PO51
USING A HUMAN-CENTERED QUALITATIVE RESEARCH APPROACH FOR DEVELOPING IBD EDUCATIONAL VIDEOS DELIVERED THROUGH SOCIAL MEDIA
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Background: Patients with inflammatory bowel disease (IBD) can have knowledge gaps regarding their disease and its management, which may lead to anxiety and reduced quality of life. They often use social media as a tool to seek information and manage their chronic disease. The goal of this study was to develop a series of educational videos optimized for social media that are informed by patient insights and address their experiences, concerns, and unmet educational needs.

Methods: We used a human-centered design approach to guide our qualitative data collection and analysis. We performed two focus groups and 6 semi-structured interviews with patients with IBD to gain insights into their educational needs and expectations regarding these videos. In total, 19 patients with diverse demographic profiles and varying health and digital literacy levels were included in our purposive sample. The collected data was transcribed and analyzed using a thematic analysis. We visualized patients’ thoughts, feelings, and needs in an empathy map. The mapping process helped create a shared understanding of patient-users, and generate ideas on the topic and the script of each video. Subsequently, 5 video prototypes were built and tested by 22 patients with IBD. The collected feedback was used to refine the prototypes and develop the final videos.

Results: We noted conflicting thoughts and feelings towards online information; on one hand, IBD-related online information was perceived as overwhelming and unreliable, but on the other it was empowering and helpful. Five major themes for the video topics also emerged from the analyses (Figure 1). First, patients noted a major need to learn about the risks and benefits associated with available treatment options. Participants expressed concerns regarding starting biologics, biologics side-effects and long-term effectiveness. Second, they accentuated the need to know how to be self-advocates in order to navigate their insurance and to obtain the information they need from their providers. Third, they mentioned the importance of learning ways to stay healthy beyond just medical therapy. Fourth, they wanted information on how to cope with their IBD diagnosis and live with their condition. Fifth, participants expressed desire for a video that educates their families, friends and colleagues about IBD, so that they can better understand IBD patients’ psychological and physical experiences.

Conclusion: We used a human-centered qualitative approach to get an in-depth understanding of IBD patients’ educational needs, thoughts and feelings. A series of focus groups and interviews were performed with patients, which informed the development of 5 educational videos that are tailored to suit their needs. In the next phases of this study, the videos will be formally tested and widely disseminated through social media.

PO52
VALIDITY AND INTERPRETABILITY OF PROMIS PEDIATRIC PATIENT-REPORTED OUTCOMES FOR CHILDREN WITH INFLAMMATORY BOWEL DISEASE
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Introduction: Patient-Reported Outcome Measurement Information System (PROMIS) instruments were developed using rigorous psychometric methods to assess health and quality of life across the life course. In two studies, we aimed to assess how PROMIS Pediatric measures of Pain Interference, Fatigue, Psychological Stress, Global Health, and Life Satisfaction were completed by 1,049 children and youth (8–24 years old) with IBD and linked to an IBD registry that included disease activity measures. Study 2 utilized baseline data from a large, multi-center clinical trial to compare the effectiveness of anti-TNF monotherapy versus combination therapy with methotrexate. A total of 199 participants (8–20 years old) across 35 sites completed PROMIS Pediatric measures of Pain Interference, Fatigue, and Positive Affect. Results: For nearly all domains across both studies, PROMIS scores were significantly associated with clinical measures of IBD severity. PROMIS measures indicated worse health and/or functioning with corresponding increases in disease activity (inactive to mild to moderate/severe). Conclusions: These studies support the clinical validity of PROMIS instruments for assessing the lived experiences of children with IBD. Effect sizes associated with differences between inactive and mild IBD translate to 5–10 points on the PROMIS T-scale, suggesting that 5–10 points is a clinically important difference between group average scores. To aid interpretation of an individual's score, percentiles derived from the general population may be used to determine whether the score falls within the range of severe/poor scores for the measure.

PO53
VARIATIONS IN HEALTHCARE UTILIZATION PATTERNS AMONG HIGH RISK INFLAMMATORY BOWEL DISEASE PATIENTS ENROLLED IN HIGH DEDUCTIBLE HEALTH PLANS
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Background: High-deductible health plan (HDHP) enrollment has increased rapidly over the last decade. Patients with HDHPs are incentivized to delay or avoid necessary medical care. We aimed to quantify the out-of-pocket costs of inflammatory bowel disease (IBD) patients at risk for high healthcare resource utilization and to evaluate for differences in medical service utilization according to time in insurance period between HDHP and traditional health plan (THP) enrollees. Variations in healthcare utilization according to time may suggest that these patients are delaying or foregoing necessary medical care due to healthcare costs.