

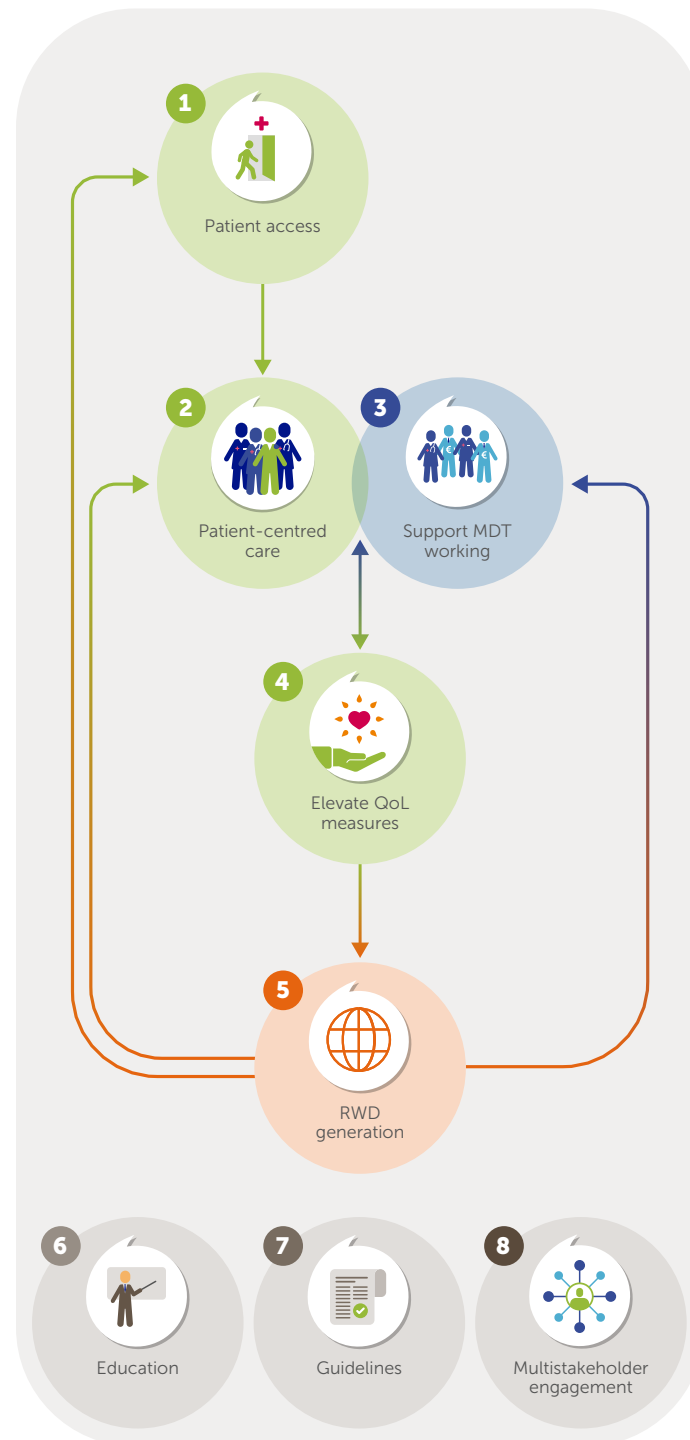
## Elevating the standard of care for patients with psoriasis: 'Calls to Action' from Epicensus, a multistakeholder pan-European initiative

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**Improving the standard of care** for all patients living with psoriasis starts with tangible improvements in **access** to appropriate services and effective treatments **1**. Once in the 'healthcare ecosystem', every patient should experience **personalised care** (driven by shared decision making) **2** built around their individual needs and values. Working closely with their **MDT**, they should directly influence their care plan, incorporating **digital health solutions** as appropriate **3**. Only this integrated approach will raise the SOC, through an understanding of and **accurate, consistent assessment of QoL** including the cumulative burden of psoriasis **4**.

This aligned QoL focus then facilitates the **systematic collection of RWD** and publication and interpretation of high-quality RWE **5**, which is used to continually refine the evolving healthcare system. Each stage within this approach is underpinned by effective **education** of the necessary stakeholders at all points **6**, is captured in practical, regularly updated **guidelines that are used widely and consistently** **7** and is strengthened by the involvement of **multiple stakeholders** **8**.

CTA, call to action; MDT, multidisciplinary team; PRO, patient-reported outcome; QoL, quality of life; R&D, research and development; RWD, real-world data; RWE, real-world evidence; SOC, standard of care.



## Calls to Action

### 1 Improve patient access

**CTA 1.1** Raise the profile of psoriasis so commissioners re-evaluate funding and convince them of the long-term cost savings from the balanced use of biologics if adopted early in treatment

**CTA 1.2** Endorse a patient-centred approach to care based on the clinical needs of patients, backed by up-to-date evidence and data

### 2 Involve patients in patient-centred and personalised approaches to care

**CTA 2.1** Support patient involvement in health authority meetings, legislative processes and regulatory decisions

**CTA 2.2** Capture RWD and patient-reported experiences to identify challenges, needs and issues for patients and carers

### 3 Improve healthcare systems to better support MDT working and digital services

**CTA 3.1** Support adoption of digital care for equitable (and timely) access to MDT care

### 4 Elevate quality-of-life measures as the most important outcomes

**CTA 4.1** Improve own knowledge of existing QoL tools and how to use them

**CTA 4.2** Work towards developing newer QoL/PRO measurement tools to capture data consistently including cumulative disease burden

### 5 Real-world data generation and optimal use

**CTA 5.1** Support the development of national registries; ensure that data collection is regular and consistent to support the rapid incorporation of novel medicines into clinical guidelines and the refinement of clinical practice

### 6 Education

**CTA 6.1** Focus on a broader healthcare professional education adapted to the needs of the healthcare providers

**CTA 6.2** Encourage and pursue multistakeholder collaborations and education opportunities

**CTA 6.3** Support education and collaboration to better understand and manage comorbidities

### 7 Improve the relevance and reach of guidelines

**CTA 7.1** Endorse development of integrated, harmonised, flexible and regularly updated guidelines

### 8 Multistakeholder engagement

**CTA 8.1** Encourage multistakeholder engagement as broadly as possible e.g. in planning processes, research, R&D initiatives, clinical trial design, decision-making, RWD generation while ensuring that patients are involved, heard and educated along the way