Patient opinions on healthcare provider interactions and current treatment satisfaction in adults with atopic dermatitis by race and ethnicity

Candrice R. Heath¹, Vivian Y. Shi², Wendy Smith Begolka³, Elizabeth D. Bacci⁴, Melissa L. Constantine⁴, Julia R. Correll⁴, Amber Reck Atwater⁵, Evangeline J. Pierce⁵, Raj Chovatiya⁶ ⁷

¹Lewis Katz School of Medicine at Temple University, Philadelphia, Pennsylvania
²University of Arkansas for Medical Sciences, Fayetteville, Arkansas
³National Eczema Association, San Rafael, California
⁴Patient-Centered Research, Evidera, Bethesda, Maryland
⁵Eli Lilly and Company, Indianapolis, Indiana
⁶Chicago Medical School, Rosalind Franklin University of Medicine and Science, Chicago, Illinois
⁷Center for Medical Dermatology and Immunology, United States
Introduction/Background:

There is evidence of disparities in healthcare utilization for patients with atopic dermatitis (AD), but research exploring differences in patient treatment satisfaction and patient perception of interactions with their AD healthcare provider (HCP) by race and ethnicity is limited.

Objectives:

The primary study objectives were to understand racial and ethnic differences in adult patients with AD for treatment use, treatment satisfaction, and patient perceptions on HCP interactions.

Methods:

Adult patients living with self-reported AD in the United States (US) were recruited through the National Eczema Association (NEA) and the AmeriSpeak panel, a national sample of US adults. Sampling targets were used to achieve condition-based population proportions across multiple racial and ethnic categories. Patients completed an 80- to 110-item electronic one-time survey including questions on overall AD severity over the last month, current AD treatment, current AD treatment satisfaction, AD provider type, and perceptions of their interactions with HCPs. Data are reported using descriptive statistics.

Results:

Overall, 260 patients (NEA n=18; AmeriSpeak n=242) completed the survey (mean age 40.6 years; 66.2% female; 55.0% White, 23.5% Black/African American, 11.5% Asian, and 10.0% American Indian/Alaskan Native, Native Hawaiian or Other Pacific Islander, or multiple-races (i.e. other races (OtR)); 13.5% Hispanic/Latino). Nearly half (49.6%) reported severity as mild, 43.1% moderate, and 7.3% severe.

Overall, 63.8% of patients were using over-the-counter ointments/creams/lotions/gels for their AD, while 62.6% were using prescription creams/lotions. 28.2% reported being dissatisfied/very dissatisfied with their current treatment regimen, with treatment dissatisfaction was highest among
Black/African American patients (36.2%) and lowest among OtR patients (21.7%). Additionally, 22.6% of patients reported that in the past year they or a household member had been unable to get medicine or any healthcare (medical, dental, mental health, vision); this was reported by 32.2% Black/African American, 21.1% White, 19.2% OtR, 13.3% Asian, 20.0% Hispanic/Latino, and 23.0% Non-Hispanic/Non-Latino.

49.2% indicated that a dermatologist was the provider they primarily saw for medications to treat their AD. This was followed by primary care providers (33.1%), those who did not see a provider for their AD (10.4%), and allergists (4.2%).

Of those who indicated they saw a provider for their AD, 39.1% of patients report their HCP listened to their AD concerns ‘somewhat’ or ‘a little bit’; Asian (61.6%), White (38.9%), Black/African American (32.7%), and OtR (30.4%). 43.3% of Hispanic/Latino and 38.5% of Non-Hispanic/Non-Latino patients reported their HCP listened ‘somewhat’ or ‘a little bit.’ Only 1.3% of all patients reported their HCPs did not listen to their concerns ‘at all.’

