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Effects of variations in access to care for children with atopic dermatitis

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An estimated 50% of children in the US are Medicaid-insured. Access to care for patients enrolled in Medicaid programs is an ongoing concern in the United States. Several studies have shown that patients enrolled in Medicaid are less likely to gain outpatient access to specialty providers. A number of factors, including unfavorable fee-for-service reimbursement, longer wait times for payments, and higher clinic non-attendance rates, contribute to the dearth of specialists accepting Medicaid patients. Skin disease is very common in children, prompting up to 30% of all primary care pediatric visits. Atopic dermatitis, a chronic inflammatory skin disease characterized by eczematous lesions and intense pruritus, is the most common inflammatory skin disease in children, with an estimated prevalence in the United States of about 11–13% among children less than 18 years of age. Up to one-third of these patients are estimated to have moderate-to-severe disease, along with a higher risk of atopic and non-atopic morbidities compared with children without AD. The burden of AD is substantial, especially in children with moderate-to-severe disease and their caregivers. Chronic sleep disturbance related to persistent pruritus profoundly affects daily functioning, quality of life, and psychosocial health. AD in children is also associated with poorer performance in school, difficulties forming social relationships and participating in sports, and increased rates of anxiety, depression, and even suicidal ideation.

Biography

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