

BACKGROUND

- Celiac disease (CD) is an autoimmune condition with a global presence from 0.7 to 1.4%.¹
- Ingestion of gluten (a protein found in wheat, barley, and rye) triggers damage to the small intestine.¹
- A strict lifelong gluten-free diet (GFD) is the only treatment for CD.²
- The Colorado Center for Celiac Disease with the Digestive Health Institute (DHI) at Children's Hospital Colorado is the only specialized pediatric clinic in a seven-state region.
- EPIC SlicerDicer is a self-service reporting tool that can filter and display large data sets from patients' electronic medical records (EMR).

OBJECTIVE

- Is the Digestive Health Institute establishing equitable access to healthcare among pediatric patients with celiac disease?

METHODS

Patient Population:

- Quality Improvement (QI) project of patients seen for a medical visit in DHI
- 842 patients with a CD diagnosis for visits between 4/21/20 and 7/20/21
- Patient age (in years) : M (SD) 11.86 (4.48)

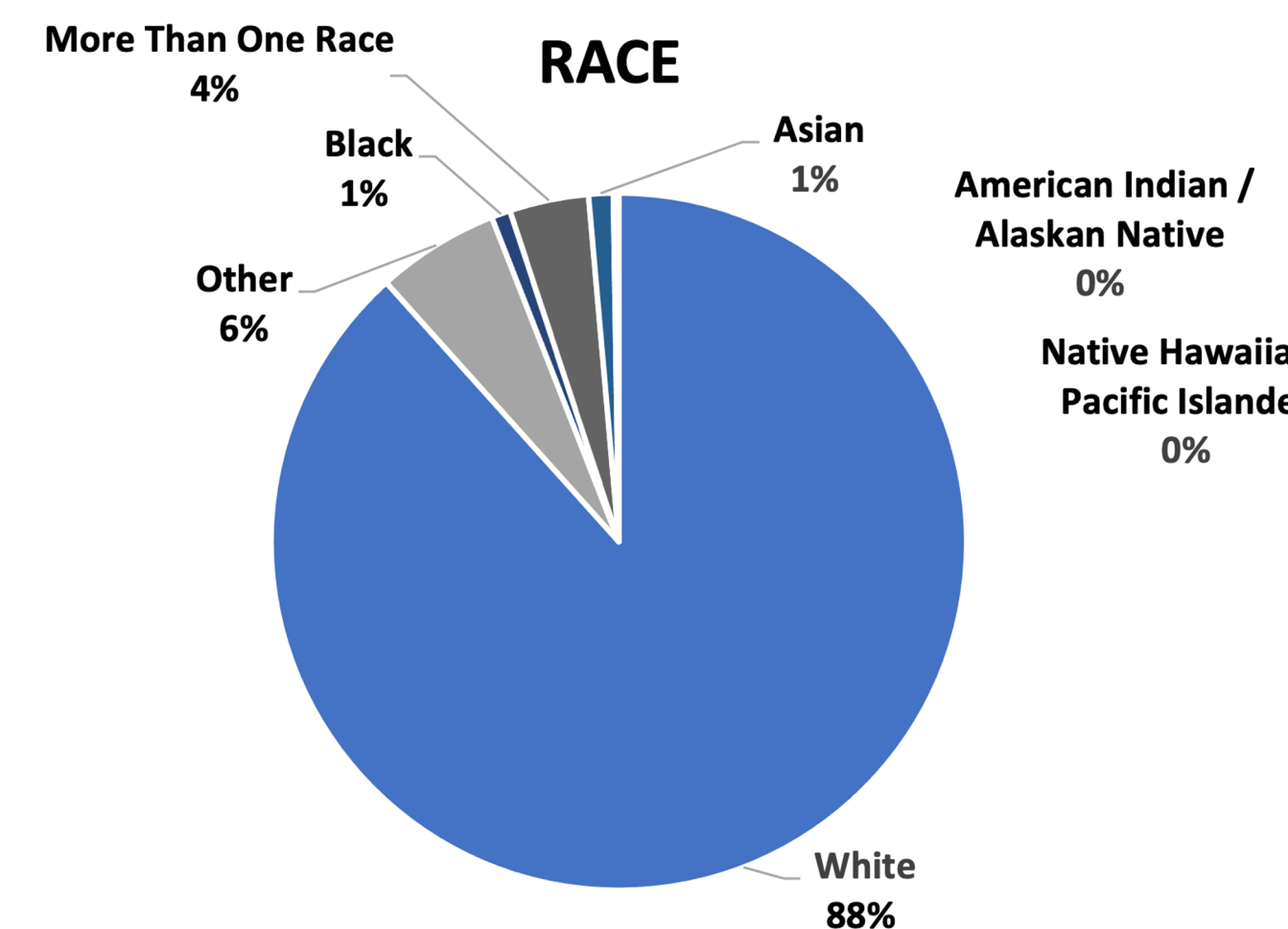
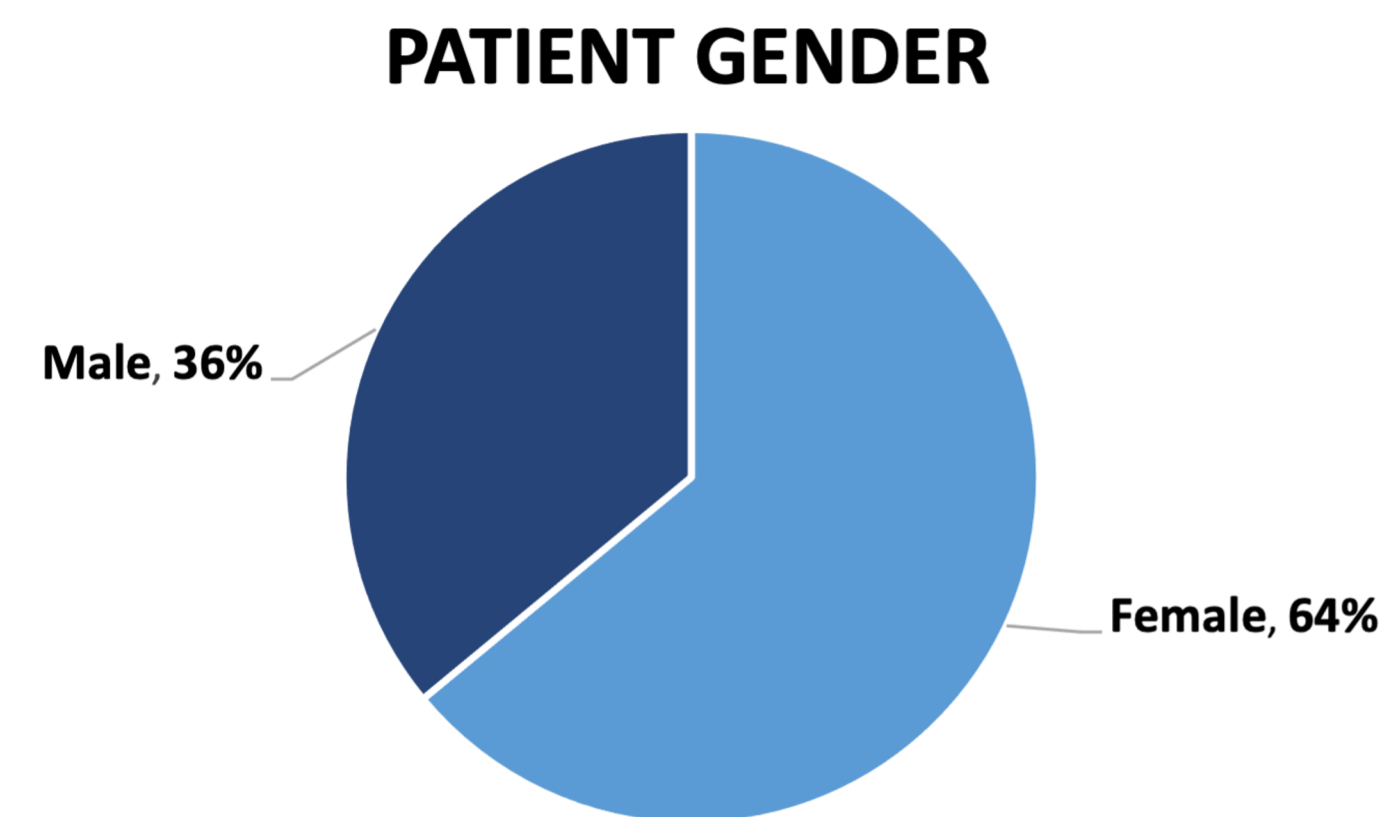
Measures:

