



INTRODUCTION

- Social determinants of health (SDOH) can influence health outcomes and well-being and include:
 - Income, education, employment status and job security, housing, access to affordable health care, and discrimination¹
- SDOH are underlying, contributing factors to health care inequities²
- Health care inequities are differences in health status or distribution of health care resources²
 - Racial/Ethnic minorities and people with disabilities are more likely to face barriers in accessing health care³

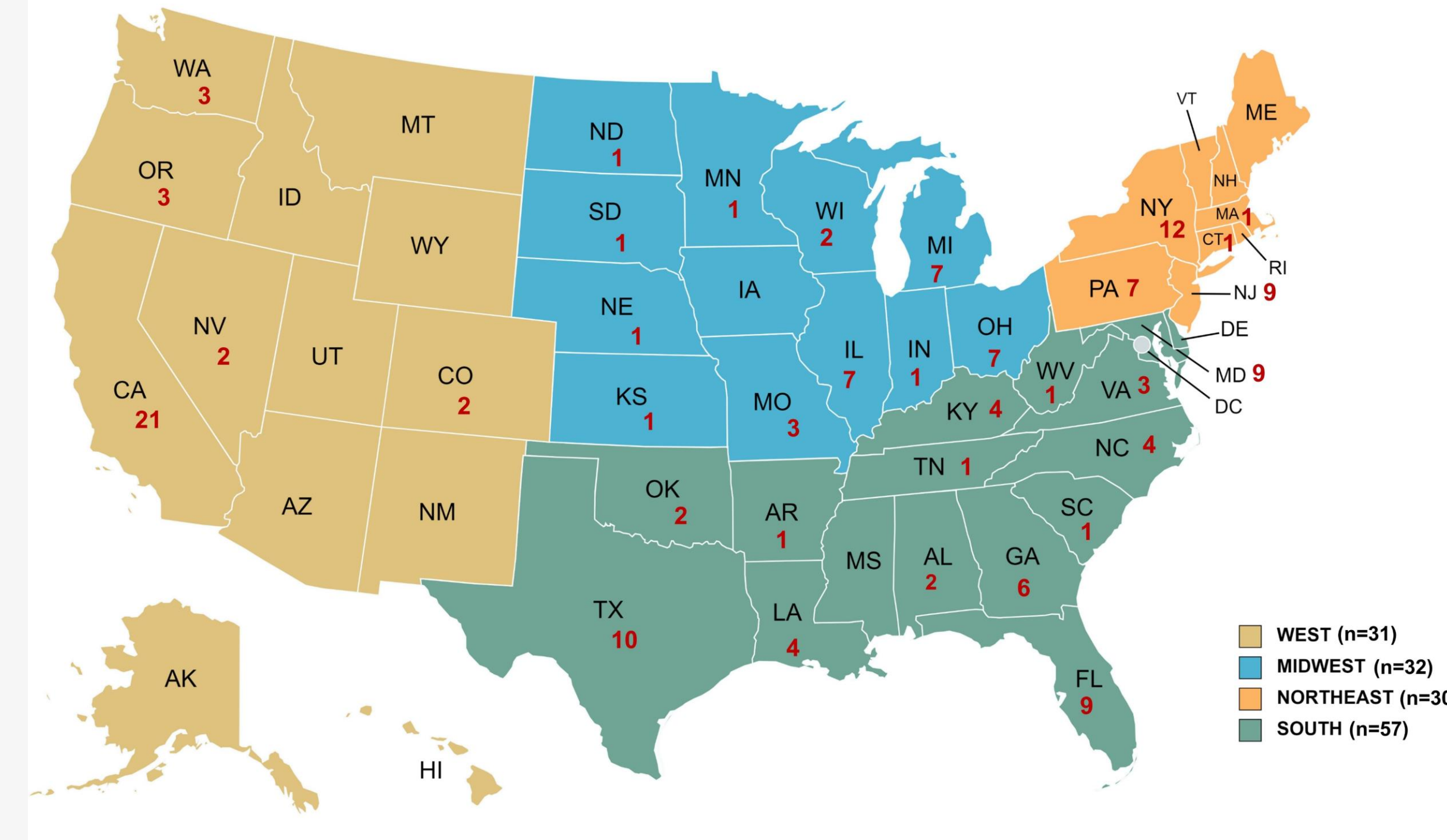
OBJECTIVE

To better understand the impact of SDOH challenges on obtaining a diagnosis of generalized myasthenia gravis (gMG) in patients facing health care access inequities

