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A retrospective review of delay in diagnosis and dermatology visits characterized by insurance type in patients with hidradenitis suppurativa in a Midwestern population

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Hidradenitis suppurativa (HS) is an inflammatory skin condition that is believed to disproportionately affect populations with low socioeconomic status. We searched the Medical College of Wisconsin and Froedtert Health i2b2 electronic data warehouse, including more than 1.3 million patients in Southeast Wisconsin, for patients with an HS diagnosis and ≥ 3 encounters for HS using ICD9 705.83 and ICD10 L73.2 codes. We randomly characterized 373 of 1190 identified patients by retrospective chart review, excluding patients without an encounter for HS treatment. Of 243 patients with documentation of insurer at the time of HS diagnosis, 25.5% (62) had private insurance, 20.6% (50) had Medicaid, 12.8% (31) had Medicare, and 41.2% (100) were uninsured. 223 of these patients also had documentation of year of symptom onset and year of HS diagnosis. The mean delay in diagnosis was 2.84 years ($n = 89$) for uninsured patients, 3.86 years ($n = 56$) for patients with private insurance, 4.6 years ($n = 30$) with Medicare, and 6.77 years ($n = 48$) with Medicaid. Of 243 patients with documentation of insurer at the time of HS diagnosis, 64.5% (40) of patients with private insurance, 60.0% (30) with Medicaid, 46.0% (46) of uninsured patients, and 32.3% (10) with Medicare have seen a dermatologist for treatment of HS. Our findings suggest that insurance class, a determinant of access to care, may impact effective management of HS and should be further explored.

Commercial disclosure: None identified.



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Price transparency and variability of dermatologic treatments in Massachusetts hospitals: A state-wide analysis

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Background: Government efforts to increase health care price transparency have led to legislation requiring hospital chargemasters to be publicly available online. Chargemasters include billable hospital charges for inpatient services and items. Since the implementation of this policy, charges related to the treatment of dermatologic conditions in the inpatient setting have not been examined. A statewide analysis was conducted to characterize and compare the variability in charges for specific dermatology-related Diagnosis-Related Groups (DRGs) across Massachusetts hospitals.

Methods: Chargemasters and DRG charges were reviewed for 63 Massachusetts hospitals. Hospital characteristics were obtained from the Massachusetts Center for Health Information and Analysis. The charges for four dermatology-related DRGs (602, 603, 607, and 596) were recorded. The maximum and minimum charge values were noted for each DRG. The coefficient of variation (CV) was used to compare variation in charges across hospitals.

Results: All 63 hospitals had publicly accessible chargemasters. 71% of those hospitals listed charges by DRG. The DRG charge for Cellulitis without Major Complication or Comorbidity (MCC) was listed most frequently ($n = 45$) while Major Skin Disorders without MCC was listed least frequently ($n = 25$). Charges for Cellulitis without MCC ranged from \$4757.67 at a community hospital to \$31,069.81 at an academic center (CV 0.39). The most substantial variation in DRG charge was noted for Major Skin Disorders without MCC, ranging from \$3428.20 to \$68,691.18 (CV 0.86).

Conclusions: Given the variation among charges listed for dermatology-related DRGs, additional examination of price transparency for hospital-based dermatology-related diagnoses is warranted.

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17103

Literature review and case series examining effect of hepatitis C cure with direct-acting antivirals on lichen planus course in patients with hepatitis C and lichen planus

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Background: Lichen planus (LP) is associated with hepatitis C virus (HCV). However, the effect of HCV treatment with direct-acting antivirals (DAA) on LP prognosis is poorly understood.

Methods: We present 10 cases of patients with histories of LP and HCV cured by DAA along with a literature review. In our case series, we include patients with biopsy-proven LP or a classic presentation of LP as determined by a dermatologist as well as lab-proven SVR of HCV after treatment with DAA, which we equate with cure based on extensive supporting literature. At UCSF (an academic, tertiary referral center) and ZSFG (a public hospital with a diverse patient population), information technology teams identified a list of patients in the UCSF and ZSFG EHRs with ICD-9 and ICD-10 codes for HCV and LP. We then reviewed these patients' charts and identified 10 qualifying patients.

Results: We planned to investigate if patients with HCV and LP experienced improvement in their cutaneous disease after achievement of SVR with DAA. In our data collection, we identified cases of patients whose disease resolved (34.5%), patients who remained stable (41.4%), and patients who developed new incident LP (24.1%) after cure of their HCV with DAA.

Conclusions: HCV patients treated with DAA may develop LP before or after cure of HCV, and their LP could follow a wide variety of trajectories. Larger, prospective studies of patients treated with DAA are needed to better describe LP prognosis before, during, and after cure of HCV with DAA.

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17125

Effects of language discordance on patient perspectives in dermatology

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Background: Language discordance may lead to poor communication in health care settings, even with certified translator services. In dermatology, a field with highly specific terminology, these miscommunications may contribute to suboptimal care for non-English-speaking patients. In this research, we sought to understand how patients' perceptions of their dermatologists' ability to communicate is affected by language barriers.

Methods: We administered a survey requiring patients to assess their dermatologist on a 5-point scale in the following measures of communication: willingness to listen, time spent with patient, physical examination, clarity of explanation, discussion of treatment, medication/treatment instructions, health maintenance advice, question answering, and overall communication.

Results: The survey was completed by 29 Spanish-speaking (using telephone translators) and 33 English-speaking patients at a university dermatology clinic. Controlling for age, gender, and education, dermatologists were rated significantly lower by Spanish-speaking patients in three measures of communication: clarity of explanation (4.14 vs 4.72, $P < .05$), medication/treatment instructions (4.04 vs 4.66, $P < .01$), and overall communication (4.25 vs 4.75, $P < .01$).

Conclusions: These results suggest that, despite the use of certified telephone translators, critical information may be lost in doctor-patient communication when language discordance is present, leading to decreased patient satisfaction. Since telephone translators are unable to replicate nonverbal means of communication, communication deficits may be mitigated by utilization of in-person translator services. Given the increasing population of Spanish-speaking patients, further research evaluating language barriers in dermatology and counteracting measures is warranted. Limitations include single-center study, single-language analysis, and lack of control for potential cultural variance in evaluation.

Commercial disclosure: None identified.