- Pre-identified criteria (language, top 10 postal codes (proxy for Socioeconomic Status), race) set as "Slices" in the EPIC SlicerDicer reporting tool

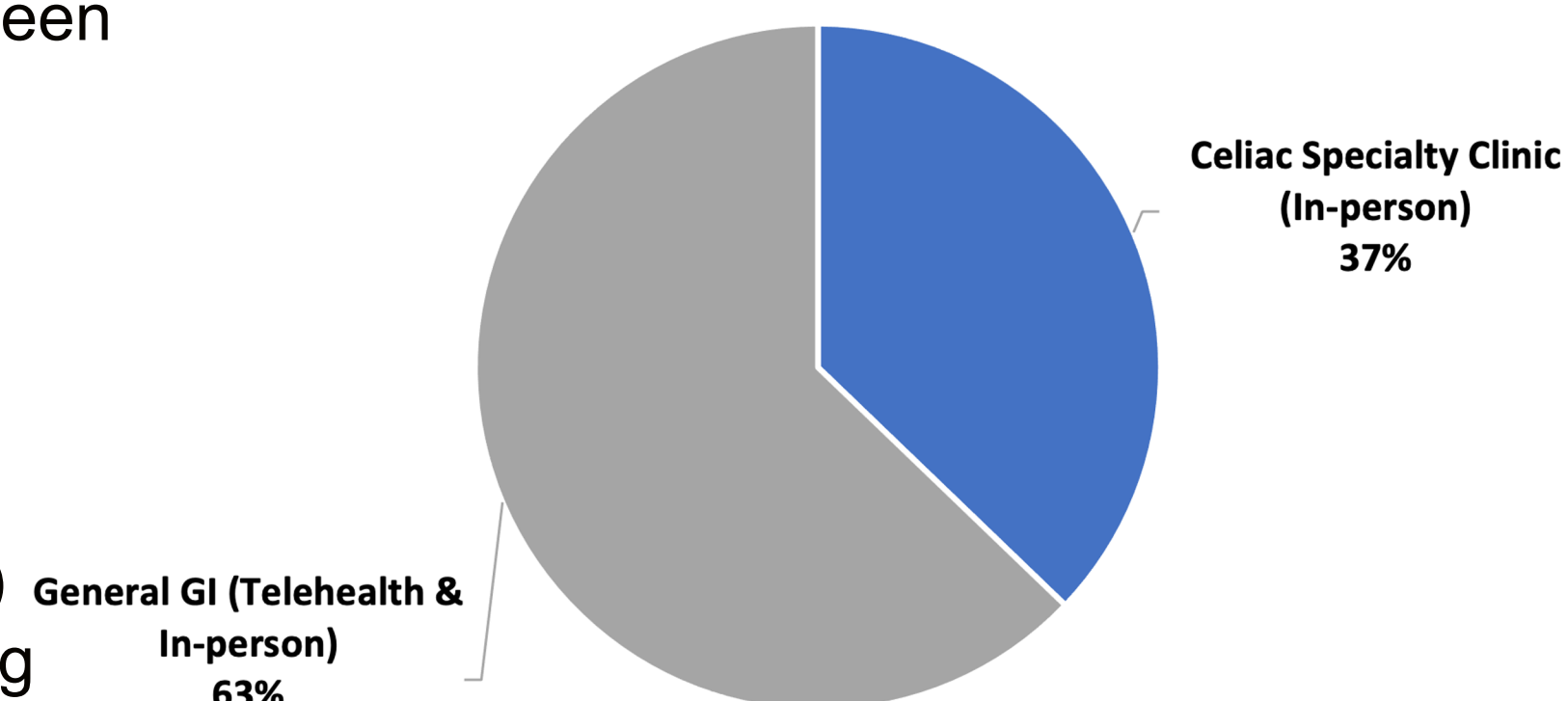
Analyses:

