Results: Total of 641 IBD subjects were identified and matched to 641 RA individuals. From 1998 to 2015, median total annual healthcare expenditures nearly doubled (adjusted estimate 2.20; 95% CI 1.6–3.0) and were 36% higher in IBD compared to RA. In IBD, pharmacy expenses increased 7% to become the largest cost driver (44% total expenditures). Concurrently, inpatient spending in IBD decreased by 40%. There were no significant differences in the rate of change of cost-drivers in IBD compared to RA.

Conclusions: Per-patient healthcare costs for chronic inflammatory conditions have nearly doubled over the last 20 years. Increases in pharmaceutical spending in IBD may be accompanied by reduction in inpatient care. Additional studies are needed to explore patient, disease, system, and industry level cost mitigation strategies.

Figure 1. Median total healthcare expenditures in inflammatory bowel disease (IBD) and rheumatoid arthritis (RA) patients from 1998 to 2015.

Figure 2. Median total expenditures for outpatient care (A), prescription medications (B), inpatient care (C), and emergency services (D) from 1998 to 2015.

P023
THE ASSOCIATION BETWEEN BIOLOGIC USE AND SPECIMEN LENGTH IN CROHN’S DISEASE
Trevor Wood, Karen Zaghghyan, Phil Fleschner

Introduction: Despite advances in medical management, including the use of biologic agents, up to 80% of Crohn’s patients (CD) ultimately require operative intervention. Additionally, these patients are at risk for additional operative intervention within their lifetime. Given the risk of short bowel syndrome secondary to multiple bowel resections, conservation of bowel length is of paramount importance. A common yet unproven belief in the gastroenterology community is that intensive preoperative medical therapy might reduce the length of bowel removed at surgery. In this study, we compared specimen length in CD patients treated or not treated with biologic agents before surgery.

Objective: To determine if there is an association between biologic use and reduced specimen length after bowel resection.

Methods: Prospectively generated clinical profiles on consecutive CD patients undergoing their first ileocolic or small bowel resection between November 1999 to July 2019 were reviewed. Patients were classified into 2 groups: Group A patients were treated with biologic agents at any time before surgery while Group B patients had never received a biologic agent. Specimen length was determined by review of pathology reports. In patients with multi-segment resections, the sum of the specimens was recorded. The means of the two groups were compared using Student’s T test.

Results: The study cohort of 392 patients had a mean age of 36.2 (SD 15.9) years and included 53% males. Group A included 247 (63%) patients and Group B included 145 (37%) patients. Groups were comparable in terms of background demographics with the exception of age where Group A was older (p=0.001) and Group B younger (p=0.02) respectively). The mean specimen length in Group A was 29.1cm compared to 29.9cm in the Group B (p=0.68). A subgroup analysis of ileocolic resections and small bowel resections was completed. Within the ileocolic group, there was no significant difference in length between groups with respect to the total specimen length (p=0.92), colonic portion (p=0.15), and small bowel portion (p=0.67). Analysis of small bowel resection specimens also found no difference in length between the groups (p=0.63).

Conclusions: The use of biologics in CD was not associated with reduced specimen length in ileocolic resections and in small bowel resections.

P024
THE MORE YOU KNOW: YOUNGER IBD PATIENTS AND THOSE ON BIOLOGICS ARE MORE FREQUENTLY ASSESSED FOR HEALTH LITERACY
Scott Baumgartner, Jessica Basso, Daniel Szvarca, Nadeem Tabbara, Lindsay Clarke, Marie Borum

Background: Immunomodulator and biologic therapies are important options for individuals with moderate to severe inflammatory bowel disease (IBD). It is critical that IBD patients are aware of potential side effects of all medications. Health literacy can impact upon patients’ understanding of IBD management. This study evaluated the rate at which university gastroenterologists assess health literacy in IBD patients on immunomodulator and biologic treatment.

Methods: A retrospective chart review of all IBD patients seen in the gastroenterology clinic of a university medical center over a five-year period was performed. Patient age, gender, IBD diagnosis, medications (biologics, immunomodulators), and documented health literacy assessment were recorded. A database was generated using Microsoft Excel. Statistical analysis was performed using Fisher’s Exact Test with significance set at P<0.05. The study was approved by the institutional IRB.

