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The Impact of Remission on Healthcare Resource Utilisation and Costs Amongst Patients With Inflammatory Bowel Disease in France, Germany, Italy, Spain, and the United Kingdom

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OBJECTIVE

To determine the potential impact of achieving remission in Crohn's disease or ulcerative colitis on healthcare resource utilisation and associated direct healthcare resource utilisation (HCRU) costs in France, Germany, Italy, Spain, and the United Kingdom (EU5)

CONCLUSIONS

Patients with inflammatory bowel diseases who achieve remission present lower HCRU burden, lower risk of hospitalisation and surgery, and ultimately lower associated direct HCRU costs to healthcare systems in EU5 compared with those who do not achieve remission

Achievement of clinical remission as an intermediate treatment goal per Selecting Therapeutic Targets in Inflammatory Bowel Disease (STRIDE-II) consensus can bring important economics savings to healthcare systems

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References

1. Burisch J, et al. *Lancet Gastroenterol Hepatol.* 2020;5:454–64.
2. Burisch J, et al. *Inflamm Bowel Dis.* 2015;21:121–31.
3. Burisch J, et al. *J Crohns Colitis.* 2013;7:322–37.
4. Turner D, et al. *Gastroenterology.* 2021;160:1570–83.
5. UK: National_schedule_of_NHS_costs_FY20-21.xlsx (live.com) (https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2022%2F07%2F2_National_schedule_of_NHS_costs_FY20-21.xlsx&wdOrigin=BROWSELINK).
6. UK: Reference Costs 2015-16 (publishing.service.gov.uk) (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/577083/Reference_Costs_2015-16.pdf).
7. France: CCAM en ligne - Téléchargement (ameli.fr) (https://www.ameli.fr/accueil-de-la-ccam/telechargement/index.php).
8. France: Référentiel national de coûts des prises en charges (ENC) | Stats ATIH (scansante.fr) (https://www.scansante.fr/applications/donnees-de-couts).
9. Germany: Veröffentlichung der Entgeltkataloge gem. § 21 Abs. 10 Satz 5 KHG und § 5a Abs. 7 KHWiSichV, InEK GmbH (g-drg.de) (https://www.g-drg.de/entgeltkataloge-gem.-21-abs.-10-khg-und-5a-abs.-7-khwisichv/veroeffentlichung-der-entgeltkataloge-gem.-21-abs.-10-satz-5-khg-und-5a-abs.-7-khwisichv).
10. Italy: c2e8b084-3399-a0bc-7fa4-583f2d9f36c4 (regione.toscana.it) (https://www.regione.toscana.it/documents/10180/23321/Nomenclatore+Tariffario+regionale+delle+prestazioni+di+specialistica+ambulatoriale+.pdf/c2e8b084-3399-a0bc-7fa4-583f2d9f36c4?t=1625821429698).
11. Italy: dgr_1875_2020_tariffe.pdf (regione.emilia-romagna.it) (https://salute.regione.emilia-romagna.it/siseps/sanita/sdo/files/dgr_1875_2020_tariffe.pdf).
12. Spain: Ministerio de Sanidad - Portal Estadístico del SNS - Estadísticas y Estudios - Informes y Recopilaciones (https://www.sanidad.gob.es/estadEstudios/estadisticas/inforRecopilaciones/anaDesarrolloGDR.htm).

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INTRODUCTION

- Crohn's disease (CD) and ulcerative colitis (UC) are life-long, immune-mediated inflammatory bowel diseases (IBD) associated with increasing hospitalisations, surgeries, and direct medical costs[1–3]
- STRIDE-II consensus recommends clinical remission as an intermediate treatment goal in patients with IBD[4]
- Failure to achieve clinical remission may impact HCRU and overall medical costs for patients with IBD

METHODS

- Data were collected from an Adelphi Real World IBD Disease Programme™, a cross-sectional survey collected from gastroenterologists and their IBD patients in EU5 from September 2020 to January 2021
- Gastroenterologists completed a patient record form for 5–10 consulting IBD patients covering demographics, remission status, healthcare professional visits, laboratory tests used to diagnose and monitor CD/UC, and hospitalisations and surgeries related to IBD
- Patients were stratified into 2 groups based on gastroenterologist-stated clinical remission status from set categories: remission (RE) vs non-remission (NR)
- Outcomes included the percentage of patients who were hospitalised and who had IBD-related surgery (eg, surgery for fistula, abscesses, or fibrostenosis, ilieo-caecal resection, or bowel resection), and the number of healthcare professional visits (gastroenterologist, primary care physician/general practitioner, emergency department visits) and tests used to monitor and diagnose CD/UC (colonoscopy, gastroscopy, haemoglobin, C-reactive protein, full blood count) in the last 12 months
- Associated HCRU costs (excluding drug costs) are reported in 2022 € and were sourced from published healthcare reports per country[5–12]
- Outcomes and costs were compared between patients in RE and NR using inverse probability weighted regression analysis (α = 0.05), adjusting for age, sex, body mass index, smoking status, disease location, and current treatment
- Sensitivity analyses on a different population were conducted, patients classed as having mild disease by their gastroenterologists at initiation of current treatment were excluded (142 for CD and 67 for UC)

