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Assessing Patient Experience in an Inflammatory Bowel Disease service. Can we measure an effect from socioeconomic deprivation – experience from the AWARE-IBD programme?

Poster ID P284

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The authors have no potential conflict of interest to disclose.

Background

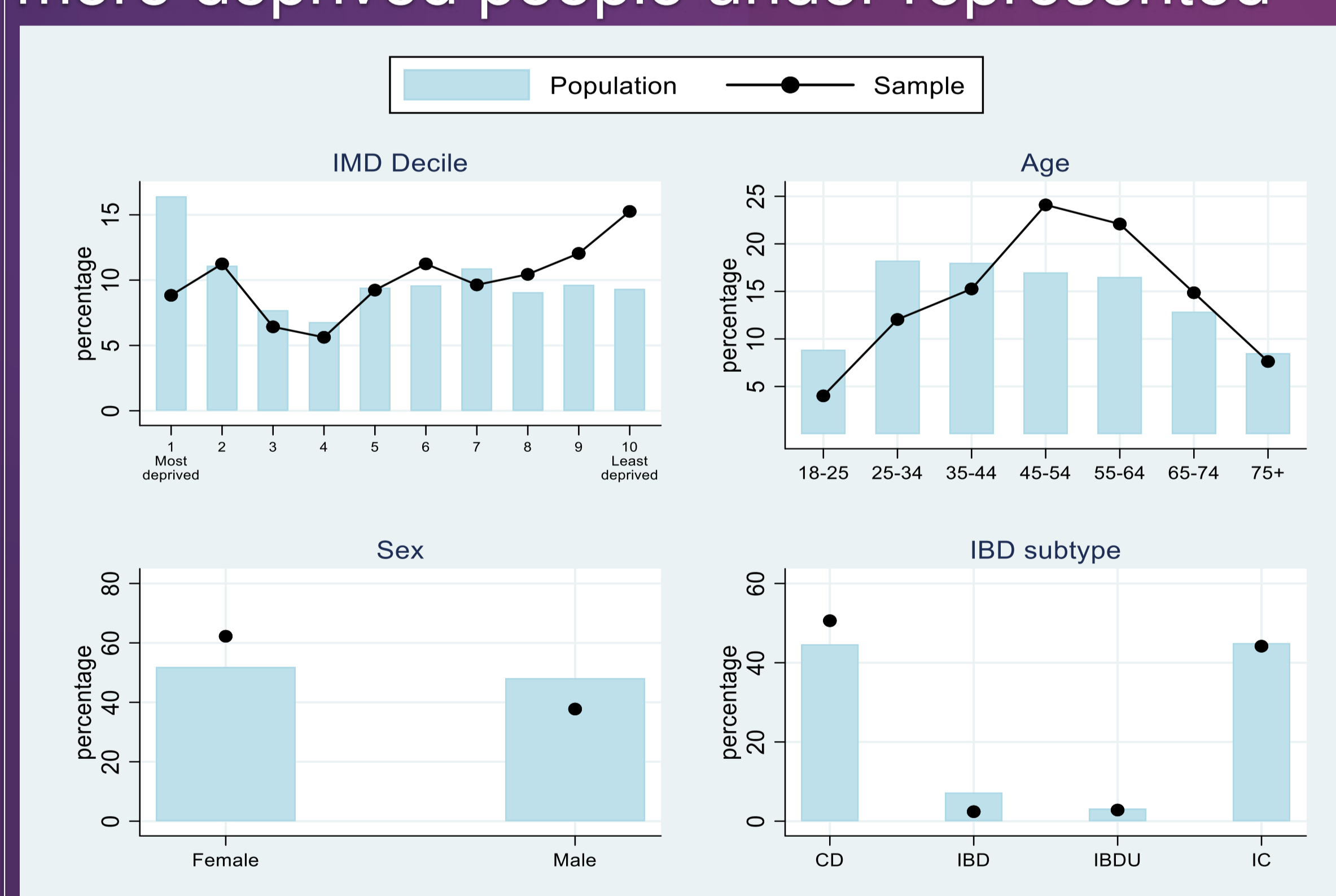
- Experience of care is defined and measured as 'what' happened, 'how' and 'how often'
- Socioeconomic deprivation may be associated with poor disease-related outcomes and sub-optimal utilisation of IBD services but its effect on experience of care in people with inflammatory bowel disease (IBD) is unknown

