

DERMATOLOGY RESEARCH UNIT

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PSOPLUS: AN INTEGRATED PRACTICE UNIT FOR PSORIASIS

Introduction

There is a need to revise the current healthcare system. Value-based healthcare (VBHC) provides a framework to maximize the value by delivering integrated care within integrated practice units (IPUs). Value in this context is defined as the achieved outcomes per costs made. The aim is to describe an IPU for psoriasis, called PsoPlus.

Applying VBHC to Psoriasis Management

PsoPlus was set up at the end of 2012 (1-2) and evolved to an IPU where the principles of VBHC are applied. Six major components are discussed:

1. Psoriasis Care Delivery
2. Measuring Value (Outcomes and Costs)
3. The PsoPlus Hub-and-Spoke Model
4. Delivering Integrated Care and Guidelines
5. Comorbidity Management
6. PsoSmart Data Capturing

Discussion

Current benefits

1. Delivering integrated care for psoriasis patients has shown to improve outcomes and satisfaction in other dermatology-rheumatology clinics (5).
2. Working with an nurse specialist improves access of care, lifestyle and shared-decision making
3. Comorbidities are screened and treated

Current challenges

1. Technical and ethical issues
2. Extensive collaborations within a hospital as well as beyond remains complicated
3. Fee-for-service payment system remains the standard in Belgium
4. Applying the principles of VBHC requires a culture shift

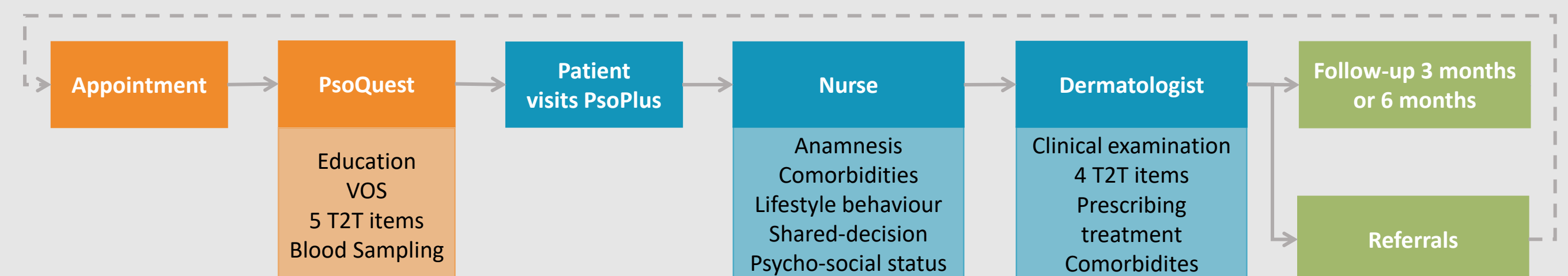
Conclusion

We describe a comprehensive IPU for psoriasis that incorporates the VBHC principles. Research is ongoing to validate this approach and provide us with further insights to optimize psoriasis care (the Value in Psoriasis trial (7)).

