



*Providing Insights that Contribute
to Better Health Policy*

Do Primary Care Physicians Treating Minority Patients Report Greater Problems Delivering Quality Care?¹

A New Perspective on Racial and Ethnic Disparities

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¹ Results based in part on James D. Reschovsky and Ann S. O'Malley, "Do Primary Care Physicians Treating Minority Patients Report Problems Delivering High-Quality Care," *Health Affairs* 26(3):w222–w231 (published online Apr. 22, 2008).

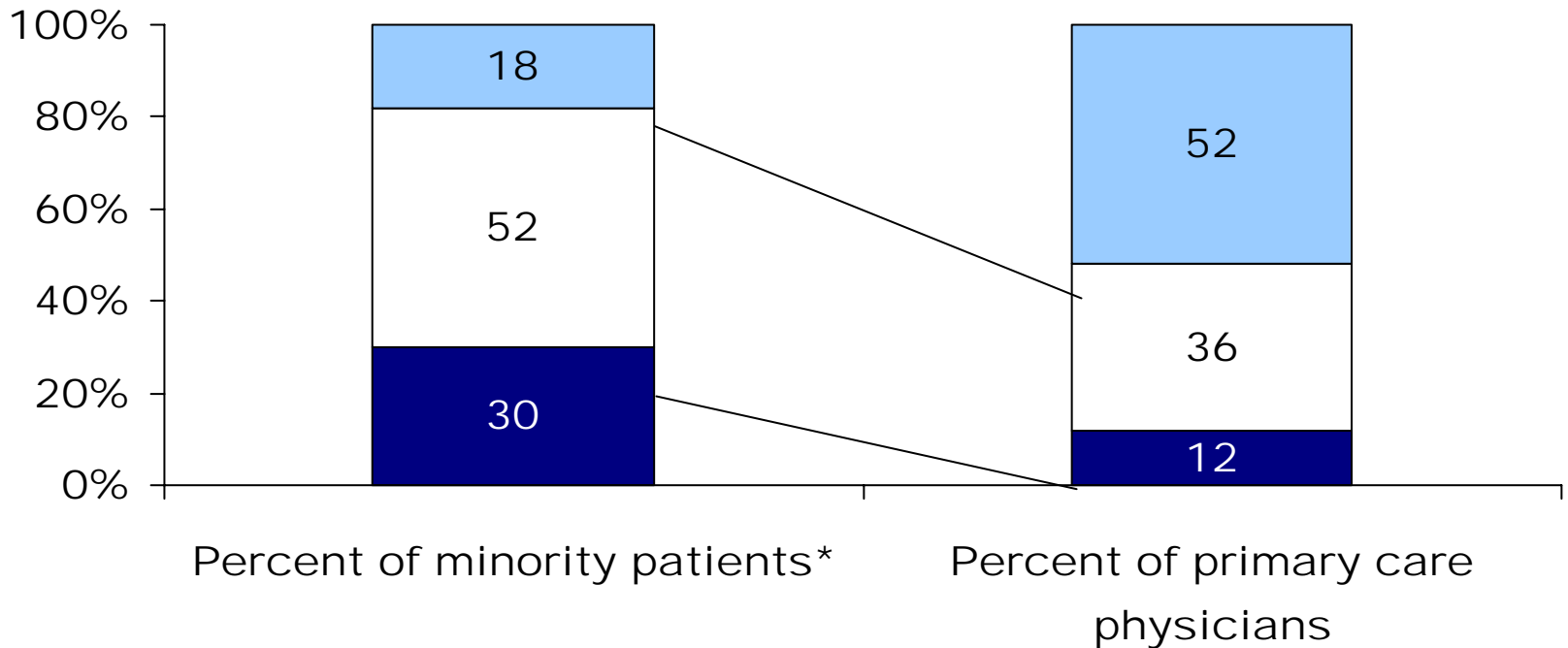
Summary

Racial and ethnic disparities in primary health care likely reflect the aggregate socioeconomic composition of the physician's patient panels as much as they do differences in individual patient characteristics. Physicians in high-minority practices depend more on low-paying Medicaid, receive lower private insurance reimbursements, and have lower incomes. These resource constraints help explain greater difficulties reported by these physicians with care processes—such as coordination of care, ability to spend adequate time with patients during office visits, and ability to obtain specialty referrals. Efforts to increase resources flowing to physicians treating many low-income minority patients—for instance by raising Medicaid reimbursements—would reduce racial and ethnic healthcare disparities.

Primary care for minorities is concentrated among a small proportion of physicians.

Figure 1. 48 Percent of Physicians Treat 82 Percent of All Minority Patients¹

■ High minority >70% □ Medium minority 30-70% ■ Low minority <30%



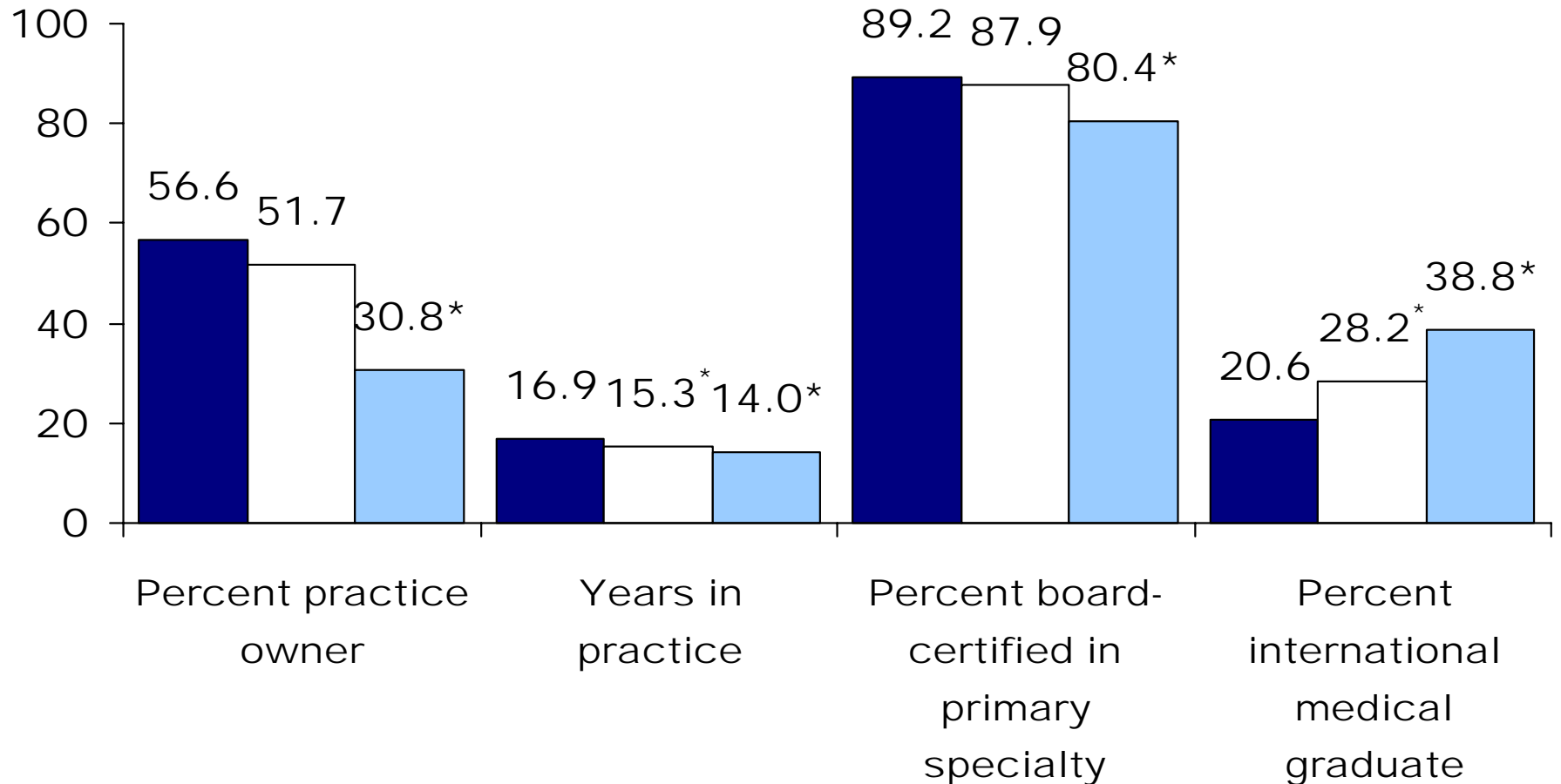
Source HSC Community Tracking Study Physician Survey, 2004-05.

*Approximation based on the number of patient visits and percent of patients who are African American or Latino.

Personal and practice characteristics of primary care physicians in low-, medium-, and high-minority practices often differ.

