

DERMATOLOGY RESEARCH UNIT

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THE IMPACT OF AN INTEGRATED PRACTICE UNIT ON PATIENT-RELEVANT OUTCOMES: THE ‘VALUE IN PSORIASIS’ (IRIS) TRIAL

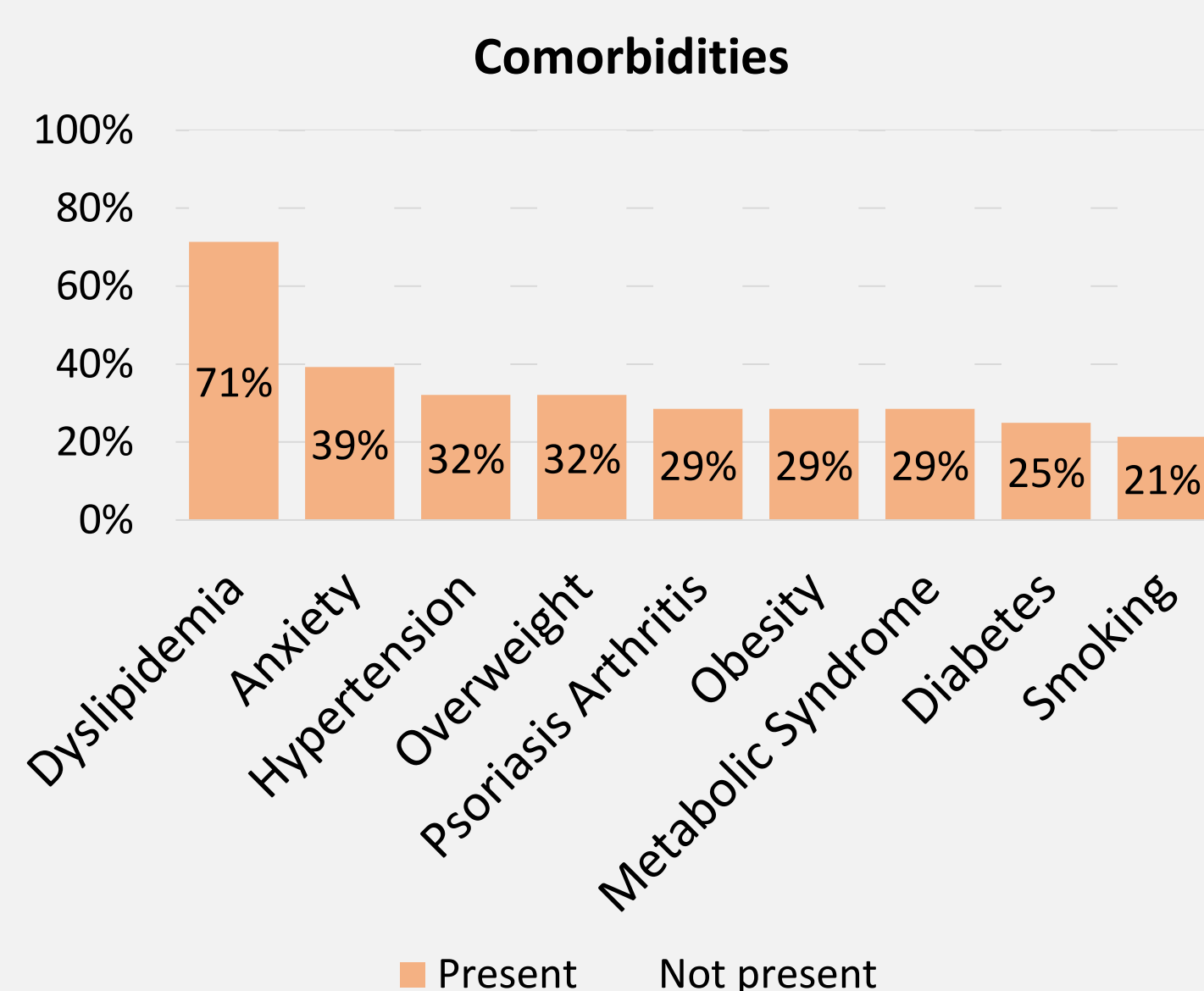
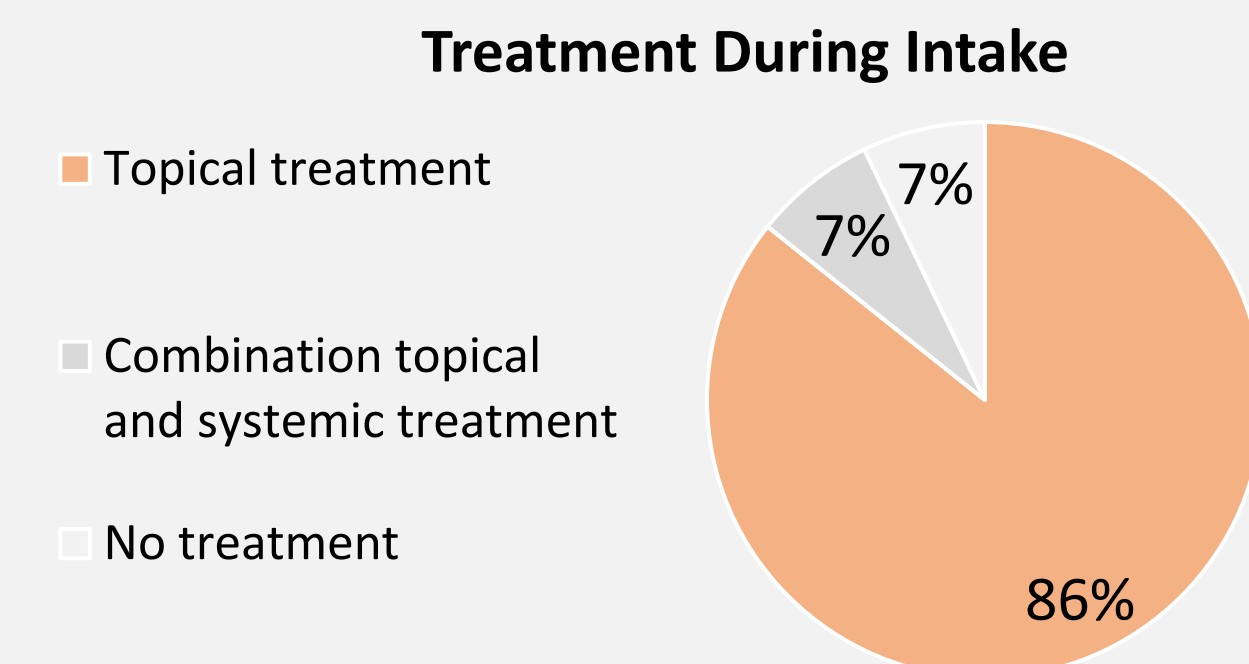
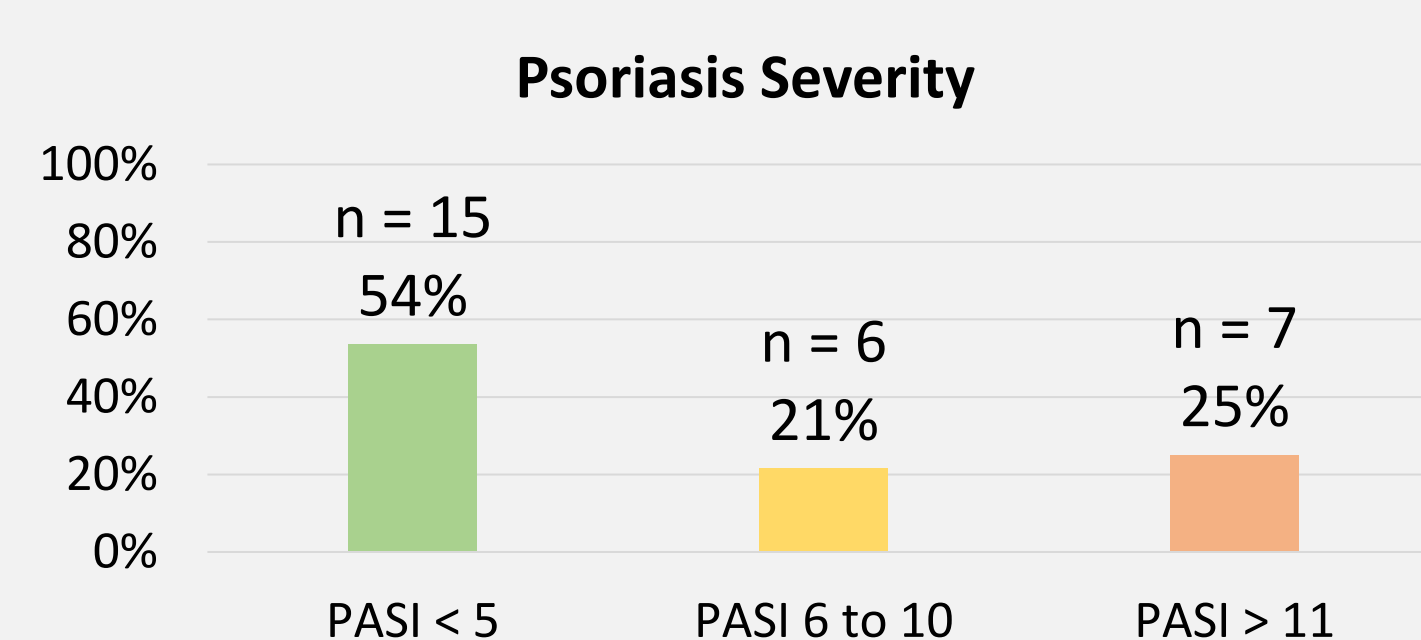
Introduction and Objectives

Psoriasis is a chronic, inflammatory skin disease that is associated with a high disease