

Barriers to Inflammatory Bowel Disease (IBD) Care in a Racially and Ethnically Diverse Population: Patient Survey and Chart Review Study

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Background

- Data on access to care for IBD and related patient outcomes in Black/Indigenous/People of Color or Hispanic (BIOPOC/H) populations is limited.
- Available data suggests people with IBD in historically marginalized communities tend to be impacted disproportionately, with higher symptom burden, greater difficulty affording healthcare, lower utilization of primary and gastroenterological care, and greater impact of IBD on occupation compared with whites.^{1,2}
- This study evaluated patient reported care barriers, clinical disease status and health related quality of life (HRQOL) outcomes among a diverse population of White/Non-Hispanics (W/NH) and BIOPOC/H patients with IBD treated at Ochsner Health, Louisiana's largest health care delivery system.

Materials and Methods

- A survey was created with input from a diverse Patient Engagement Research Council (PERC) which was comprised of racially and ethnically diverse patients with IBD.
- The survey was administered online with invitations sent once via Ochsner Health's "MyChart" portal to adult patients actively receiving care for IBD as determined in electronic medical record (EMR) data at Ochsner Health between Aug 2019 and Dec 2021. A total of 1217 patients (789 W/NH and 428 BIOPOC/H) were invited.
- Survey responses were anonymous, and patients were compensated \$50 for participating.
- Data collected included demographics, patient perceived access to care via a survey adapted from the Consumer Assessment of Healthcare Providers and Systems³ and Barriers to Care survey. HRQOL was assessed via the Short Inflammatory Bowel Questionnaire (SIBQ).⁴ Use of emergency department (ED) services was obtained for the 14 months prior to survey administration through EMR review.
- The survey was approved by the Ochsner Health institutional review board (IRB).
- Analyses compared W/NH and BIOPOC/H respondents survey data via X² and student t-tests.

Results

171 patients (14%) responded to the survey, 53% of which had Crohn's disease, 35% had ulcerative colitis and 12% had both. Of the total, 40% were BIOPOC/H. BIOPOC/H respondents were younger and were more often insured by Medicaid. Groups were otherwise similar. (Table 1)

Table 1: Respondent Demographics

	W/NH n = 103	BIOPOC/H n = 68	P
Age, Mean (SD)	49 (14)	44 (13)	.03
Female gender, n(%)	71 (69)	48 (71)	
Male gender, n (%)	32 (31)	20 (29)	.87
Highest level of education, n (%)			
High school graduate or less	20 (20)	17 (25)	
Some college or 2-year degree	29 (28)	24 (35)	.11
4-year college graduate	23 (22)	9 (13)	
More than 4-year college degree	31 (30)	14 (21)	
Marital Status, n (%)			
Single	30 (29)	30 (44)	
Married/domestic partnership	54 (52)	25 (37)	.12
Widowed	15 (14)	12 (18)	
Separated/divorced	4 (3)	1 (2)	
Types of Health Insurance, n (%)			
HMO/PPO/Private Insurance	66 (64)	28 (41)	
Medicare	21 (20)	18 (27)	<.001
Medicaid	19 (18)	29 (43)	
No insurance/self-pay	3 (2.9)	0 (0)	
Employment status, n (%)			
Full time	55 (53)	25 (37)	
Part time/seasonal	6 (6)	6 (9)	.20
Self-employed	3 (3)	2 (3)	
Unemployed	39 (38)	35 (52)	

BIOPOC/H compared to W/NH patients were more likely to report inadequate control of symptoms in the past 7 days (35% vs 18%; p=.02), including more abdominal pain (52% vs 54%; p=.05) and more than their normal amount of bowel movements per day. (Table 2)

Table 2: IBD Symptom Control

	W/NH n = 103	BIOPOC/H n = 68	P
Symptoms not well controlled - past 7 days, n (%)	36 (35)	12 (18)	.02
Abdominal pain - past 7 days, n (%)	52 (51)	45 (66)	.05
Bowel movements - past 7 days, n (%)			
My normal amount	55 (53)	21 (31)	
1-2 stools a day more than normal	15 (15)	18 (27)	
3-4 stools more than normal	12 (12)	15 (22)	.01
5 or more stools more than normal	13 (13)	6 (9)	
I am constipated	4 (4)	7 (10)	
I have a colostomy	4 (4)	1 (2)	
Taken medicine to reduce bowel movements - last 7 days?, n (%)	30 (30)	11 (16)	.07

BIOPOC/H patients reported having lower mean [SD] HRQOL via the SIBQ. Global HRQOL scores were lower (41.3 vs 49.4; p<.001), as were each subscale score: social HRQOL (9.1 vs 11.1; p<.001), bowel-related HRQOL (12.7 vs 15.8; p<.001), emotional-related HRQOL (12.5 vs. 14.0; p=.041) and systemic impact related HRQOL (7.6 vs 8.8; p=.019). (Table 3)

Table 3: SIBQ HRQOL

	W/NH n = 103	BIOPOC/H n = 68	P
Global score, mean (SD)	49.4 (13.1)	41.3 (14.2)	<.001
Social subscale, mean (SD)	11.1 (3.2)	9.1 (3.8)	<.001
Bowel subscale, mean (SD)	15.8 (4.1)	12.7 (4.6)	<.001
Emotional subscale, mean (SD)	14.0 (4.3)	12.5 (4.9)	.04
Systemic subscale, mean (SD)	8.8 (3.3)	7.6 (3.3)	.02

BIOPOC/H patients were more likely than W/NH counterparts to experience barriers to care in the prior 12 months including accessing an IBD specialist (11% vs 26%; p=0.018) and accessing emotional support to deal with IBD (18% vs 42%; p<.001). BIOPOC/H patients also reported negative impacts to the ability to work/attend school and pay bills related to their IBD.

BIOPOC/H patients also utilized emergency services for their IBD more often than W/NH patients (42% vs 22%, p=.004), respectively. (Table 4)

Table 4: Patient Reported Care Barriers

	W/NH n = 102**	BIOPOC/H n = 66**	P
Problems* seeing an IBD specialist in the past 12 months, n (%)	11 (11)	17 (26)	.03
Problems* receiving help dealing with emotions because of IBD in the past 12 months, n (%)	19 (18)	28 (42)	<.001
Problems* working or attending school because of IBD in the past 12 months, n (%)	27 (26)	32 (49)	.005
Problems* paying bills because of IBD in the past 12 months, n (%)	21 (20)	23 (35)	.048
Problems* finding community support for IBD in the past 12 months, n (%)	17 (17)	19 (29)	.06
IBD-related ED service utilization, n (%)	22 (22)	28 (42)	.004

*Patients reporting more than a "slight" problem on a 4-point Likert scale with 0 = no problem, 1 = slight problem, 2 = somewhat of a problem, 3 = a major problem
**3 patients declined to answer.

Discussion and Conclusions

- This study confirms that BIOPOC/H patients with IBD had worse clinical symptoms and lower HRQOL than W/NH counterparts.
- BIOPOC/H patients also reported less access to specialists and emotional support, more negative impacts on employment and personal finance, and more use of ED services than W/NHs.
- Future programs to understand and address the differences in care and outcomes are needed.

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