

THE VALUE OF ACHIEVING REMISSION

in Inflammatory Rheumatic Conditions

Summary of the Rheumatoid
Arthritis and Spondyloarthritis
Remission Roundtable

April 2024





Overview

More than 18 million people worldwide today live with rheumatoid arthritis and many more with some form of spondyloarthritis, which can include psoriatic arthritis.¹ Many don't receive the care they need. Instead, they must live day-to-day with the pains and burdens of their condition. Investing in better care for patients with inflammatory rheumatic conditions offers hope of relief not only to patients, but to whole health care systems.

On November 30, 2023, in Brussels, the Global Alliance for Patient Access hosted a roundtable discussion on the necessity of improving rheumatoid arthritis and spondyloarthritis patients' rates of remission, or at least achieving the tightest possible disease control. Featuring experts in inflammatory arthritis and patient advocates, the conversation:

- Highlighted the great benefits of remission for individuals' quality of life
- Identified barriers to achieving remission
- Produced tactical recommendations for how to overcome those barriers.

Understanding Disease Remission

The term "remission" often conjures thoughts of cancer among the general public. But it is a concept that is not exclusive to cancer. In fact, remission is possible for many individuals living with other diseases.

For some patients grappling with inflammatory diseases, like rheumatoid arthritis and spondylarthritis, remission is possible thanks to advancements in treatment. Those who achieve remission can experience a profound transformation in quality of life, feeling less pain, diminished fatigue and the ability to engage in activities that bring joy. In essence, remission can empower individuals to live the life they choose.

Not every patient can achieve remission, but this should be the target and at the very least, all individuals should be supported to achieve the tightest possible control of their disease activity.

At its core, remission simply means that a disease's activity, signs and symptoms disappear. Remission can be either temporary or permanent, depending on various factors. Achieving remission is more than just symptom management, however. It extends to every facet of care to enable individuals to lead fuller lives.

Remission VS Low Disease Activity VS Disease Control



What's the Difference

- Remission is the absence of disease signs and symptoms.
- Low disease activity is when signs and symptoms may still present, but they're under control and don't interfere much with patients' quality of life.
- Disease Control is when a patient has a disease, it does present symptoms, but overall, disease activity is low.



Benefits of Remission

In recent years, there has been a growing focus on achieving disease remission among patients with inflammatory arthritis, and for good reason. There are substantial benefits.

A range of treatment options can enable remission. But currently, individuals with inflammatory arthritis aren't given optimal care: for instance, while 70% of rheumatoid arthritis patients have high disease activity levels, only 38% are offered new treatment options. Achieving disease control is a game-changer for both individuals and health care systems and should be an objective for public health officials.



Reduced Hospitalizations and Lower Annual Costs.

There is a stark contrast in health care utilization between patients who achieved remission and those who did not, new data show. Patients with rheumatoid arthritis who did not achieve disease control were three times more likely to experience hospitalizations. They also incurred 3.5 times higher annual health care costs.²

The financial burden of uncontrolled inflammatory arthritis is not limited to hospitalization costs alone. It encompasses a range of direct and indirect costs, including frequent doctor visits and reduced productivity due to pain and disability. By achieving remission, individuals can significantly reduce these financial burdens – for both them and health care systems overall.



Improved Patient Outcomes and Fewer Comorbidities.

Beyond the financial aspect, achieving disease remission has profound implications for the overall health and well-being of patients. When inflammatory arthritis is under control, individuals experience better health outcomes and experience reduced mortality. They are less likely to develop comorbidities or other health conditions, such as cardiovascular disease, that often accompany uncontrolled disease. This translates to a higher quality of life and a reduced risk of further health complications.



Enhanced Economic Productivity.

One of the most compelling benefits of remission is how it enables individuals to be more productive in daily life. When individuals are no longer burdened by the debilitating effects of uncontrolled inflammatory arthritis, their capacity to be active in the workforce is expanded.

In contrast, individuals who are unable to achieve disease remission may find themselves in a cycle of disability benefits and unemployment. This not only affects their financial independence but also places a strain on social welfare systems. By improving the rate of remission, we can empower individuals to lead fulfilling and economically productive lives, benefiting both the individuals themselves and society as a whole.

From reducing health care costs and achieving better patient outcomes to contributing positively to the economy, the benefits of improving remission rates among people living with inflammatory arthritis are multi-faceted. It's clear that investing in remission for inflammatory arthritis is not only a matter of personal health but also a step towards a more sustainable and stronger society.



Barriers to Achieving Remission

Efforts to improve rates of remission for inflammatory rheumatic diseases face a formidable challenge: systemic barriers that hinder progress. Several roadblocks obstruct the path to better outcomes for patients.



Patients are left behind

One of the most concerning systemic barriers to remission for rheumatological conditions is how often individuals are left on their own to manage their condition. Many navigate their treatment journey alone and receive conflicting advice, and thus frequently fall through the cracks of the health care system. This can lead to confusion, frustration and a rapid worsening of their condition, making the road to remission much more challenging than it needs to be.

Patients, furthermore, are not always adequately educated about condition management. This can lead to an overemphasis on symptom management rather than disease modification. Additionally, comorbidities, such as cardiovascular disease, lung disease, and mental health conditions, can further complicate rheumatology patients' health management. These additional health challenges complicate the path to achieving remission and highlight the need for comprehensive and integrated care.