Figure 2. Primary Care Physician Characteristics Differ for Practices with Low, Medium, and High Proportions of Minority Patients

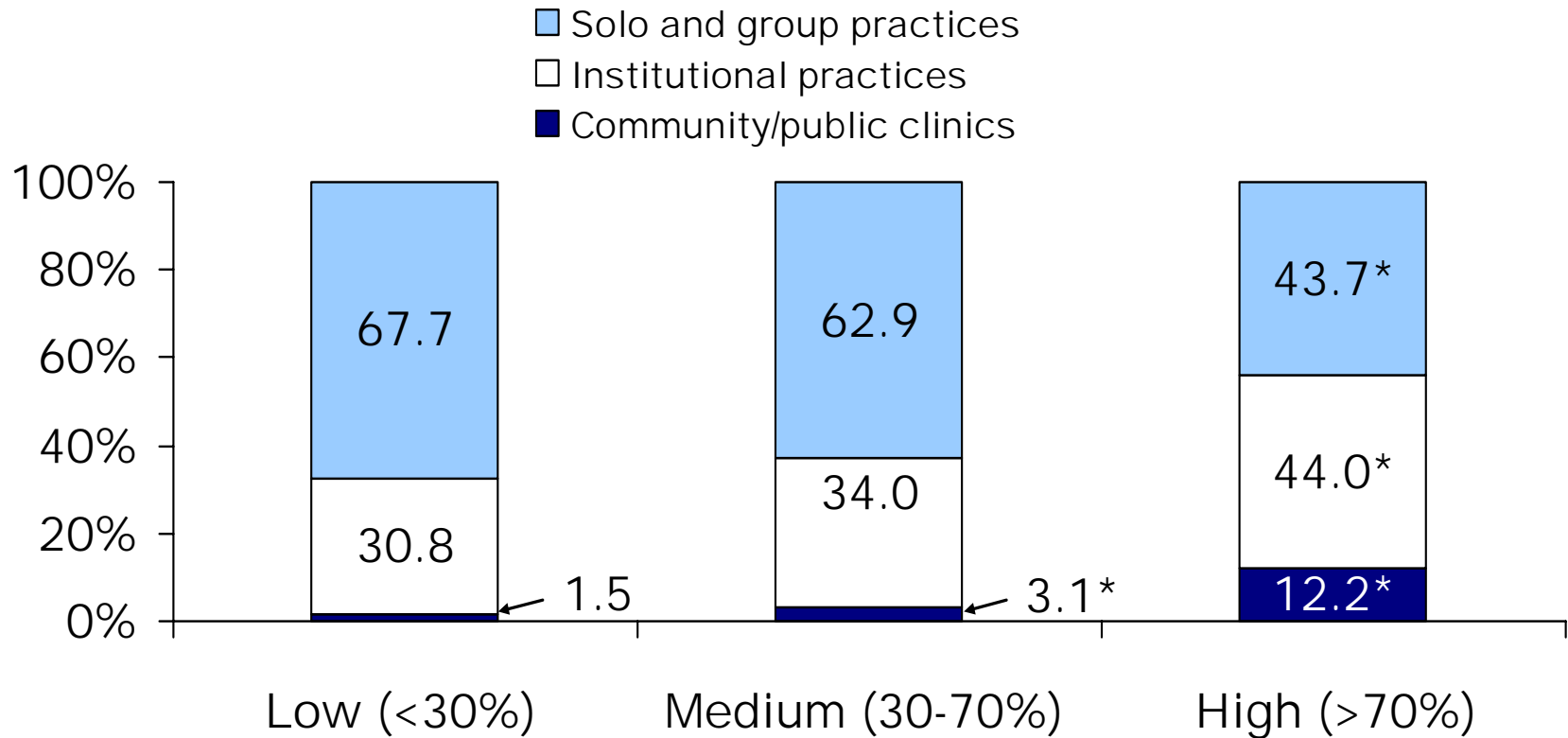
■ Low minority <30% □ Medium minority 30-70% ■ High minority >70%



Source: HSC Community Tracking Study Physician Survey, 2004–05.

*Differs from physicians in low-minority practices at $p \leq 0.05$.

Figure 3. Physicians with High-Minority Patient Panels Are More Likely to Be in Community or Public Clinics and Institutional Practices¹



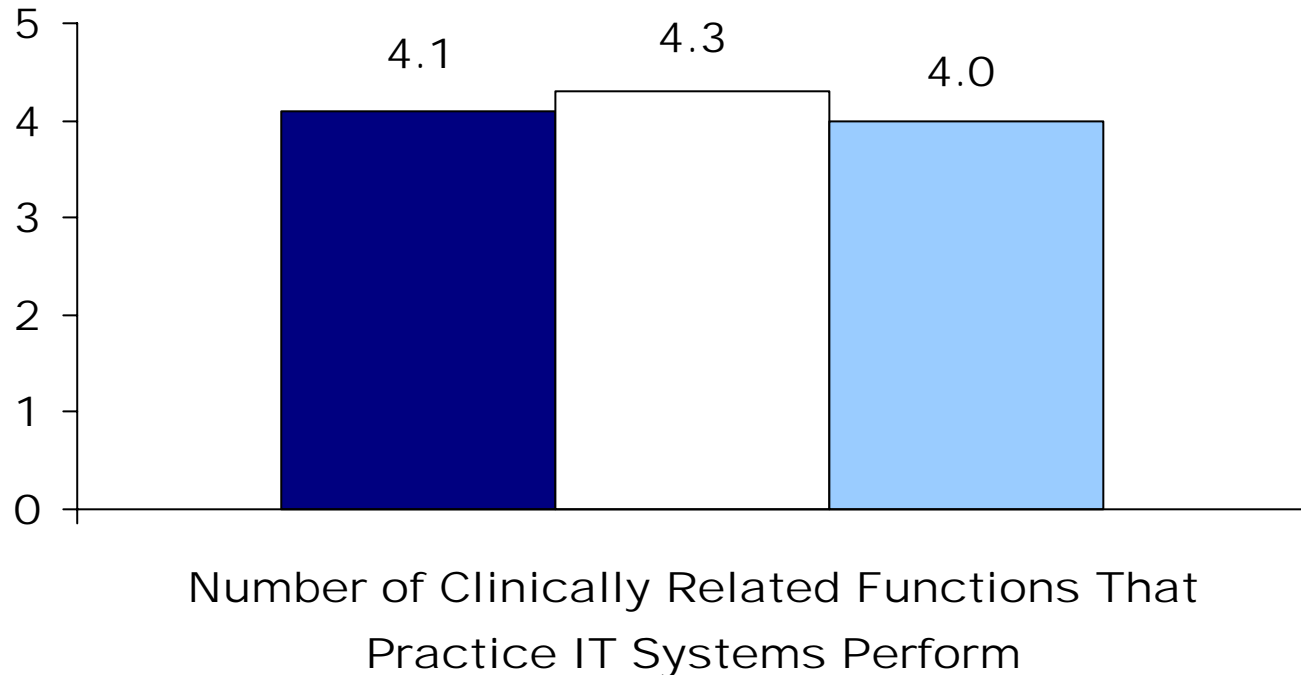
Source: HSC Community Tracking Study Physician Survey, 2004–05.

* Differs from physicians in low-minority practices at $p \leq 0.05$.

¹ Institutional practice settings include hospitals, medical schools, group/staff model HMOs, free-standing clinics, integrated health systems, PHOs, MSOs, foundations, independent contractors, locum tenens, and other miscellaneous types of practice settings.

Figure 4. Physicians with More Minority Patients Have Same Level of Health Information Technology (IT) Adoption as Those Treating Fewer Minority Patients