burden and substantial treatment costs. However, due to financial pressure on the healthcare system, a shift towards a more sustainable model that delivers greater value is needed. The Value-Based Healthcare framework aims to maximize this value, with value defined as outcomes that matter to patients divided by the costs of achieving them (1). We established an Integrated Practice Unit (IPU) for psoriasis, called PsoPlus (2), and are currently evaluating this approach in the Value in Psoriasis (IRIS) Trial (3). In this analysis, **the impact of the IPU on a set of patient-relevant outcomes (4-5) for psoriasis is assessed.**

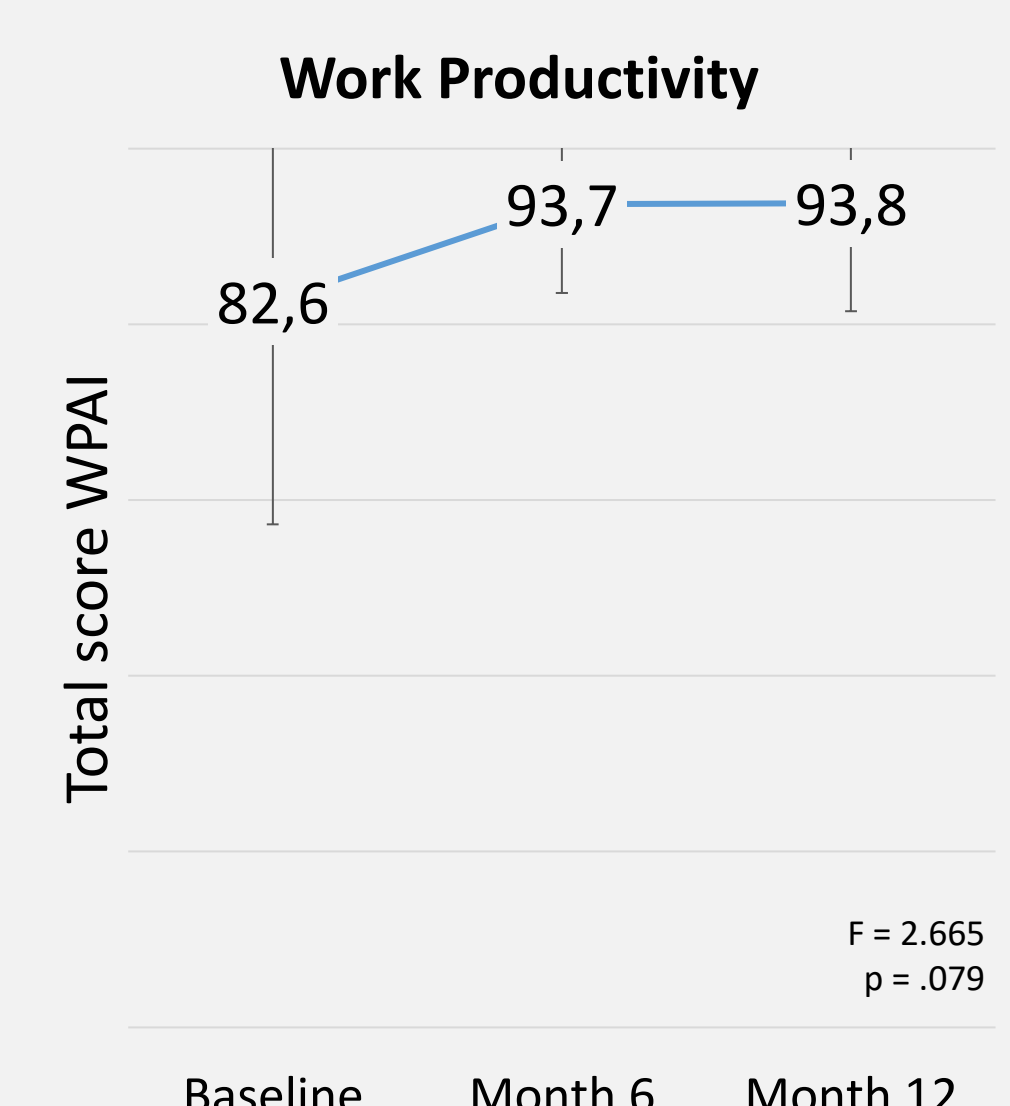
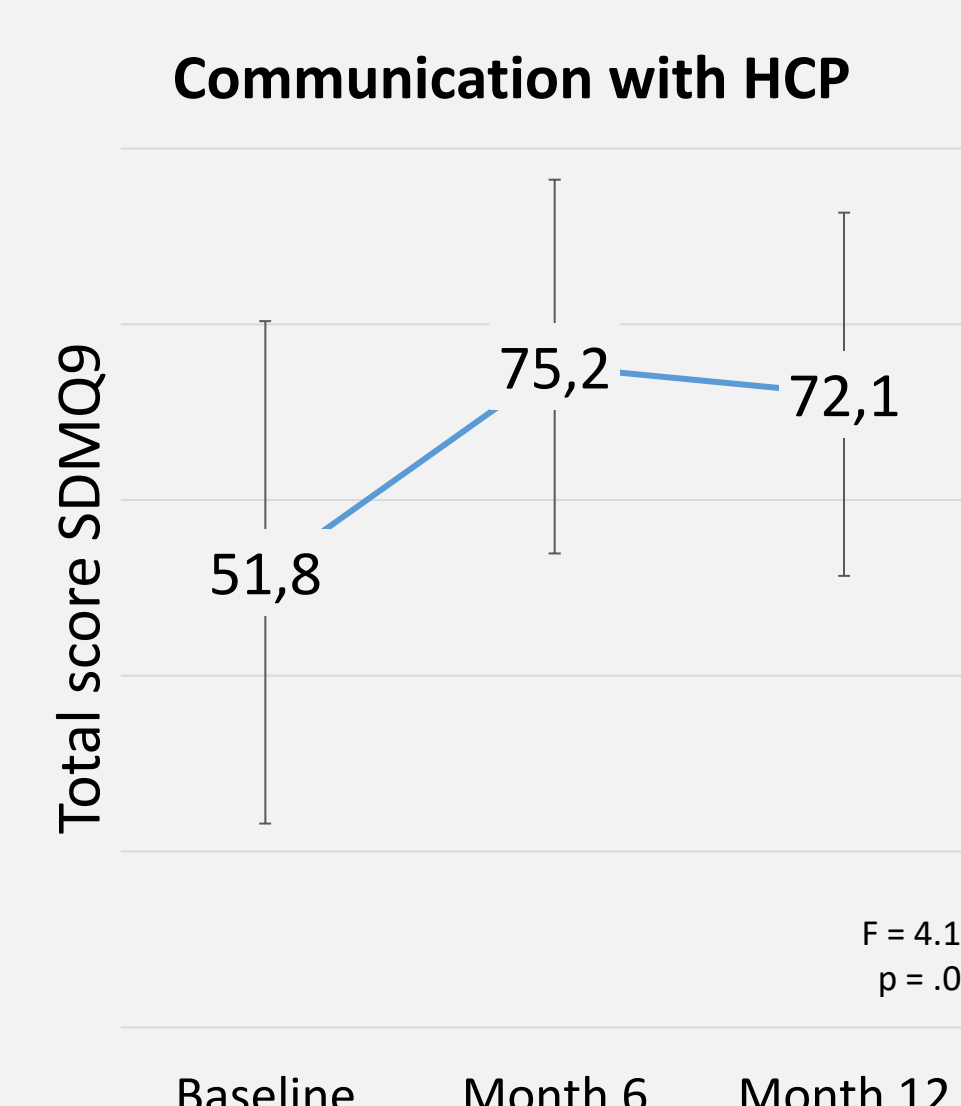
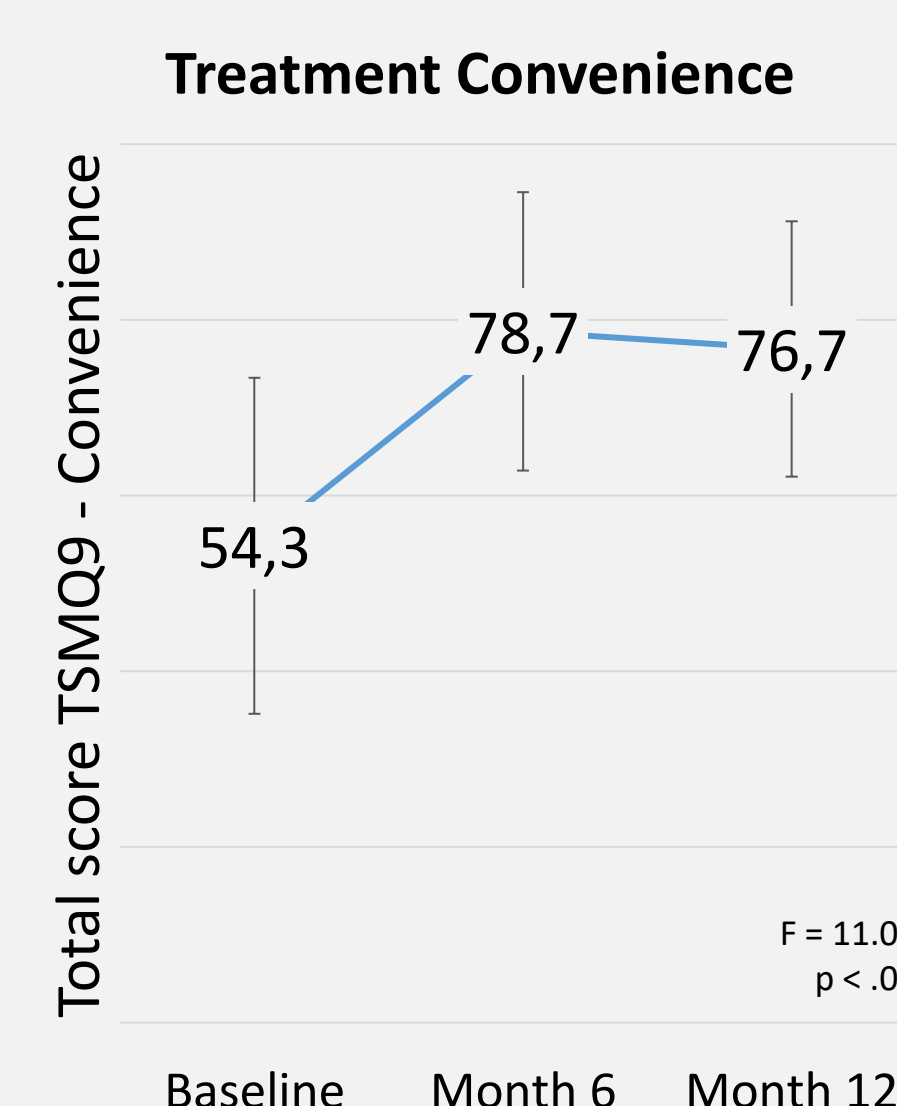
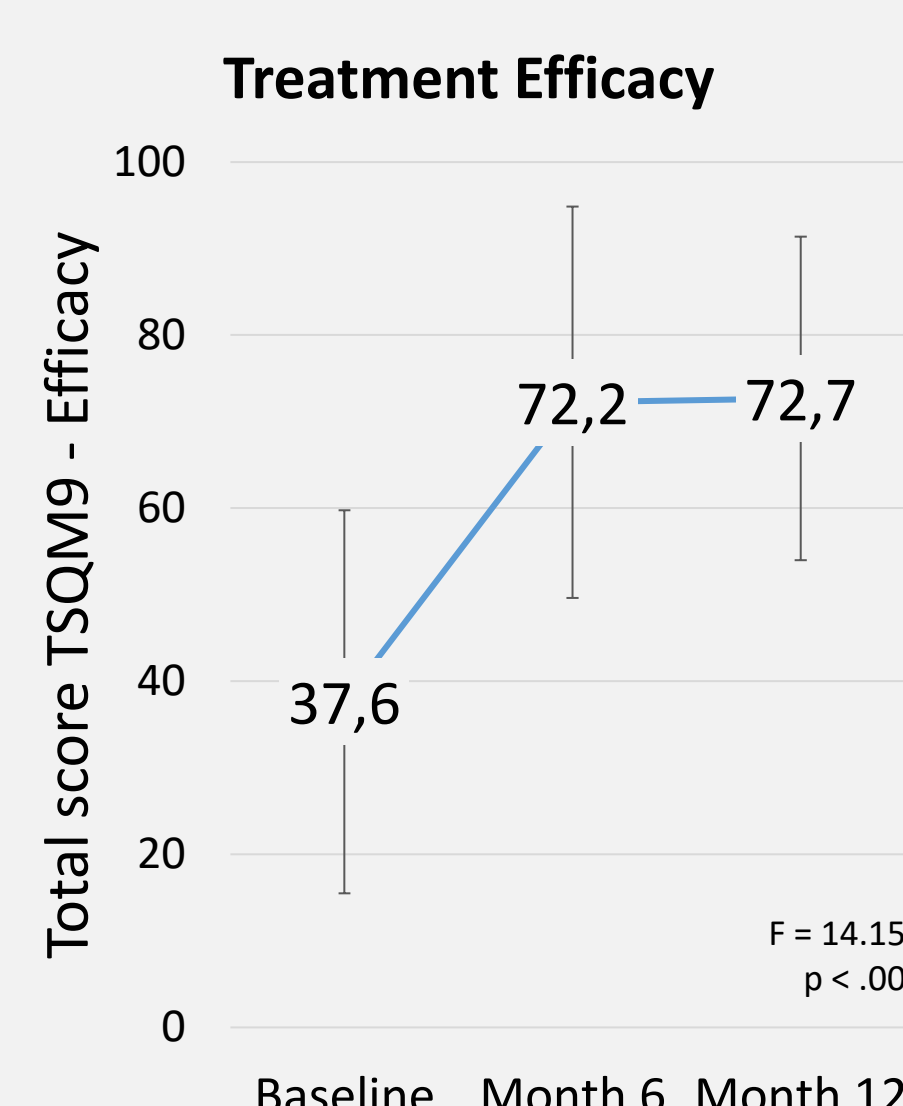
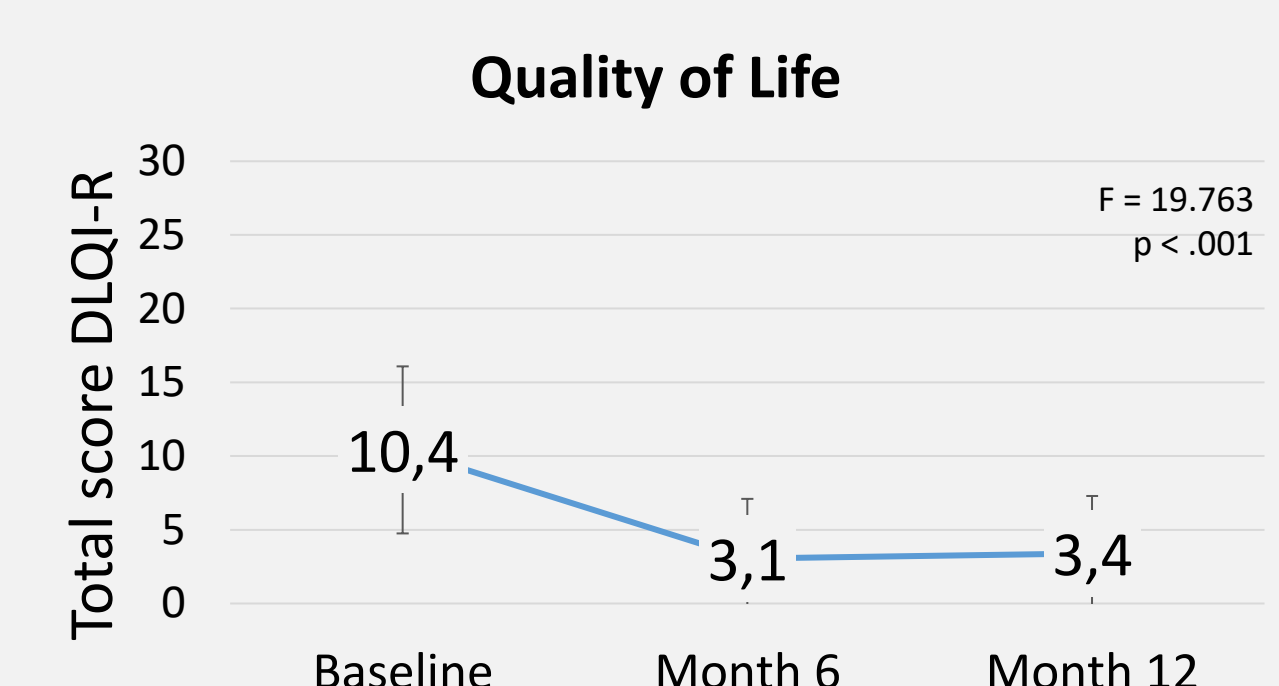
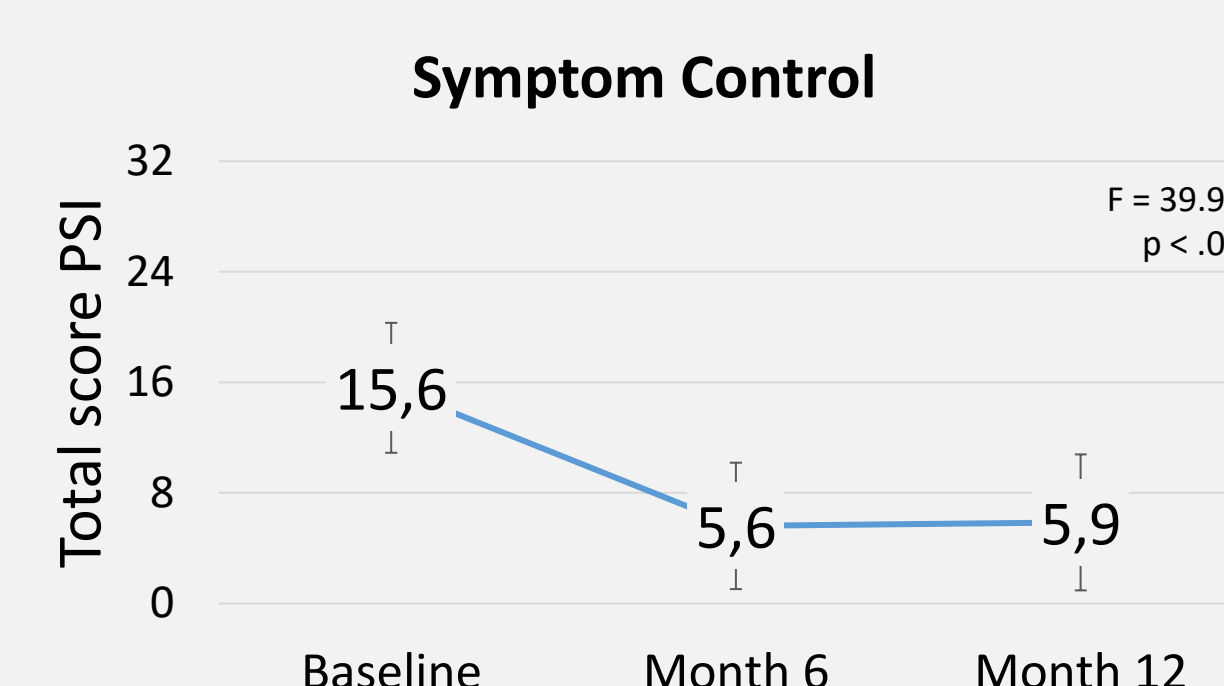
