

Soirée ASMCC

18 septembre 2018

Impact économique des MICI en Suisse

Prof. Dr. Alain Schoepfer
Médecin Chef

Division de Gastroentérologie et d'hépatologie
CHUV

programme

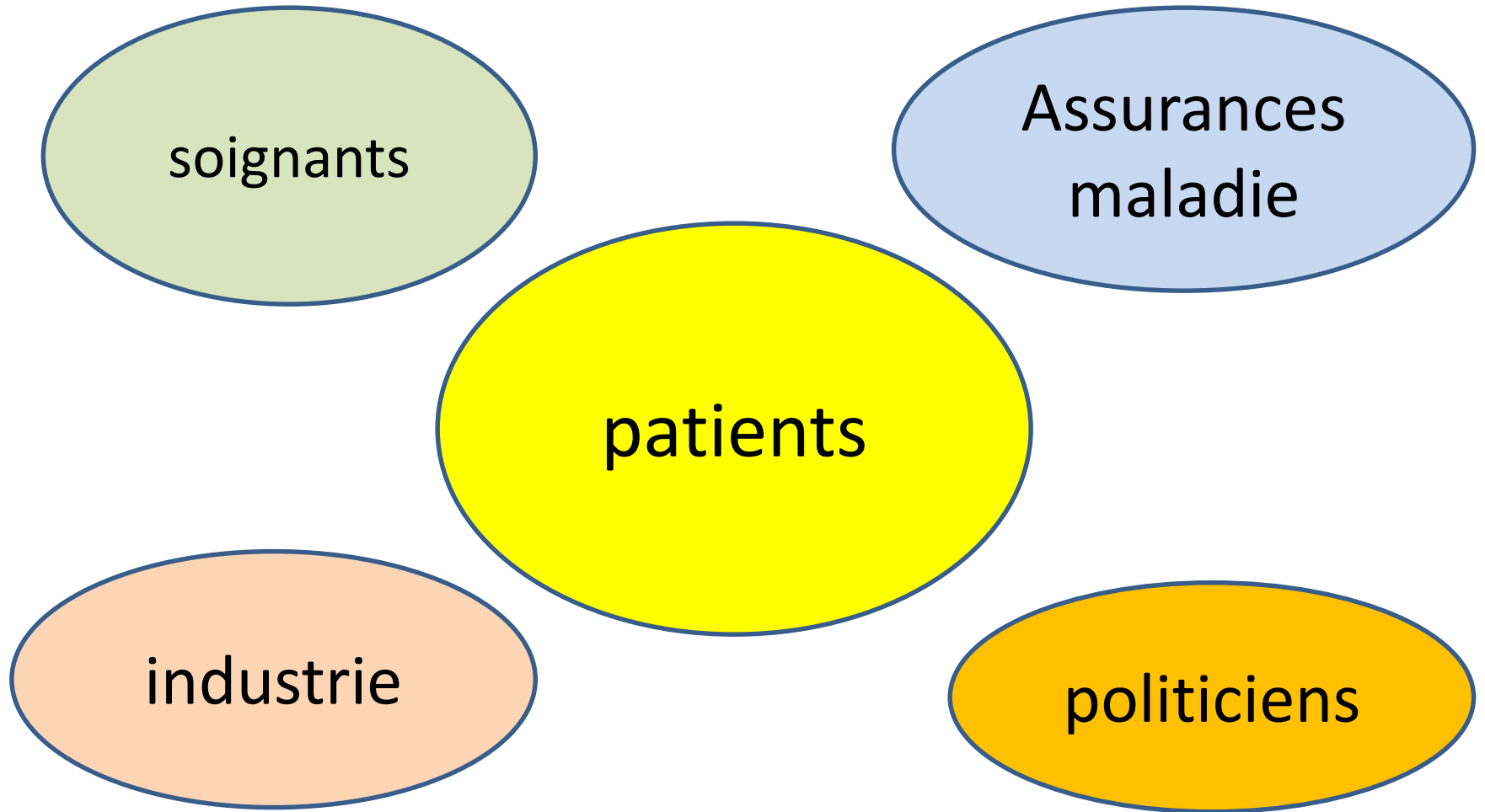
- Pourquoi s'intéresser pour les finances?
- Fréquence des MICI en Suisse
- Impact économique
- Conclusions

Pourquoi parler des chiffres?





