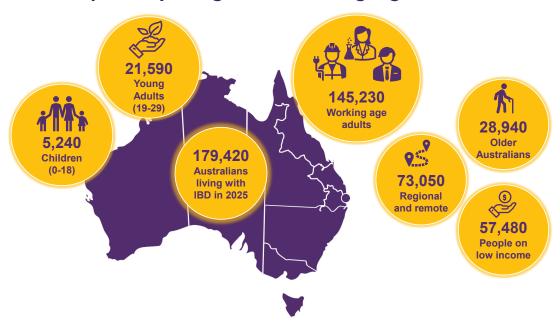
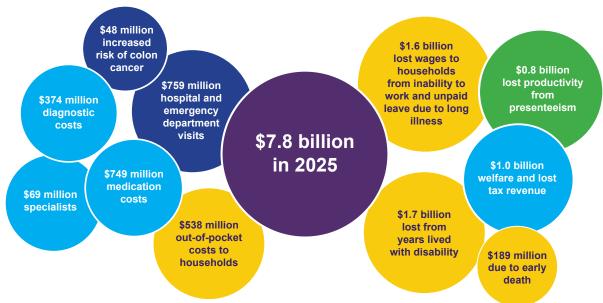
State of the Nation in Inflammatory Bowel Disease in Australia

Australia has among the highest incidence of inflammatory bowel disease (IBD) of any nation globally, growing at the fastest rate among similar nations

IBD impacts young and working age Australians



High health, economic and social costs of IBD to Australia



Without action, the economic burden of IBD in Australia will be \$77.9 billion over 10 years





State of the Nation in IBD in Australia

Living with the burden of IBD





High mental health burden of disease (anxiety and/or depression 48%)



Poor access to multidisciplinary care



41% took more than 5 years before their IBD symptoms were under control



\$5,900 out-ofpocket cost per person per year

Priorities to 2030

What is needed

✓ Clinical care standard

- ✓ Virtual MDT network
- ✓ Living Well with IBD program
- √ Workforce development
- Shared patient record with reporting into a clinical quality registry

Why now

- ✓ IBD only chronic condition with <u>\$0</u> invested in patient support
- ✓ High rates of hospitalisation and emergency department presentations
- Active disease is 2x more costly than a person in remission

Benefits of action

- 3.9x higher probability of achieving disease remission
- 30% reduction in hospitalisations
- 61% reduction in corticosteroid dependence
- 78% reduction in ED visits
- 26% higher workforce participation
- 2.3x higher chance of completing education
- 50% increase in people leading active social life
- \$50,000 per patient per year of avoided active disease health and economic costs
- \$130 million if every person with active disease today achieves remission one year sooner
- \$0.5m-\$1m in avoided prescribing burden
- Increasing therapeutic ceiling by 10% would see a further \$342 million saved for a year of avoided disease – a further 7% reduction in the cost of IBD to patients and the community
- Attraction of clinical trials and research investment to Australia



Priority 1

Improve access to

multidisciplinary

care

Priority 2: Improve access to novel therapies

- Establish a working group for paediatric IBD patients
- ✓ Identify a shortlist of high unmet need applications
- Provide Bridging Funding shortlisted therapies
- Engage with IBD community on real world evidence (RWE) requirements
- √ Streamlined prescribing
- More than 41% of patients reported more than 5 years to achieve disease remission
- ✓ Australia is an outlier for paediatric access
- √ High unmet needs in community
- ✓ Precision medicine opportunities

Priority 3: Invest in IBD

research

Investment in:

- ✓ Prevention
- ✓ Symptom management
- ✓ Treatment
- ✓ Living with IBD
- ✓ IBD had lowest level of investment in research of any chronic condition over the last 10 years
- ✓ Australia developing world-leading real-world data to inform benchmarking, clinical best practice and research breakthroughs

Scan the QR code or visit crohnsandcolitis.org.au/ibd-state-of-the-nation to read the full report