- Basic descriptive statistics

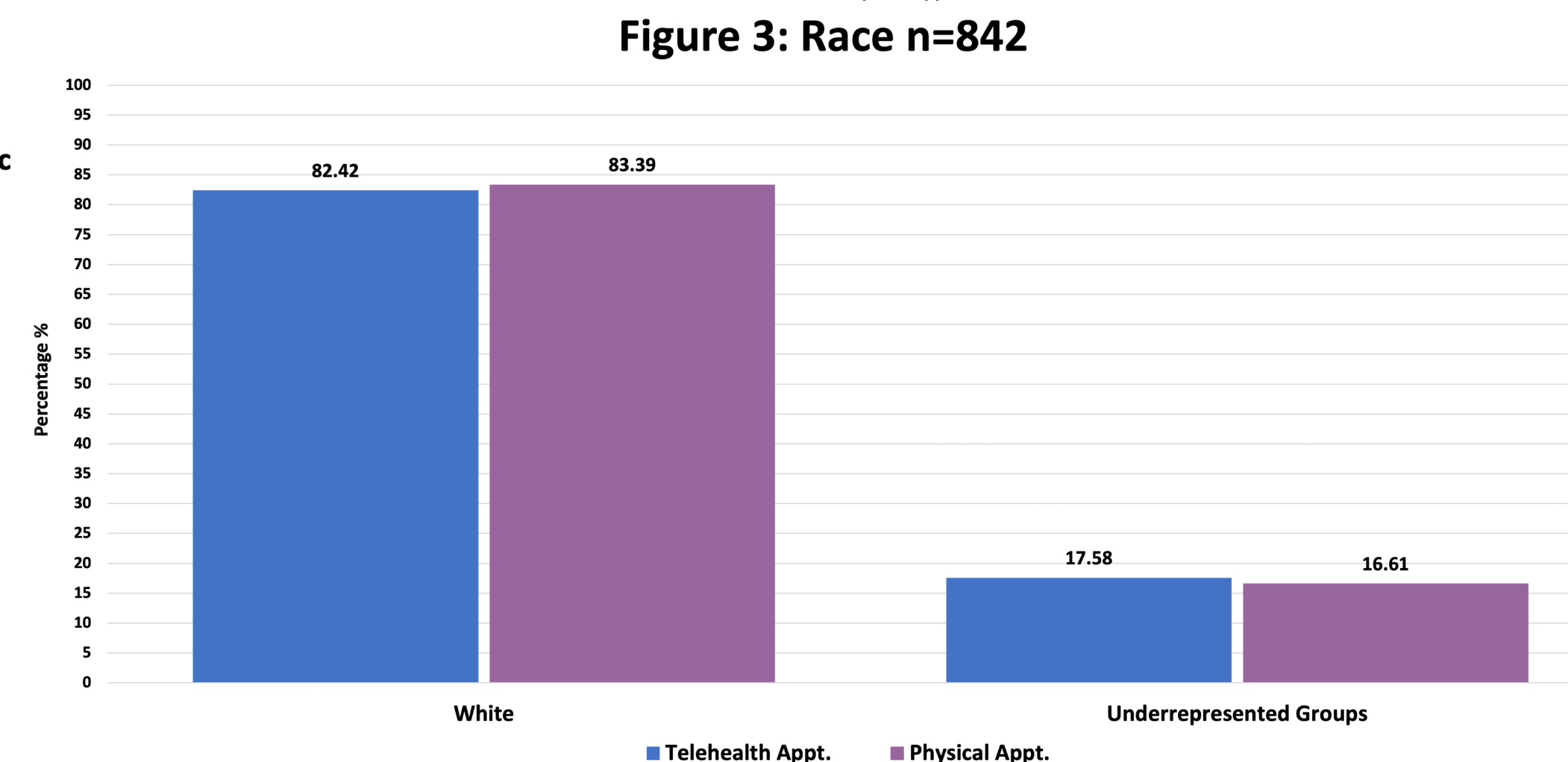
