

INTRODUCTION

- Hidradenitis Suppurativa (HS) is a chronic skin condition affecting areas like the armpits and groin, marked by painful nodules and scarring.
- Effective treatments, such as antibiotics, biologics, and surgery, are costly, and insurance coverage is often inadequate, leaving patients with high out-of-pocket expenses.
- HS patients also experience significant diagnostic delays—averaging nearly 10 years—leading to fragmented care and increased healthcare costs.
- This review explores the economic and insurance-related challenges for HS patients in the US, focusing on access issues, financial burdens, and disparities between public and private insurance coverage.

METHODS

- Systematic search conducted on PubMed and Medline (OVID) databases for studies on HS and associated insurance and economic burdens, covering literature until August 1, 2024.
- Inclusion Criteria: Studies focused on HS-related insurance or economic costs within the US.
- Exclusion Criteria: Studies not isolating HS data, non-English studies, and those with non-US data.
- Review Process: Two independent reviewers screened articles; five studies met criteria and were included in analysis.

TABLE 1: DEMOGRAPHICS AND FINDINGS OF INCLUDED STUDIES.

Author & Year	Study Title	Significant Findings	Study Design	Sample Size
Carrington et al., 2020	Laser Hair Reduction for Hidradenitis Suppurativa Warrants Insurance Coverage	Limited insurance coverage for laser hair reduction (LHR). LHR shown to reduce flares and improve quality of life. High out-of-pocket costs.	Policy analysis	N/A*
Marvel et al., 2019	Disease Burden and Cost of Hidradenitis Suppurativa: A Retrospective Examination of US Administrative Claims Data	Increased healthcare utilization post-diagnosis, especially outpatient services. Higher costs for Medicaid patients. Common comorbidities include cellulitis and psychiatric disorders.	Retrospective claims data analysis	16,489 patients
Xiong et al., 2024	Diagnosis and Management of Hidradenitis Suppurativa: Analysis of US Insurance Claims Data	Significant diagnostic delay, averaging nearly 10 years. Dermatologists become primary care providers after initial diagnosis. Higher outpatient costs.	Retrospective claims data analysis	8,929 patients
Towfighi et al., 2023	Financial Toxicity of Hidradenitis Suppurativa: A Single-Center Experience at an Urban Wound-Care Clinic	Mean out-of-pocket cost: \$2,250 ± 3,269.24. Higher financial toxicity for Medicaid/Medicare patients. Correlation between out-of-pocket costs and financial toxicity levels.	Retrospective survey study	54 patients
Rinderknecht & Naik, 2024	Access to Dermatologic Care and Provider Impact on Hidradenitis Suppurativa Care: Global Survey Insights	Disparities in access to care based on insurance type. Private insurance holders more likely to receive advanced treatments. Barriers include cost and provider availability.	Survey study	1,022 participants

RESULTS

- Insurance coverage for essential treatments, such as laser hair reduction, is limited, leading to increased patient expenses (Table 1) (1).
- Medicaid patients with HS face higher healthcare costs and increased outpatient care utilization compared to others (2).
- HS diagnosis is often delayed by nearly 10 years, resulting in fragmented and more expensive care (3).
- Patients incur an average of \$2,250 in annual out-of-pocket costs, which is especially burdensome for those on Medicaid or Medicare (4).
- Access disparities exist, with private insurance patients more likely to receive advanced treatments like biologics, while public insurance patients face greater barriers (5).

CONCLUSION

- Systemic barriers hinder effective management of hidradenitis suppurativa (HS) in the US, contributing to poorer patient outcomes.
- Lack of insurance coverage is a significant factor impacting HS treatment accessibility.
- Solutions should include enhanced primary care training, tele-dermatology, and government-assisted programs to reduce out-of-pocket costs for HS patients.

REFERENCES

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