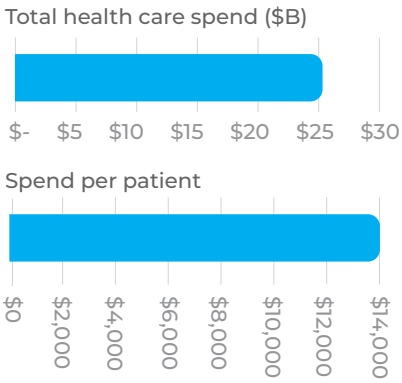
Economic Burden of Inflammatory Bowel Disease (IBD)

American Gastroenterological Association

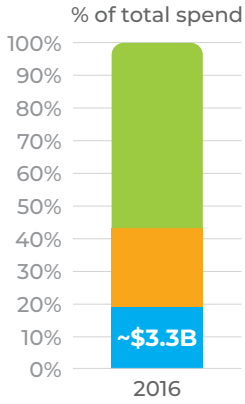
Incidence and cost of IBD are considerable

Most recent estimates are **3.1 million adults (1.3%)** in the U.S. have been diagnosed with IBD.

U.S. spend on IBD[3]



Most IBD spend in U.S. is for inpatient/ED*[3]



Though more is being spent on drugs, over half is still on inpatient/ED.

Judicious drug spending may decrease inpatient/ED spending and total cost of care.

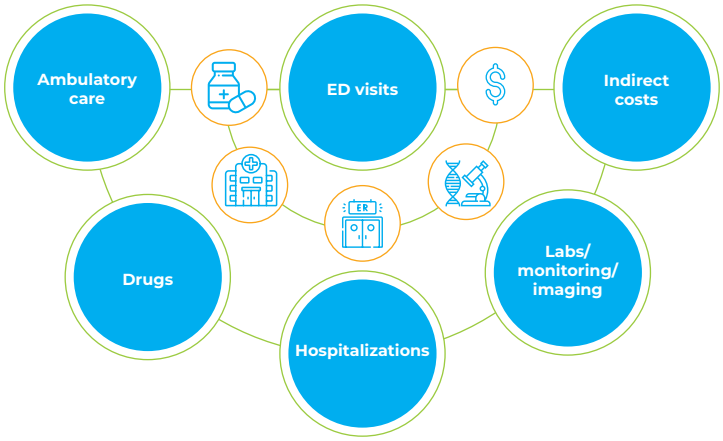
- Pharmaceuticals
- Ambulatory nursing care
- Inpatient/ED

* Emergency department

Total cost of care is multi-faceted[4]

Site of care can impact cost:

- Infusion at hospital vs. outpatient clinic is more expensive
- Academic centers vs. community providers are more expensive



Indirect costs are part of total cost of care

Indirect costs:

- Include loss of productivity and earnings, absenteeism, and presenteeism
- Impact patients and caregivers
- May be of special interest to employers and self-funded plans

$3.6B
Estimated indirect costs of IBD (1999)[5]

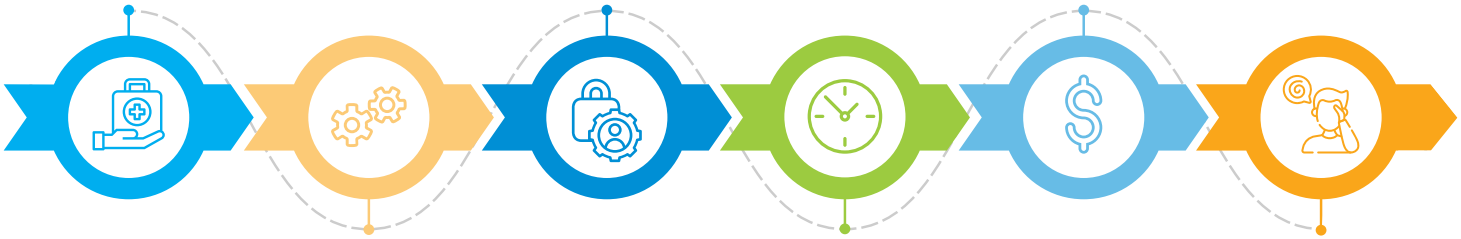
12.3%
Patients with IBD symptoms in the previous year that reported being out of the labor force[5]

The patient journey is long and winding

Optimal care requires treatment tailored to individual patients, which may lead to administrative burdens for patients and providers.