■ Low minority <30% □ Medium minority 30-70% ■ High minority >70%

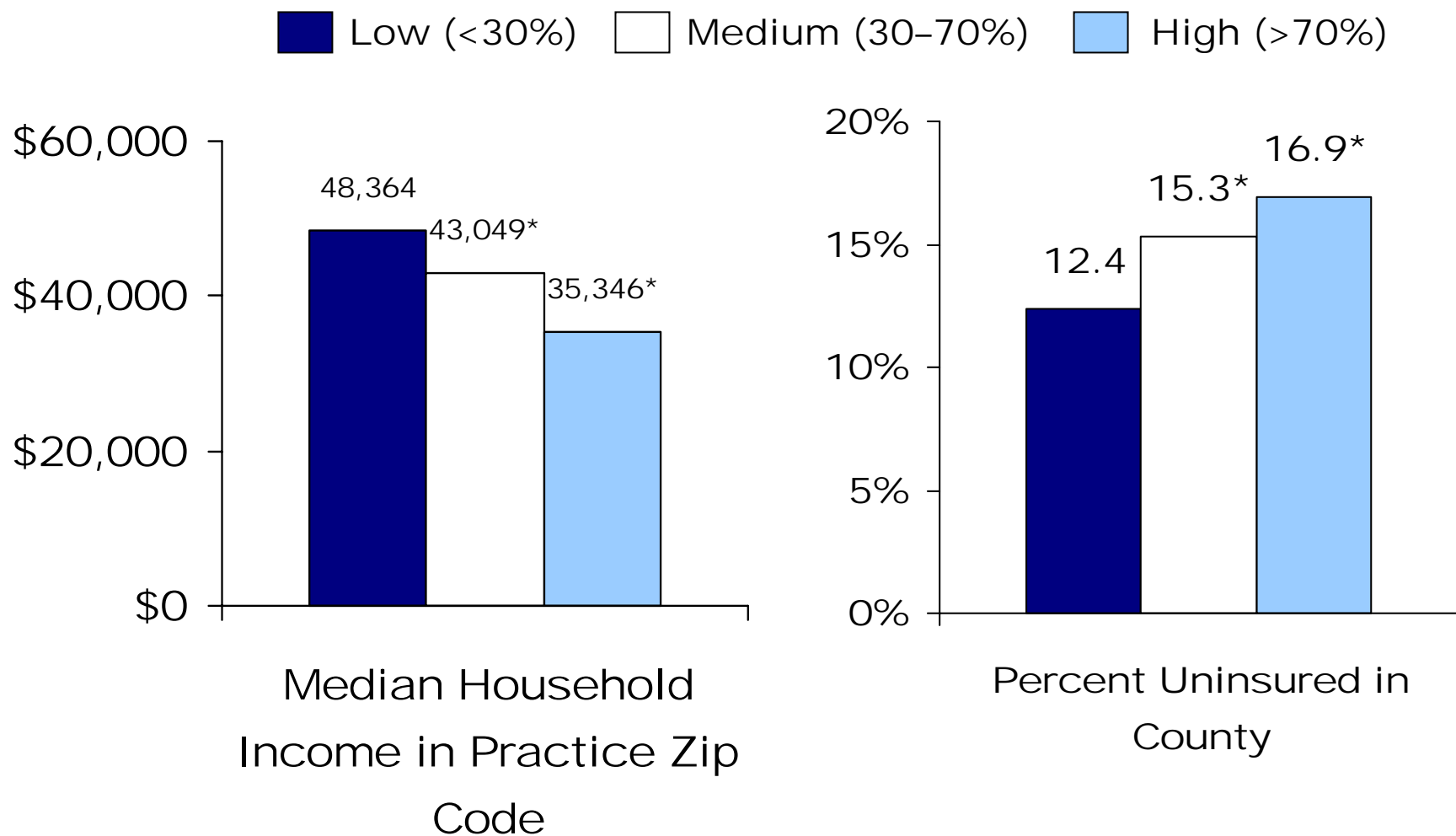


Source: HSC Community Tracking Study Physician Survey, 2004–05.

* Differs from physicians in low minority practices at $p \leq 0.05$.

Physicians in high-minority practices treat lower-income patients and are in more resource-constrained practices.

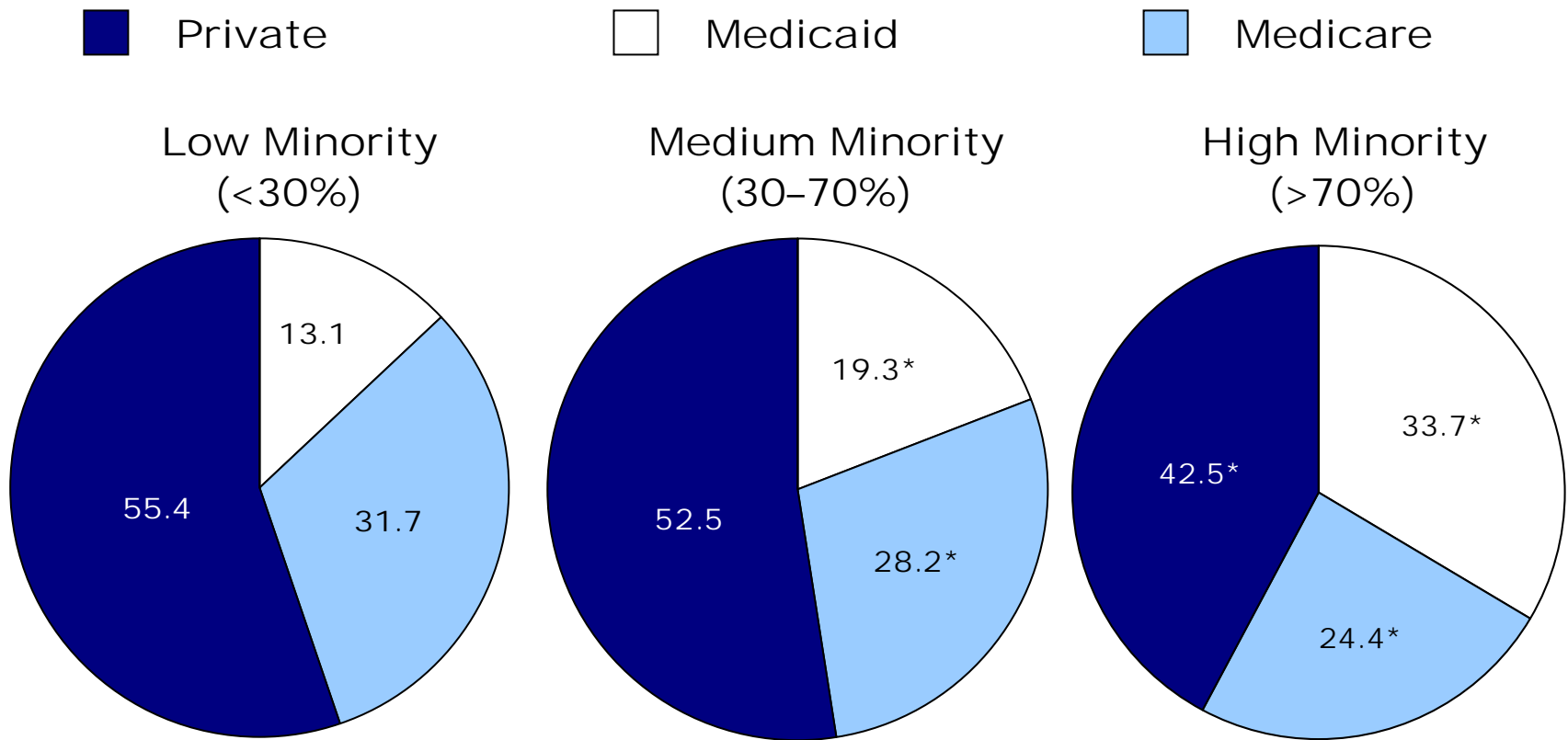
Figure 5. High-Minority Physician Practices Are in Communities with Lower Patient Income and More Uninsured



Source: HSC Community Tracking Study Physician Survey, 2004-05.

* Differs from physicians in low-minority practices at $p \leq 0.05$.

Figure 6. Primary Care Practices with More Minorities Are More Reliant on Medicaid Revenue, Less Reliant on Private Insurance

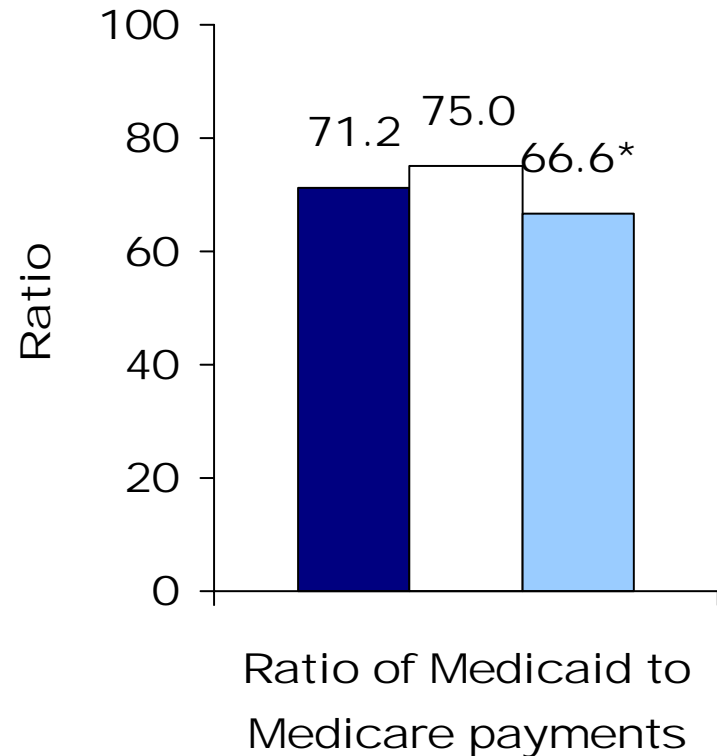
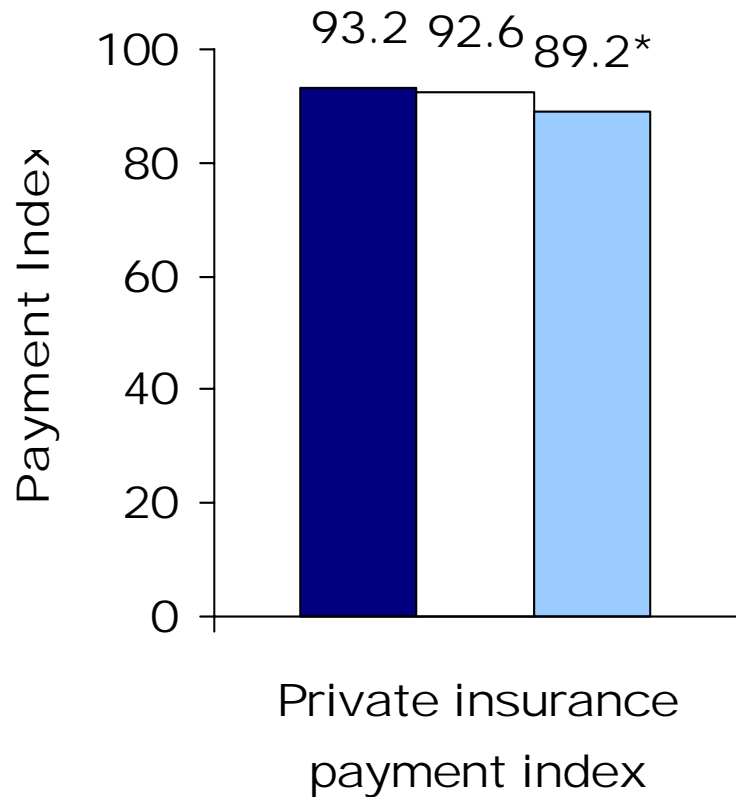


Source: HSC Community Tracking Study Physician Survey, 2004–05.