Différentes parties prenantes



Organisation du système de santé: le rêve



Organisation du système de santé: la réalité



Besoin des données suisses...



programme

- Pourquoi s'intéresser pour les finances?
- **Fréquence des MICI en Suisse**
- Impact économique
- Conclusions

Intérêts des différents parties prenantes

soignants

Assurances
maladie



Helsana

Bähler et al. *BMC Gastroenterology* (2017) 17:138
DOI 10.1186/s12876-017-0681-y

BMC Gastroenterology

RESEARCH ARTICLE

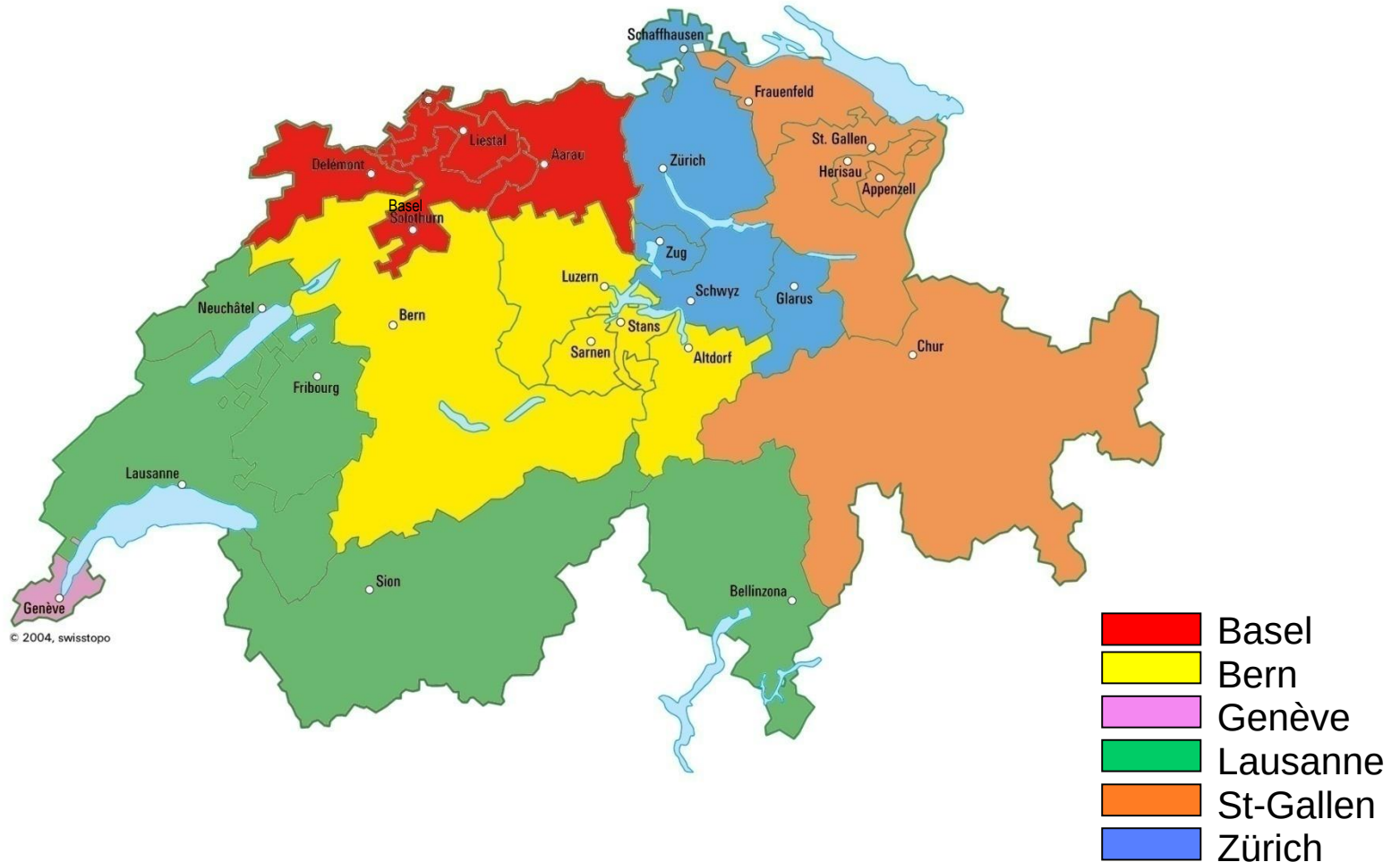
Open Access

Trends in prevalence, mortality, health care utilization and health care costs of Swiss IBD patients: a claims data based study of the years 2010, 2012 and 2014



