

# **Racial and Ethnic Minority Primary Care Providers: Improving Access and Patient- Provider Communication**

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# Background

- Data from the late 1980's and early 1990's demonstrated that
  - Minority and indigent patients depend upon minority providers for much health care
  - Minority patients with racially or ethnically concordant providers sometimes report better communication and satisfaction.
- Since then,
  - Both patients and providers have become more diverse
  - Cultural competency and disparities reduction initiatives have become more universal.

# Research Questions

- In the modern day,
  - Do minority and indigent patients still depend upon minority providers for health care?
  - Is racial and ethnic concordance still important for enhancing patient-provider communication and satisfaction?

# Methods

- Data: 2002-2004 Medical Expenditure Panel Survey
- Population: Adults with a usual primary care provider whom they would go to for
  - New health problems
  - Preventive health care
  - Referrals to other health professionals
  - Ongoing health problems

# Racial and Ethnic Concordance

- Respondents identified
  - Their ethnicity and race
    - Hispanic or non-Hispanic
    - White, Black, Asian, NHOPI, AI/AN, Other, Multiple
  - The ethnicity and race of their primary care provider using the same categories.
- Concordance occurs when the race and ethnicity of the respondent and provider match (excluding Other and Multiple race).

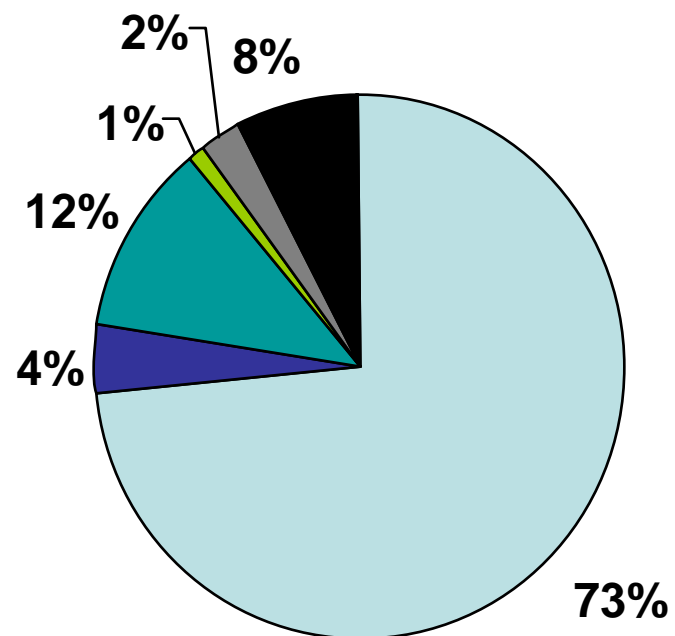
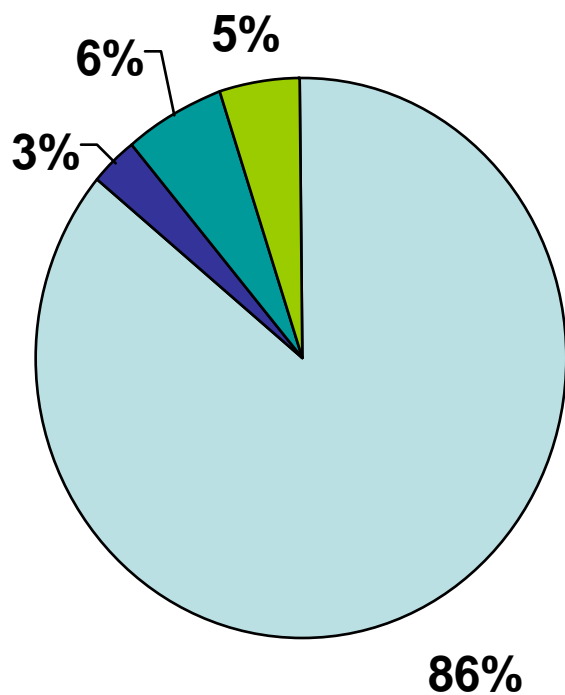
# Access to Care

- Underserved Populations
  - Low Income: Family income <200% federal poverty threshold
  - < High School Education
  - No Private Health Insurance: Uninsured or Publicly Insured
  - Self-reported poor or fair health
- Barriers to Care
  - Difficult to contact provider by phone
  - Difficult to contact provider after regular hours
  - No office hours at night or on weekends

# Patient-Provider Communication

- CAHPS measures: Providers sometimes or never
  - Listen carefully to you
  - Explain things in a way you could understand
  - Show respect for what you had to say
  - Spend enough time with you
  - Any of the above (Communication composite)
- Low rating of health care: 0 to 6 on scale from 0 to 10

The % of primary care providers identified as minority increased between 1987 (left) and 2002-2004 (right).

