Documented Variation in Inflammatory Bowel Disease Care in Australasia – Crohn's Colitis Cure Data Insights Program

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INTRODUCTION & AIM:

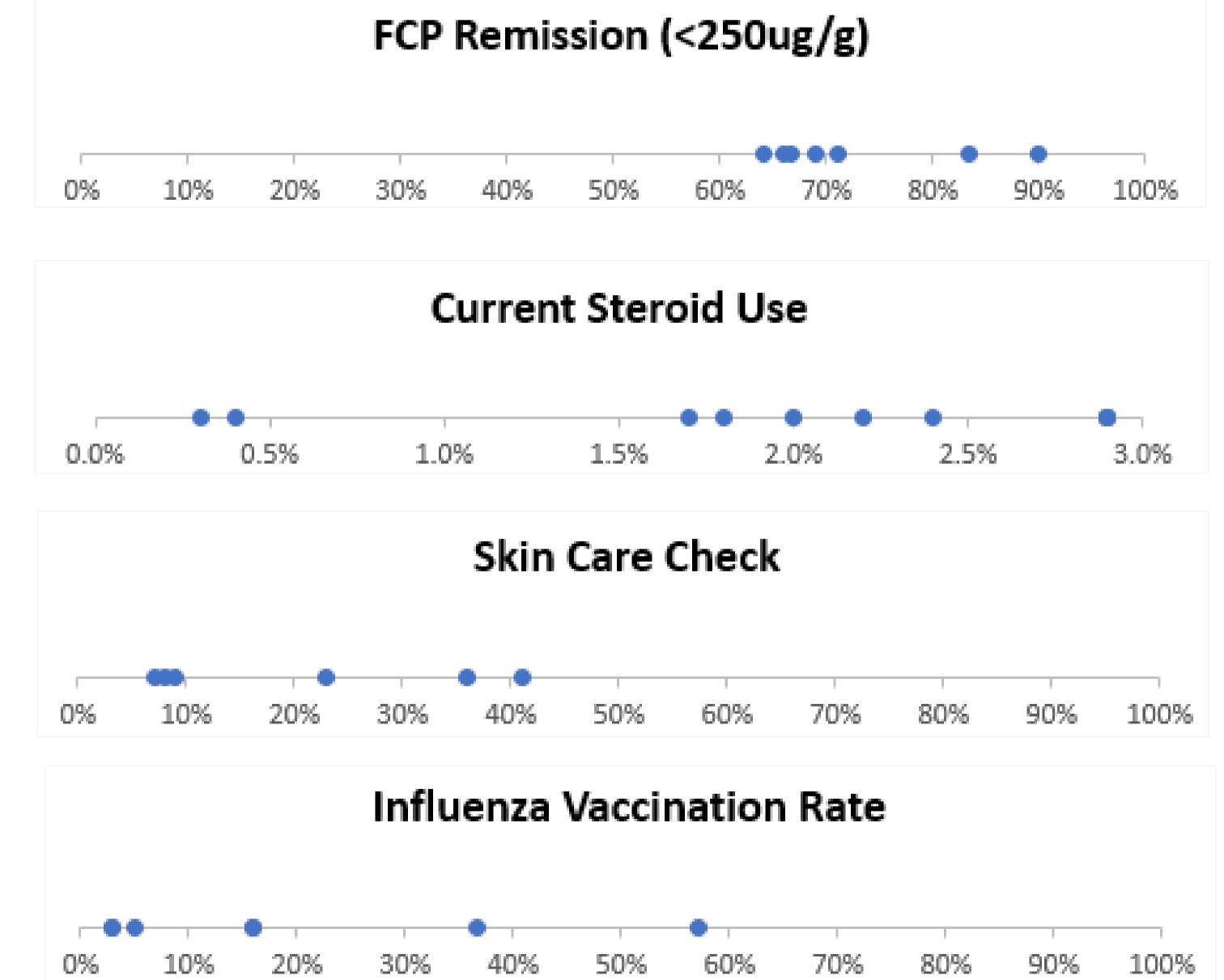
- Inflammatory Bowel Disease (IBD) is a global health issue with Australia having amongst the highest prevalence rates internationally.
- We examined various quality, safety and outcome measure across Australasian centres using Crohn's Colitis Care (CCCare).
- <u>Aim:</u> to describe current care delivery at each centre across a range of indicators to provide a baseline from which to engage in a care quality benchmark initiative.

METHODS:

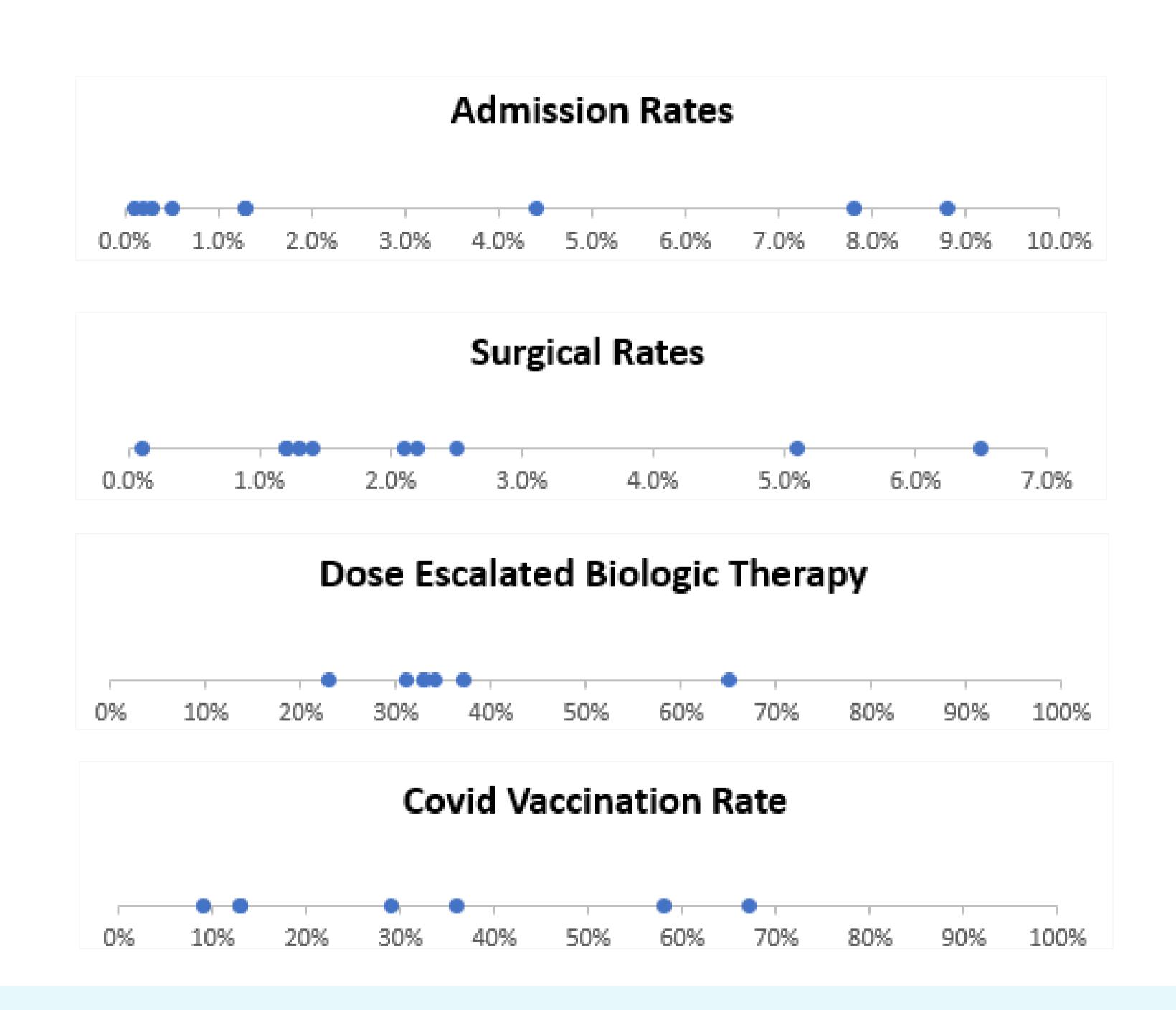
- Crohn's Colitis Care is a cloud-based IBD-specific electronic medical record (EMR) used at IBD centres across Australasia since 2018.
- Data from CCCare flow across to a de-identified clinical quality registry. Data from 1st January 2022 to 31st
 December 2022 were retrospectively analysed.
- <u>Inclusion:</u> centres with > 100 patients with an assessment during the 12 month period were included.
- Sites from Australia and New Zealand were a mixture of public and private IBD referral centres; this enabled capture of significant socioeconomic and ethnic diversity as well as different IBD care models.

RESULTS (CONT.):

- The cohort: 7,172 people with IBD across 10 centres
- 58.6% had Crohn's Disease (CD), 39.1% ulcerative colitis (UC) and
 2.3% IBD-unclassified (IBDU)
- Mean age 44.3 (SD+/- 18.0), even gender balance (50.7% female)
- The number of people with IBD per centre ranged from 201 to 855
- In the total cohort, **38.3**% were on current advanced therapy (biologics or new small molecules), with centre variation from **30.8**% to **43.5**%.
- Of those on advanced therapy, 42% were on dose escalated therapy which varied substantially between centres from 22% to 64%.



- Significant variation also existed across a number of quality indices over the last 12 months (see below)
- Current documented smoking rates varied from 2% to 12%
- 3,379 faecal calprotectin's (FCP) were documented with an overall remission rate of **71**% (FCP<250ug/g).
- 2,616 lower endoscopies were documented across 9 sites with a remission rate of 56%; centre variation from 39% to 65%
- 1,085 radiological investigations documented across 9 sites with a remission rate of **37.2**%; centre variation 27.2% to 100%.



CONCLUSIONS: These prospectively collected data from large Australasian IBD treatment centres show:

- Despite advances in treatment and literature addressing care guidelines and targets, significant variation in either/both care documentation and outcomes remains for people with IBD.
- CCCare is an IBD-specific EMR which supports easy monitoring of these measures at scale. CCCare is therefore useful to benchmark care delivery and outcomes and can assist us to improve these by reducing unwarranted care variation.