* Differs from physicians in low-minority practices at $p \leq 0.05$.

Figure 7. Physicians in High-Minority Practices Are in Communities with Lower Private and Medicaid Payment Rates¹ to Physicians

Low minority, <30%
 Medium minority, 30–70%
 High minority, >70%



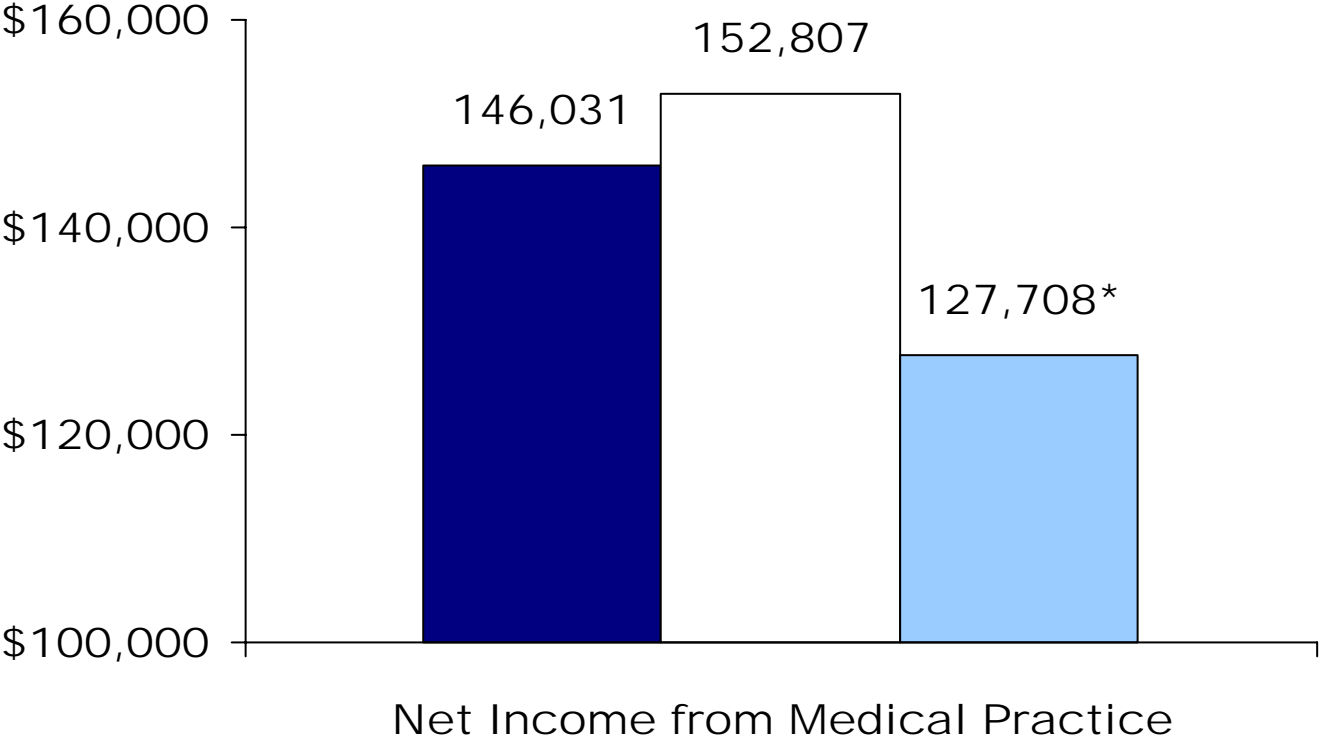
Source: HSC Community Tracking Study Physician Survey, 2004–05.

¹ Private insurances payment index developed by GAO based on Federal Employee Health Benefits Program PPO plans; Medicaid to Medicare payment index from Menges, et al., 2001.

* Differs from physicians in low-minority practices at $p \leq 0.05$.

Figure 8. Primary Care Physicians in High-Minority Practices Earn Less Income

■ Low minority <30% □ Medium minority 30-70% ■ High minority >70%

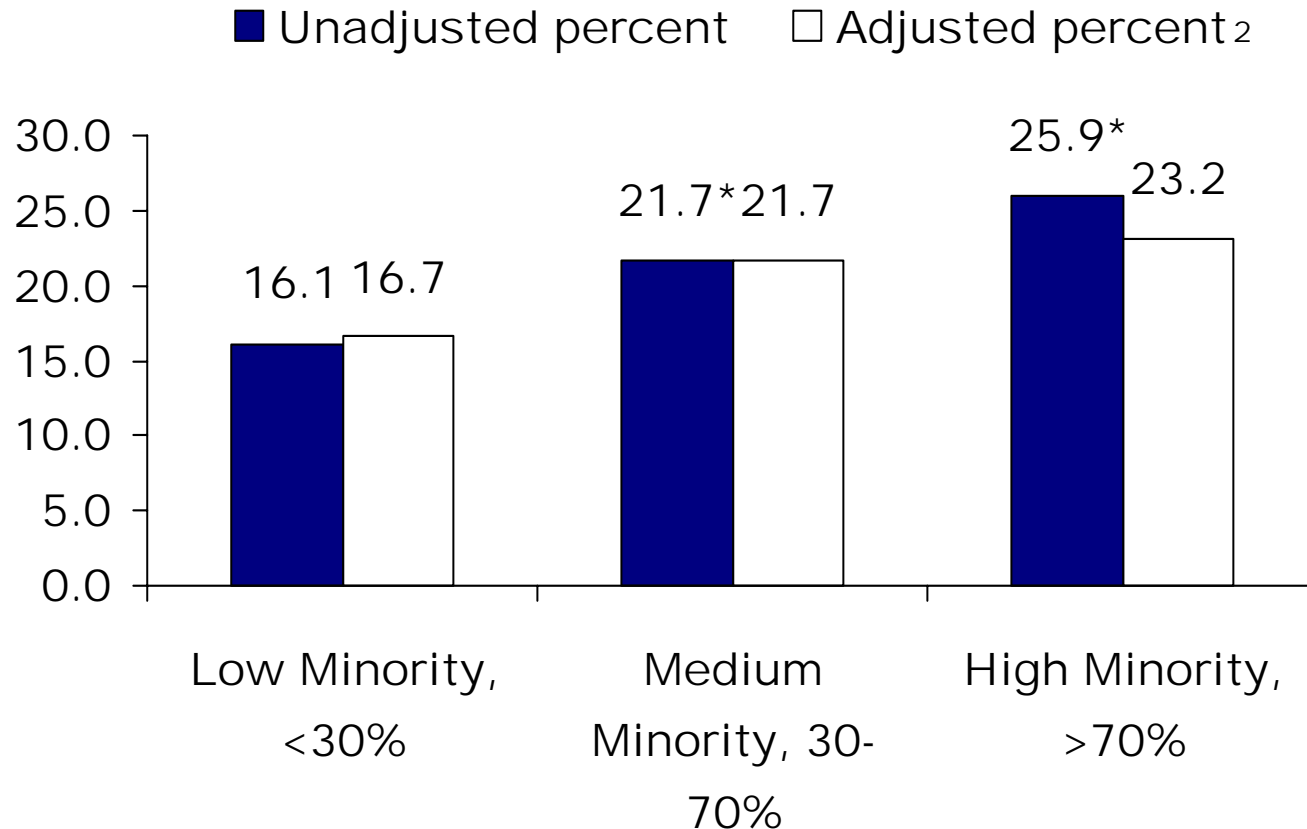


Source: HSC Community Tracking Study Physician Survey, 2004–05.

* Differs from physicians in low-minority practices at $p \leq 0.05$.

Primary care physicians in high-minority practices are more likely to report they are unable to provide high-quality care to all of their patients—a pattern in part reflecting lower resources flowing to their practices.

