

Patient-Reported Health Inequities Among Multiple Sclerosis Patients



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CONCLUSIONS

This study highlights that access to and quality of MS care are highly dependent on who you are and where you live. An opportunity exists for doctors, pharmaceutical companies and healthcare insurers to reflect on how to ensure that all MS patients are being provided with equitable care.

BACKGROUND

Equal access to and quality of care are critical for managing a progressive disease such as multiple sclerosis (MS). Despite increased awareness of health outcome disparities in the US, certain patients still experience inequities in care.

OBJECTIVES

The research focused on uncovering any potential disparities in healthcare quality, affordability, and access based on ethnicity, race or gender among patients living with MS.

METHOD

In January 2023, an email invitation was sent to US members of MyMSTeam, a social network of over 197,000 members. 1,935 patients with MS completed a 34-question online survey.*

* Note that the research findings are representative of patients who choose to participate in a social network focused on providing information and emotional support and may not be representative of all patients with MS.

RESULTS

MS detrimentally impacts quality of life regardless of demographics. For example, respondents indicated impact on everyday chores (85%), mental health (77%), and employment (75%). **Figure 1**

However, access to and quality of care look different based on ethnicity, race, and gender, and are particularly problematic for Hispanics. Only 64% of Hispanic (H) patients reported having convenient access to their doctor, versus 76% of Caucasians (C) and 78% of African Americans (AA). **Figure 2**

More Hispanics reported being unable to take time off work for appointments (20% H vs 9% C, 12% AA) or when ill (25% H vs 15% C, 18% AA). **Figure 3**

Hispanics wound up using the ER/urgent care for MS more often than Caucasians or African Americans (35% H vs 19% C, 25% AA). **Figure 4**

Caucasians were more likely to live in areas with easy access to healthy foods (83% C vs 73% AA, 67% H), and to outpatient care (72% C vs 65% AA, 52% H). **Figure 5**

Caucasians reported higher quality HCP interactions than African Americans or Hispanics. For example, more Caucasians felt respected (81% C vs 72% AA, 65% H) and that their doctor is non-judgmental (69% C vs 58% AA, 52% H). **Figure 6**

Disparities based on gender were also prevalent in the study, especially related to HCP discussion quality. For example, more male respondents felt their doctor explained test results clearly (71% M vs 62% F). **Figure 7**

FIGURE 1. Impact of MS on Quality of Life (% Strongly/Somewhat Agree)

