

Identifying Geographic Disparities in Access to Psoriasis Care in Medicaid Patients

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Objectives

Geographic disparities in access to PsO care for patients with Medicaid coverage were identified and characterized.

Background

- While Medicaid is a federally-funded program, treatment coverage is determined at the state level and access to dermatological care is limited.
- Out of 12,767 active dermatologists in the United States, only 5,468 providers accept Medicaid-insured patients. , This, compared to the 21% of Americans (69 million) enrolled in a Medicaid health plan, is drastically low.
- Psoriasis (PsO) is a chronic inflammatory skin disease with significant morbidity and mortality with advanced severity. Approximately 15-20% of patients eventually develop severe PsO which requires systematic therapy.
- Prevalence is estimated at 3.2% among adults >20 years of age in the United States. While lower severity treatments can be administered by family practice physicians, advanced care must be administered by dermatologists.

Methods

- Adult patients (≥ 18 years of age) with Medicaid insurance coverage were identified from the STATinMED RWD Insights all-payer medical and pharmacy retrospective claims database from 01JAN2015-13DEC2019.
- Included patients had ≥ 1 claim for a PsO-indicated medication after their initial PsO diagnosis (index) date and had ≥ 12 months of continuous capture pre-/post-index date.
- Demographic characteristics for the 12-month pre-index period were assessed.
- Patients were assigned a location based on 3-digit zip codes (ZIP3) based on their most frequently-visited primary care provider (PCP) during the study period.
- ZIP3s were identified as urban or rural using the Health Resources and Services Administration (HRSA) Rural Assignment Identifiers.
- If no provider was identified, patients were considered rural.
- The number of PsO-treating providers in each patient's ZIP3 were identified and designated as urban or rural.
- Access to care was determined by the number of patients with 0, 1-2, 3-4, 5+ providers in their ZIP3.