Inadequate Resources in the Health Workforce

One major hurdle is the lack of adequate resources in the health workforce to effectively address rheumatological conditions. There's a noticeable shortage of rheumatologists due to early retirements and a relatively small number of new specialists entering the field. This shortage is felt even more in rural areas, where access to specialised care is limited.

Additionally, primary care providers often lack the education and tools to recognise these disease symptoms at onset, and therefore often fail to make timely referrals to a rheumatologist, who could then deliver earlier diagnosis and treatment. There is substantive evidence to show that remission is far easier to achieve in these conditions if treatment begins early. The evolving standards of care, including the treat-to-target principles and the importance of achieving remission, may not be fully understood by providers outside the rheumatology community. This gap in knowledge can lead to missed early indicators and delayed referrals to specialists.



Gaps in the Health Care System

Gaps in the health care system pose another significant challenge. Governments and payers often struggle to grasp the long-term implications of rheumatological conditions. This lack of understanding can result in delayed investments in rheumatology care, leading to worse outcomes for patients and increased costs for governments.

Patients with rheumatological conditions frequently endure prolonged waiting periods for diagnosis and intervention. Some individuals wait years to receive a definitive diagnosis, while others face additional delays in accessing appropriate treatment. Early diagnosis is crucial for achieving remission, and these delays hinder progress.

Addressing these systemic barriers is necessary to ensure that individuals with rheumatological conditions have the best possible chance of achieving remission and enjoying a better quality of life.



Call to Action

Policymakers should develop and prioritise policies which support the pursuit of remission, so as to enable a better quality of life for patients and the economic benefits to the health care system and wider society.

Solutions

Improving rates of remission for inflammatory rheumatic diseases holds immense potential for patient quality of life and health care systems. To unlock these benefits, it is crucial to address barriers to remission strategically.



Foster more integration in the health care system

Striving for remission necessitates a shift in how health care is delivered. This includes empowering community pharmacists, occupational and physical therapists, and other members of the multidisciplinary team to play a pivotal role in triaging patients and making referrals, ensuring that individuals with rheumatological conditions receive timely care. Practices like task shifting can further free resources and conserve health care providers' time.

Equipping primary care providers with the knowledge and tools to make early referrals to secondary care is essential. Patients should receive comprehensive support from a multidisciplinary health care professional team overseen by a rheumatologist who can motivate them to actively manage their diseases. Furthermore, collaboration between medical societies, patient representatives and policymakers is crucial.

Advocating for enhanced access to rheumatological care and improved health outcomes requires a collective effort to shape policies that prioritise patients' needs.



Optimise the patient experience

Adopting practices and tools that facilitate communication between patients and their care providers can improve patients' ability to manage their conditions, as well as bolster their capacity to manage any comorbidities. Incorporating mental health care into patients' disease management regimen can further enhance patients' quality of life.

Improving rates of remission extends beyond clinical settings. Patient advocacy groups can play a pivotal role in providing disease management support, which would allow health providers to give more time to medical care.

Direct referrals of patients from clinicians to patient advocacy groups can further support disease management, offering patients the guidance they need. They can also provide caregivers educational support and give patients psychological support that is crucial in the quest to achieve remission. Patient advocacy groups are fundamental in providing continuous support to patients throughout their journey.



Leverage technology

Realizing the full potential of technology will be essential to efforts to enhance rheumatology care. Integrated applications, such as those linked with wearable devices like Fitbit, can be used to facilitate daily symptom tracking and telemonitoring. Established digital health interventions, like telemedicine and videoconferencing, can be leveraged to support patients with inflammatory arthritis.

Advanced imaging and access to this technology can improve care quality. And lessons can be drawn from successful disease management programs like those for diabetes that have harnessed the power of artificial intelligence and machine learning.

These technologies influence disease awareness, education, and diagnostic decisions. They also empower patients to actively participate in their care. Engaging rheumatology experts in discussions to fact-check information can ensure accuracy and reliability.

Conclusions

Millions of people worldwide live with rheumatoid arthritis and spondyloarthritis - many without adequate care. Investing in care oriented toward remission promises significant benefits, not only for patients but also for health care systems.

Achieving disease remission can reduce health care costs, improve patient outcomes and foster economic health. However, remission efforts are hindered by systemic barriers. Addressing these challenges - and support sustaining remission once it has been achieved - is crucial to realise the full potential of remission in inflammatory arthritis, both for patients' quality of life and health care efficiency.



About the Global Alliance for Patient Access

The Global Alliance for Patient Access is an international platform for health care providers and patient advocates to inform policy dialogue about patient-centered care.

GAFPA.org



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References

1. World Health Organization. (n.d.). Rheumatoid arthritis. World Health Organization. <https://www.who.int/news-room/fact-sheets/detail/rheumatoid-arthritis>
2. Clinical and Economic Benefit of Achieving Disease Control in Psoriatic Arthritis and Ankylosing Spondylitis: A Retrospective Analysis from the OM1 Registry Bergman MJ, Zueger P, Patel J, Saffore CD, Topuria I, Cavanaugh C, Fang S, Clewell J, Ogdie A. Clinical and Economic Benefit of Achieving Disease Control in Psoriatic Arthritis and Ankylosing Spondylitis: A Retrospective Analysis from the OM1 Registry. *Rheumatol Ther.* 2023 Feb;10(1):187-199. doi: 10.1007/s40744-022-00504-2. Epub 2022 Nov 4. PMID: 36333490; PMCID: PMC9931970.