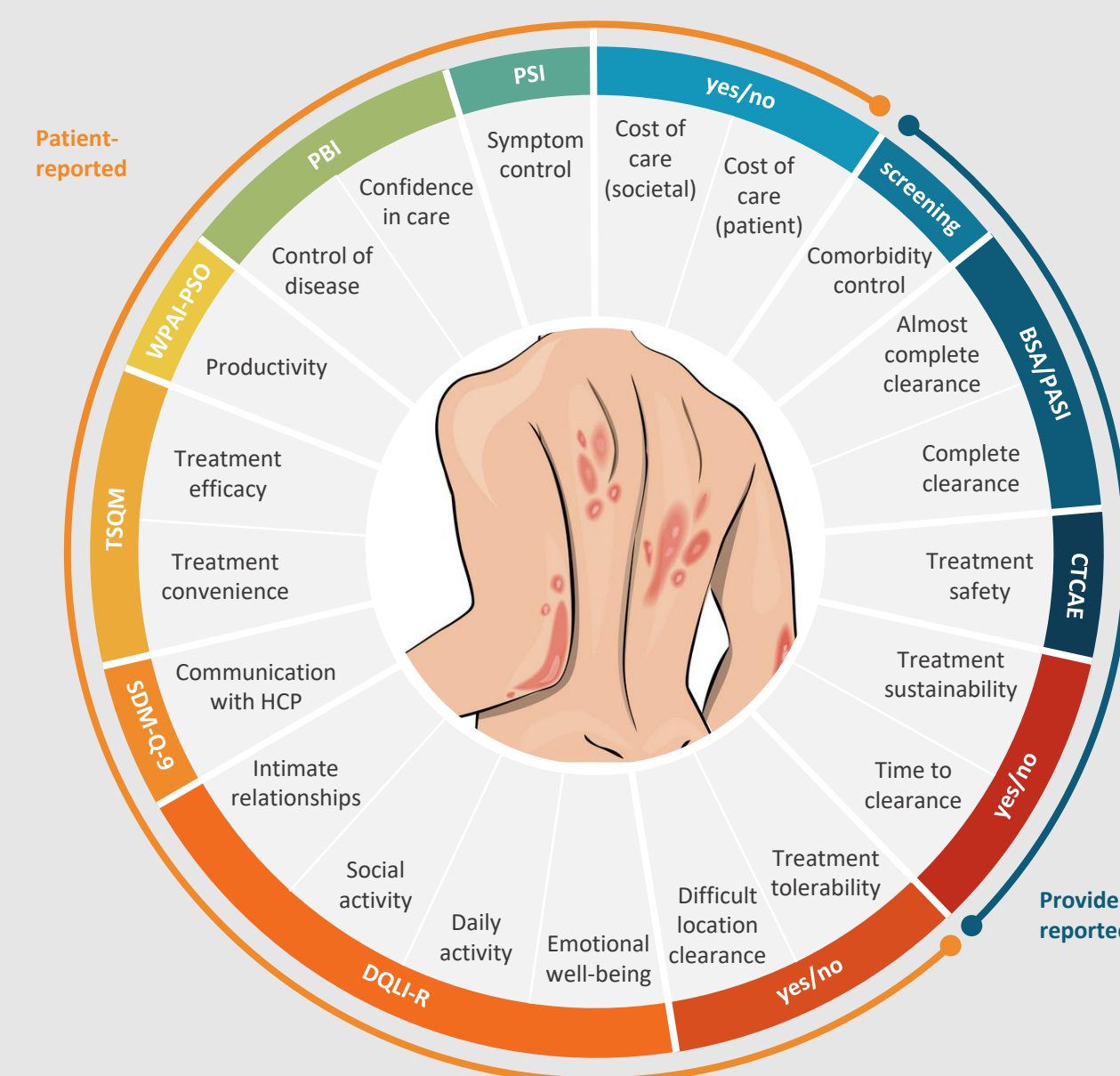
References

- (1) De Coster et al, 2016
- (2) Lambert et al, 2021
- (3) Hilhorst et al, 2023
- (4) Grine et al, 2020
- (5) Soleymani et al, 2017
- (6) Sutton et al, 2020
- (7) Hilhorst et al, 2023

