Leveraging Nationwide Health and Insurance Records to

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Track Biologic Drug Diffusion in IBD: A 20-Year Real-World Study from Israel



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Background

Inflammatory bowel disease (IBD), comprising of Crohn's disease (CD) and ulcerative colitis (UC), is a chronic relapsing incurable intestinal inflammatory disorder of the gastrointestinal tract. Biological therapy can significantly improve health-related quality-of-life and prevent disease-related complications. In the last 20 years, multiple biologic therapies for IBD have been introduced and reimbursed in Israel, yet their real-world adoption and diffusion remain underexplored.

Objectives

To examine how nationwide electronic health and insurance records can be used to track real-world adoption and diffusion of biologic drugs (biologics) in IBD patients across Israel's universal healthcare system.

Methods

Nationwide retrospective cohort study

Patients of all four Israeli health maintenance organizations (HMOs)

Covering ~98% of population



1998-2018, up to 20 years follow-up



Outcome: Biologics Treatment Initiation, stratified by:

Disease TypeDrug Type

Diffusion trends, survival analysis and multivariable Cox models

N=49,267

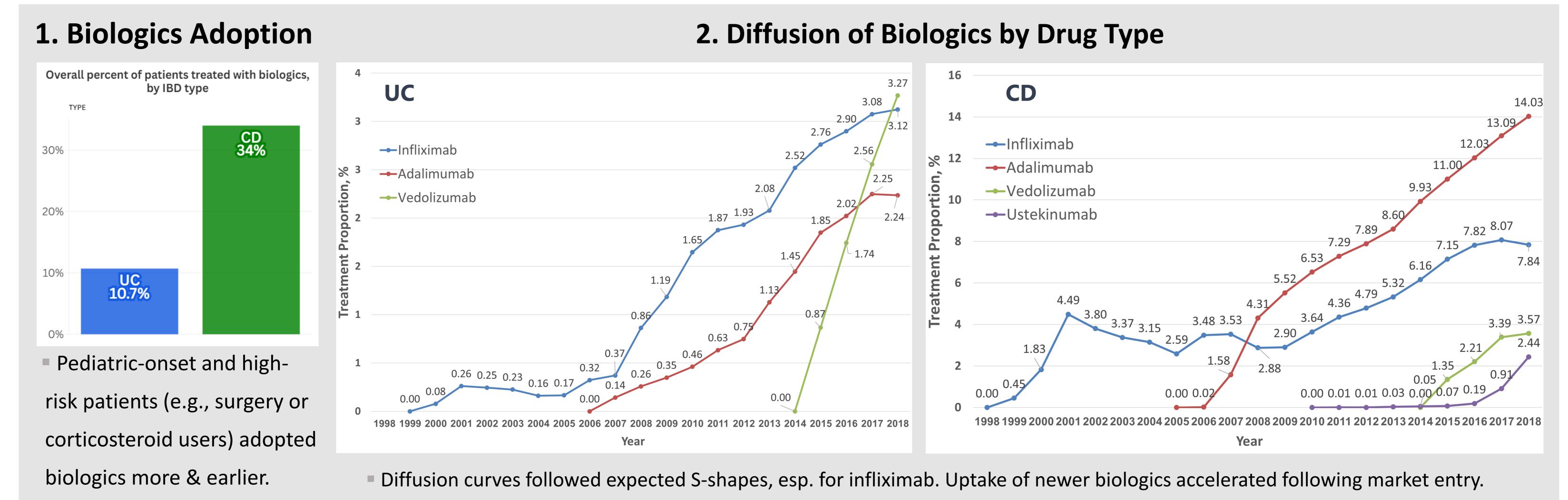
Mean age at onset: 36.8 ± 18.5

Male: 50.6%

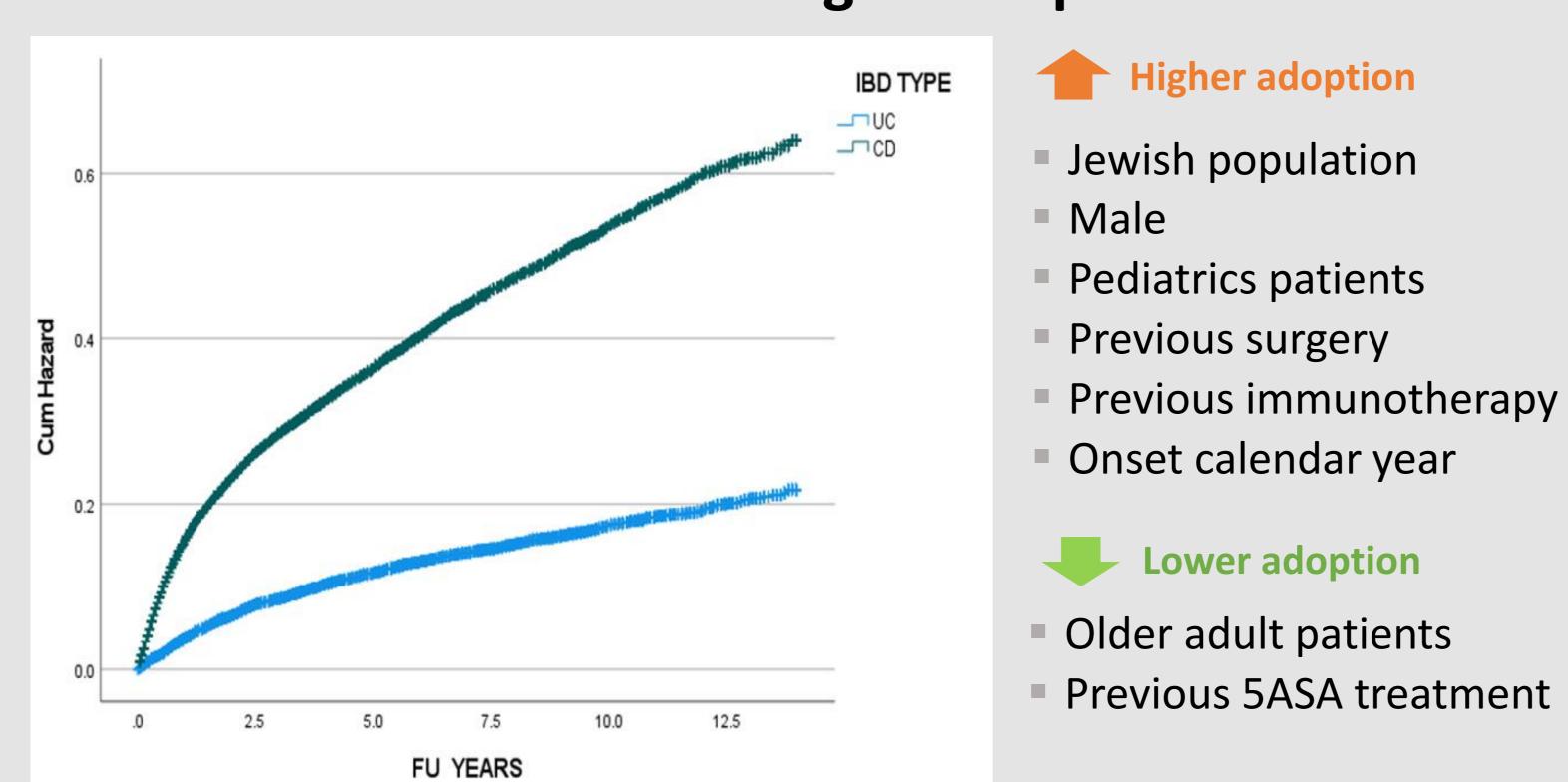
Mean follow-up: 11.0 ± 1.2 years

CD: 53.3%, UC: 46.7%

Results



3. Rate & Predictors of Biologics Adoption



Conclusions & Recommendations

This study demonstrates the potential of integrated national health and insurance records to monitor long-term real-world therapeutic patterns.



The Israeli IBD data infrastructure enabled comprehensive, population-based analysis of biologic drugs adoption and diffusion, offering a replicable model for health systems aiming to leverage real-world data for treatment



monitoring, equity assessment, and policy planning. This study was supported by: HELMSLEY