Current State of Metabolic Dysfunction-Associated Steatohepatitis (MASH) Care Delivery, Including Key Barriers, and Best Practices: A Survey Analysis

Yestle Kim, PharmD, MS[1], Christy Hewitt, PharmD [1], Doug Welch, PharmD[1], Grace Kiernan[2]

1. Madrigal Pharmaceuticals Inc., West Conshohocken, PA
2. NASHNET (Liver Health Leaders Network), New York, NY

INTRODUCTION

Although Metabolic Dysfunction-Associated Steatohepatitis (MASH), formerly known as NASH, has become an increasingly prevalent chronic disease in the United States, the lack of early identification and standardized care pathways leads to underdiagnosis and poor management of the disease.

AIMS

Examine key gaps impacting MASH screening, diagnosis, and care delivery cited by population health decision makers and providers

METHODOLOGY

Two online double-blind surveys were developed and implemented from May to August 2024. Surveys included participants from U.S. institutions only.

- One survey focused on clinical assessments and targeted clinicians in hepatology, gastroenterology, endocrinology, and primary care (N=106).
- The other focused on population health and targeted administrative and population health leaders (N=62). Respondents represented a mix of institution types, with the majority (63%) working at not-for-profit academic medical centers. An institutional review board exemption was issued.

CONCLUSION

Both clinical and administrative leaders indicated that MASH care delivery needs improvement across the care continuum. Enhanced patient and provider educational resources, particularly for primary care, are one of the biggest areas of need related to MASH. Additional examples given for areas of improvement were EHR-embedded clinical decision support tools, standardized care pathways, and quality metrics.

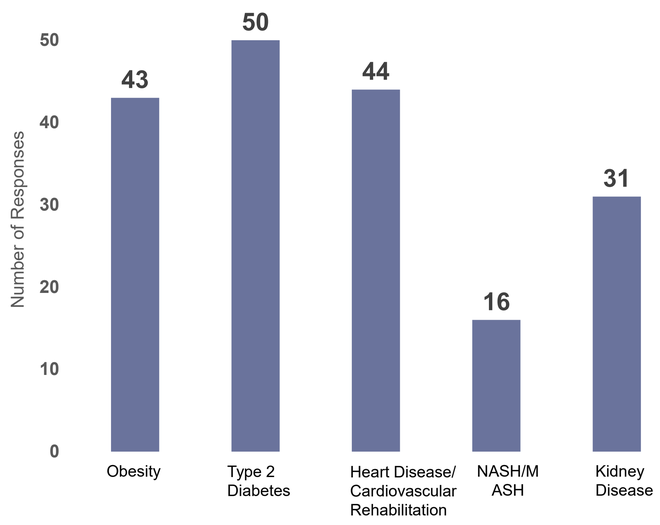
Administrative Leaders Survey (Total N= 62)
Clinical Leaders Survey (Total N= 106)
Combined Survey Data (Total N= 168)

SURVEY DATA

Administrative Leaders Response Data — *Figure 1*

Does your organization have preventative care programs or models related to any of the following cardio-renal-metabolic disease areas? Select all that apply. (Total N= 62)

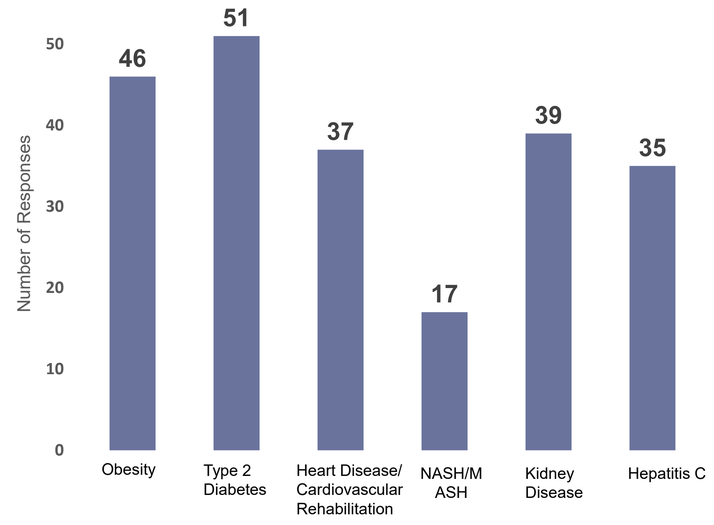
Note: Multiple answers may be selected by respondents.



Administrative Leaders Response Data — *Figure 2*

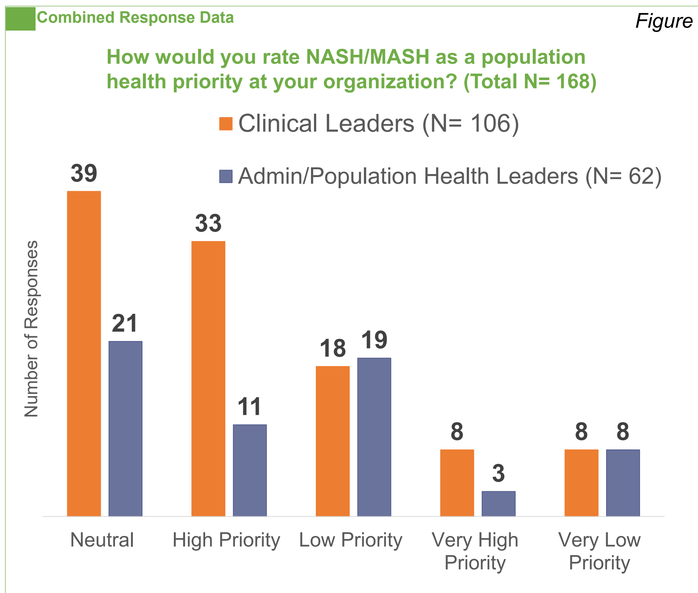
Does your organization have screening protocols related to any of the following disease areas? Select all that apply. (Toal N= 62)

Note: Multiple answers may be selected by respondents.



