The association of patient income levels and prescribing patterns of psoriasis therapies in the medical expenditure panel survey

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Objectives: Previous research has shown that socioeconomic factors influence health care utilization. However, the relationship between patient income level and medication prescribing patterns remains understudied. The objective of this study was to evaluate the association between patient income levels and prescribing patterns of biologic therapies for psoriasis.

Methods: The Medical Expenditure Panel Survey (MEPS) was used to identify patients with psoriasis aged 18-64 years who received biologic therapies. Inpatient and outpatient claims for biologic therapies were analyzed. Frequency and odds ratios were calculated.

Results: Mean household income was $77,196.20 (SD = 61,926.36). Of the 123,392 patients with psoriasis on biologic therapies, 59,000 (47.9%) had income below the federal poverty level (FPL) in 2018. Compared to patients with income ≥400% FPL, those with income at or below the FPL were more likely, and Black inpatients were less likely (aOR 0.65, 95%CI 0.61-0.69), to have a diagnosis of scabies by the end of their hospital admission. Compared to patients with income ≥400% FPL, Black inpatients were more likely, and Native American inpatients were less likely (aOR 1.49, 95%CI 1.21-1.84) to receive a diagnosis of scabies. The sociodemographic factors most strongly associated with diagnosis of scabies were age, sex, race/ethnicity, insurance type, and median household income by home ZIP code. Multivariate logistic regression was used to analyze the population-averaged probability of a scabies diagnosis.

Conclusion: Income levels and race/ethnicity are independently associated with the likelihood of receiving a diagnosis of scabies. Physicians should be aware of the socioeconomic barriers that keep patients from appropriate treatment and healthful follow-up care. Further studies are needed to identify the financial assistance and equity in optimal care delivery programs that best address the persistent hurdles to equity in the delivery of holistic care in the United States.