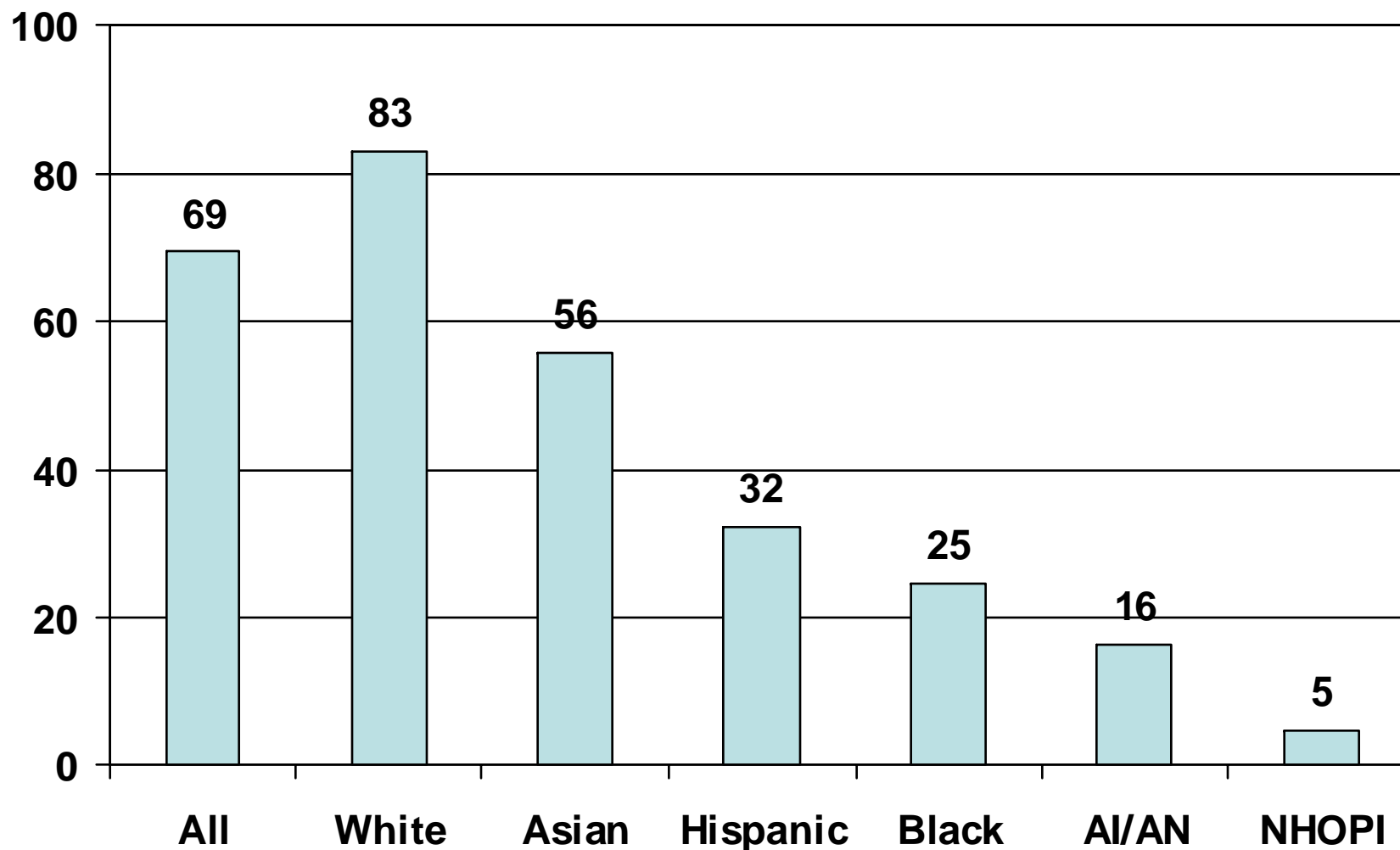


White Black Asian Other