Figure 9. Physicians in Higher-Minority Practices Report Greater Difficulty Providing Quality Care to Patients,¹ in Part Explained by Lower Resource Levels



Source: HSC Community Tracking Study Physician Survey, 2004–05.

¹ Based on disagreement with the statement, “It is possible to provide high-quality care to all my patients.”

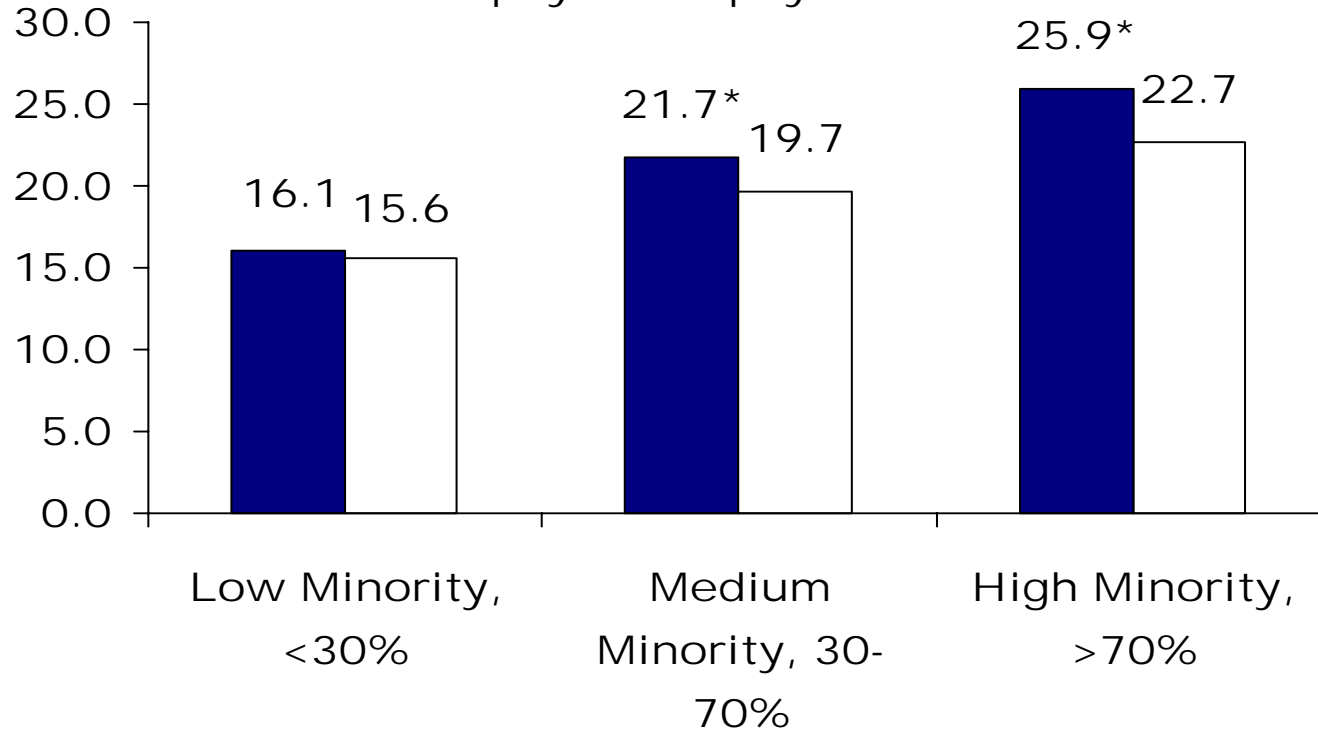
² Adjusted for practice resource levels (payer mix, reimbursement levels, and interactions between the two).

* Differs from physicians in low-minority practices at $p \leq 0.05$.

Figure 10. Disparities in Providing Quality Care to Patients¹ Are Reduced with Medicaid–Medicare Physician Payment Parity

■ Unadjusted percent

□ Predicted if Medicaid physician payments raised to Medicare levels²



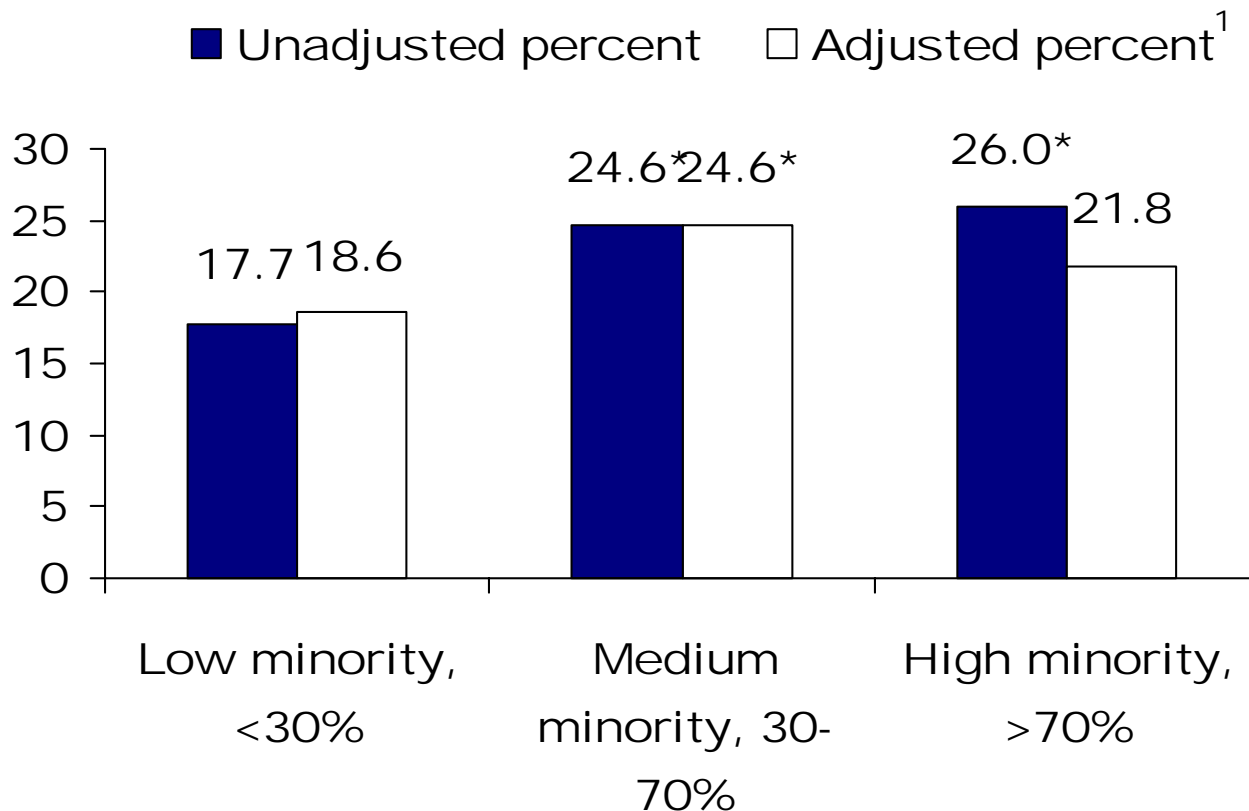
Source: HSC Community Tracking Study Physician Survey, 2004–05.

¹ Based on disagreement with the statement, “It is possible to provide high-quality care to all my patients.”

² These simulations are based on regression models; from J. D. Reschovsky and A. S. O’Malley, “Do Primary Care Physicians Treating Minority Patients Report Problems Delivering High-Quality Care,” *Health Affairs*, 26(3):w222–w231 (published online Apr. 22, 2008).

* Differs from physicians in low-minority practices at $p \leq 0.05$. No significance tests for simulated values provided.

