

Characterizing Racial Disparities in Follow-up Care for *Helicobacter Pylori* Infection in an Open Access Endoscopy Cohort

Alexandria Lenyo¹, Dayna Early, MD², Jean Wang, MD², Cassandra Fritz, MD, MPH²

¹. Washington University School of Medicine, Saint Louis, Missouri, USA

². Division of Gastroenterology, John T. Milliken Department of Medicine, Washington University School of Medicine, Saint Louis, Missouri, USA

Background

- Open Access Endoscopy (OAE) describes endoscopic procedures for patients who do not have a primary gastroenterologist.
- One goal of OAE is to increase access to endoscopic services and potentially decrease health disparities.
- Disparities in follow-up care after OAE have not been extensively studied.

Aims

- Characterize potential disparities in follow-up care after OAE.
- Describe endoscopic diagnoses after which patients are less likely to receive proper follow-up.

Methods

- Retrospective analysis of 677 patients using the 2019 OAE procedure list from Barnes Jewish Hospital (BJH).
- Demographic data, including age, sex, race, and ethnicity were collected from the medical record.
- Indication for EGD, EGD findings, recommended follow-up care, and follow-up completion were collected.
- Continuous variables were expressed using means \pm standard deviations. Chi-square test or Fisher Exact Test were used to determine the unadjusted odds ratio (OR).

Results

Table 1. Demographics and Clinical Characteristics	
	N(%)
Mean Age(y) \pm SD	58 \pm 14.8
Female	383 (47%)
White	414 (61%)
Minority	263 (39%)
Black	223 (33%)
Smoker	206 (30%)
Insurance Status	
Private Insurance	243 (36%)
Medicare	278 (41%)
Medicaid	96 (14%)
Other	41 (6%)
Cancer History	
Personal History of Esophageal Cancer	25 (3.7%)
Family History of Esophageal Cancer	23 (3.4%)

Table 2. Endoscopic Diagnoses and Follow-Up	
Endoscopic Diagnoses	N = 677 (%)
H. Pylori	39 (5.8%)
Barrett's Esophagus	13 (1.9%)
Other Diagnosis Necessitating Follow-Up	124 (18%)
Overall Follow-Up Care	
Follow-Up Recommended	176 (26%)
Follow-Up Received (N=176)	130 (74%)
Follow-Up Not Received: White (N=103)	26 (25%)
Follow-Up Not Received: Minority (N=73)	20 (27%)
H. Pylori Follow-Up	
H. Pylori Follow-Up Recommended (N=176)	37 (21%)
White Patients H. Pylori Follow-Up (7/9;78%) vs. Minority	7 (78%)
Minority Patients H. Pylori Follow-Up (N=28)	15 (54%)
H. Pylori Follow-up received by Race	
Minority Patients with H. Pylori (28%) vs Minority patients without H. Pylori (72%)	OR=2.3 (95% CI 1.2-3.9)