RESULTS

- The results displayed here were consistent amongst the moderate/severe population in terms of significance, directions of results, and coefficients. Among 1384 patients with CD and 1380 patients with UC in moderate/severe disease, HCRU burden and costs were slightly higher across all groups

Table 1. Demographics

	Crohn's Disease		Ulcerative Colitis	
	Patients in RE (n = 1021)	Patients in NR (n = 505)	Patients in RE (n = 968)	Patients in NR (n = 479)
Country, n (%)			***	***
France	252 (24.7)	104 (20.6)	244 (25.2)	83 (17.3)
Germany	187 (18.3)	116 (23.0)	186 (19.2)	118 (24.6)
Italy	204 (20.0)	112 (22.2)	182 (18.8)	135 (28.2)
Spain	277 (27.1)	125 (24.8)	269 (27.8)	95 (19.8)
United Kingdom	101 (9.9)	48 (9.5)	87 (9.0)	48 (10.0)
Age (years) mean ± SD	38.3 ± 13.2	38.8 ± 13.9	40.2 ± 14.0	40.6 ± 14.8
Male, n (%)	540 (52.9)	263 (52.1)	510 (52.7)	251 (52.4)
Smoking status, n (%)	*	*	*	*
Never smoked	504 (49.4)	224 (44.4)	548 (56.6)	238 (49.7)
Ex-smoker	310 (30.4)	147 (29.1)	279 (28.8)	153 (31.9)
Current smoker	207 (20.3)	134 (26.5)	141 (14.6)	88 (18.4)
Employment status, top 3, n (%)	**	**		
Working full-time	566 (57.2)	247 (50.5)	553 (59.0)	229 (49.0)
Working part-time	124 (12.5)	55 (11.2)	97 (10.4)	54 (11.6)
Student	114 (11.5)	63 (12.9)	90 (9.6)	57 (12.2)

NR, non-remission; RE, remission; SD, standard deviation.
*P <.05; **P <.01; ***P <.001 for patients in RE vs NR. Significance testing is shown independently within the CD groups and UC groups.

Table 2. Disease Characteristics

	Crohn's Disease		Ulcerative Colitis	
	Patients in RE (n = 1021)	Patients in NR (n = 505)	Patients in RE (n = 968)	Patients in NR (n = 479)
Time since diagnosis (years) Mean ± SD	n = 991 5.78 ± 6.5	n = 482 5.46 ± 6.1	n = 949 5.43 ± 6.0	n = 468 4.83 ± 5.9
Charlson Comorbidity Index, mean ± SD	0.12 ± 0.5**	0.21 ± 0.7**	0.19 ± 0.7	0.20 ± 0.7
CD disease location, top 3, n (%)				
Crohn's ileitis	409 (40.1)	216 (42.8)	—	—
Crohn's ileocolitis	315 (30.9)	155 (30.7)	—	—
Crohn's colitis	251 (24.6)	120 (23.8)	—	—
UC disease location, top 3, n (%)				
Pan-ulcerative (total) colitis	—	—	268 (31.2)	150 (33.0)
Left-sided colitis	—	—	239 (27.8)*	151 (33.2)
Proctosigmoiditis	—	—	237 (27.6)*	101 (22.2)
Current disease severity, n (%)	***	***	***	***
Mild	882 (86.4)	162 (32.1)	851 (87.9)	149 (31.1)
Moderate	125 (12.2)	292 (57.8)	107 (11.1)	276 (57.6)
Severe	14 (1.4)	51 (10.1)	10 (1.0)	54 (11.3)
Remission duration (months) Mean ± SD	n = 987 15.1 ± 20.2	—	n = 935 13.5 ± 17.7	—

CD, Crohn's disease; NR, non-remission; RE, remission; SD, standard deviation; UC, ulcerative colitis.
*P <.05; **P <.01; ***P <.001 for patients in RE vs NR. Significance testing is shown independently within the CD groups and UC groups.