Caroline Bähler^{1*} , Stephan R. Vavricka², Alain M. Schoepfer³, Beat Brüngger¹ and Oliver Reich¹

SWISSIBDcohort study



La Cohorte Vaudoise

Adultes dans le Canton de Vaud (494'202 personnes)

PREVALENCE : 205,6 IBD patients / 10⁵ habitants (0.2%)

51% m. de Crohn

49% recto-colite ulcéreuse

1 personne sur 500

Pour toute la population suisse: 16'000 patients

Juillerat et al, *Journal of Crohn's and Colitis* 2008;2:131–141

La Cohorte Vaudoise

Adultes dans le Canton de Vaud (494'202 personnes)

PREV

51%
49%

**Les MICI touchent
beaucoup des Suisses**

ts (0.2%)

ur 500

Pour toute la population suisse: 16'000 patients

Juillerat et al, *Journal of Crohn's and Colitis* 2008;2:131–141

Fréquence des MICI en Suisse

Table 1 Prevalence estimates of IBD extrapolated to the general Swiss population for the years 2010, 2012, and 2014

	2010	2012	2014
Prevalence /100.000 (CI)			
Total	318 (308-329)	376 (365-388)	408 (396-420)
Men (all ages)	284 (270-298)	338 (322-353)	372 (356-388)
1-17	0.32%	0.38%	0.5%
18-40			
41-60	373 (343-403)	447 (412-481)	469 (435-504)
60+	495 (458-532)	567 (527-606)	627 (585-669)
Women (all ages)	352 (337-366)		
1-17	20 (11-30)		
18-40	299 (273-325)		
41-60	445 (413-478)		
60+	535 (502-568)	616 (580-653)	648 (611-685)

1/200 avec MICI => 40'000 patients en Suisse

Médicaments utilisés

Table 3 Percentage of IBD patients with at least one of the listed medical claims (*n* = 13,451)

%	Total	2010	2012	2014
5-ASA ^a	87.4	96.8	84.8	82.2
Immunosuppressants ^b	23.2	18.7	24.4	25.9
Biologics ^c	9.7	5.3	10.2	12.8
Steroids ^d	35.0	32.8	36.5	35.3

^amesalazine, sulfasalazine

^bmethotrexate, azathioprine, mercaptopurine

^cinfliximab, adalimumab, golimumab, certolizumab pegol

^dprednisone, prednisolone, methylprednisolone, budesonide

Mortalité des patients MICI

Item	IBD	Non-IBD	P
Mortality	1.3%	0.8%	0.234
Age at death (years)	81.0 (IQR 13.8)	83.0 (IQR 16.0)	0.001

Fréquence d'hospitalisation des patients MICI

Item	IBD	Non-IBD	P
≥1 hosp./year	24%	10.8%	<0.001
Days of hospitalization	7 (IQR 14)	5 (IQR 9)	ND