Figure 11. Physicians in Higher-Minority Practices Are More Likely to Report Inadequate Time with Patients During Office Visits—Explained in Part by the Lower Resource Levels of High-Minority Practices



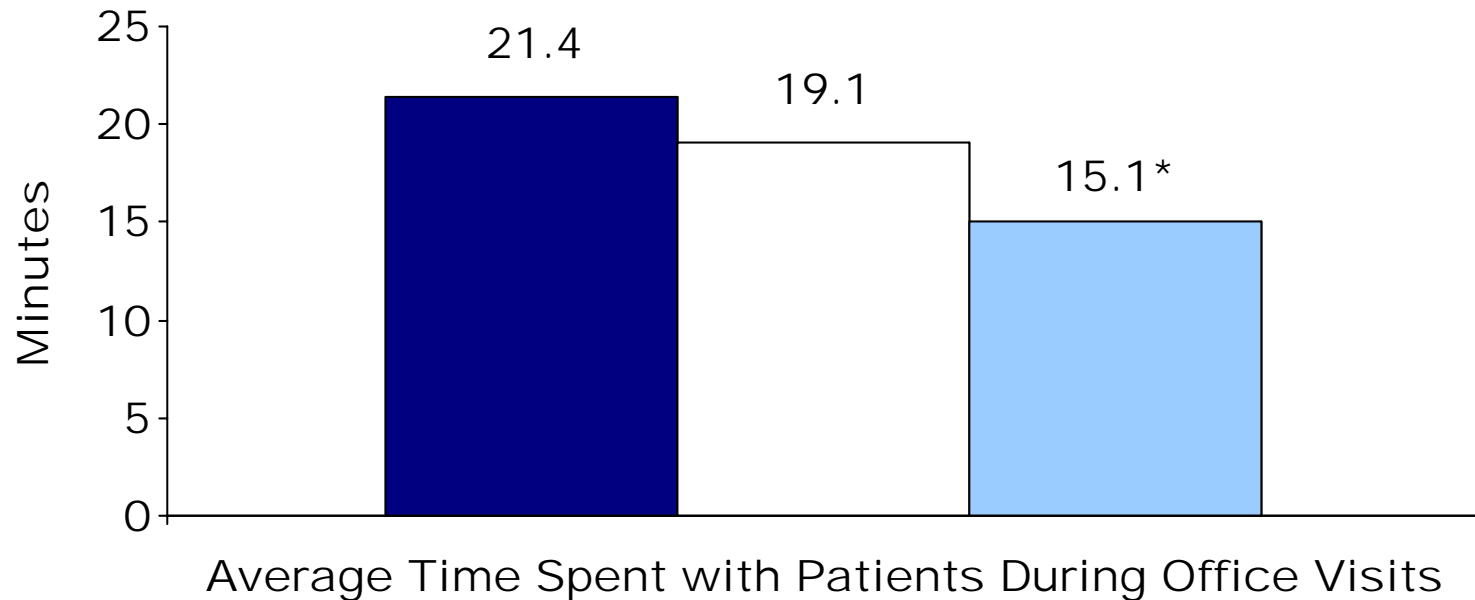
Source: HSC Community Tracking Study Physician Survey, 2004–05.

¹ Adjusted for practice resource levels (payer mix, reimbursement levels, and interactions between the two).

* Differs from physicians in low-minority practices at $p \leq 0.05$.

Figure 12. Consistent with Physician Reports of Inadequate Time with Patients, Office Visits in Higher-Minority Practices Are Shorter

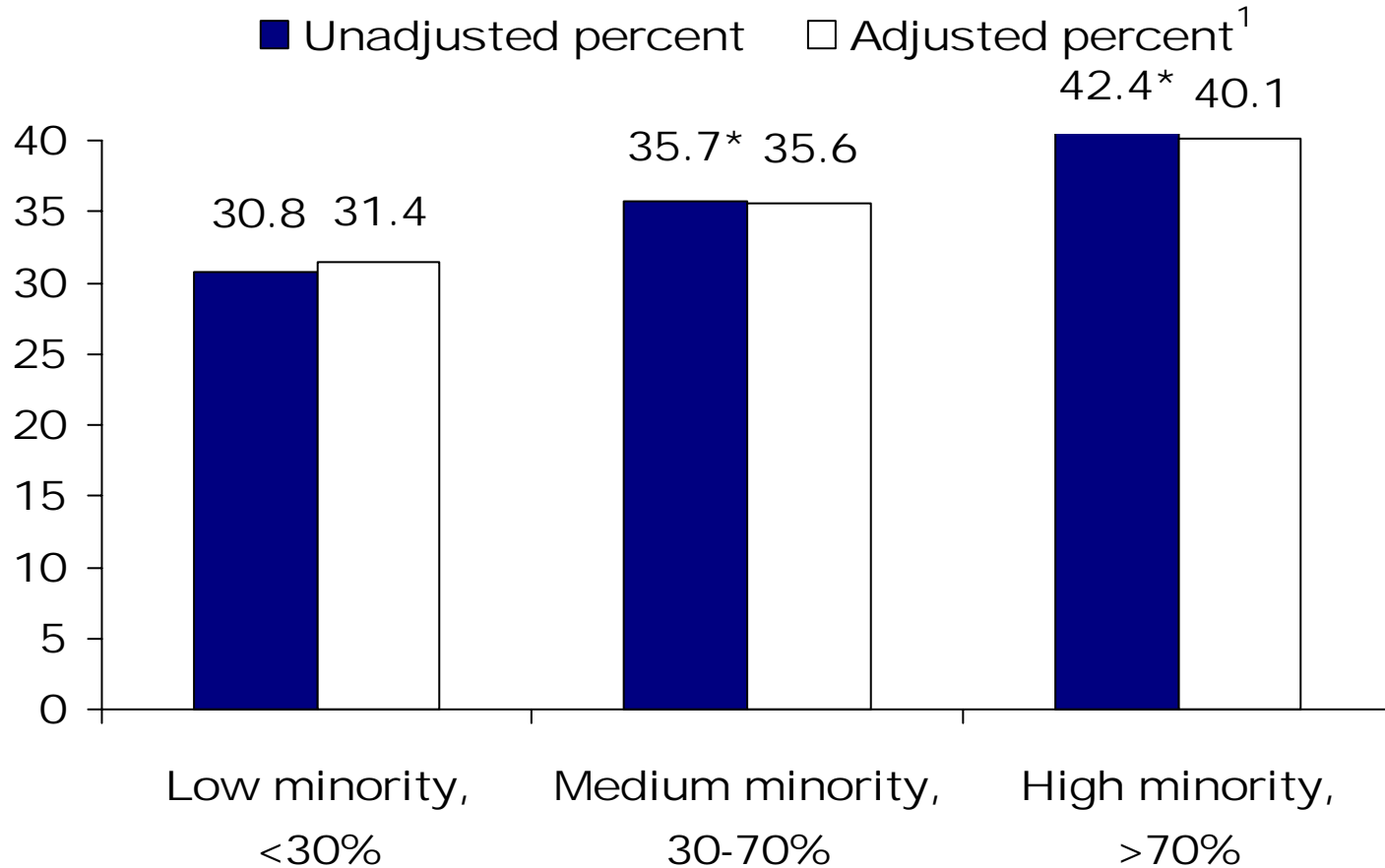
■ Low minority, <30% □ Medium minority, 30-70% ■ High minority, >70%



Source: HSC Community Tracking Study Physician Survey, 2004–05.

* Differs from physicians in low-minority practices at $p \leq 0.05$.

Figure 13. Physicians with More Minority Patients Report Greater Difficulty Obtaining Specialty Care

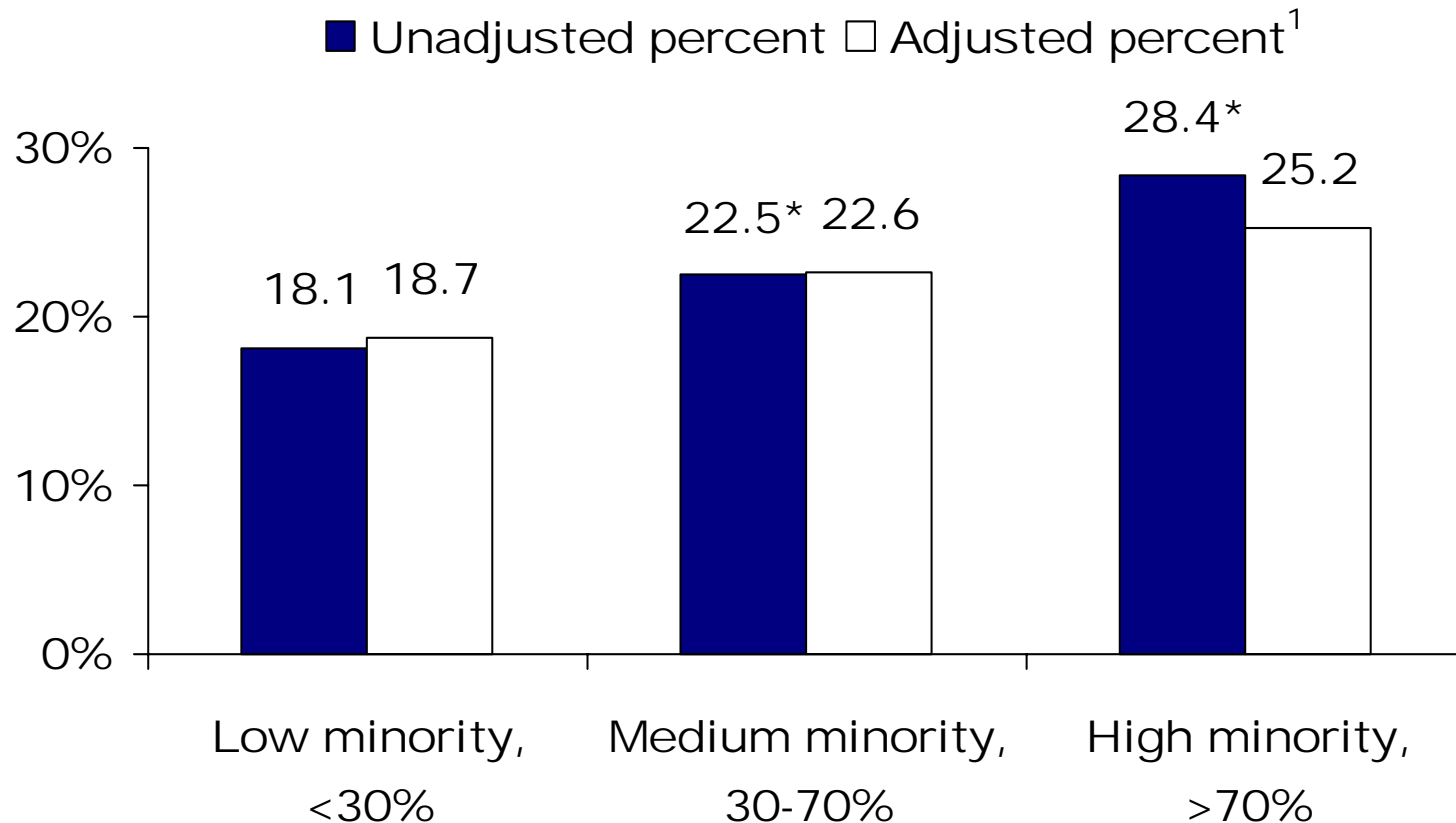


Source: HSC Community Tracking Study Physician Survey, 2004–05.