Results

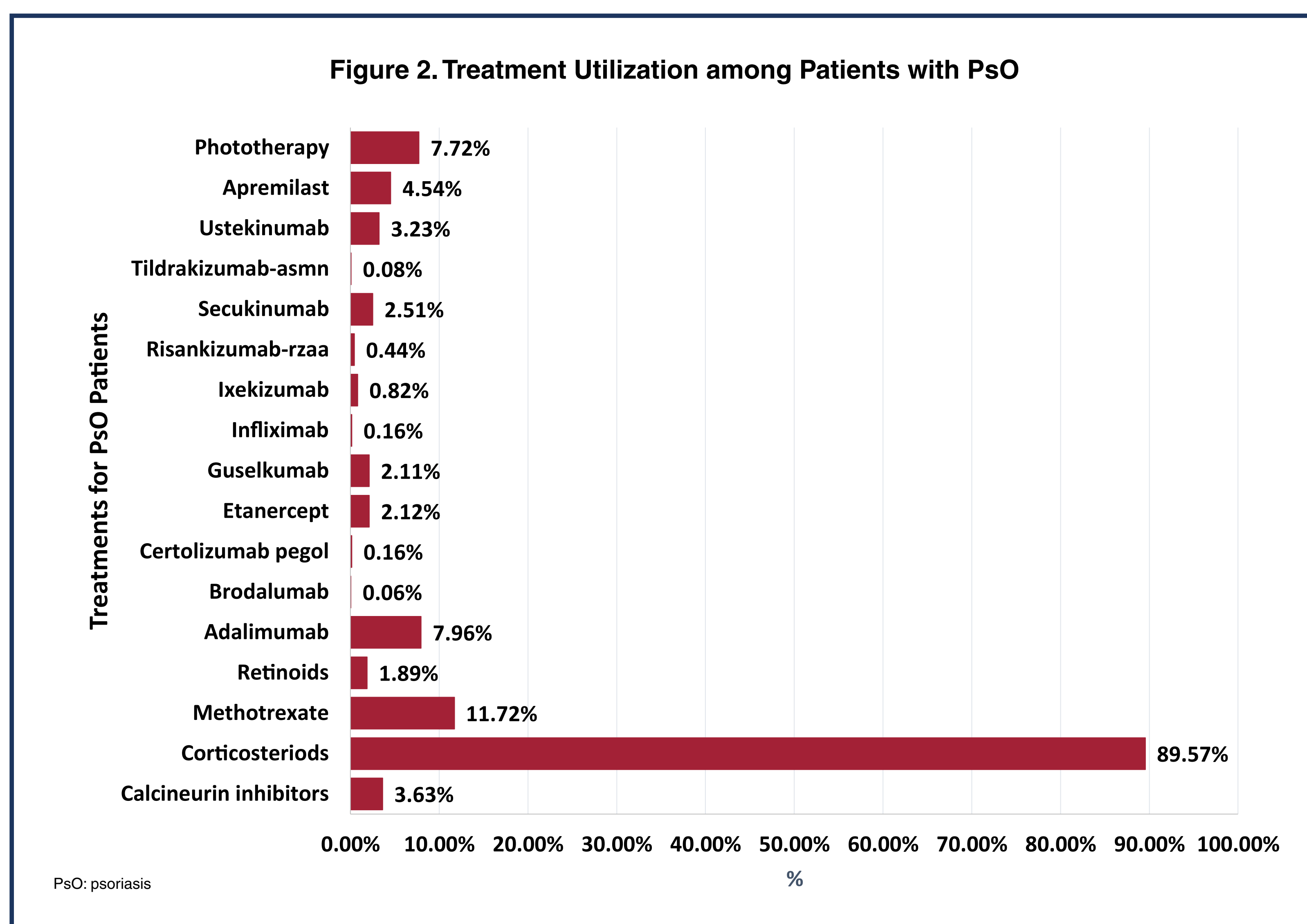
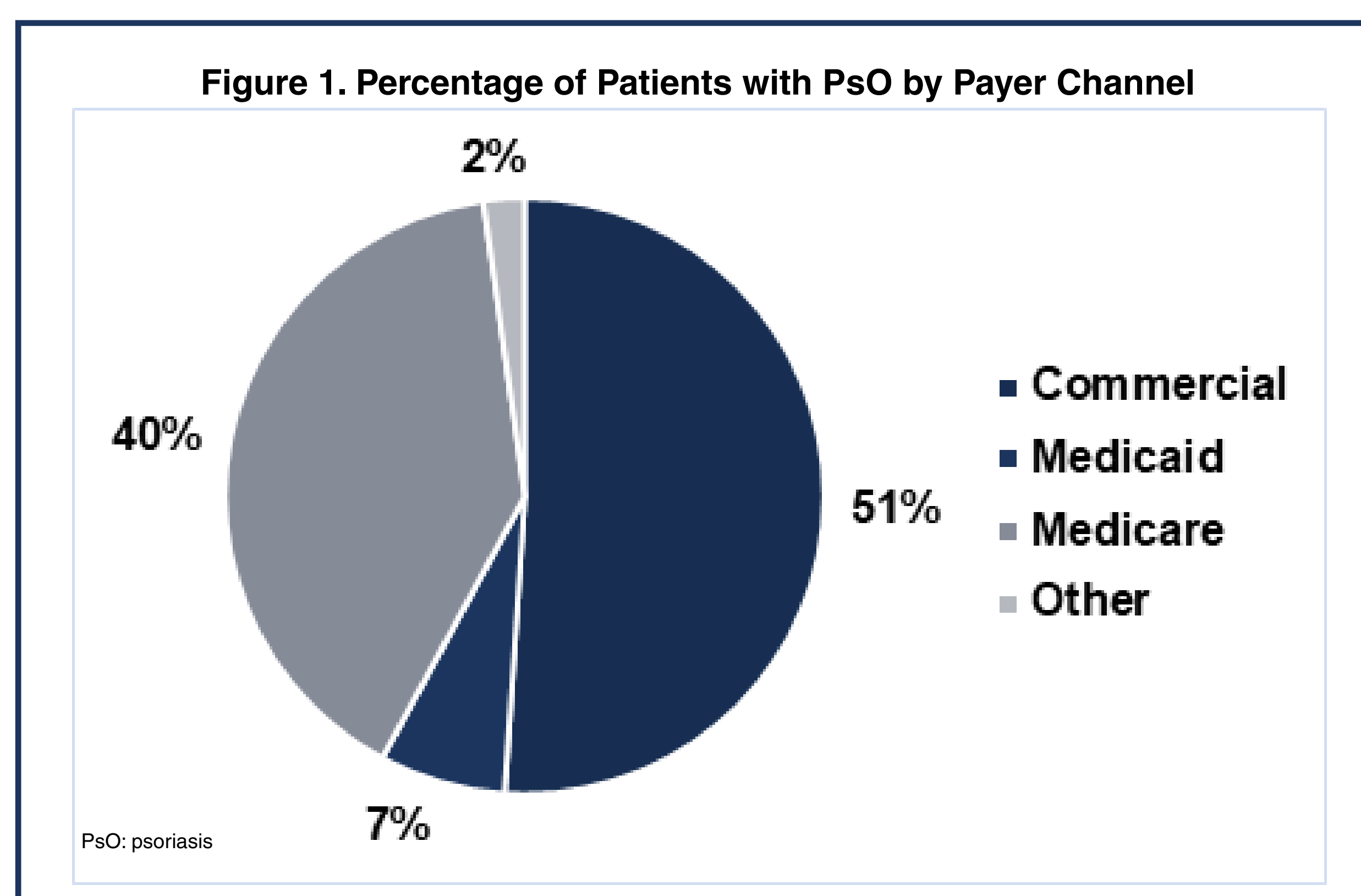
Of the study sample of PsO patients, 12,247 patients with PsO were enrolled in a US Medicaid health plan. (Table 1)