Les frais

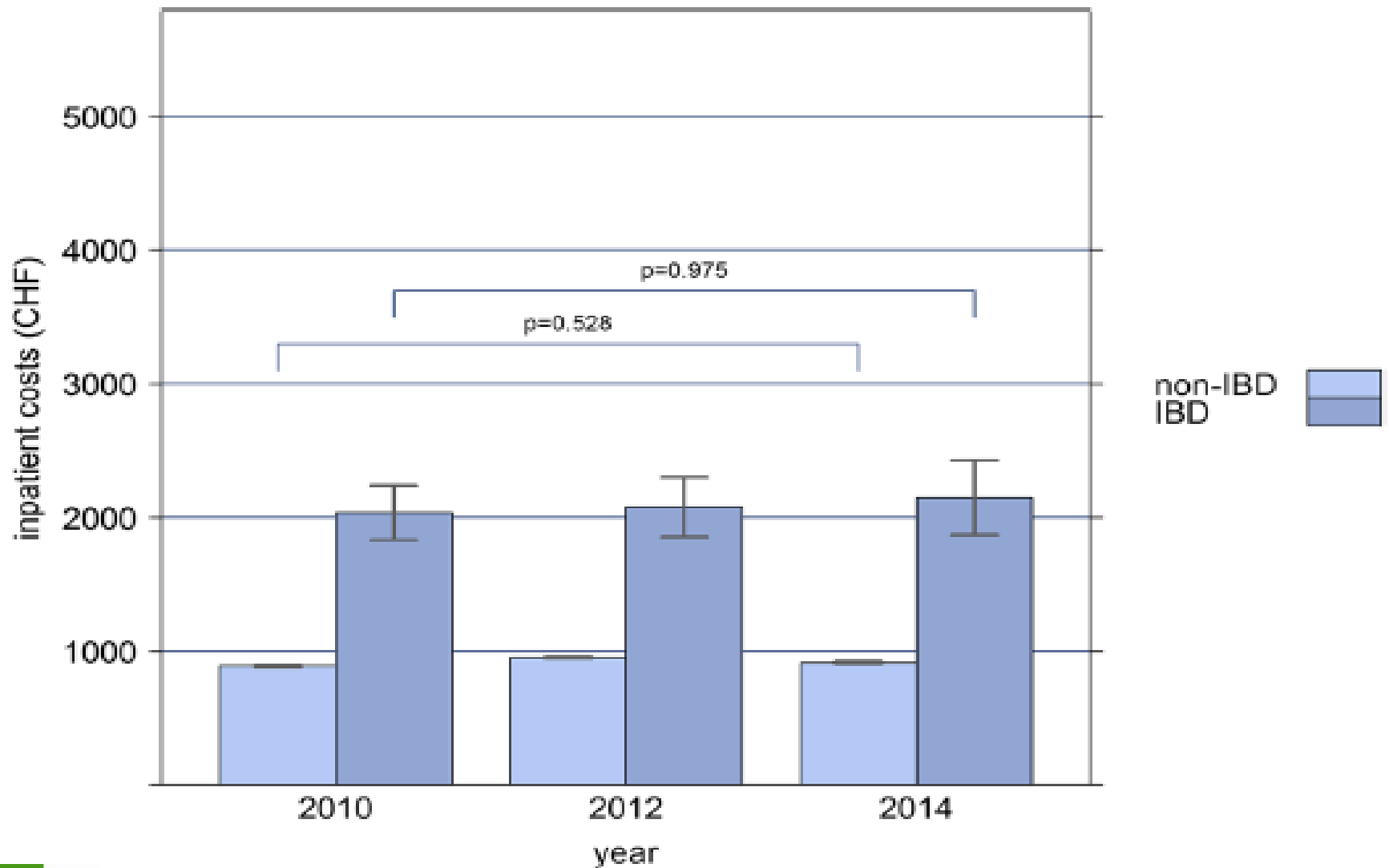
Table 4 The extrapolated health care costs (in Swiss Francs) in IBD versus non-IBD patients between 2010 and 2014

Mean (CI, median)	IBD	non-IBD	<i>p</i> ^a
2010			
Total	9590 (9210-9970, 5390)	3160 (3140-3170, 750)	<0.001
Inpatient	2040 (1830-2240, 0)	890 (880-890, 0)	<0.001
Outpatient	3920 (3790-4040, 2810)	1510 (1500-1510, 490)	<0.001
Medication	3630 (3430-3830, 0)	760 (750-760, 0)	<0.001
2012			
Total	11,680 (11,670-11,690, 5390)	3740 (3730-3750, 870)	<0.001
Inpatient	2080 (1870-2290, 0)	910 (900-920, 0)	<0.001
Outpatient	4470 (4360-4580, 2810)	1630 (1620-1640, 490)	<0.001
Medication	5130 (4840-5420, 0)	200 (190-210, 0)	<0.001
2014			
Total	12,790 (12,270-13,300, 6810)	3540 (3520-3560, 870)	<0.001
Inpatient	2150 (1870-2430, 0)	910 (900-920, 0)	<0.001
Outpatient	5280 (5070-5490, 3510)	1830 (1830-1840, 610)	<0.001
Medication	5360 (5100-5620, 1900)	800 (790-800, 110)	<0.001