¹ Adjusted for practice resource levels (payer mix, reimbursement levels, and interactions between the two).

* Differs from physicians in low-minority practices at $p \leq 0.05$.

Figure 14. Physicians with More Minority Patients Are More Likely to Report That the Scope of Care They Are Expected to Treat Without Referral Is Too Broad

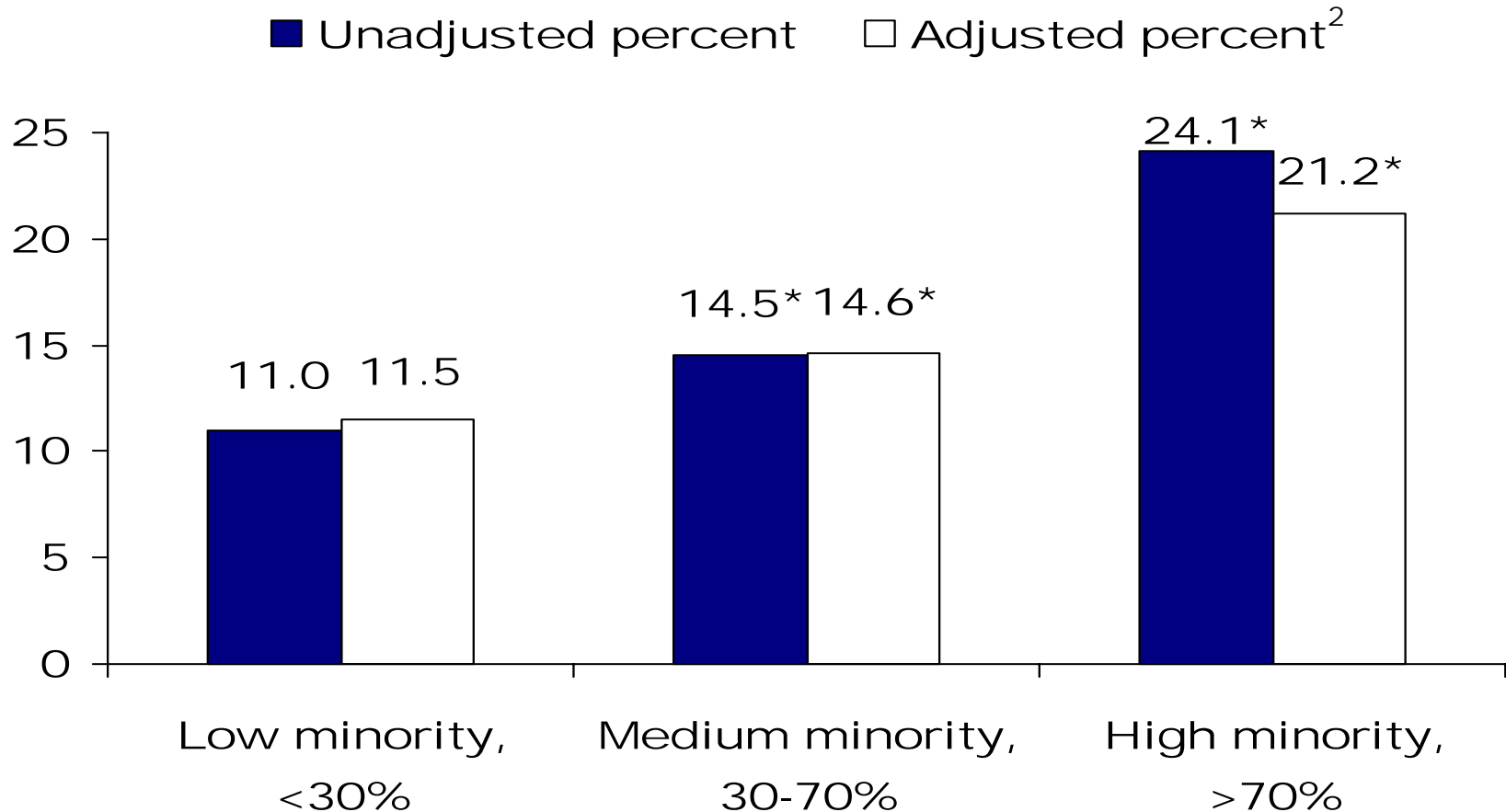


Source: HSC Community Tracking Study Physician Survey, 2004–05.

¹ Adjusted for practice resource levels (payer mix, reimbursement levels, and interactions between the two).

* Differs from physicians in low-minority practices at $p \leq 0.05$.

Figure 15. Physicians in High-Minority Practices Face a Greater Challenge Coordinating Care¹ Than Those Treating Fewer Minorities—in Part Attributable to Lower Practice Resources



Source: HSC Community Tracking Study Physician Survey, 2004–05.

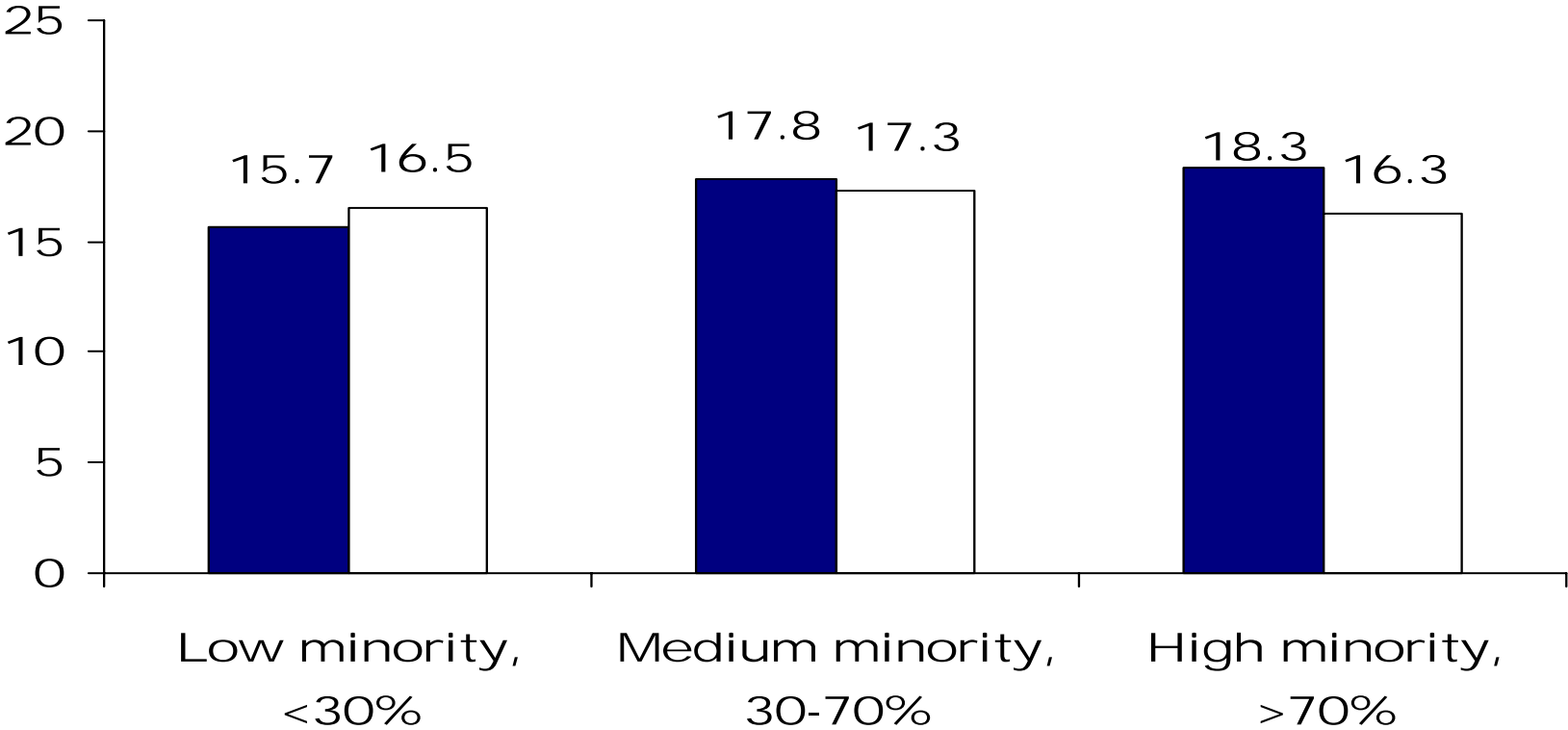
¹ As indicated by the percent reporting not getting timely reports from other providers is a major problem affecting quality.

