**Purpose:** There has been a great deal of attention paid to affordable and available healthcare in the United States (U.S.). However, there has not been an assessment of IBD patients’ (pts) healthcare access in the U.S. The Crohn’s and Colitis Foundation of America (CCFA) Health Care Access Task Force performed a national survey of healthcare access and behaviors of IBD pts.

**Methods:** A 76-item survey was developed using the Centers for Disease Control National Healthcare Insurance Survey, significantly modified for IBD. Questions focused on the past year and employment/insurance status, access to provider care, strategies to afford care, as well as details about therapy/outcomes. SurveyMonkeyTM (Palo Alto, CA) was used and piloted in 10 voluntary IBD pts. It was revised and recirculated twice prior to launch. The survey was delivered via email blast by the CCFA to their national patient database, and also posted on the CCFA website and Facebook sites. Two waves of announcements occurred, and responses were collected for three weeks in March and April, 2013.

**Results:** Top line results: 3,802 IBD pts responded to the survey; 2,745 females, median age 44 years old (range 6-86 years). Disease type was 64.8% Crohn’s disease, 32.1% ulcerative colitis, 3% indeterminate. Sixty-three percent of respondents are working for pay, 17% were not working and not looking, and 10% were unemployed and seeking employment. Twenty-six percent of pts now have no insurance or worse coverage than last year. Fifty-nine percent of 469 pts said it was very difficult to find adequate coverage, and 70% said it was very difficult to afford it. Ninety-three percent of respondents indicated that they have a primary care provider (PCP), but 27% identified their gastroenterologist (GE) as the PCP, and an additional 3% stated that their non-GE PCP manages their IBD. Twenty-five percent of respondents indicated that they had delayed getting medical care in the past 12 months, and of these, more than half stated this was due to the cost of care. Of 1,305 pts who had ever delayed care due to financial reasons, 25% said they skipped doses of medication, 30% said they took fewer doses, 35% said they delayed filling a prescription, 47% delayed an appointment with their physician, and 35% delayed a scheduled test. Sixty-seven percent of respondents express concern about paying medical bills if they fall ill. Thirteen percent of pts describe a recommended treatment that was not covered by insurance.

**Conclusion:** This is the first national survey of healthcare access in U.S. IBD pts, and identifies a significant number of pts with inadequate access and insurance difficulty. In addition, pts report a variety of potentially deleterious strategies to afford care. Further analysis of these data is ongoing, and will lead to national efforts for additional advocacy and support.
Performed Analysis: Investigator
Secondary Analyses: Not Applicable
Study Results: Yes
Submit:
Supported by Industry Grant: No
Purpose: To determine predictors of academic performance among children with IBD.

Methods: Children diagnosed with IBD at age <17 years were identified from the previously validated University of Manitoba IBD Epidemiology Database (UMIBDED) and matched to 10 randomly selected controls based on age, gender, and postal area of residence on the date of IBD diagnosis. Grade 12 educational outcomes (scores on the provincial grade 12 language arts [LA] mathematics standards tests and enrollment in grade 12 by age 17) were determined by linkage to the previously validated province-wide Manitoba Education Database. We used previously developed and validated indices for grade 12 educational outcomes. We used linear and logistic regression analysis to compare the educational outcomes between children with IBD and their controls, adjusting for socio-economic status (SES) and co-morbidities (categorized as none/minor vs. more serious, using the Johns Hopkins Aggregated Diagnosis Groups [ADG] method) one year after diagnosis, and evaluated predictors of educational outcomes among children with IBD.

Results: The grade 12 educational outcomes were determined among 337 children with IBD and 3,093 matched controls without IBD. We have previously reported that children with IBD achieve similar scores on standardized tests in grade 12 as those without IBD. Among children with IBD, lower SES was predictive of lower standardized scores and lower likelihood of enrollment in grade 12 by age 17 (p<0.001 for all comparisons), as was diagnosis with mental health problems peri-IBD diagnosis (6 months prior to, 6 months post-IBD diagnosis) after adjustment for SES (p=0.04 for LA, p=0.008 for math, p=0.01 for enrollment in grade 12 by age 17). Females with IBD performed better than males with IBD on the LA test (p<0.001). There was no significant independent effect of age of diagnosis of IBD, type of IBD (UC vs. CD), use of corticosteroids or immunomodulator agents, hospitalizations, or surgery for IBD.

Conclusion: Although it is reassuring that children with IBD usually achieve similar levels of academic achievement in grade 12 as those without IBD, this study demonstrates the long-term/subsequent effect of diagnosis of mental health conditions at IBD diagnosis among children.