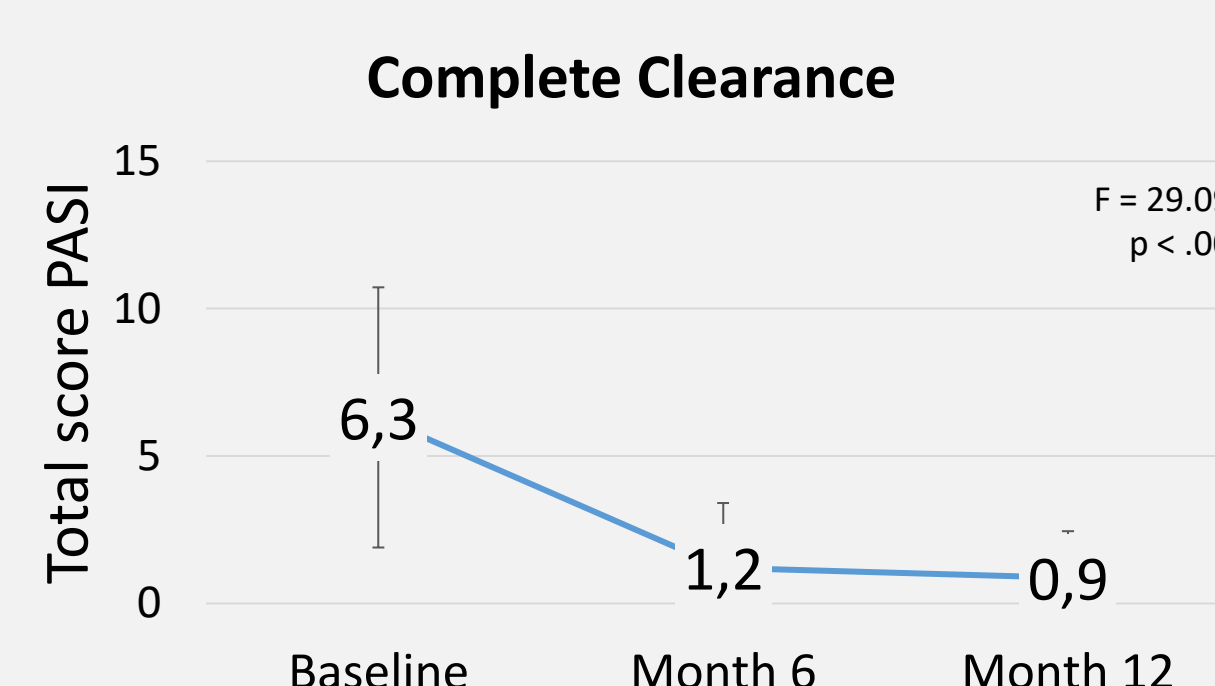
Materials and Methods

The IRIS trial is a prospective clinical trial (NCT05480917) in which new adult patients with psoriasis vulgaris attending PsoPlus are followed for a period of 1 year, starting from January 12, 2023. The primary outcome is to determine the value created using Data Envelopment Analysis (DEA), while secondary outcomes are related to outcome evolution. In this