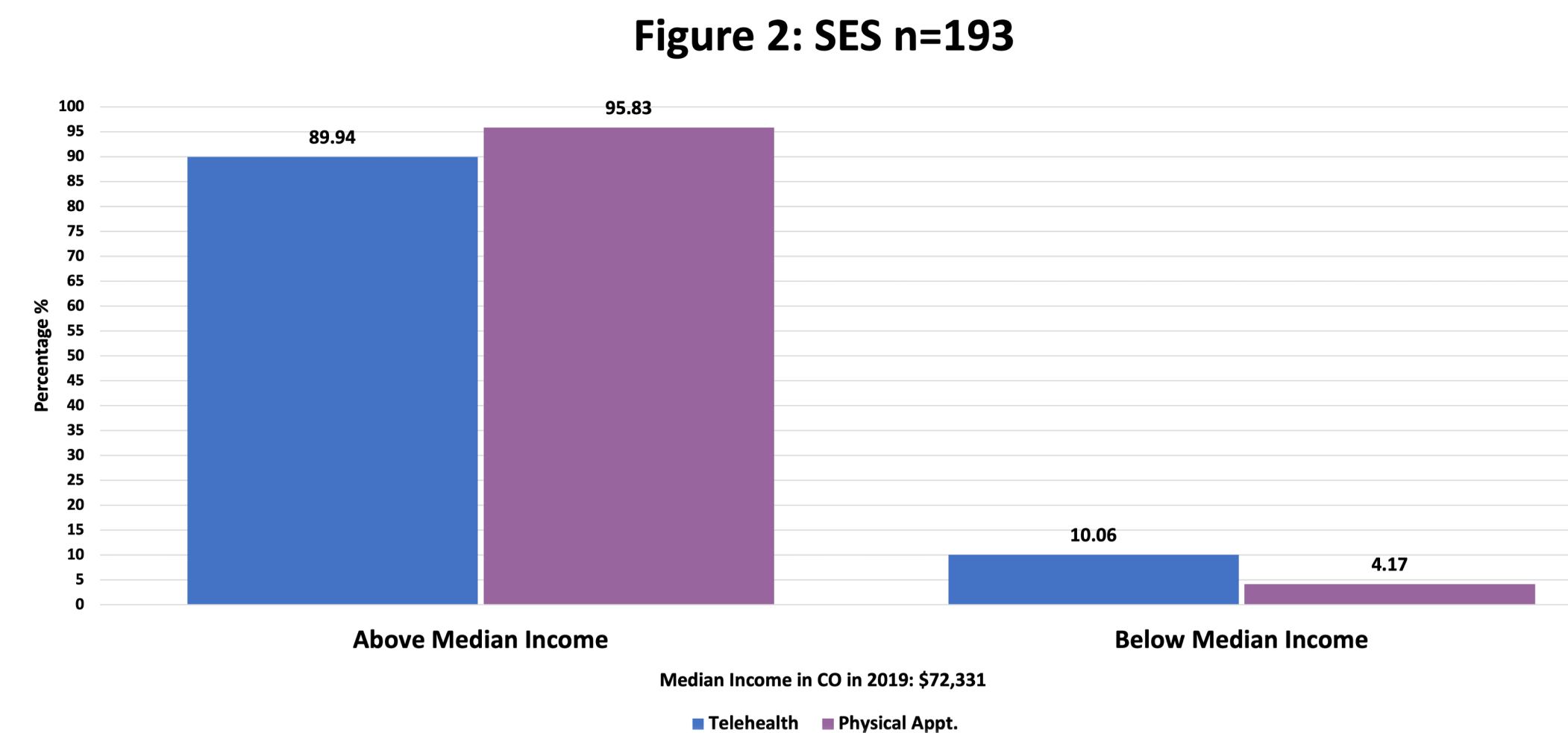
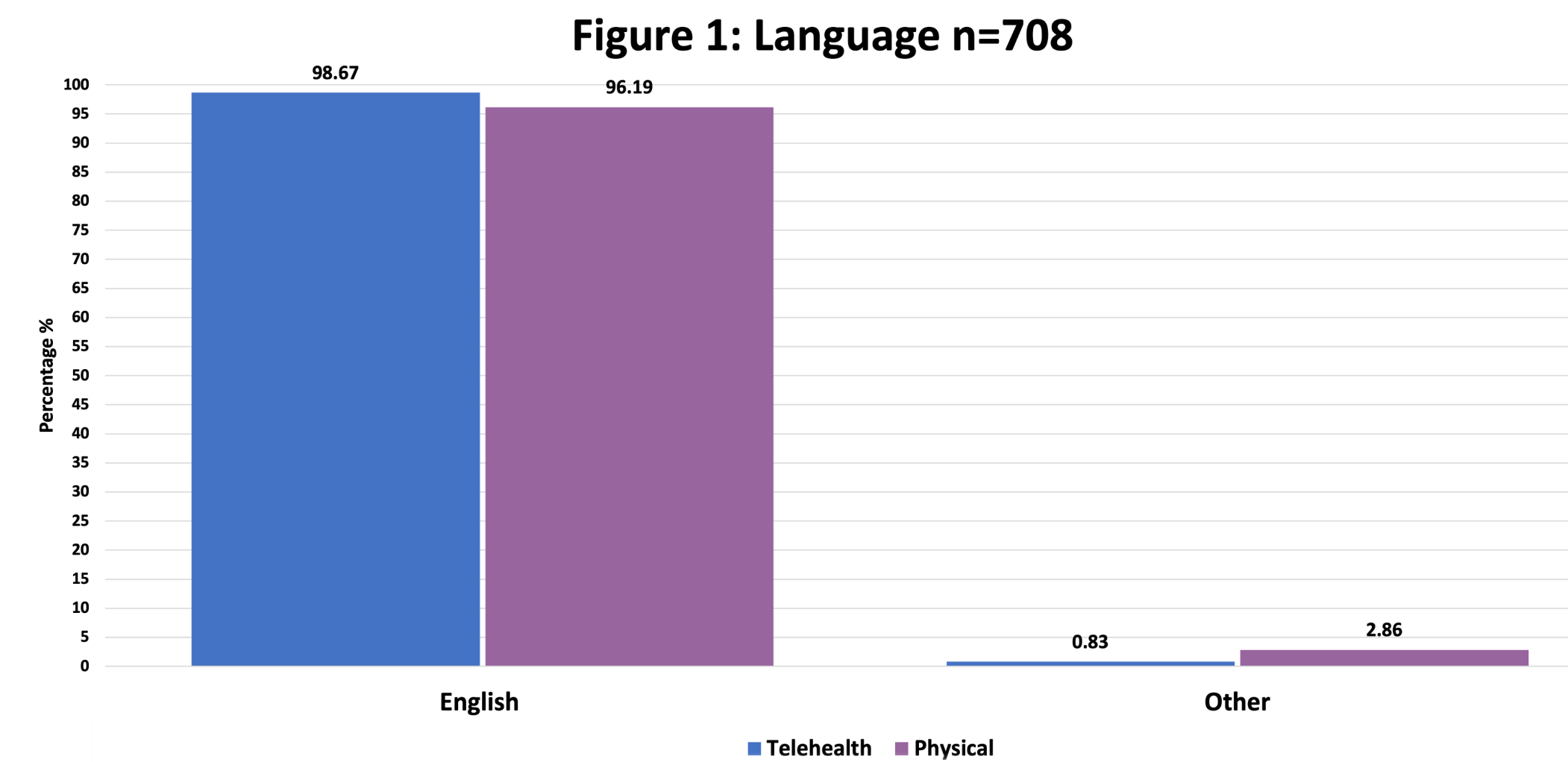
DEMOGRAPHICS N=842