² Adjusted for practice resource levels (payer mix, reimbursement levels, and interactions between the two).

* Differs from physicians in low-minority practices at $p \leq 0.05$.

Figure 16. Physicians in High-Minority Practices Do Not Report Greater Difficulties Maintaining Continuity of Care with Patients Than Those Treating Fewer Minority Patients¹

■ Unadjusted percent □ Adjusted percent²



Source: HSC Community Tracking Study Physician Survey, 2004–05.

¹ As indicated by the percent disagreeing with the statement “It is possible to maintain the kind of continuing relationship with patients over time that promote the delivery of high quality care.”

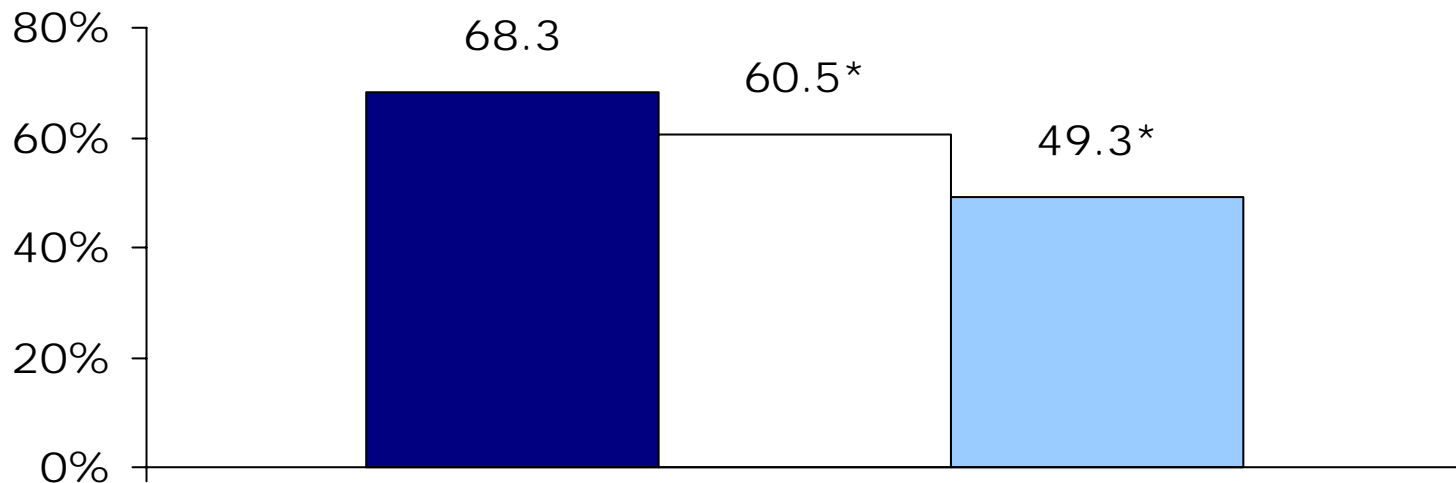
² Adjusted for practice resource levels (payer mix, reimbursement levels, and interactions between the two).

* Differs from physicians in low-minority practices at $p \leq 0.05$.

High-minority practices have better access to outpatient mental health services.

Figure 17. There Are Fewer Reports of Difficulties Obtaining Outpatient Mental Health Services in High-Minority Practices

■ Low minority <30% □ Medium minority 30-70% ■ High minority >70%



Percent Reporting Problems Obtaining Outpatient Mental Health Services for Patients

Source: HSC Community Tracking Study Physician Survey, 2004–05.

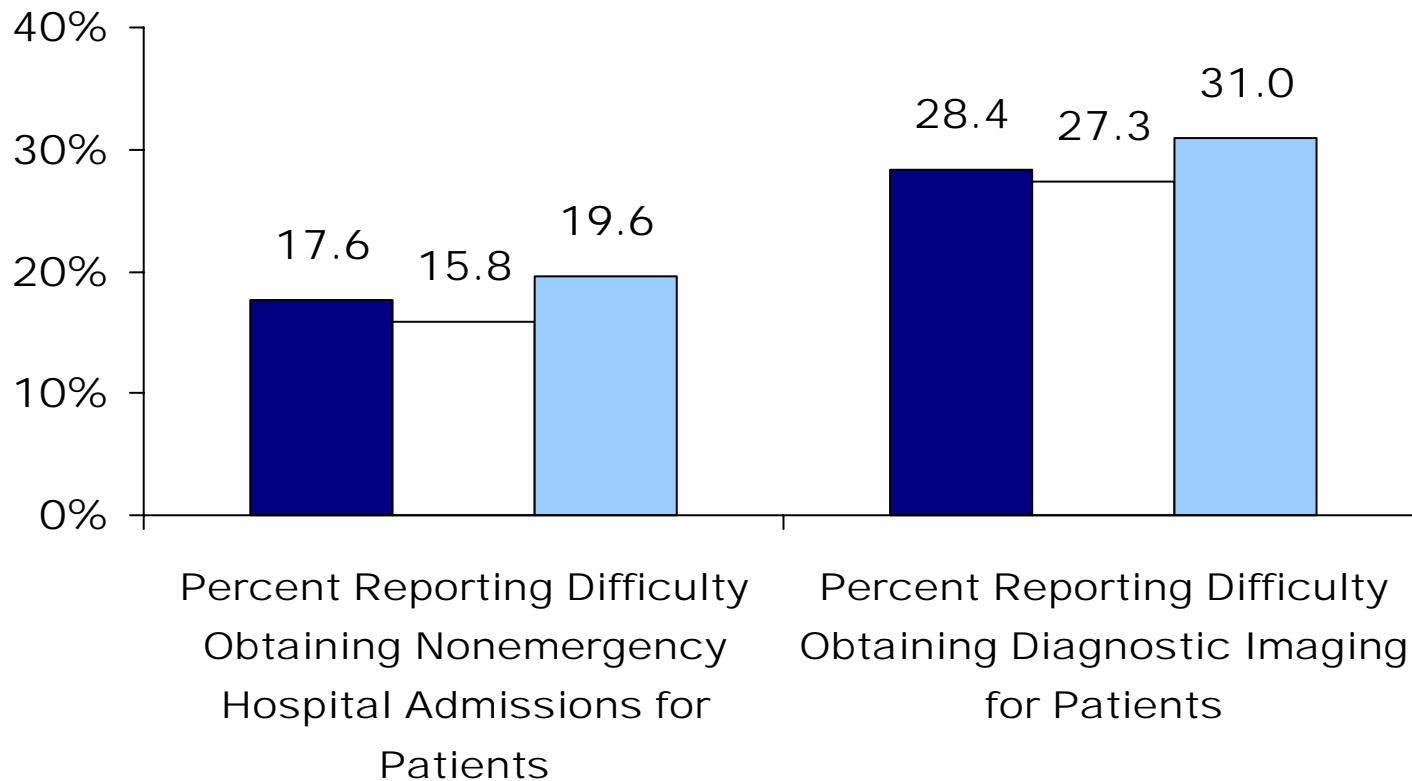
* Differs from physicians in low-minority practices at $p \leq 0.05$.

The percent of minority patients in a practice is not associated with reports of difficulties accessing other types of services for patients.

Indicators of practice resources (payer mix and reimbursement levels) have little impact on these reports.

Figure 18. There Are No Disparities with Regard to Reported Problems Obtaining Nonemergency Hospital Admissions or Diagnostic Imaging

■ Low minority <30% □ Medium minority 30-70% ■ High minority >70%



Source: HSC Community Tracking Study Physician Survey, 2004–05.

* Differs from physicians in low-minority practices at $p \leq 0.05$.

Conclusions

- The care of minority patients is concentrated in practices whose physicians treat many other minority patients.
- High-minority practices appear to have less adequate resources, as indicated by their payer mix, reimbursements, and incomes.
- Primary care physicians' ability to effectively function as their patients medical homes—coordinating care, obtaining specialty referrals, spending adequate time with patients—is more difficult in higher-minority practices. For those physicians with predominantly minority patients, resource levels appear to explain some of this association.

Policy Remedies

- Increase resources for physician practices that predominantly treat low-income/high-minority populations through:
 - Health insurance coverage expansions
 - Greater subsidies to encourage physicians (including specialists) to serve in low-income, high-minority areas
 - Increased Medicaid payments to physicians
 - Practice supports for medical home functions.