

## Socioeconomic Barriers to Referral for Patients with Idiopathic Pulmonary Fibrosis

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**Introduction.** Socioeconomic status (SES) impacts treatment decisions and outcomes for patients with idiopathic pulmonary fibrosis (IPF). In this study, we hypothesized that SES would negatively impact IPF patient referrals to subspecialty care at the University of Kansas Medical Center (KUMC).

**Methods.** A HERON search of electronic medical records was utilized to identify patients with IPF who were seen in primary care practices at KUMC in the last 10 years. SES status was determined by Area Deprivation Index (ADI) using the Wisconsin Neighborhood Atlas. Next, a 23-item qualitative survey instrument was administered to KUMC pulmonary fibrosis patients.

**Results.** 841 subjects fit the search inclusion criteria. A weakly negative correlation (-0.06) was identified between lower SES and pulmonary referral but was not significant ( $p = 0.08$ ) adjusting for age. There was no significant association between SES, age, and gender with referral to IPF specialty care. Regarding the survey, 18 patients participated (47.1% male,  $65 \pm 17.5$  years old, median ADI 63). The general theme was that overall, patients viewed their referral experience positively. Physician communication was the main contributor to a patient feeling well taken care of in their diagnostic process independent of time to diagnosis.

**Conclusions.** This analysis may be underpowered given the non-significant result and the method used to determine SES. However, the results are reassuring. Globally, IPF is under-recognized and undertreated in low SES individuals, however, our data indicate that referral bias for patients in the KUMC system likely is not a significant contributor.