VISIT TYPE WITHIN THE DHI



RESULTS



CONCLUSIONS

Language: The number of visits for speakers of languages other than English did not change regardless of appointment type (Figure 1).

SES: The number of visits for those below the median household income increased by 71% for telehealth appointments. For those above the median household income, physical appointments increased by 48% (Figure 2).

Race: The number of visits for those in underrepresented groups did not change regardless of appointment type (Figure 3).

IMPLICATIONS

Transition to telehealth services during the COVID-19 pandemic may have improved access for those below the median household income. It did not appear to increase equitable access for patients with CD from underrepresented language and racial groups. The primary limitation is that these results may not apply to patients seeking specific care for CD, as 63% of sampled patients received care in DHI that may not be related to CD. Future QI projects could utilize a prospective design to engage stakeholders from underrepresented groups.

ACKNOWLEDGEMENTS

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REFERENCES

- ¹Lebwohl B, Sanders DS, Green PHR. Coeliac disease. *Lancet* 2018; 391: 70-81.
- ²Hill ID, Fasano A, Guandalini S, Hoffenberg E, Levy J, Reilly N, Verma R. NASPGHAN Clinical Report on the Diagnosis and Treatment of Gluten-related Disorders. *Journal of Pediatric Gastroenterology and Nutrition*. 2016;63(1):156-165.