METHODS

- Cross-sectional US study using an online survey was deployed in October 2022. Survey consisted of 37 items, including an 8-question screener to determine qualification
- Respondents had to meet the following criteria:
 - Specialize and be board certified in neurology, in practice in the US for ≥2 years since residency, and have treated or consulted in the past year on ≥5 patients with gMG (at least 1 of whom was considered to be facing SDOH challenges)
- Data collected included:
 - Survey respondent and anonymous patient characteristics
 - Diagnosis-related survey items focused on perceived difficulties in scheduling and keeping appointments, and setting and timeliness of gMG diagnosis

Figure 1: Number of Respondents, by State/Region (N=150)



SUMMARY AND PERSPECTIVE

SDOH challenges contribute to health inequities related to the timely diagnosis of patients with gMG

- 1 in 3 patients with gMG face inequities in access to health care. These patients experience:**
 - Longer duration between symptom onset and gMG diagnosis
 - Higher likelihood of diagnosis in inpatient setting
 - More difficulties scheduling and attending appointments
- Patients who are racial/ethnic minorities or have financial hardships are more likely to face inequities in health care access**

RESULTS

Table 1. Respondent Characteristics

	N=150
Region, n (%)	
Midwest	32 (21.3)
Northeast	30 (20.0)
South	57 (38.0)
West	31 (20.7)
Patients with gMG treated by respondents each year, %	
5 to 40 per year	61
41 to 80 per year	21
81 to >100 per year	18
Primary practice setting, %	
Not university affiliated	49
University affiliated	51
Years since residency/training	
Mean (SD)	18.4 (11.92)
Median (range)	14.5 (3-60)

Table 2. Respondents' Patient Characteristics

	N=7686
Race and ethnicity, %	
White	42
Black	20
Hispanic	14
Asian	8
Mixed	7
Other	8
Facing health care inequities, %	33