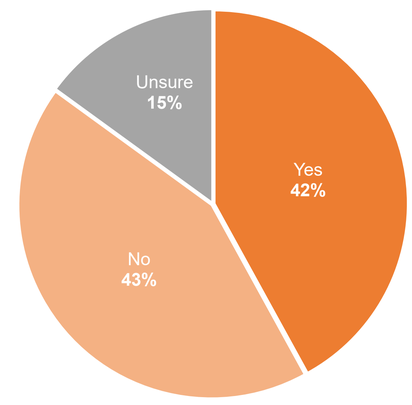
Combined Response Data — *Figure 3*

How would you rate NASH/MASH as a population health priority at your organization? (Total N= 168)



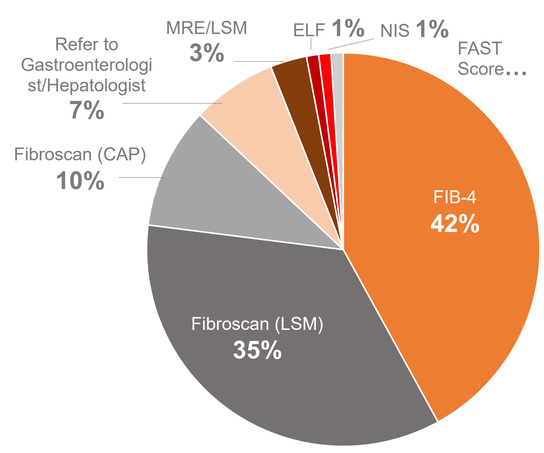
Clinical Leaders Response Data — *Figure 4*

Does your institution have a standardized referral process for NASH/MASH patients coming from primary care? (Total N= 106)



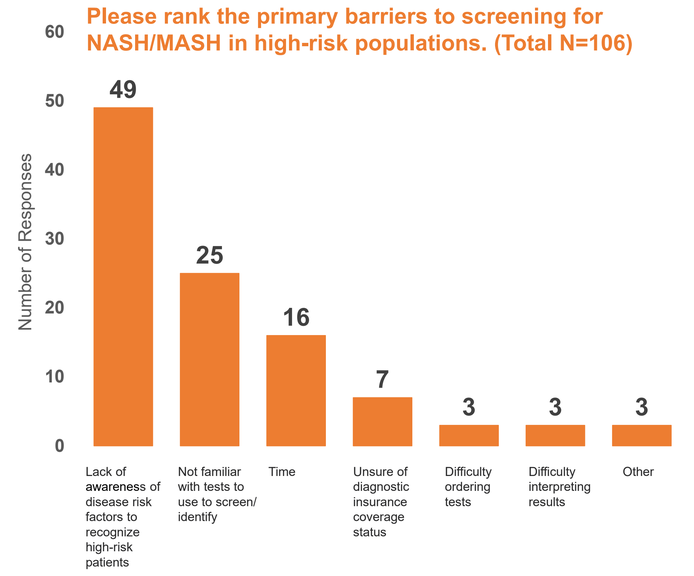
Clinical Leaders Response Data — *Figure 5*

Please select the most common first line non-invasive diagnostics you use to identify high-risk patients for advanced fibrosis. (Total N= 106)



Clinical Leaders Response Data — *Figure 6*

Please rank the primary barriers to screening for NASH/MASH in high-risk populations. (Total N=106)



SURVEY RESULTS

Administrative & Population Health Leaders Response Data

Respondents indicated that MASH care delivery is underprioritized compared to other chronic conditions. Twenty-five percent of respondents indicated that their organization offers preventative care programs for MASH, while over 70% cited existing programs related to obesity, cardiovascular disease, and diabetes (Figure 1). Similarly, 27% indicated their organization has screening protocols related to MASH, compared to 82% indicating they had screening protocols related to diabetes (Figure 2). Most respondents indicated “neutral”, followed by “low priority” when asked to classify MASH as a population health priority within their institution (Figure 3).

Clinical Leaders Response Data

Clinical leaders rated MASH as a higher population health priority compared to administrative & population health leaders, with 31% indicating “high priority.” Forty-two percent of respondents indicated that their institution has a standardized referral process for MASH patients (Figure 4). Respondents also cited that available quality metrics focus primarily on specialist referral rates for patients with elevated FIB-4 scores. The most common first-line non-invasive diagnostic used amongst respondents to identify high-risk patients for advanced fibrosis is FIB-4 (Figure 5). Lack of awareness & understanding regarding MASH risk factors was cited as the primary barrier to screening for MASH in high-risk populations (Figure 6). Over 50% of respondents indicated that enhanced education, for both primary care providers and patients, was the top resource needed to better manage MASH populations.

ACKNOWLEDGMENTS

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