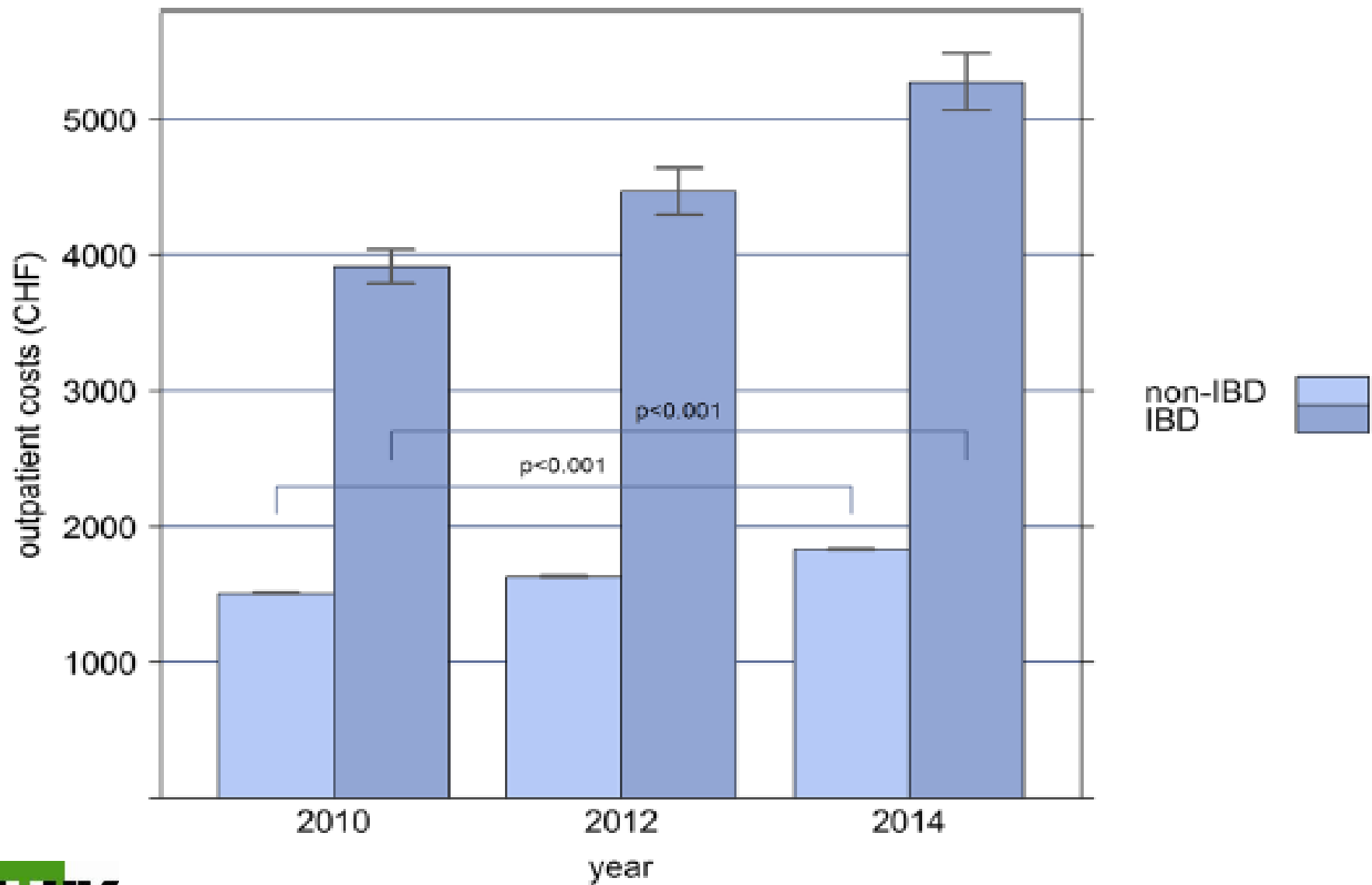
Augmentation annuelle des frais de 6% dans les patients MICI comparé à 2.4% dans les patients non-MICI

^a*p-values* were calculated using multivariate linear regression (adjusted for age group, sex, and canton of residence)