Figure 2 – *H. Pylori* Follow-Up: White vs Minority Patients

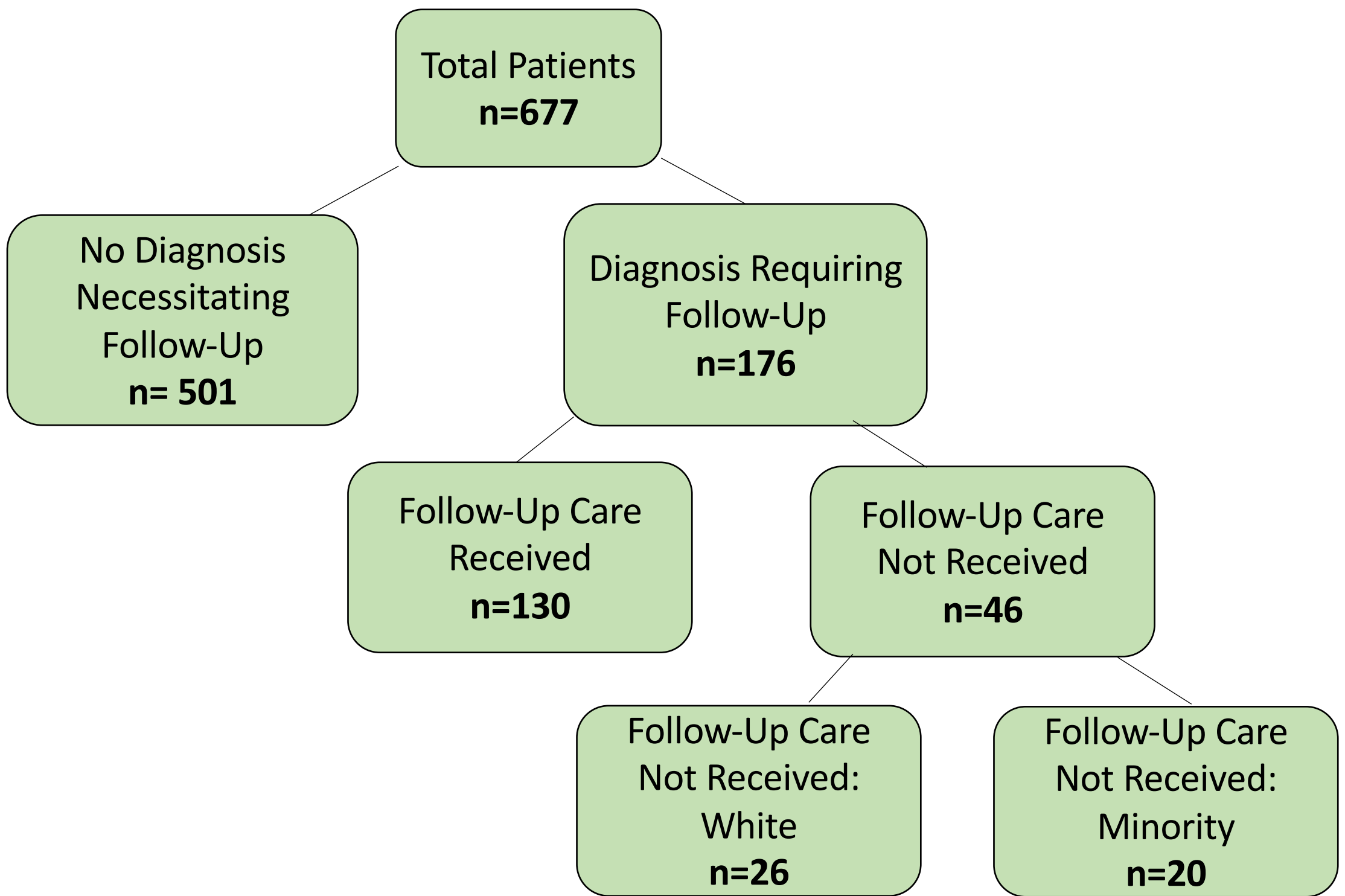
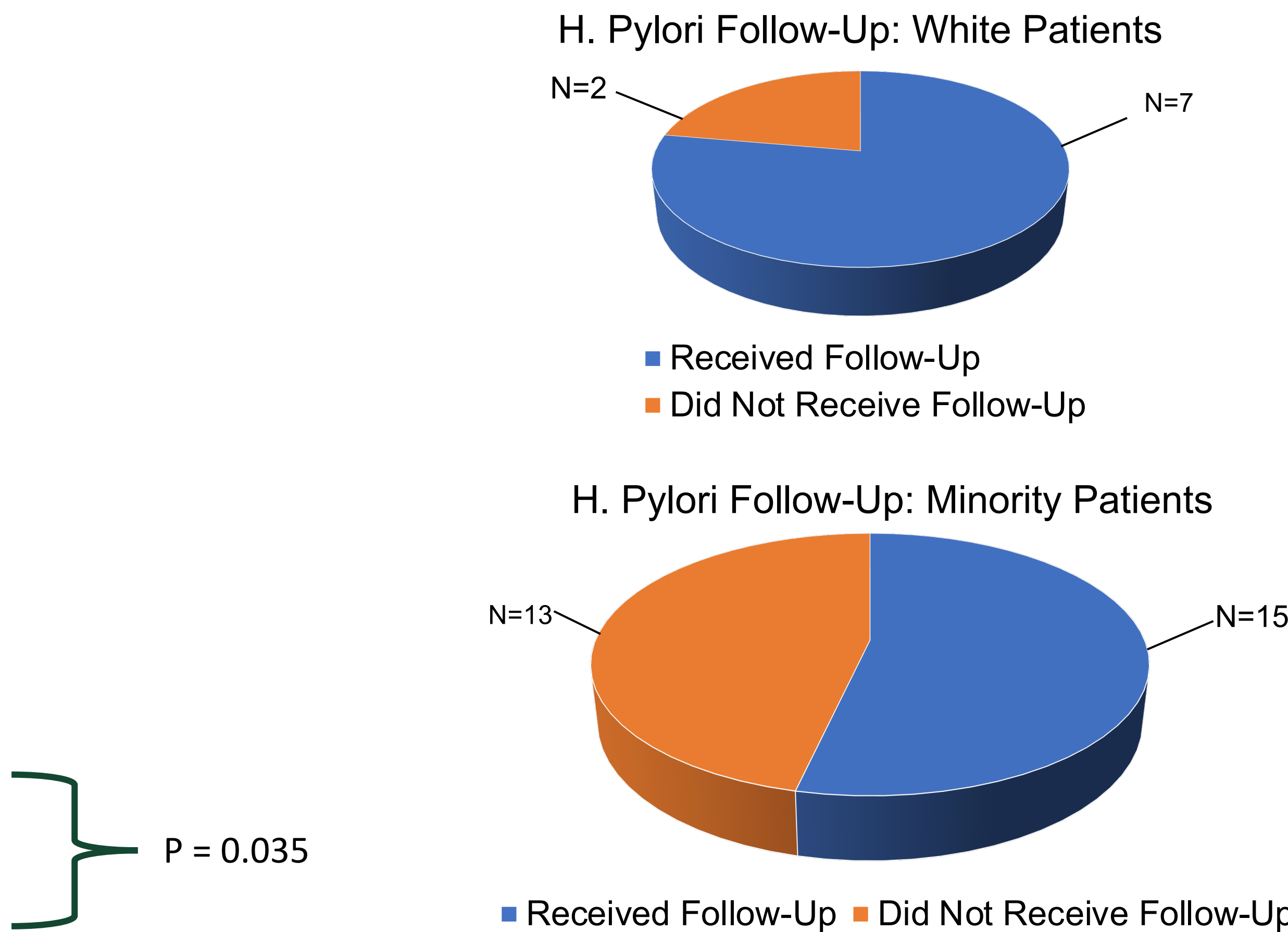