Specialty care is primarily concentrated in academic teaching institutions, making access difficult to many patients.

Financial toxicity is highly prevalent in IBD.

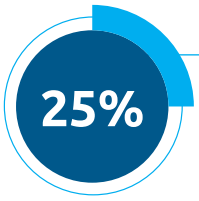


Patients may have to "restart" treatment process when they change insurance.

Prior authorization requirements may delay treatment, even in the presence of disease flares.

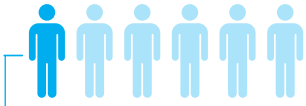
Patients are "out of the loop" as providers are working to obtain coverage even though patients could advocate for themselves or do follow-up.

Financial toxicity impacts patient care in IBD[6]



An estimated 25%

of patients with IBD report financial hardship due to medical bills.



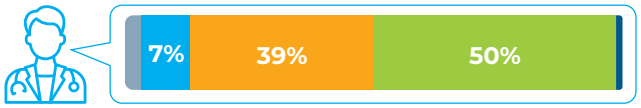
1 in 6 patients with IBD

report cost-related medication non-adherence.

Financial toxicity is associated with a **higher rate** of unplanned health care utilization (e.g., ED visits).

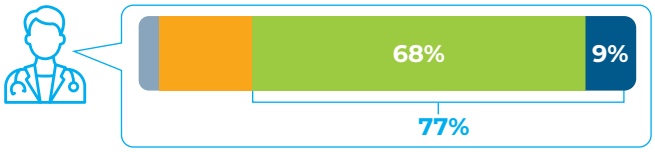
Gastroenterologists report that payor policies such as prior authorization (PA) can negatively impact patient care[7]

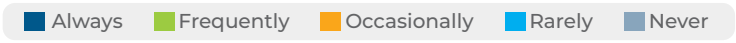
How often have PA requirements caused physical harm* to your patients with IBD?



*Examples of physical harm (e.g., disease flares, hospitalization, treatment abandonment, etc.).

How often have annual or six-month repeat authorization requirements caused delays in care for your patients with IBD?





Key messaging for payors

- Appropriate, timely drug therapy can prevent treatment delays and disease flares that could lead to ED visits and/or hospitalizations, which are ultimately more costly than the drugs.
- Treatment delays in receiving IBD therapy due to the time to receive prior authorizations have been reported to cause disease flares which may cause physical harm to the patient and lead to hospitalizations.
- Treatment delays can lead to recurrence of symptoms or progression of disease; the latter may result in courses of steroids, hospitalization, or surgical management, which affect patient quality of life and total cost of care.
- A higher proportion of health care dollars spent on IBD is for ED visits and hospitalizations; preventing those expenses with appropriate and timely drug therapy will help to reduce total cost of care.
- Individualization of therapy will lead toward better disease control and support patients having more productive lives.

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6. Nguyen NH, Khera R, Dulai PS, et al. National estimates of financial hardship from medical bills and cost-related medication nonadherence in patients with inflammatory bowel diseases in the United States. *Inflamm Bowel Dis*. 2021;27:1068–1078
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Additional Reading

Terlizzi EP, Dahlhamer JM, Xu F, et al.. *Health Care Utilization Among U.S. Adults With Inflammatory Bowel Disease, 2015–2016*. US Department of Health and Human Services; Centers for Disease Control and Prevention; National Center for Health Statistics; 2021

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