

Introduction

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The last decade has seen the introduction of highly effective biologic agents to treat a number of inflammatory rheumatologic diseases, including rheumatoid arthritis (RA), ankylosing spondylitis, and psoriatic arthritis. When inadequately controlled, these chronic, usually life-long conditions have a major long-term impact on the health and health-related quality of life of patients. The introduction of these new biologicals, primarily TNF antagonists, has led to markedly improved long-term prognoses for the patients and also to substantial increases in the costs of treating these conditions. As a result, there are patients who could benefit significantly from treatment with these agents but who are currently unable to receive them due to restrictions on their use. The balance between optimal therapy and cost considerations has become an important issue for many rheumatologists and other healthcare providers.

Moreover, such considerations must be viewed in light of more general trends and developments dealing with healthcare as part of the overall economy. We all

live and work in a world with many challenges in this regard, including an aging population with increasing healthcare needs and limited resources available to treat patients; at present, these concerns are amplified by global recession.

In this dynamic environment, it is important that rational healthcare choices are made [1] based upon the real, evidence-based value of interventions. There may be discrepancies between the point of view of physicians who seek primarily to gain the optimal therapy for their patients, and that of payors, who have to manage budgets that stretch across many diseases and therapeutic modalities. Physicians often think in terms of disease-specific clinical efficacy whereas payors may focus on quality of life and aspects of value that can be translated across different diseases, such as cost-utility analyses [1]. Paradoxically, while physicians might be less interested in cost considerations, healthcare purchasers may focus more on price rather than the full value determination.

Issues dealing with value and health economics have not traditionally been seen as a key area for consideration when educating clinicians (few medical school curriculums allot any time to formal teaching of such aspects!), and therefore, more education is needed to prepare physicians for the value and health economics challenges of the twenty-first century.

These issues can be summarized as the question of value in the treatment of rheumatological diseases. In order to address these issues, we have brought together an international group of clinical and economic experts, the International Value Coalition. This group aims to provide education and training to physicians and others on the value of treatment, and more specifically, biologic agents in inflammatory rheumatological conditions. The International Value Coalition will also generate publica-

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tions and address value challenges that may impact upon clinical care and health policy decision making. This initiative is supported and sponsored by funding from Pfizer through an unrestricted grant.

The publication in front of you is the first output from the International Value Coalition and was developed specifically for rheumatologists. It sets out to review evidence of the cost effectiveness, and the cost-effective use, of biologics in RA. Our aim is that this will help rheumatologists to realize how they can provide better treatments for their patients by applying value arguments and health economics thinking when discussing treatment choices with payors, such as their hospital boards or third-party payors.

It is our hope that in the future, we will see improved interactions between clinicians and payors in their common

goal: to provide optimal care to patients while observing the needs of society at large.

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