Figure 2. Reported Contributors to Inequities

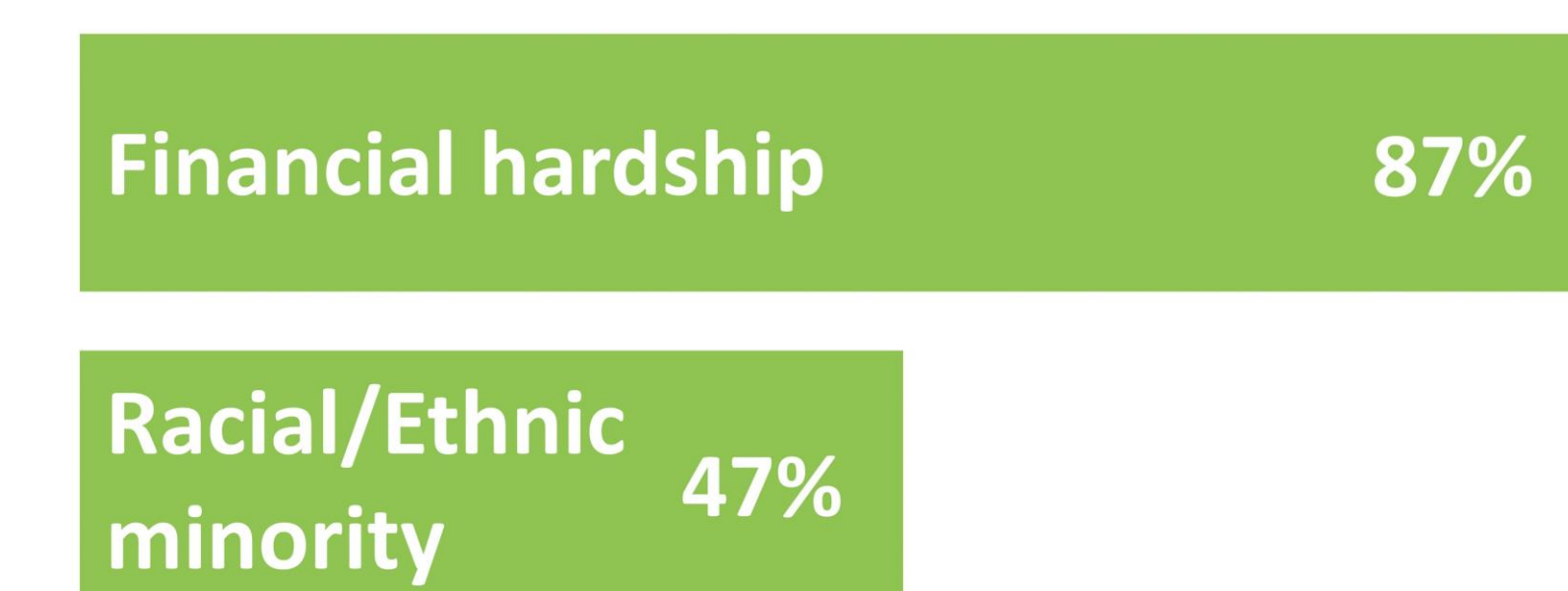