preliminary analysis in 28 patients, the mean scores of ten outcomes, collected using seven outcome measures, was compared between baseline, month 6, and month 12.

Baseline Characteristics



Outcomes



Baseline data showed that 25% of the patients had severe psoriasis, nonetheless, most patients only received topical treatment before intake. Increased cholesterol levels, anxiety, and hypertension were present in 71%, 39%, and 32% of the patients. A total of 32% and 29% of the patients had overweight or obesity. ANOVA was performed to assess the difference in outcomes over time and revealed a significant differences in all outcomes between the three time points, except for Work Productivity. Post-Hoc analysis showed that all outcomes improved significant between baseline and six months. The impact on patient-relevant outcomes remained unchanged between months 6 and 12.

Discussion

- Patients were undertreated during intake concerning psoriasis, comorbidities, and lifestyle-related behaviours, indicating that an integrated approach is needed.
- Communication with healthcare professionals tends to decrease after 12 months. Attention to communication with patients remains important throughout the entire care cycle.
- Outcomes did not improve between 6 and 12 months. However, we should keep focussing on what truly matters.
- The results will provide insights for continuous improvement, leading to increased knowledge and efficiency gains.

Conclusion

The first results indicate promising outcomes for our patients. However, long-term follow- up, a larger sample size and benchmarking are needed to add power to our research and to assess the value across different IPUs.

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