



Chronic Liver Disease Tied to Barriers to Medical Care Access

Adults with chronic liver disease are more than twice as likely than those without the condition to have barriers to medical care.

November 12, 2019 By [Benjamin Ryan](#)

People with chronic liver disease (CLD) are more than twice as likely as those without the condition to experience barriers to medical care.

Carrie R. Wong, MD, of the University of California, Los Angeles, presented findings at The Liver Meeting (the Annual Meeting of the American Association for the Study of Liver Diseases) in Boston from a cross-sectional analysis of respondents to the National Health Interview Survey between 2013 and 2017. This data is derived from in-person interview surveys, which include information on self-reported demographics, experiences with health care and other health conditions.

The study separated barriers to medical care into three categories. Access barriers included being denied as a new patient, denied health insurance or having difficulty in securing a health care provider. Financial barriers included a lack of ability to afford follow-up care, specialty care or prescription medication. And appointment barriers included problems with transportation, an inability to reach a clinic by phone, a closed doctor's office, waiting at the doctor's office or a delayed appointment.

The total study sample was based on 85,645 people's responses to the survey. Statistically, these individuals represented 130 million U.S. residents. Additionally, there were responses from 1,035 people with CLD, who represented 1.6 million people; 2,686 people with chronic obstructive pulmonary disease (COPD), representing 3.8 million people; 5,408 people with chronic heart disease (CHD), representing 7.9 million people; and 76,516 people with no chronic disease, representing 117 million people.

In the total sample and among those with CLD, COPD, CHD and no chronic disease, the average age was 42, 46, 47, 51 and 41 years old, respectively. A respective 48%, 47%, 60%, 43% and 48% were female. A respective 66%, 63%, 75%, 78% and 65% were white. A respective 8%, 12%, 9%, 8% and 8% did not have a high school diploma. A respective 2.7%, 4.3%, 4.7%, 4.0% and 2.6% were unemployed. And a respective 48%, 52%, 58%, 49% and 48% had an annual income below \$35,000.

In the total sample and among those with CLD, COPD, CHD and no chronic disease, a respective 16%, 16%, 17%, 12% and 16% were uninsured. A respective 76%, 69%, 70%, 75% and 76% had private health insurance. A respective 5.5%, 6.5%, 10.3%, 17.9% and 4.4% had Medicare. And a respective 6.7%, 12.2%, 7.9%, 6.1% and 6.6% had Medicaid.

Lastly, in the total sample and among those with CLD, COPD, CHD and no chronic disease, a respective 11%, 30%, 29%, 27% and 9% had at least three health conditions. A respective 36%, 32%, 46%, 37% and 35% currently smoked or drank alcohol. And a respective 6%, 18%, 16%, 14% and 5% had fair or poor health.

The proportion of the study population with any barriers to health care was 18.4% in the total sample, 35.0% among those with CLD, 34.1% among those with COPD, 25.9% among those with CHD and 17.2% among those with no chronic disease.

The proportion of the study population that had access barriers to health care was 5.3% in the total sample, 10.7% among those with CLD, 9.6% among those with COPD, 7.5% among those with CHD and 5.0% among those with no chronic disease.

The proportion of the study population that had financial barriers to health care was 8.4% in the total sample, 19.6% among those with CLD, 20.8% among those with COPD, 12.7% among those with CHD and 7.6% among those with no chronic disease.

Lastly, the proportion of the study population that had appointment barriers to health care was 9.9% in the total sample, 18.2% among those with CLD, 17.5% among those with COPD, 14.5% among those with CHD and 9.2% among those with no chronic disease.

After adjusting the data to account for differences between the survey respondents in demographics, other health conditions and health characteristics, the study authors found that factors that predicted having any barriers to health care in the overall sample included female sex (1.6-fold greater likelihood), CLD (2.1-fold), COPD (1.9-fold), CHD (1.6-fold), having at least three other health conditions (1.8-fold), having fair or poor health (2.1-fold), being unemployed (1.2-fold), having an annual income below \$35,000 (1.3-fold) and being uninsured (1.4-fold).

Having private health insurance and having Medicare were each associated with a 30% lower likelihood of having any barriers to health care.

To read the conference abstract, [click here](#).