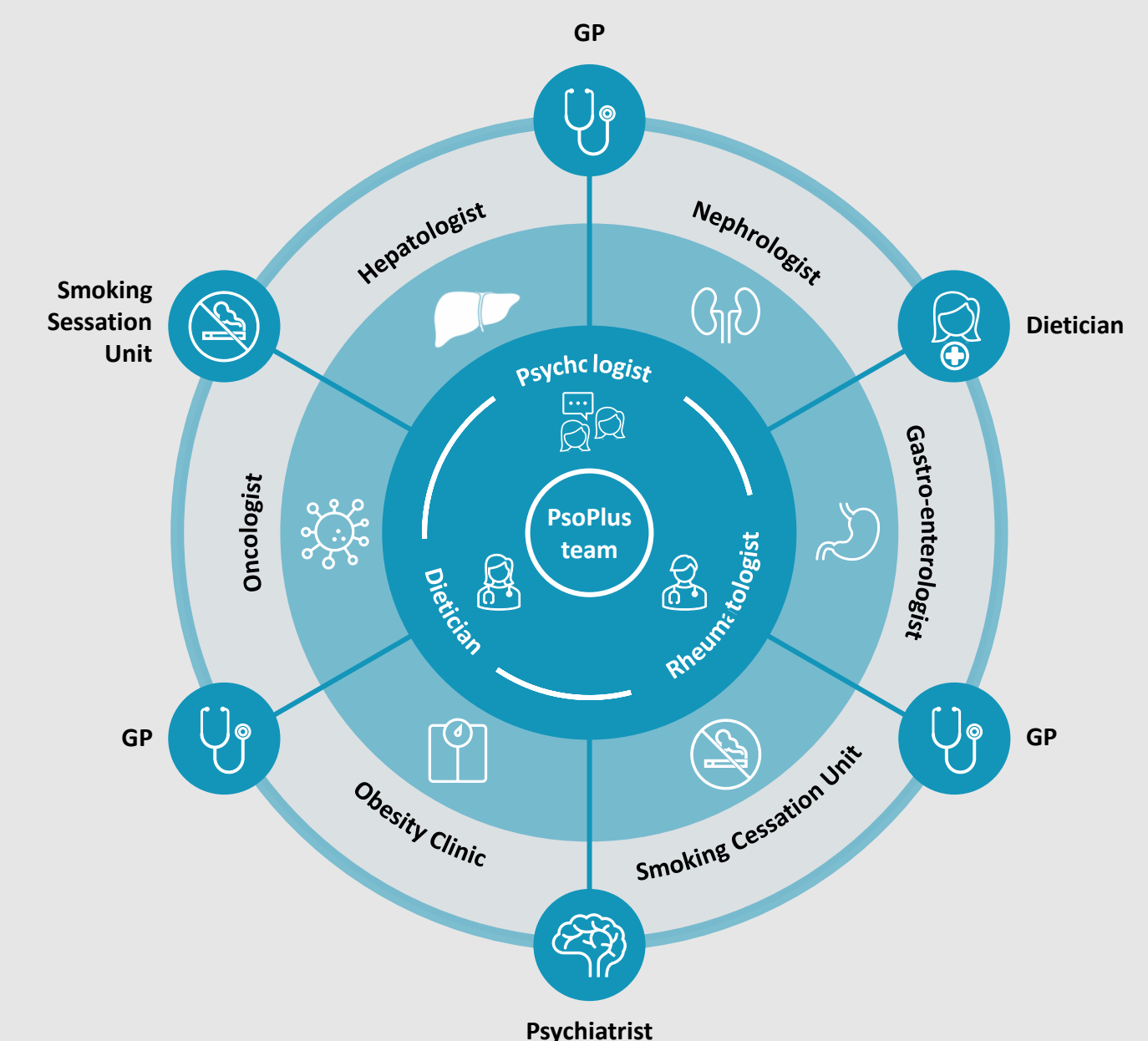
1. Psoriasis Care Delivery. Patients fill in questionnaires via PsoQuest to capture the VOS and take a blood sample with their GP. At PsoPlus, patients are first seen by a nurse (specialist) who performs anamnesis and comorbidity screening, but also focusses on lifestyle behaviour, shared-decision making and the psycho-social status of the patient. The dermatologist prescribes treatments based on the Treat-to-Target (4), assesses comorbidities and refers if needed.



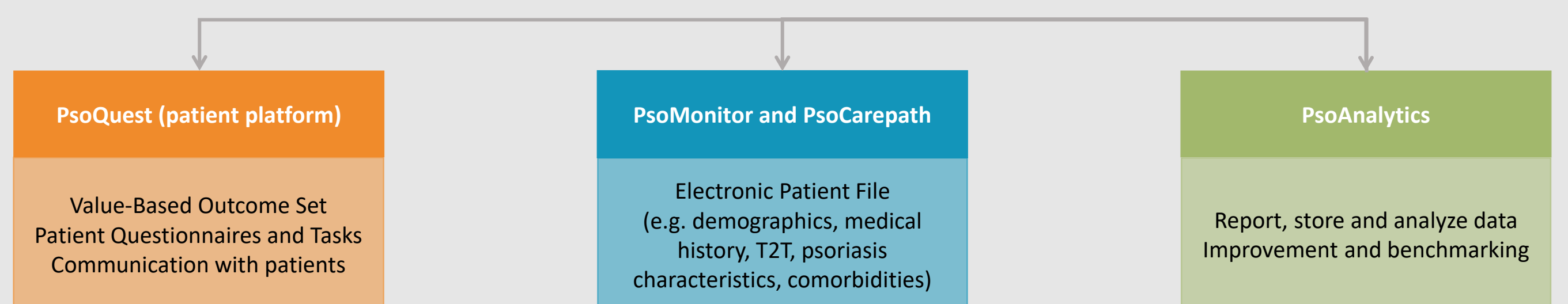
2. Measuring Value. We have developed a Value-Based Outcome Set (VOS) with 21 patient-relevant outcomes (3) and measure costs for each patient using Time-Driven Activity Based Costing.



3, 4, 5. The PsoPlus Hub-and-Spoke Model. We work closely together with an interdisciplinary team to provide **Integrated Care** and to assure **Comorbidity Management**.



6. PsoSmart Data Capturing. PsoSmart is an overarching name for PsoQuest, PsoMonitor and PsoCarepath, and PsoAnalytics.



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