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Access to Care and Health Care Utilization Among Patients with Inflammatory Bowel Disease

Introduction

Inflammatory Bowel Disease (IBD) is a chronic, relapsing inflammatory condition associated with a high burden of illness, with its prevalence rising globally. This poses a significant impact on individuals, families, and society, with associated healthcare costs escalating. Notably, disparities in healthcare outcomes have been observed, with Black, Asian, and Hispanic individuals often experiencing poorer outcomes. Literature exploring the role of race and socioeconomic status (SES) in IBD outcomes is fragmented. This study aims to clarify the association between race, SES, and healthcare access among IBD patients.

Method

We conducted a retrospective study utilizing the All of Us database from the NIH. Patients with a diagnosis of IBD were included. Health care access was assessed using self-reported questionnaires, along with demographic data (age, sex, race, ethnicity) and SES indicators (income, education, insurance status). The primary outcomes were self-reported measures of healthcare access and affordability, specifically the inability to afford care, delayed care, and having more than one year since the last provider visit. Logistic regression analysis was used to adjust for confounding factors, with reference demographics set as male, White, non-Hispanic, >\$200k income, college graduate or higher, and insured.

Results

A total of 5,094 patients diagnosed with IBD were included. The reference group was less likely to report difficulty affording care or having more than one year since a provider visit. In contrast, females, Black patients, individuals with lower income, and those without insurance were more likely to face challenges in affording care. Delayed care was more frequently reported by females, individuals with lower income, and those with lower education levels. Black patients, those with lower education levels, and uninsured individuals were more likely to report more than one year since their last provider visit.