Figure 1 – Flowchart of Follow-Up Care Stratified By Race

Conclusions

- By providing access to endoscopies for patients who do not have a primary gastroenterologist, OAE has the potential to reduce health disparities.
- A lesser proportion of minority patients than white patients received proper follow-up care for *H. Pylori*.
- Minority patients with *H. Pylori* were more likely to receive the recommended follow-up care than minority patients who required follow-up care without *H. Pylori*.
- It is necessary to implement strategies to ensure that all patients receive follow-up care following OAE, regardless of the endoscopy diagnosis.

References

- Gurudu SR, Fry LC, Fleischer DE, Jones BH, Trunkenbolz MR, Leighton JA. Factors contributing to patient nonattendance at open-access endoscopy. *Dig Dis Sci*. 2006;51(11):1942-1945. doi:10.1007/s10620-006-9215-0.
- Laiyemo AO, Williams CD, Burnside C, et al. Factors associated with attendance to scheduled outpatient endoscopy. *Postgrad Med J*. 2014;90(1068):571-575. doi:10.1136/postgradmedj-2012-131650.
- Morini S, Hassan C, Meucci G, Toldi A, Zullo A, Minoli G. Diagnostic yield of open access colonoscopy according to appropriateness. *Gastrointest Endosc*. 2001;54(2):175-179. doi:10.1067/mge.2001.116565.

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Contact: cfritz@wustl.edu