

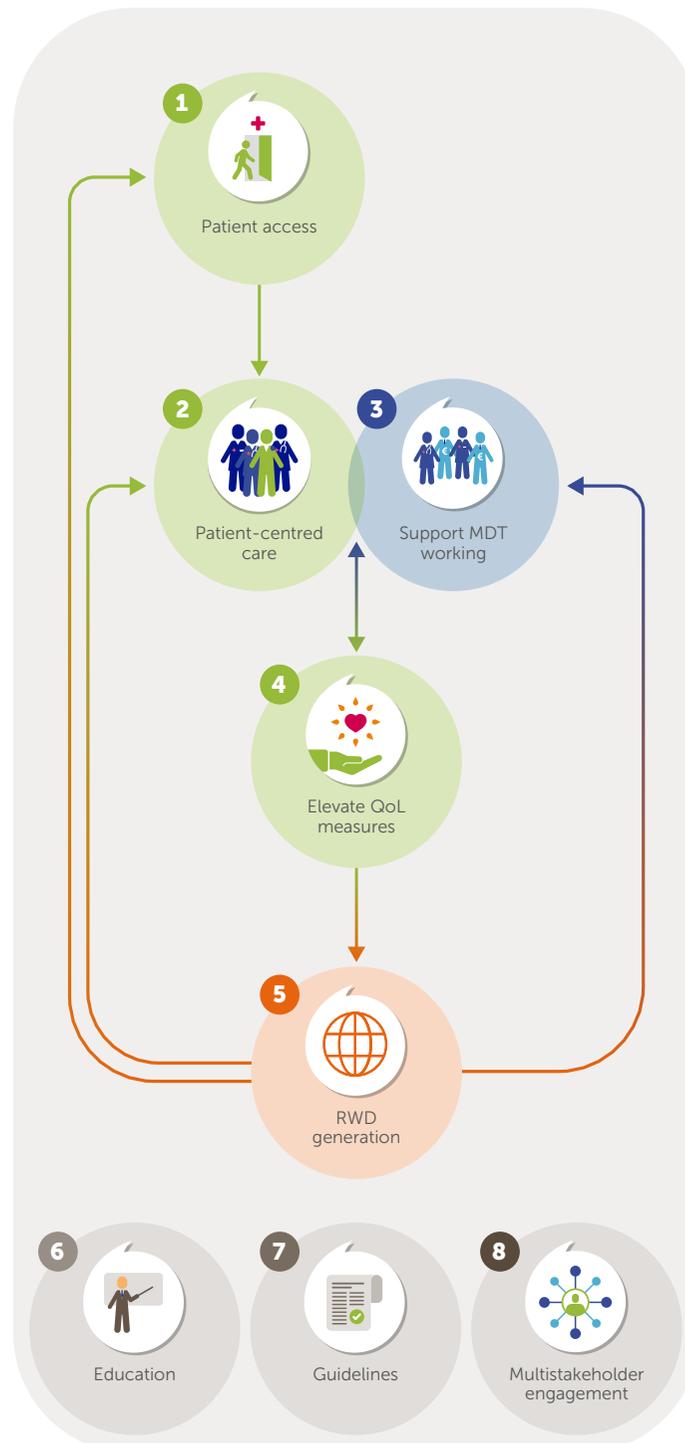
Elevating the standard of care for patients with psoriasis: 'Calls to Action' from Epicensus, a multistakeholder pan-European initiative

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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