In general, patients identified problematic gaps in SoCs more frequently than rheumatologists did. These findings can help to evaluate quality of care and to work towards improvement of care for RA patients in Europe.

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QUALITY OF CARE PREDICTS OUTCOME IN SYSTEMIC LUPUS ERYTHEMATOSUS – CROSS SECTIONAL ANALYSIS OF A GERMAN LONG-TERM STUDY (LULA COHORT, 2011–2015)

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Background: Systemic lupus erythematosus (SLE) is a chronic disease, which is still not fully understood due to its significant morbidity and mortality1. Recommendations for the management of SLE patients exist2-5, but information on its implementation and the resulting impact on long-term outcome remain unclear.

Objectives: Our aim was to study the quality of SLE medical care in Germany to understand gaps and to analyze the association to long-term outcome parameters.

Methods: In the LuLa-study information on demographics, clinical and medical care parameters are assessed annually by self-reported questionnaires among a representative sample of SLE patients in Germany (LuLa cohort, n=572). In 2013 additional questions on the management of care, as mentioned in current guidelines and recommendations, were surveyed. Ten items predicting a good clinical care (quality measures) were evaluated and an overall score with a minimum of 0 points and a maximum of 10 points was calculated. The ten items are taking anti-malarials, osteoporosis protection at a dose above 7.5 mg prednisolone equivalent per day or taking ≤ 7.5 mg per day, vaccination, blood pressure, fat metabolism counseling, urine examination and blood test once a year, treatment of comorbidity by a fat metabolism disorder, osteoporosis and hypertension. Health related quality of life (Short Form Survey, SF-12/36), damage (Brief Index of Lupus Damage, BILD) and disease activity (Systemic Lupus Activity Questionnaire, SLAQ) were chosen as relevant proxies for long-term outcome.

Using linear regression, we examined the relationship between quality measures and outcomes, adjusted for age, disease duration and gender. Using linear regression, we examined the relationship between quality measures, which are recommended in several management guidelines, and outcome parameters, adjusted for age, disease duration and gender.

Results: On average 6.1 points of the 10 quality measures were met (SD 2.5). There were no differences in the quality measures between the intervention arm (44%) versus the usual care arm (21%, p=0.04) reported positive intervention arm (44%) versus the usual care arm (21%, p=0.04) reported positive intervention arm (44%) versus the usual care arm (21%, p=0.04) reported positive intervention arm (44%) versus the usual care arm (21%, p=0.04) reported positive intervention arm (44%) versus the usual care arm (21%, p=0.04) reported positive intervention arm (44%) versus the usual care arm (21%, p=0.04) reported positive intervention arm (44%) versus the usual care arm (21%, p=0.04) reported positive intervention arm (44%) versus the usual care arm (21%, p=0.04) reported positive intervention arm (44%) versus the usual care arm (21%, p=0.04) reported positive intervention arm (44%) versus the usual care arm (21%, p=0.04) reported positive intervention arm (44%) versus the usual care arm (21%, p=0.04). Using linear regression, we examined the relationship between the quality measures, which are recommended in several management guidelines, and outcome parameters, adjusted for age, disease duration and gender. Using linear regression, we examined the relationship between the quality measures, which are recommended in several management guidelines, and outcome parameters, adjusted for age, disease duration and gender. Using linear regression, we examined the relationship between the quality measures, which are recommended in several management guidelines, and outcome parameters, adjusted for age, disease duration and gender. Using linear regression, we examined the relationship between the quality measures, which are recommended in several management guidelines, and outcome parameters, adjusted for age, disease duration and gender.

