

COSTS OF HOME-MONITORING BY TELEMEDICINE VERSUS STANDARD CARE MANAGEMENT OF INFLAMMATORY BOWEL DISEASE – A DANISH REGISTER-BASED FIVE-YEAR FOLLOW-UP STUDY

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Poster

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A five-year retrospective Danish register study of 572 IBD patients found that telemedicine was cost-effective for patients not receiving biologics but more expensive for those on biologics compared to standard care.

KEY POINTS

- In patients not receiving biologics (62% of cohort), telemedicine (eCare) had lower average total direct costs (14,703€) compared to standard care (17,119€) over five years, with higher patient earnings in the eCare group.
- In patients receiving biologics, eCare had substantially higher average total direct costs (76,366€) compared to standard care (31,456€), though earnings were slightly higher in the eCare group.
- Quality of life increased over five years in the telemedicine cohort and was higher in non-biologic patients; medication adherence was also higher in the non-biologic group.
- Disease activity measured by HBI in Crohn's disease patients began increasing after year 3 in the non-biologic cohort and after year 4 in the biologic cohort.
- This material is most relevant to health system decision-makers and IBD clinicians evaluating long-term economic outcomes of telemedicine implementation.

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