Results: 392 medical records were analyzed: There were 175 men and 217 women. The mean age was 44.3 years (range 20–82), with 259 (66.1%) <50 years. 278 (70.9%) patients had ulcerative colitis (UC), 96 (24.5%) Crohn’s disease (CD), 11 (2.8%) microscopic colitis, and 7 (1.8%) unspecified colitis. 48 were on biologics alone, 30 on biologics with an immunomodulator or aminosalicylate, 224 were on immunomodulators and / or an aminosalicylate and 90 were on other medication regimens. 18 (37.5%) on biologics and 63 (28.1%) on immunomodulators and / or aminosalicylates and 15 (16.7%) on other medication regimens had a documented health literacy assessment compared to those on immunomodulators and / or aminosalicylates (p=0.0012) or other medication regimens (p<0.0005). Additionally, patients <50 years were assessed for health literacy more frequently than those >50 years (p=0.0008).

Discussion: Health literacy enables individuals to make informed medical decisions and follow treatment recommendations. It is important that individuals with IBD understand their medical regimen, especially those on immunomodulator and biologic therapy. This study revealed that health literacy was inconsistently documented, with patients <50 and those on biologics more frequently evaluated. While this study is limited based on upon size, retrospective design and reliance on literacy documentation, it supports recommendations that providers assess individuals’ understanding of their condition and treatment. Ensuring patients’ IBD health literacy will optimize clinical care and outcomes.

P025
ARE MORE FREQUENTLY ASSESSED FOR HEALTH LITERACY IN IBD PATIENTS ON IMMUNOMODULATOR AND BIOLOGIC THERAPY.
Viney Rao, Scott Baumgartner, Danielle Kirelik, Katherine Negreira, Jessica Gibilisco, Karan Chawla, Jenny Dave, Samuel Kallus, Marie Borum

Introduction: Health literacy is a critical component of patient care. Health literacy is defined as “The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” Inadequate health literacy can result in decreased treatment adherence, increased hospitalisations, and decreased health outcomes. A significant portion of IBD patients are on immunomodulator and biologic therapy. This study aimed to determine if health literacy is assessed more frequently in IBD patients on biologics and/or immunomodulators.

Methods: A retrospective chart review of all IBD patients seen in the gastroenterology clinic of a university medical center over a five-year period was performed. Patient age, gender, IBD diagnosis, medications (biologics, immunomodulators), and documented health literacy assessment were recorded. A database was generated using Microsoft Excel. Statistical analysis was performed using Fisher’s Exact Test with significance set at P<0.05. The study was approved by the institutional IRB.

Results: 392 medical records were analyzed: There were 175 men and 217 women. The mean age was 44.3 years (range 20–82), with 259 (66.1%) <50 years. 278 (70.9%) patients had ulcerative colitis (UC), 96 (24.5%) Crohn’s disease (CD), 11 (2.8%) microscopic colitis, and 7 (1.8%) unspecified colitis. 48 were on biologics alone, 30 on biologics with an immunomodulator or aminosalicylate, 224 were on immunomodulators and / or an aminosalicylate and 90 were on other medication regimens. 18 (37.5%) on biologics and 63 (28.1%) on immunomodulators and / or aminosalicylates and 15 (16.7%) on other medication regimens had a documented health literacy assessment compared to those on immunomodulators and / or aminosalicylates (p=0.0012) or other medication regimens (p<0.0005). Additionally, patients <50 years were assessed for health literacy more frequently than those >50 years (p=0.0008).

Discussion: Health literacy enables individuals to make informed medical decisions and follow treatment recommendations. It is important that individuals with IBD understand their medical regimen, especially those on immunomodulator and biologic therapy. This study revealed that health literacy was inconsistently documented, with patients <50 and those on biologics more frequently evaluated. While this study is limited based on upon size, retrospective design and reliance on literacy documentation, it supports recommendations that providers assess individuals’ understanding of their condition and treatment. Ensuring patients’ IBD health literacy will optimize clinical care and outcomes.
Background: Biologics are a mainstay in the treatment of moderate-severe IBD. Unlike other IBD medications, biologics typically require prior authorization from insurance providers. There is a paucity of information characterizing the length of the authorization process. Delays in the initiation of biologic therapy have the potential to affect outcomes and quality of life. This study aimed to measure the time of biologic prescription and subsequent time for authorization and time of administration at a university medical center.

Methods: A chart review evaluating IBD patients seen in the GI clinic of a university medical center over a 2-year period was performed. Patient age, gender, race, IBD diagnosis, and biologic use were recorded in a confidential database generated using Microsoft Excel. Biologic agents evaluated included infliximab, adalimumab, vedolizumab and ustekinumab. The agreed upon date (AUD) of starting a biologic, length of time to approval (TTA), and length of time to first infusion (TFI) were recorded. TTA was set as the number of days between agreeing to start a biologic and prior authorization approval. TFI was set as the number of days between agreeing to start a biologic and their first infusion or injection. Patients were excluded if biologic was initiated at another institution or documentation of AUD or TFI was not apparent. Statistical analysis was performed using a t-test with significance set at p<0.05. The study was approved by the institutional IRB.