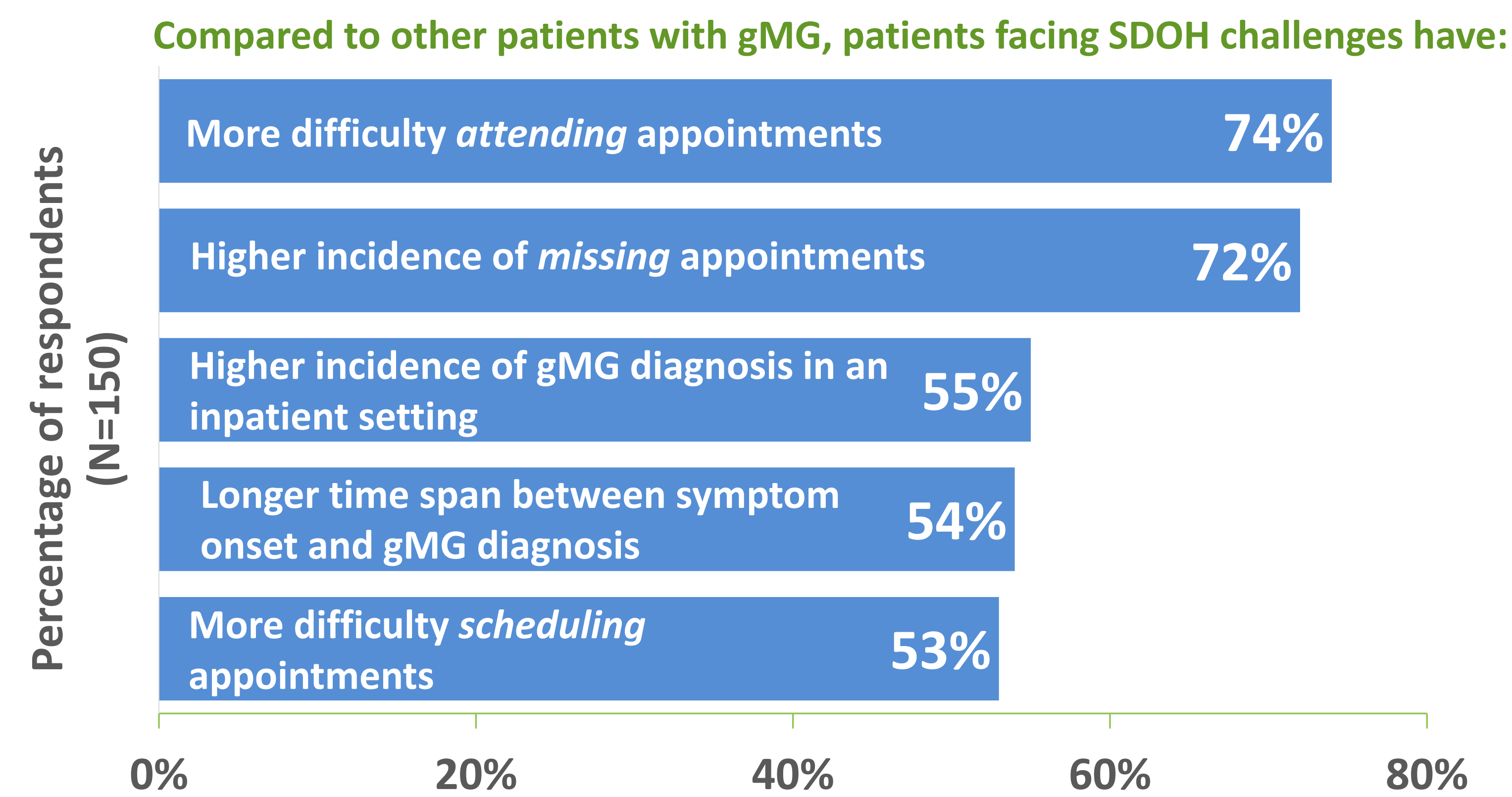
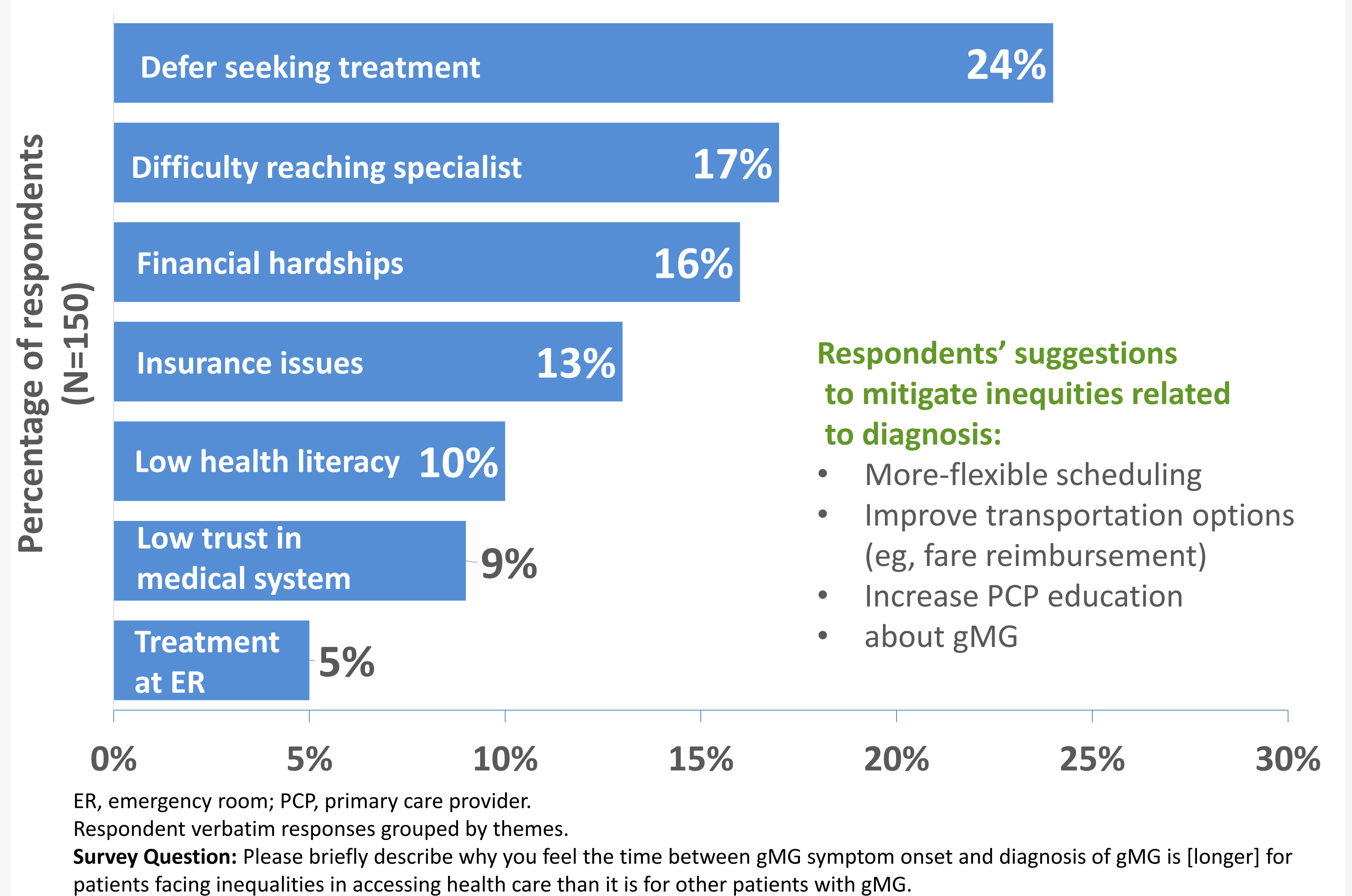


