Healthcare Utilisation in people with inflammatory bowel disease – Crohn's Colitis Cure (CCC) Data Insights Program

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INTRODUCTION

- Long term management of inflammatory bowel disease (IBD) poses a significant economic burden for people with IBD and the healthcare system.

AIM

- To describe healthcare utilisation (HCU) across 19 sites using Crohn's Colitis Care (CCCare) as their IBD electronic management record (EMR).

METHOD

- CCCare is a cloud based EMR used in Australia and New Zealand (NZ). Prospectively entered data flow through to a clinical quality registry (CQR).
- The CQR was interrogated in May 2024 to examine HCU over a 12-month period (April 2023 to April 2024).
- People with a clinical assessment in the last 14 months were included.

RESULTS:

- There was **6,259** eligible people included.
- Median age of **41 years** (IQR 31 – 56).
- Even gender distribution (**50.2% male**).
- Median duration of disease was **10.7 years** (IQR 5.1-18.8).
- **56.1%** (n=3510) had Crohn's Disease, **41.4%** (n=2591) Ulcerative colitis, and 2.5% (n=158) IBD-Unclassified.
- **76.4%** (n=4782) resided in Australia and **23.6%** (n=1477) in New Zealand.
- The majority resided in metropolitan area (**77.7%,** n=4085), with **11.3%** in remote areas (n=593).
- The consumer helpline accounted for **8,754 contacts** or **1.4** contacts per person (cpp).
- There were **4659** in-person clinic assessments.

RESULTS - CONT:

- People residing in **Australia** had higher utilisation of Helpline (1.6 cpp vs 0.7 cpp, p<0.001) and Endoscopy (0.3 cpp vs 0.1 cpp, p<0.001) compared to NZ.
- People residing in a **Metropolitan** area had higher utilisation of helpline (1.7 cpp vs 1.3 cpp, p<0.001) and clinic assessments (0.8 cpp vs 0.6 cpp, p<0.001) compared to people in Non-metropolitan areas.
- Gender was not a statistically significant factor.
- Current **advanced therapy** use (biologic or novel small molecule) significantly increased helpline, radiology and endoscopy utilisation (p < 0.001) but had no significant impact on clinical assessments (p = 0.45).
- Estimated cost of healthcare utilisation: $7,296,989 or $1,165.84 per person.

Demographics	Crohn's Disease	Ulcerative Colitis	IBD-Unclassified	Total Cohort
Median age, years (IQR)	41 (30– 55)	43 (32 – 57)	43 (29 – 61)	42 (31 – 56)
Gender, n (%) - Male - Female	 1784 (50.8) 1726 (49.2)	 1289 (49.7) 1302 (50.3)	 72 (45.6) 86 (54.4)	 3145 (50.2) 3114 (49.8)
Median duration of disease, years (IQR)	11.8 (5.9 – 19.6)	9.3 (4.4 – 17.3)	7.0 (3.2 – 15.5)	10.7 (5.1 – 18.8)
Region, n (%) - Metropolitan - Large regional - Medium and small regional - Remote	 2327 (77.3) 97 (3.2) 229 (7.6) 357 (11.9)	 1667 (78.4) 63 (3.0) 176 (8.3) 221 (10.4)	 91 (77.1) 5 (4.2) 7 (5.9) 15 (12.7)	 4085 (77.7) 165 (3.1) 412 (7.8) 593 (11.3)
Healthcare Utilisation, n (number per person)				
Helpline contacts	5380 (1.5)	3205 (1.2)	169 (1.1)	8754 (1.4)
Clinic assessments	2686 (0.8)	1858 (0.7)	115 (0.7)	4659 (0.7)
Radiology events	1088 (0.3)	268 (0.1)	22 (0.1)	1378 (0.2)
Endoscopic events	915 (0.3)	786 (0.3)	46 (0.3)	1747 (0.3)

CONCLUSIONS

- Long term management of people with IBD requires the comprehensive input of expert multidisciplinary teams reflected in the number of in-person clinic visits and helpline contacts and supplemented by endoscopic and radiologic investigations.
- This analysis does not include the costs of medications, blood tests, allied health and General Practitioner services, admissions, surgeries, nor the cost of admissions, and the true costs will be significantly higher. This data likely under-captures radiology and endoscopy events, and the indirect costs to people with IBD. Therefore, benefits of any improvements in healthcare efficiency will be amplified across the healthcare system.

For more information contact: info@c-c-cure.org, or visit www.c-c-cure.org