

Associations of Patient Satisfaction Among Adults With Atopic Dermatitis

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Background: Previous studies have shown an association between higher patient satisfaction scores and increased overall healthcare expenditures. However, patterns of patient satisfaction among adults with atopic dermatitis (AD) and associations with healthcare utilization are not well understood.

Objective: To examine the patterns and predictors of patient satisfaction among adults (≥ 18 years) with AD.

Methods: We analyzed the 2000-2015 Medical Expenditure Panel Surveys, a representative, cross-sectional sample of health status and metrics in the US non-institutionalized population. We calculated a composite score from the physician communication component of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. We adjusted models for socio-demographic characteristics and health functioning, as recommended by the Agency for Healthcare Research and Quality.

Results: Adults with AD vs without AD had lower patient satisfaction scores (adjusted β [95% CI]: -0.75 [$-1.25, -0.25$]). Moreover, there were lower odds of highest satisfaction (rating = "Always") across all domains of CAHPS: listened carefully (adjusted OR [95% CI]: 0.87 [$0.81, 0.94$]), explained in a way that was easy to understand (0.89 [$0.83, 0.96$]), spent enough time (0.86 [$0.80, 0.93$]), and showed respect (0.91 [$0.84, 0.98$]). High composite satisfaction scores ($>75^{\text{th}}$ percentile) were associated with ≥ 1 office-based visit (adjusted OR [95% CI]: 1.81 [$1.30, 2.52$]), and were consistent at all strata of outpatient frequency (1-2 visits: 1.68 [$1.19, 2.38$], 3-4 visits: 2.11 [$1.42, 3.13$], 5-6 visits: 1.71 [$1.12, 2.62$], ≥ 7 visits: 1.85 [$1.28, 2.67$]). Adults who had an ambulatory visit with a dermatologist or allergist had lower satisfaction (adjusted β [95% CI]: -0.65 [$-1.27, -0.03$]). Among adults with AD, overall patient satisfaction was associated with increased age (adjusted β [95% CI]: 40-59 years: 1.85 [$0.90, 2.80$]; ≥ 60 years: 6.13 [$5.18, 7.09$]), and was inversely associated with lower income (poor/near poor/low income: -1.82 [$-2.68, -0.96$], middle income: -0.85 [$-1.59, -0.12$]); race/ethnicity (Hispanic: -1.40 [$-2.42, -0.38$], other/multiracial: -2.34 [$-3.53, -1.15$]); public insurance (-4.50 [$-6.43, -2.58$]) or no insurance (-4.53 [$-6.47, -2.59$]); and multimorbidity (-0.48 [$-0.61, -0.35$]).

Conclusions: Adults with AD have lower patient satisfaction scores consistent across all domains of clinician communication. There are racial/ethnic, healthcare, and socioeconomic disparities with respect to patient satisfaction that indicate substantial unmet needs in the management of AD in the United States.