preferential sequence*	RA treatment should start with methotrexate. Combination therapy with another conventional DMARD or TNF-inhibitor should be given if disease activity remains high despite methotrexate in adequate dosage.[16]	All conventional and biological DMARDs should be prescribed in a pre-defined order which is stated in the local RA guideline.	Patients
Referral to a specialized nurse within the first three visits	Consultation with a specialized rheumatology nurse within one year after diagnosis.[16]]	All newly diagnosed RA patients should be referred to a specialized nurse at the moment of diagnosis in order to get more information on RA and discuss coping.	Patients

Referral to a PA or NP within the first year of treatment	Not applicable	All RA patients should be referred to a PA or NP within the first year of treatment. After referral patients are alternately seen by a PA/NP and rheumatologist, in order to share care between them.	Patients
Therapy change[±] in case of moderate to high disease activity[π]	Intensification of medication by a rheumatologist in case of a DAS28>3.2 and an adequate period of previous therapy. Adaptation of treatment based on DAS28 scores unless co-morbidity, extra-articular disease and/or side-effects prevent this.[16]	In case of active disease (DAS28 >3.2) therapy should be changed in order to reach low disease activity/remission again.	Visits
Regular outpatient clinic visits combined a nurse led DAS28 assessment	Frequent monitoring of disease activity, for example using the DAS28.[16]	All regular visits at the outpatient clinic for RA patients should be combined with a visit to a specialized nurse in order to assess the DAS28, which is available for	Visits

		the rheumatologist who sees the patient next
Correct intervals between regular outpatient clinic visits	Planned visit with a rheumatologist within 3 months of the last visit if DAS28 > 2.6. Planned visit with a rheumatologist within 6 months of the last visit if DAS28 < 2.6. Planned visit with a rheumatologist within one year after the last visit if DAS28 < 2.6.[16]	In the first year of treatment RA patients should be seen every three months, thereafter it depends on disease activity and medication use (3-montly visits in case of first year DMARD or biological use or active disease; otherwise 6-montly visits). Visits

DMARD: Disease Modifying Anti-Rheumatic Drug; DAS28: Disease Activity Score in 28 joints; PA: physician assistant; NP: nurse practitioner. *The preferential order starts with methotrexate and hydroxychloquine combination therapy. After three months treatment is evaluated and if, despite adequate dosage, disease activity remains high (DAS28 >3.2) hydroxychloroquine will be exchanged for etanercept. Treatment effects will be evaluated every three months and in case of persistent high disease activity, the biological DMARD will be switched while the use of methotrexate remains stable. In case of intolerance of contraindications for methotrexate, other conventional DMARDs can be chosen. ‡Therapy change included the intensification of

DMARD therapy (dosage increase, shortening of the interval, adding a new DMARD and/or biological, switching to another DMARD and/or biological), starting or increasing corticosteroids (dose), local corticosteroid injections. $^{\Pi}$DAS28 >3.2 or corresponding judgement from the rheumatologist if a DAS28 was not available.