Figure 3. Inequities in Diagnosis as Perceived by Respondents



SURVEY QUESTIONS: In your experience, compared to other patients with gMG, do you feel patients with gMG facing inequalities in accessing health care have more or less difficulty attending neurology appointments? Compared to experiences of your other patients with gMG, how frequently have your patients with gMG facing inequalities in accessing health care missed a planned appointment with your practice (for any reason, such as lack of transportation, work schedule, etc)? Compared to other patients with gMG, are patients with gMG facing inequalities in accessing health care more or less likely to be diagnosed in an inpatient setting? For patients facing inequalities in accessing health care, do you feel the time between gMG symptom onset and diagnosis of gMG is longer, shorter, or about the same as that of other patients with gMG? Compared to the experiences of your other patients with gMG, how difficult or easy has it been for patients facing inequalities in accessing health care to schedule an appointment with your practice?

Figure 4. Reasons for Longer Diagnostic Time Span as Perceived by Respondents



Respondents' suggestions to mitigate inequities related to diagnosis:

- More-flexible scheduling
- Improve transportation options (eg, fare reimbursement)
- Increase PCP education
- about gMG

REFERENCES: 1. World Health Organization. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1. Accessed June 19, 2023; 2. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchstp/socialdeterminants/faq.html#:~:text=Social%20determinants%20of%20health%20such,contributing%20factors%20of%20health%20inequities.> Accessed June 19, 2023; 3. Centers for Disease Control and Prevention. <https://www.cdc.gov/healthequity/whatis/index.html>. Accessed June 19, 2023. **DISCLOSURES:** DG, TH, and EA are employees of argenx. NCW is a consultant for argenx and Radius Pharmaceuticals. PN is an employee of One Research, which received payment for the conduct of this study and for the initial data analysis; he was not compensated for development of this publication. AGS is a consultant for Alexion, argenx, Eidos, Lexicon, Merz, and Sangamo. **ACKNOWLEDGMENTS:** Susan A. Leon, PhD, and Tam M. Nguyen-Cao, PhD, CMPP, of Claritas Scientific LLC provided medical writing services under the direction of the authors. Editorial assistance was provided by Ann D. Bledsoe Bollert, MA, CMPP, of Y-Axis Editorial.