Corticosteroids, followed by methotrexate, were the most common treatments for PsO patients (89.57%, 11.72%) during the 12 months after index. (Figure 2)

Table 1. Number of Patients Diagnosed with PsO by Payer Channel

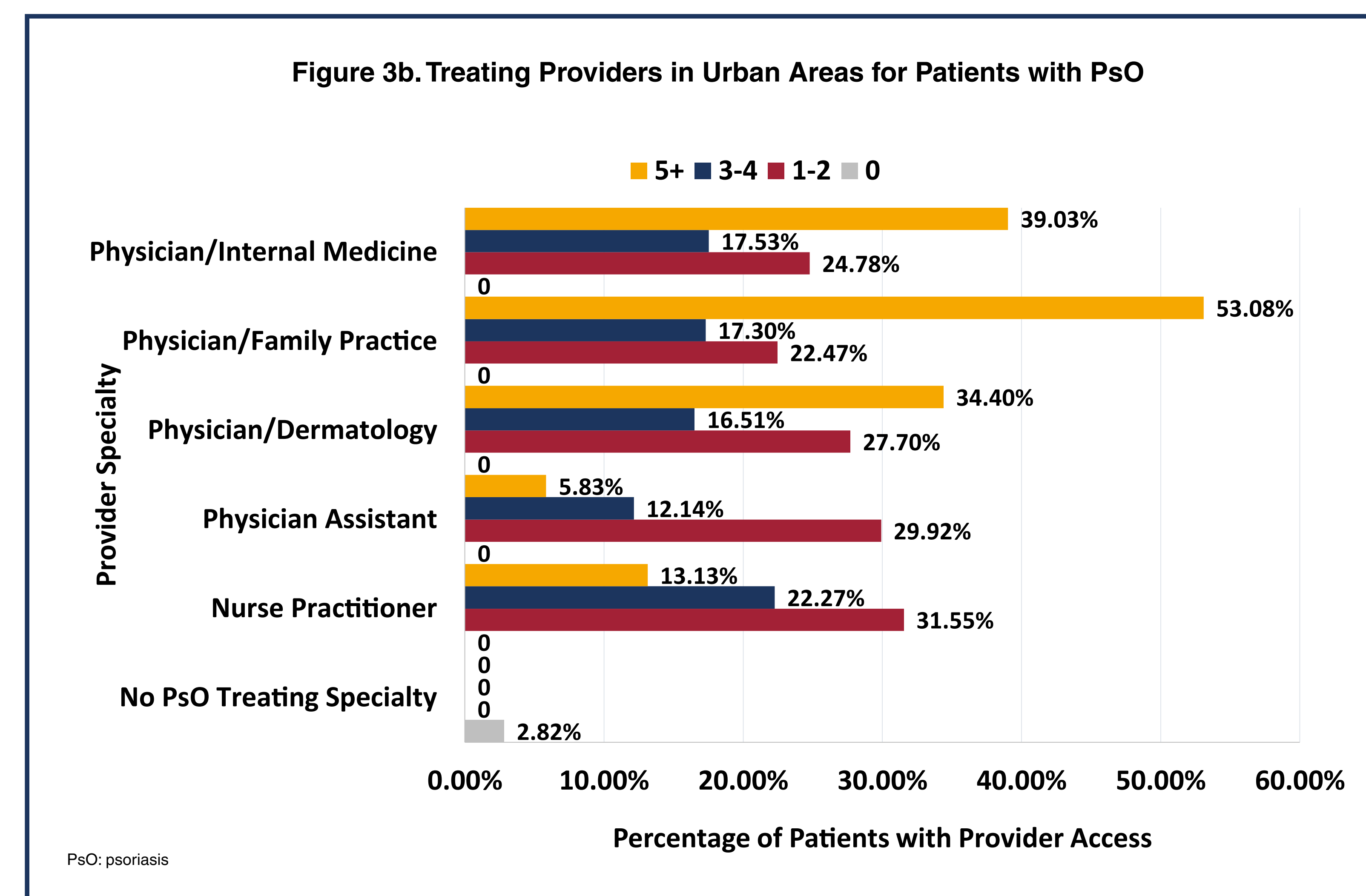
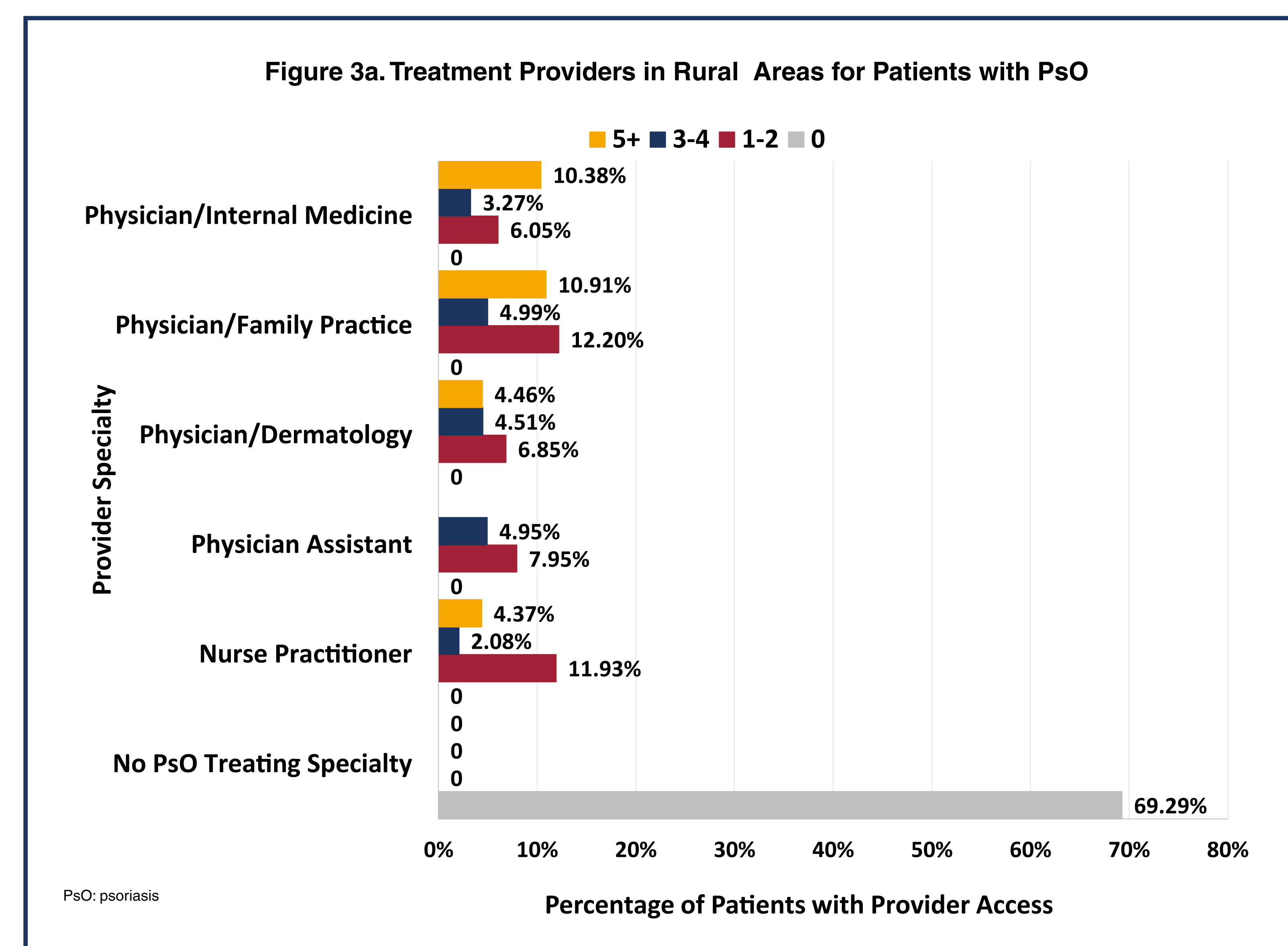
Payer Channel (n,%)	N=179,688	
Commercial	91,799	51.10%
Medicaid	12,247	6.80%
Medicare	71,659	39.90%
Other	3,983	2.20%

