Relationship between Care Patterns and Health Outcomes in People with **Cystic Fibrosis**

Alexandra Hinton, MPH, Edmund Sears, MD, Sara Lopez-Pintado, PhD and Jonathan Zuckerman, MD

BACKGROUND, METHODS, RESULTS

A recent study showed that gaps in care in people with CF (PwCF) were associated with lower lung prior to FDA-approval of Elexacaftor/ function tezacaftor/ivacaftor (ETI) and the Covid pandemic [1].

We sought to understand more recent effects of gaps in care on lung function in the era of expanded use of ETI and telehealth.

- PwCF age 6-45 in the CFF Patient Registry 2017-2022
- 21,704 people; 375,942 encounters
- Multivariable longitudinal semiparametric modeling with splines for age and subject-specific random effects
- Adjusted for gender, race, ethnicity, genotype, year of visit, insurance type, ETI, BMI, CFRD, and chronic infections





Longer care gaps i lower lung function

6-months: -0.20 (95% CI -0.33, -0.07; p=0.003)

12-months: -0.98 (95% CI -1.3, -0.67; p<0.001)

18-months: -1.8 (95% CI -2.4, -1.2; p<0.001)

REFERENCES

1. Sears et al. Ann Am Thorac Soc 2023; 20(9):1250-1257



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Telehealth-only care maintains lung function comparable to in-person care, while gaps in care significantly reduce lung function in the U.S. national registry

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Nearly 1 in 5 PwCF went > 12 months without at least one visit

1 in 5 PwCF used telehealth exclusively for at least a full year from 2020-2022



Northeastern **Bouvé College of Health Sciences**