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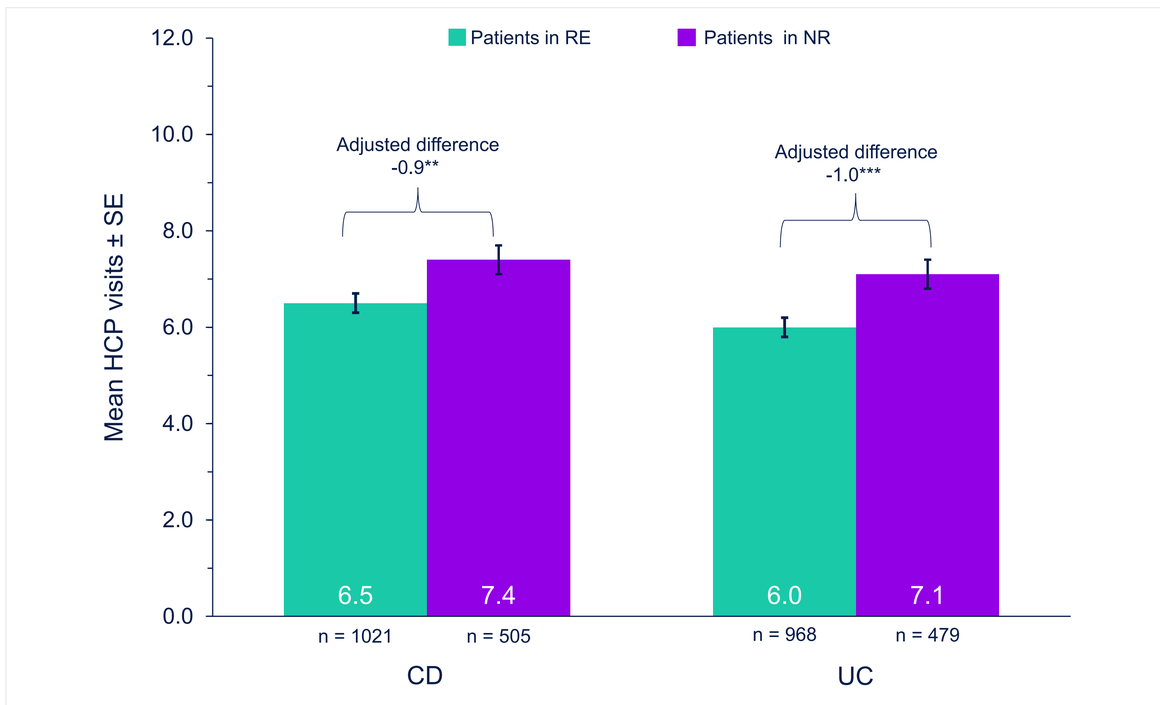
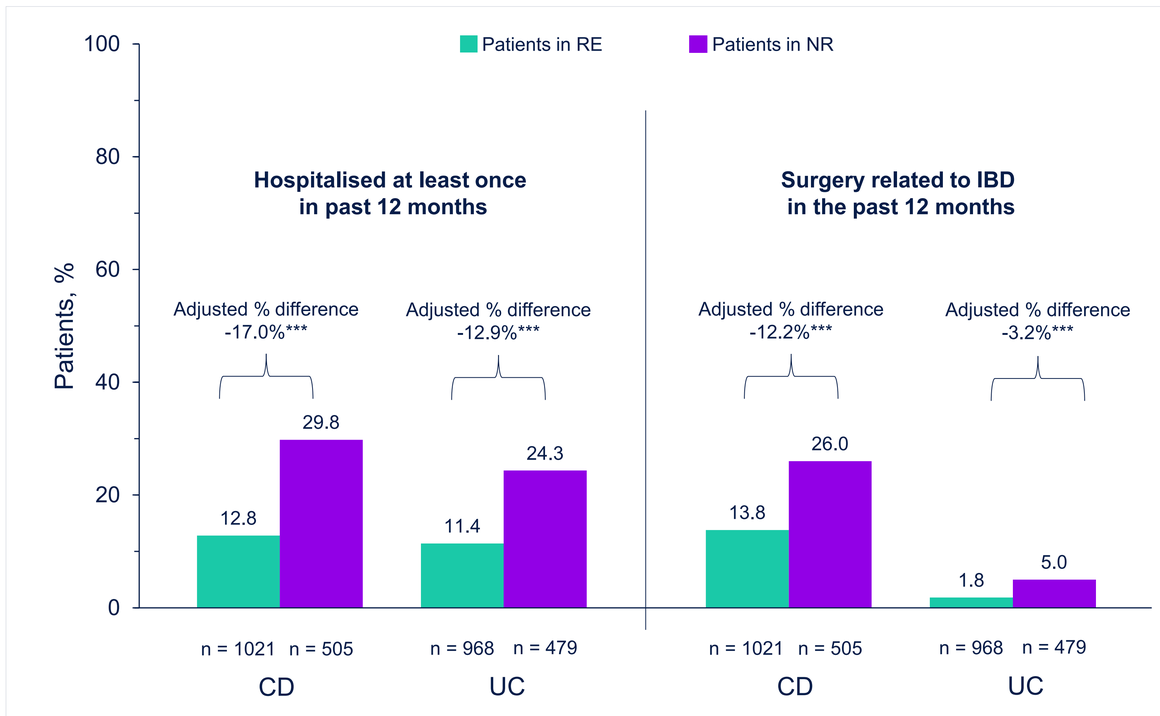
RESULTS CONTINUED