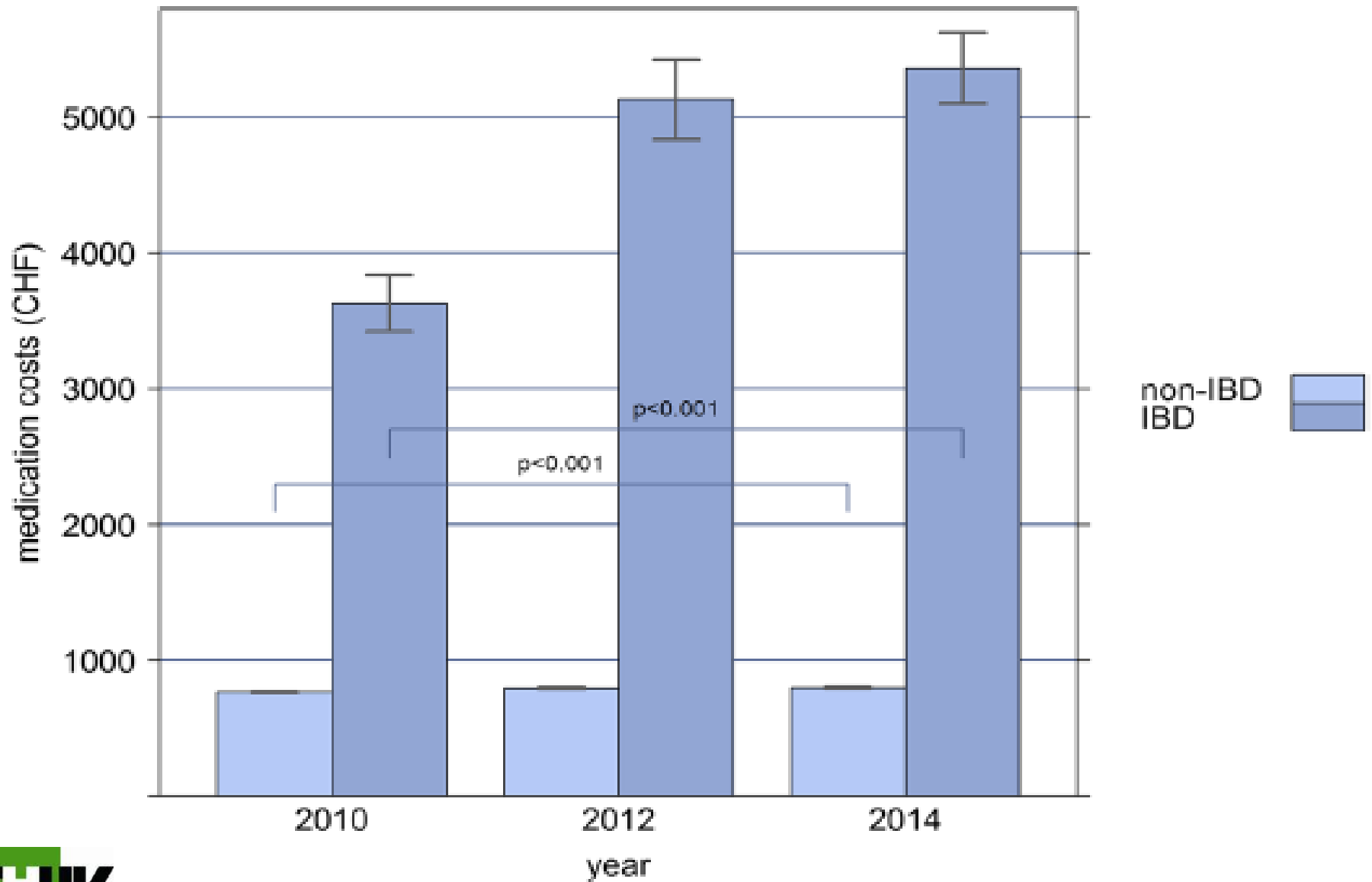
Patients hospitalisés (CHF)



Patients ambulatoires (CHF)