Conclusion: The majority of patients expressed interest in expedited rheumatology appointments for their RA flares on their baseline patient-satisfaction survey. However, during the study, patients in the intervention arm largely preferred self-management and/or over-the-phone counseling. The nurse-led flare treatment arm (44%) versus the usual care arm (21%, p=0.04) reported positive outcome. A higher proportion of patients in the intervention arm (44%) versus the usual care arm (21%, p=0.04) reported positive outcome. A higher proportion of patients in the intervention arm (44%) versus the usual care arm (21%, p=0.04) reported positive outcome. A higher proportion of patients in the intervention arm (44%) versus the usual care arm (21%, p=0.04) reported positive outcome. A higher proportion of patients in the intervention arm (44%) versus the usual care arm (21%, p=0.04) reported positive outcome. A higher proportion of patients in the intervention arm (44%) versus the usual care arm (21%, p=0.04) reported positive outcome. A higher proportion of patients in the intervention arm (44%) versus the usual care arm (21%, p=0.04) reported positive outcome. A higher proportion of patients in the intervention arm (44%) versus the usual care arm (21%, p=0.04) reported positive outcome. A higher proportion of patients in the intervention arm (44%) versus the usual care arm (21%, p=0.04) reported positive outcome. A higher proportion of patients in the intervention arm (44%) versus the usual care arm (21%, p=0.04) reported positive outcome. A higher proportion of patients in the intervention arm (44%) versus the usual care arm (21%, p=0.04) reported positive outcome. A higher proportion of patients in the intervention arm (44%) versus the usual care arm (21%, p=0.04) reported positive outcome. A higher proportion of patients in the intervention arm (44%) versus the usual care arm (21%, p=0.04) reported positive outcome. A higher proportion of patients in the intervention arm (44%) versus the usual care arm (21%, p=0.04) reported positive outcome.

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REFERENCES:


IMPLEMENTATION OF TNF-BIOSIMILARS (INFLEXIMAB AND ETANERCEPT) IN DANISH DEPARTMENTS OF RHUMATOLOGY

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Background: The use of expensive biological drugs in rheumatology is rapidly increasing and has led to substantial increases in drug expenditures. A considerable reduction of drug costs is possible by using biosimilars as soon as they become available and carrying out non-medical shifts to biosimilars (i.e. switching a patient well treated on a biooriginator to the biosimilar). Research on biosimilars has focused on interchangeability and safety outcomes, but little focus has been on nationwide implementation and the direct economic consequences on drug expenditures. In Denmark, TNF-inhibitors are solely given in an in-hospital setting and bought through national tenders. The Danish in-hospital organization includes Regional Drug and Therapeutics Committees that ensures regional implementation of treatment guidelines and close collaboration between hospital pharmacies and regional clinical pharmacologists. Furthermore, the implementation of TNF-inhibitor biosimilars was preceded by careful preparations from among others a newly established national biosimilar task force.

Objectives: The aim of this study was to describe the implementation of the two first TNF-inhibitor biosimilars (infliximab and etanercept) in Danish departments of rheumatology.

Methods: Monthly data on drug sales to Danish rheumatology departments were used to assess the biosimilar uptake rate and subsequent changes in the drug expenditures during the implementation in Denmark.

Results: Shifts to biosimilars were begun within a few months following end of biooriginator patent, vertical lines in the figure. Use of the infliximab biosimilar was begun in April 2015, and in August 2015 biosimilar uptake was 92.9% of the total infliximab use. Similarly use of etanercept biosimilar was begun in April 2015, and in June 2016 biosimilar uptake was 91.8% of total etanercept use. In January 2015 the total use in Defined Daily Doses (DDD) were 42.4 thousand DDD’s for infliximab and 37.3 thousand DDD’s for etanercept. The use increased steadily and was in January 2018 138.4 thousand DDD’s for infliximab and 62.1 thousand DDD’s for etanercept (equivalent to increases of 226.6% and 68.8%). The increases in DDD’s were not reflected in total drug costs due to the shift to biosimilars. The total drug cost for infliximab in January 2015 was 6.7 million DKK but was reduced to 5.4 million DKK in January 2018 (-19.4%). A corresponding cost reduction was seen for etanercept (11.3 million DKK in January 2015, 8.1 million DKK in January 2018, -28.7%).

Conclusion: Danish departments of rheumatology experienced a fast and near-complete switch of infliximab and etanercept biooriginators to biosimilars. At the same time the use of the drugs increased substantially, but due to large price reductions the total drug cost decreased despite the increasing use. We believe that a thorough preparation and an organizational setting supporting the implementation was crucial for the successful implementation. The Danish structure, with its national tendering, probably contributed to the substantial drug discounts obtained. The implementation will be used for future biosimilars in Denmark.

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