Methods

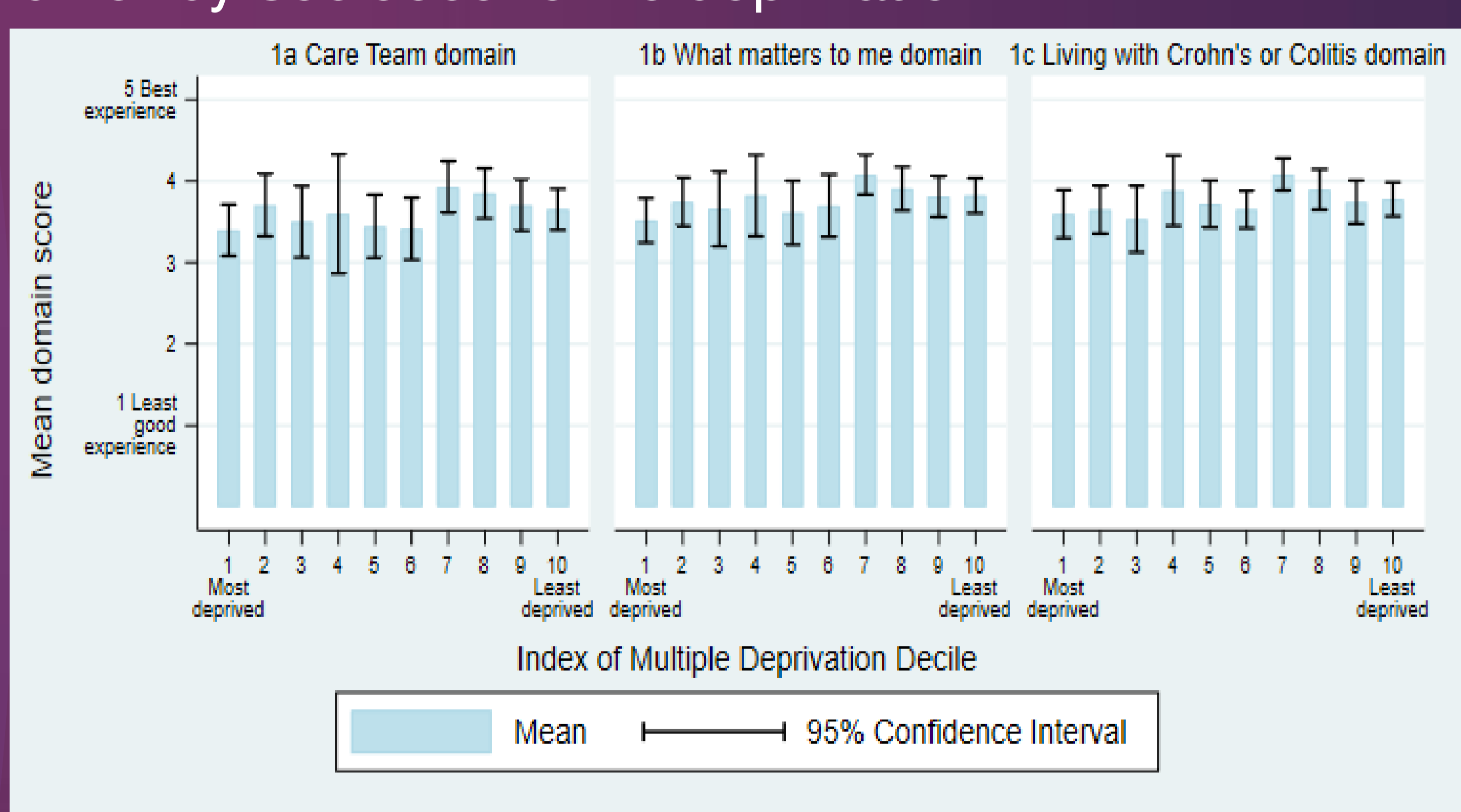
1. Invitations to take part in the AWARE-IBD Study sent (n=4082)
2. Targeted recruitment from most deprived deciles using the Index of Multiple Deprivation [IMD]
3. Participants returned a 38-item IBD-specific patient-reported experience measure (PREM) [1 = poor experience; 5 = best experience] (Sheldon et al., 2022)
4. Measured across 3 domains: The Care Team; What Matters To Me; Living with Crohn's or Colitis
5. Median scores for domains compared between IMD deciles

Results

a) PREM responses (n=249). Younger and more deprived people under represented



b) Experience of care for individual domains did not differ by socioeconomic deprivation



c) Results were similar by age, gender and IBD type and for individual PREM questions

Conclusion

1. Findings conflict with literature on links between socioeconomic factors and quality of care.
2. Results may be biased by including those already engaged with the IBD service. This engagement may flatten gradient of inequality.
3. Tailored engagement is required including qualitative and ethnographic approaches to better understand the impact of deprivation on experience.

References

Sheldon et al., 2022. *Health Expectations*. doi: 10.1111/hex.13647

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