

IMPACT OF THE COVID-19 PANDEMIC IN IBD PATIENT CARE

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Background: The COVID-19 pandemic is affecting patients and healthcare providers worldwide. During the first wave of the pandemic, healthcare delivery shifted from in-person to virtual clinics. Non-urgent and some emergent procedures, including endoscopies, surgeries, and imaging, were delayed to limit the spread and divert resources to COVID-19.

Aims: To assess the impact of the COVID-19 pandemic in care to IBD patients

Methods: A survey study was conducted to assess the impact of the COVID-19 pandemic on IBD care. All patients had a virtual clinic appointment between March to July 2020 at either: University of Alberta Hospital or the University of Calgary Clinic. A section of the survey assessed patient experience of virtual clinics and delays in access to IBD care during the COVID-19 pandemic.

Results: A total of 1581 patients were contacted to complete the survey. 628 patients agreed to participate in the survey, however not all patients completed each component. The mean age of patients who participated in the survey was 48 years (SD = 15.19). 408 patients responded to satisfaction/future use questions: 84.3% (344) patients agree/strongly agree they were comfortable communicating to the physician using the remote system, 77.5% (316) of patients agree/strongly agree that virtual clinic is an acceptable way to receive healthcare services, 84.8% (346) of patients agree/strongly agree they would use virtual care services again, and 82.6% (337) agree/strongly agree they were satisfied with the telehealth system.

Additional challenges were reported by 228 patients. Fear and stress (infection risk/mental health concerns/unemployment) was reported by 57.4% (131) patients. Access to healthcare services, PPE, and community resources was a challenge experienced by 26.3% (60) patients. Additionally, 16.2% (37) patients experienced uncertainty around IBD-specific care, including procedures, treatments, labs, and medications.

Overall, 17.3% of patients reported some type of delay in care by July 2020. Table 1

shows the proportion of patients with a delay by type of care and the median delay: 5.7% of patients with IBD had surgery delayed by a median of 10 weeks (8-16 weeks).

Conclusions: While some delays in healthcare delivery occurred during the first wave of the pandemic, overall 82.7% of patients with IBD maintained their care without disruption. Sustaining healthcare delivery to the IBD community required adaptation to virtual care; however, patient satisfaction was overwhelming positive among patients with IBD.

Proportion of IBD Patients with delays in care (N=398)

Type of Care	% patients (n)	Median delay in weeks (25-75th percentile)
Surgery	5.7 (23)	10 (8-16)
Endoscopy	9.5 (38)	12 (8-17)
Radiology	3.7 (15)	8 (3-13)
Biologic infusions	2.2 (9)	2 (2-5)
OVERALL	17.3 (69)	9 (3.5-11.5)

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