Figure 1. Number of HCP Visits in the Last 12 Months



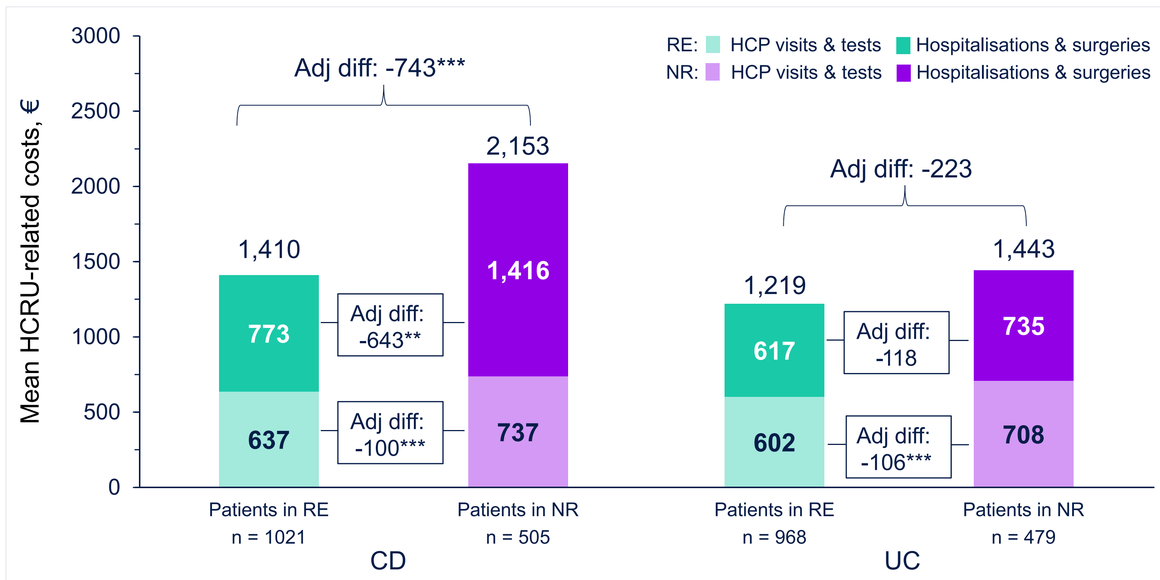
CD, Crohn's disease; HCP, healthcare professional; NR, non-remission; RE, remission; SE, standard error; UC, ulcerative colitis.
*P <.05; **P <.01; ***P <.001 for patients in RE vs NR.

Figure 2. Hospitalisation and Surgery Reduced With RE vs NR



CD, Crohn's disease; IBD, inflammatory bowel disease; NR, non-remission; RE, remission; UC, ulcerative colitis.
*P <.05; **P <.01; ***P <.001 for patients in RE vs NR.

Figure 3. HCRU Costs Associated With RE and NR



Adj diff, adjusted difference; CD, Crohn's disease; HCP, healthcare professional; HCRU, healthcare resource utilisation; NR, non-remission; RE, remission; UC, ulcerative colitis.
*P <.05; **P <.01; ***P <.001 for patients in RE vs NR.
Cost in £ were converted to € using the September 2022 exchange rate.

- Results for patients with moderate to severe disease who achieved remission had lower risk of hospitalisation and surgery, lower HCRU, and lower associated direct costs

LIMITATIONS

- Gastroenterologist participation was based on their willingness to complete the survey and may result in selection bias
- Data were derived from a consulting patient population and may not be representative of the general population of patients with IBD
- Results are reported for 5 countries in Europe and may not be the same as other countries in the international community
- Endoscopic outcomes could not be assessed, but meeting long-term endoscopic goals should also be considered as impacting the healthcare system

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