PsO: psoriasis



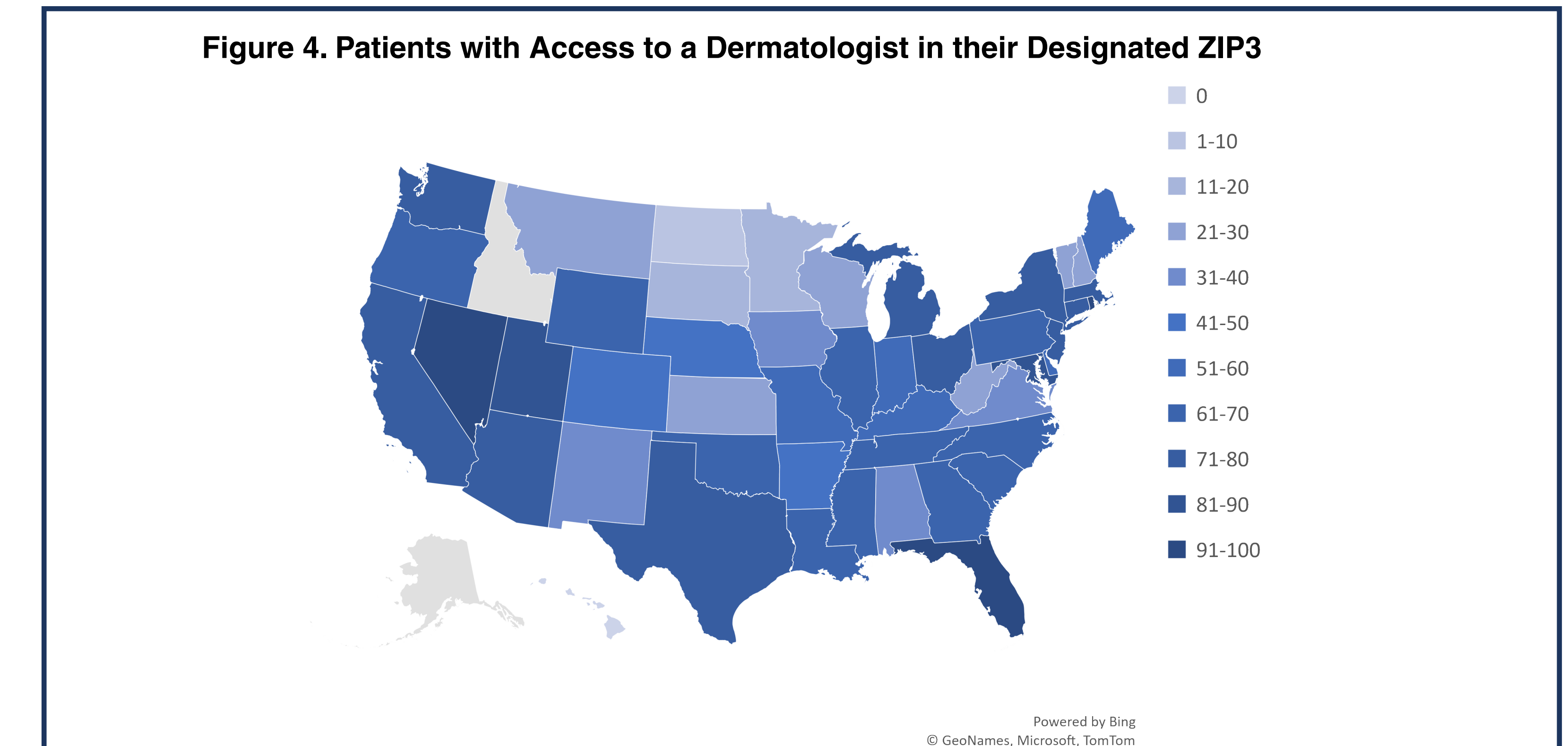
In rural areas, 69.29% of patients had no access to PsO specialty treatment services (2.82% in urban areas). (Figure 3a)

Among patients diagnosed with PsO, 53.08% of urban and 10.91% of rural patients had 5+ family practices in their ZIP3 area. (Figure 3b)



Significantly more urban (34.40%) than rural (4.46%) patients had 5 or more dermatology service locations in their ZIP3 region.

The top states with patient access to PsO-related dermatology care were Rhode Island, Nevada, Florida, Maryland, and Utah. (Figure 4)



Limitations

Certain limitations are associated with claims data use. The diagnosis code may be incorrectly coded or included as rule-out criteria rather than the actual disease. Further, the presence of a claim for a filled prescription does not indicate whether the medication was consumed or taken as prescribed. Medications filled over the counter or provided as samples by the physician are not observed in claims data.

Conclusions

Patients with Medicaid coverage have limited access to specialty care. Most patients residing in rural areas sought care in urban areas due to a lack of access to advanced care, while urban patients sought care outside of their ZIP3 area due to Medicaid insurance limitations.

References

- 2022 Physician Specialty Data Report. (n.d.). *Active Physicians in the Largest Specialties by Major Professional Activity*. 2021. American Association of Medical Colleges. Retrieved from <https://www.aamc.org/data-reports/workforce/data/active-physicians-largest-specialties-major-professional-activity-2021>
- Worstell, C. *Does Medicaid Cover Dermatology?* 2022. MedicareAdvantage.com. Retrieved from <https://www.medicareadvantage.com/medicaid/does-medicaid-cover-dermatology>
- Rosso R. In Focus. 2023. *U.S Health Care Coverage and Spending*. Congressional Research Service.
- Abuabara K, Azfar RS, Shin DB, et al. Cause-specific mortality in patients with severe psoriasis: a population-based cohort study in the U.K. *Br J Dermatol*. 2010;163(3):586-592.
- Rachakonda TD, Schupp CW, Armstrong AW. Psoriasis prevalence among adults in the United States. *J Am Academy Dermatol*. 2014;70(3):512-516.