Médicaments (CHF)



facteurs clés pour les frais

	β (95% CI)	<i>p</i>
Age group by males		
1-17 (male)	1.00	
18-40 (male)	0.59 (0.39-0.91)	0.016
41-60 (male)	0.47 (0.30-0.71)	<0.001
60+ (male)	0.44 (0.29-0.67)	<0.001
Age group by females		
1-17 (female)	1.00	
18-40 (female)	1.04 (0.72-1.49)	0.840
41-60 (female)	0.79 (0.55-1.13)	0.195
60+ (female)	0.59 (0.41-0.85)	0.004
Number of chronic conditions	1.31 (1.29-1.33)	<0.001
Nursing dependency	1.89 (1.69-2.12)	<0.001
Language area		
German	1.00	
French	1.03 (0.96-1.11)	0.375
Italian	0.86 (0.78-0.95)	0.003
Health insurance plan		
Higher deductible class	0.65 (0.60-0.71)	<0.001
Accident coverage	1.10 (1.03-1.18)	0.004
Managed care	0.87 (0.83-0.92)	<0.001
Supplementary insurance	1.06 (0.99-1.14)	0.061

Co-morbidités dans les MICI

Table 2. (Co)morbidities in individuals with inflammatory bowel disease, 2014 ($n = 1\,111$)

Chronic conditions (%)

Acid-related disorders

Bone diseases (osteoporosis)

Cancer

Cardiovascular diseases

Dementia

Diabetes mellitus

Epilepsy

Glaucoma

Gout/hyperuricemia

HIV

Hyperlipidemia

Iron-deficiency anemia

Migraines

Pain

Parkinson's disease

Psychological disorders (depression)

Psychoses

Respiratory illness (asthma, COPD)