When asked how much they thought their AD HCP understood their perspective on their AD, 42.4% of all patients chose ‘somewhat’ or ‘a little bit.’ This was reported by 46.2% Asian patients, 44.4% White patients, 41.7% OtR patients, 36.4% Black/African American patients, 53.1% Hispanic/Latino patients, and 40.7% Non-Hispanic/Non-Latino patients. Additionally, 42.1% of all patients reported they ‘somewhat’ or ‘a little bit’ trust that their HCP effectively treats their AD. This was reported by 50.0% Asian patients, 45.3% White patients, 34.6% Black/African American patients, 33.3% OtR patients, 43.8% Hispanic/Latino patients, and 41.8% Non-Hispanic/Non-Latino patients. Overall, 3% of patients reported they did not trust their HCP to effectively treat their AD ‘at all’ and 1.3% reported their HCPs did not understand their perspective ‘at all.’
Conclusions:

Nearly a quarter of patients living with AD reported not being able to access medicine or healthcare in the past year. Although there were differences in the percentages reported by race and ethnicity, some patients indicated there were gaps with regards to the patient-physician relationship around not feeling completely listened to, understood, or trusting HCPs treating AD. These findings may help inform clinical practice considerations in AD.

Keywords:
Atopic dermatitis, race/ethnicity, treatment satisfaction, healthcare provider interactions

Acknowledgments and Funding Sources (if applicable): Eli Lilly and Company

Medical writing/editorial assistance was provided by Evidera.

Research was funded by Eli Lilly.

Disclosures:

CRH - advisor, consultant, or research investigator for Eli Lilly and Company, Pfizer, Sanofi, Dermavant, Avita, Arcutis, Regeneron, Janssen, and Johnson & Johnson.

VYS - Grants from Pfizer, Skin Actives Scientific. Honaria from AbbVie, Almirall, Alums, Sanofi Genzyme, Regeneron, Eli Lilly, Genentech, Novartis, SUN Pharma, LEO Pharma, Pfizer, Menlo Therapeutics, Dermira, Burt’s Bees, Altus Lab, MYOR, Polyfin Technology, GpSkin: Skin Actives Scientific, Kiniksa, Galderma, TARGET-DERM, Target-PharmaSolutions, cQuell/Altus Lab, Incyte, Boehringer Ingelheim, Arista Therapeutic. Participation on a Data Safety Monitoring Board or Advisory Board for AbbVie, Almirall, Alums, Sanofi, Genzyme, Regeneron, Eli Lilly, Genentech, Novartis, SUN Pharma, LEO Pharma, Pfizer, Menlo Therapeutics, Dermira, Burt’s Bees, Altus Lab, MYOR, Polyfin Technology, GpSkin, Skin Actives, Scientific Kiniksa, Galderma, TARGET-DERM, Target-PharmaSolutions, cQuell/Altus Lab, Incyte, Boehringer Ingelheim, Arista Therapeutic. Stockholder of LearnSkin health. Advisor for National Eczema Association. Treasurer no compensation for HS Foundation.

WSB - research grants from Pfizer. Payment or honoraria for lectures, presentations, speakers’ bureaus, manuscript writing or educational events for Pfizer, Sanofi, and Amgen. Support for attending meetings and/or travel from Sanofi. Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid for National Eczema Association.
ARA – Eli Lilly and Company – Employee and shareholder

EJP – Eli Lilly and Company – Employee and shareholder

EDB – Evidera - Employee

MLC – Evidera - Employee

JRC - Evidera – Employee

RC - advisor, consultant, speaker, and/or investigator for AbbVie, Amgen, Apogee Therapeutics, Arcutis, Argenx, ASLAN Pharmaceuticals, Beiersdorf, Boehringer Ingelheim, Bristol Myers Squibb, Cara Therapeutics, Dermavant, Eli Lilly and Company, FIDE, Formation Bio, Galderma, Genentech, GSK, Incyte, LEO Pharma, L’Oréal, Nektar Therapeutics, Novartis, Opsidio, Pfizer Inc., Regeneron, RAPT, Sanofi, Sitryx, and UCB.