Online supplement to: Sharing Ongoing Care with Primary Care Physicians Opens Up Opportunity for Timelier and Earlier Care by Rheumatologists for Patients with New Inflammatory Polyarthritis. *The Journal of Rheumatology.* doi:10.3899/jrheum.170494

ONLINE SUPPLEMENTARY DATA

Supplementary Table 1. Characteristics of real patients with peripheral inflammatory arthritis (data available on N=294).

Characteristic	Frequency (%)
Female	208 (70.7)
Rheumatoid arthritis	222 (75.5)
Seropositive rheumatoid arthritis	107 (49.5)
Erosive arthritis	89 (32.8)
Diagnosis < 1 year	53 (18.5)
Diagnosis ≥1 and <2 years	29 (10.1)
Diagnosis ≥2 and <3 years	38 (13.2)
Diagnosis ≥3 and <4 years	38 (13.2)
Diagnosis ≥4 and < 5 years	13 (4.5)
Diagnosis 5 years and more	116 (40.4)
Liver disease	33 (12.6)
Fibromyalgia	19 (6.8)
Any DMARD intake	237 (80.6)
Oral methotrexate	104 (35.4)
Subcutaneous methotrexate	77 (26.2)
Hydroxychoroquine	127 (43.2)
Sulfasalazine	21 (7.1)
Leflunomide	20 (6.8)
Prednisone	36 (12.2)
bDMARD	110 (36.7)
No antirheumatic drugs	25 (8.5)

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Supplementary Table 2. Characteristics of primary care physicians (N=85).

Characteristic	Result
Years of practice, mean ± standard deviation	24 ± 10
Number of patients with inflammatory arthritis, mean \pm standard deviation	15 ± 19
Reference in rheumatology during the last year, number (%)	70 (82.4)
Enough / very interested in shared follow-up, number (%)	62 (73.8)
Comfortable to:	
Prescribe nbDMARD before diagnosis of rheumatologist, number (%)	27 (32.5)
Renewal nbDMARD prescription, number (%)	66 (78.6)
Add nbDMARD after diagnosis of rheumatologist, number (%)	34 (40.5)
Renewal bDMARD, number (%)	20 (23.8)
Perform infiltrations with cortisone, number (%)	59 (70.2)
Prescribe prednisone in case of arthritis flare, number (%)	80 (95.2)