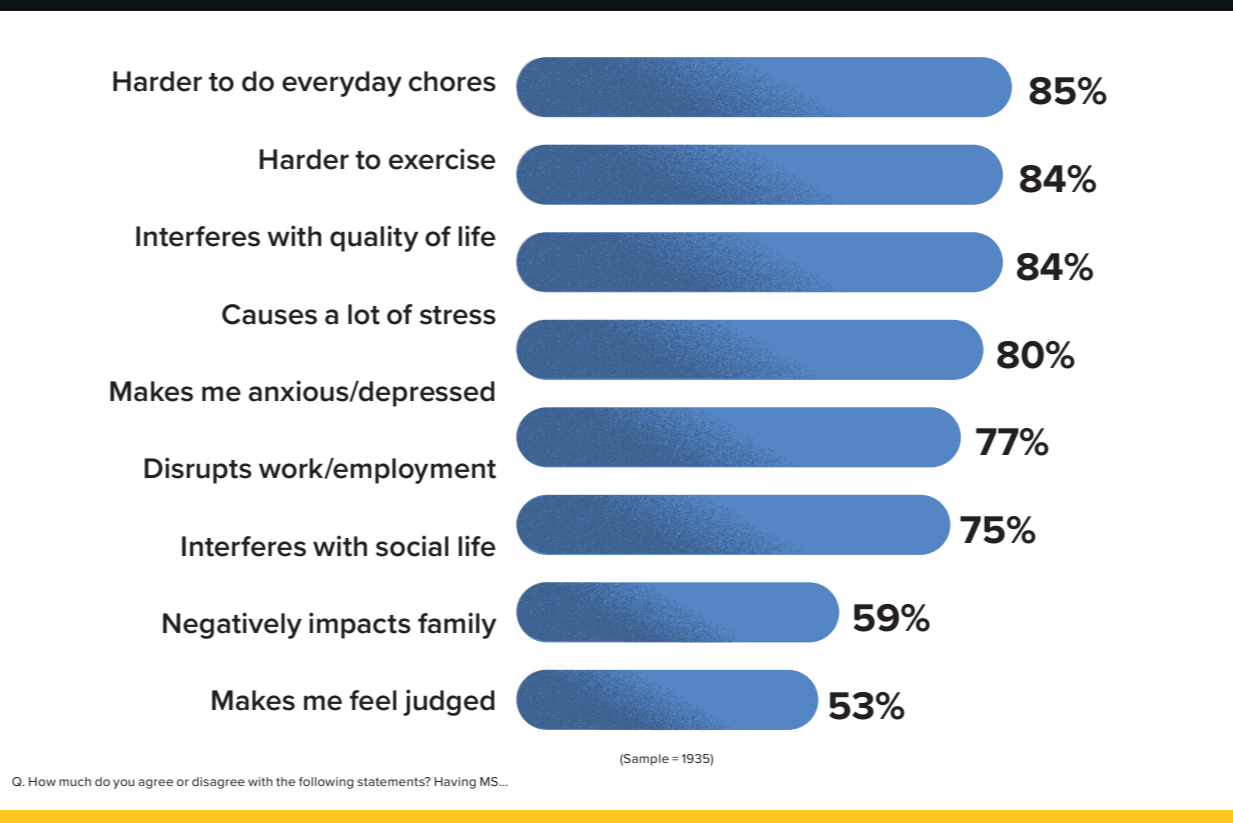


FIGURE 2. % Who Have Convenient Access to MS HCP

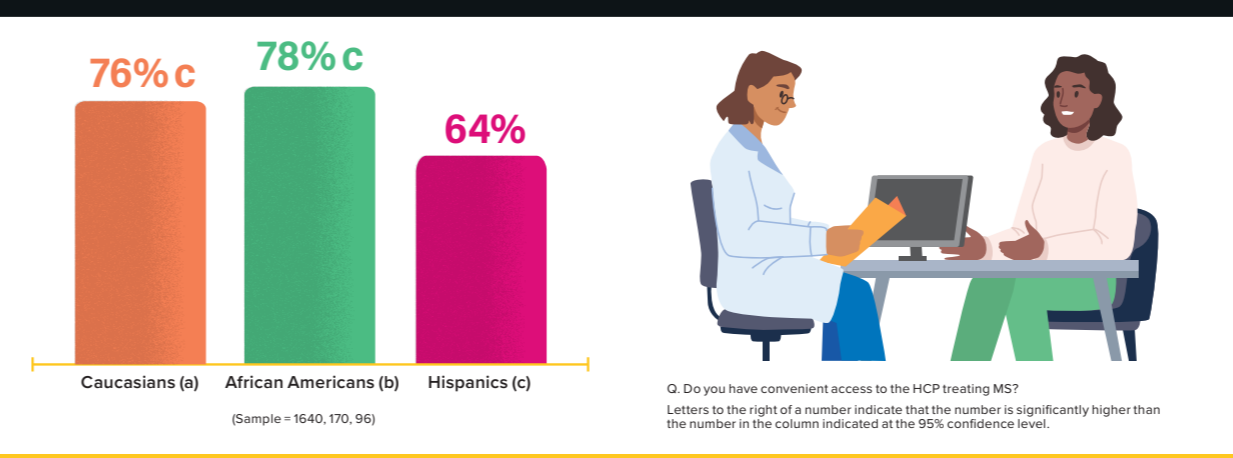


FIGURE 3. % Unable to Take Time Off From Work For Health Issues

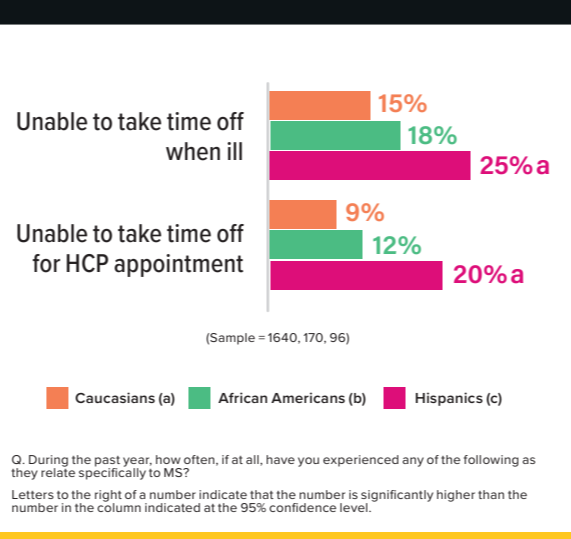


FIGURE 4. Use of ER During the Past Year For MS Related Issues