Results: 458 total IBD patients were analyzed. 66 are currently being treated with a biologic (32 infliximab, 14 adalimumab, 13 vedolizumab, 7 ustekinumab). 37 patients had ulcerative colitis, 27 Crohn’s disease, and 2 indeterminate colitis. There were 38 men and 28 women (mean age 43.2 years; range 23–76). 32 patients were white, 26 African American, 1 Asian, 5 other/unknown, and 2 declined. Average TTA was 45.3 days (range 2–145) and average TFI was 45.3 days (range 2–166). There was no significant difference in TFI between a specific biologic compared to others: infliximab (p=0.615), adalimumab (p=0.183), vedolizumab (p=0.804), ustekinumab (p=0.812). There were no significant differences in TFI with regard to gender (p=0.562), race (p=0.757), or IBD diagnosis (p=0.209).

Discussion: In IBD patients with an indication for biologic treatment, reducing the time to initiation of biologics can result in improved patient outcomes and quality of life. Average wait time for first infusion at our institution was 45.3 days with no differences based on the type of biologic or patient demographics. While a national benchmark does not exist for initiating patients on biologics, there is a need for continued evaluation of the authorization and treatment processes. As new biologic therapies for IBD become available, streamlining the approval process will be of increasing importance.

P027

TRANSITION OF CARE OF ACTIVE DUTY PATIENTS WITH IBD TO THE VETERANS ADMINISTRATION HEALTHCARE SYSTEM: TOOLKIT FOR SUCCESS

Anish Patel, Laurie Keefer

The shift from being an active duty military patient with inflammatory bowel disease (IBD) to being a veteran receiving chronic illness care within the Veterans Administration (VA) is a time of increased vulnerability and risk for loss of continuity of care, and poor disease outcomes. A transitional care program must prioritize the psychosocial growth, self-efficacy and disease-specific knowledge of active military patients who are transitioning to VA care as well as enhance collaborative management between military and VA providers. The Department of Defense (DoD) has established the Transition Assistance Program (TAP) to assist military members to civilian life, but little preparedness in skills to navigate/understand medical care. There is currently no available data on transition readiness from active duty military medical care to VA medical care and our objective is to determine the feasibility and acceptability of a self-management intervention.

Methods: We prospectively measured readiness with the use of the IBD Self-Efficacy Scale (IBD-SES) and Transition Readiness Assessment Questionnaire (TRAQ). All enrolled patients (50 active duty servicemembers) were in disease remission and underwent TAP and 50% were further randomized to undergo TRAQ-based educational and behavioral interventions via mobile applications and clinical consults. Results: Servicemembers who underwent further TRAQ-based interventions compared to those only undergoing TAP demonstrated significant improvement in medication/appointment management, tracking/managing health issues, and talking with providers (p<0.001). Furthermore, these servicemembers also demonstrated significant improvement in self-efficacy and self-management which was maintained up to 3 months post military discharge (p<0.001). Servicemembers had an average VA primary care wait time of 3.5 months and for Gastroenterology specialty wait time of 5.4 months, resulting in >60% of servicemembers having to discontinue therapy due to lapse in care (50% rate of flares) and unnecessary therapy switch.

Conclusion: This is the first and only study to assess transitioning from active duty service to VA medical care for a chronic illness. We demonstrated improved and sustained self-efficacy outcomes with a transition program for IBD along with potential limitations in the VA transition. We have an opportunity to influence the conversation of appropriate DoD transition of medical care and to develop a model of care with wider applicability.

P028

URGENT MEDICAL ACCESS FOR PATIENTS WITH INFLAMMATORY BOWEL DISEASE AT A PRIVATE COMMUNITY GASTROENTEROLOGY PRACTICE

Michelle Kwon, Chung Sang Tse, Michael Danielewicz, Welmoed van Deen, Samir Shah

Background: Patients with inflammatory bowel disease (IBD) have chronic, life-long diseases with relapsing-remitting pattern that often require frequent utilization of healthcare services.[1] Urgent access to specialty care can help identify patients with acute medical needs so they can receive appropriate care in a timely manner.

Figure 1. Frequent Concerns and Goals of Individuals with Inflammatory Bowel Disease at Outpatient Gastrointestinal Clinic Visits (100 Responses)