Rheumatologic conditions

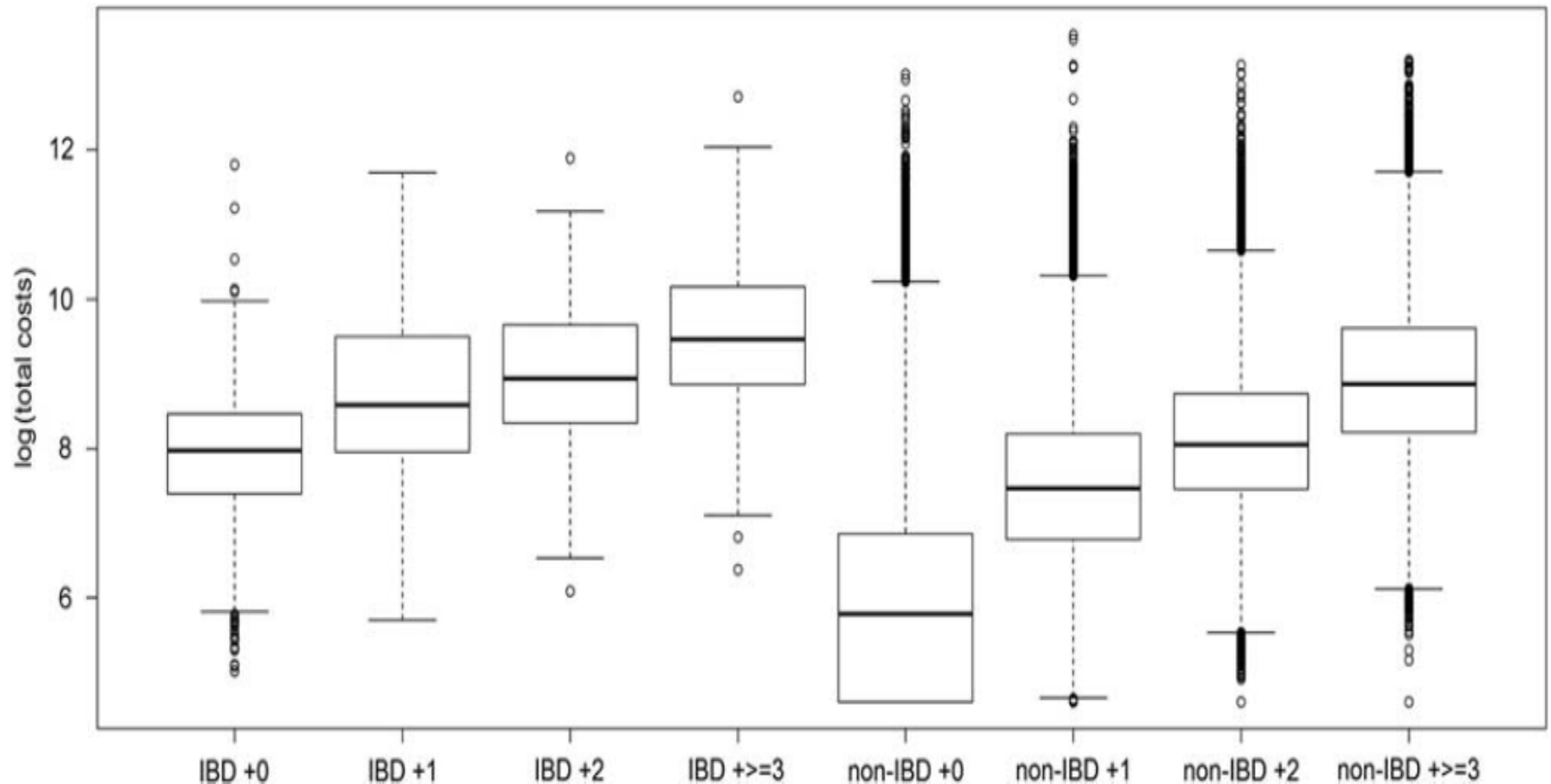
Thyroid disorders

Tuberculosis

Au moyenne 3
co-morbidités dans
les patients MICI

2.7	5.6	1.45	1.20–1.76
3.3	6.2	1.05	0.89–1.24
1.5	2.8	1.05	0.82–1.35
0.2	0.4	1.70	0.81–3.75
10.6	18.7	1.07	0.96–1.19
2.6	4.7	1.77	1.42–2.21
1.1	2.2	1.81	1.32–2.52
9.6	25.8	2.12	1.91–2.35
0.9	1.5	0.92	0.67–1.27
9.8	20.9	1.45	1.30–1.61
2.6	3.4	0.83	0.67–1.02
7.9	13.2	1.43	1.26–1.63
12.7	36.3	2.59	2.36–2.85
3.5	6.7	1.24	1.05–1.47
0.06	0.4	4.12	1.54–14.01

Co-morbidités augmentent les frais



Frais associés aux traitements biologiques

Table 7 Health care costs (in Swiss Francs) of IBD patients treated with or without biologics in 2014 ($n = 4812$)

Mean (SD, median)	No Biologics	Biologics	p^a
Total	10,437 (15,146, 5833)	28,265 (12,970, 25,779)	<0.001
Inpatient	2308 (8340, 0)	1887 (4790, 0)	0.3
Outpatient	5163 (6912, 3368)	6303 (4830, 4956)	<0.001
Primary care physicians	635 (777, 417)	551 (769, 285)	<0.001
Specialists	1516 (1854, 941)	2026 (2191, 1509)	<0.001
Others (e.g. paramedical)	3012 (6044, 1401)	3726 (3630, 2692)	<0.001
Medications	2966 (5464, 1644)	20,075 (9486, 19,316)	<0.001

^a p -values were calculated using Wilcoxon rank sum test

Conclusions

- ✓ La fréquence des MICI augmente
- ✓ Mortalité pas différente des patients non-MICI
- ✓ Un quart des patients est hospitalisé dans une année
- ✓ Augmentation des frais de 6% dans les patients MICI comparé à 2.4% dans les patients non-MICI
- ✓ Augmentation des frais surtout lié aux frais ambulatoires
- ✓ Frais plus importants dans les patients sous traitements biologiques

Le futur

- Ressources limitées
- Évaluation de l'impact économique est nécessaire afin de posséder des données suisses qui sont à la base d'une discussion parmi les différentes parties prenantes



Remerciements



MSD

Ms Maria Virant, MSc
Dr. Urs Arnet

Helsana

Dr. Caroline Bähler
Beat Brüngger
PD Dr. Eva Blozik
Dr. Oliver Reich

Merci!



Disclosures

- This study was funded by MSD Merck Sharp & Dohme AG (Switzerland).
- The sponsor reviewed, discussed and approved the protocol CH-LCE-6247/2016-ms-3882.
- Conduction, analysis and interpretation of the data, preparation and submission of the manuscript were solely in the responsibility of the authors, without any obligations to the sponsor.