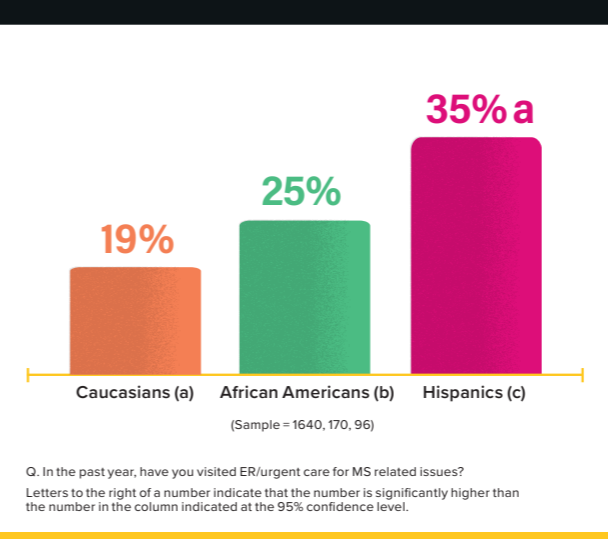


FIGURE 5. Convenient Access to Health-Related Resources

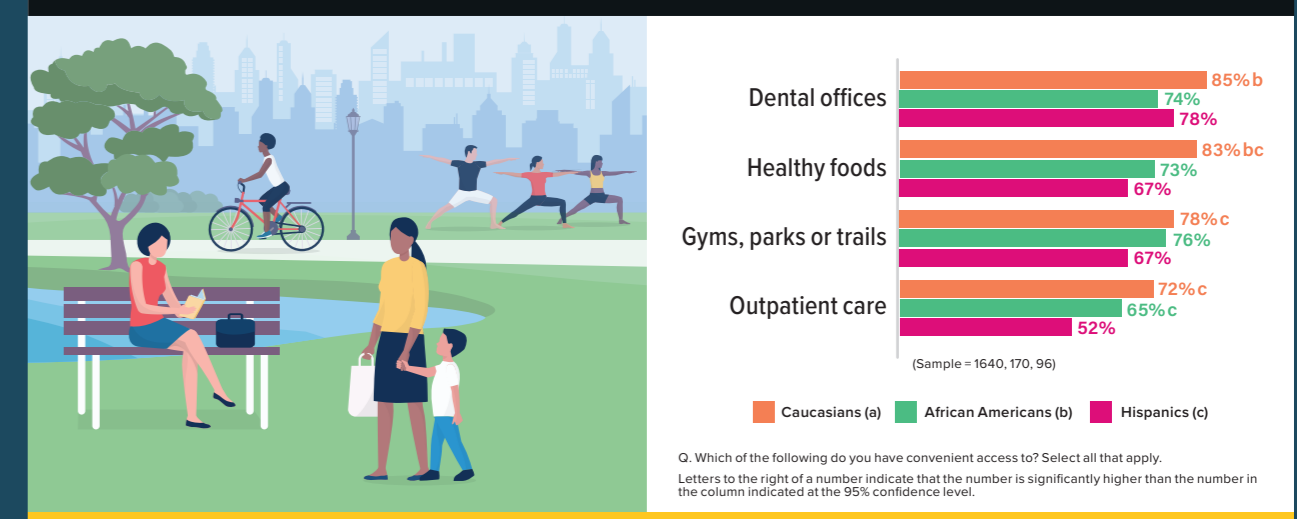


FIGURE 6. Discussions With HCP - By Ethnicity/Race

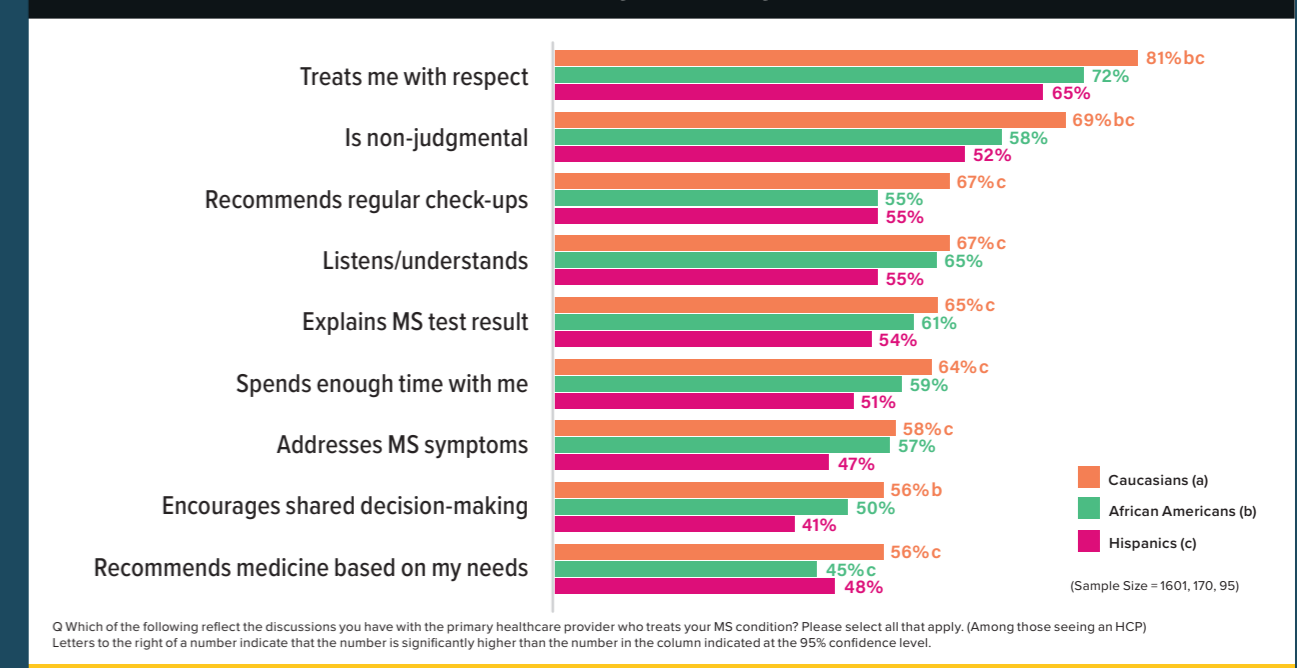


FIGURE 7. Discussions With HCP - By Gender