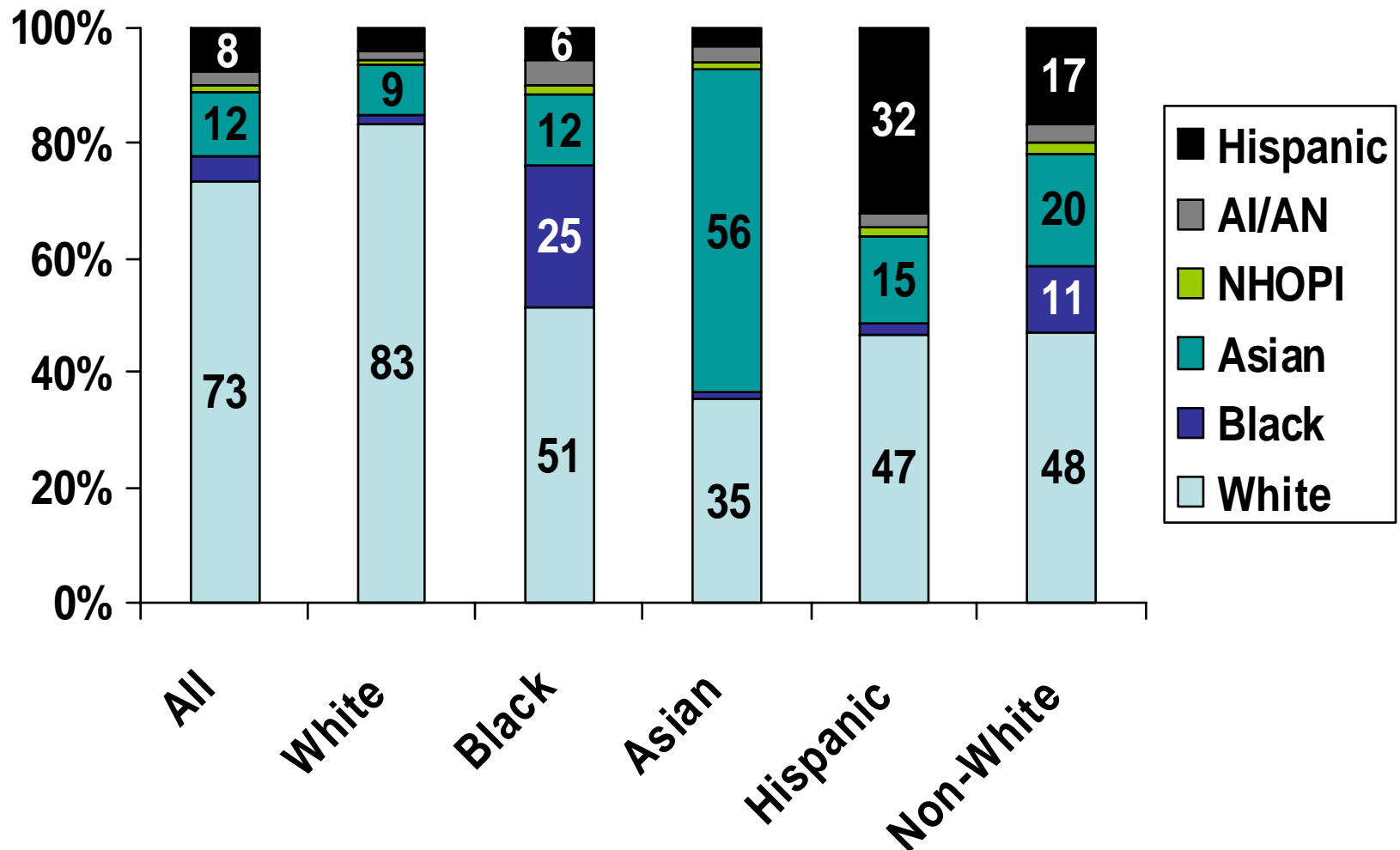
White Black Asian  
 NHOPI AI/AN Hispanic



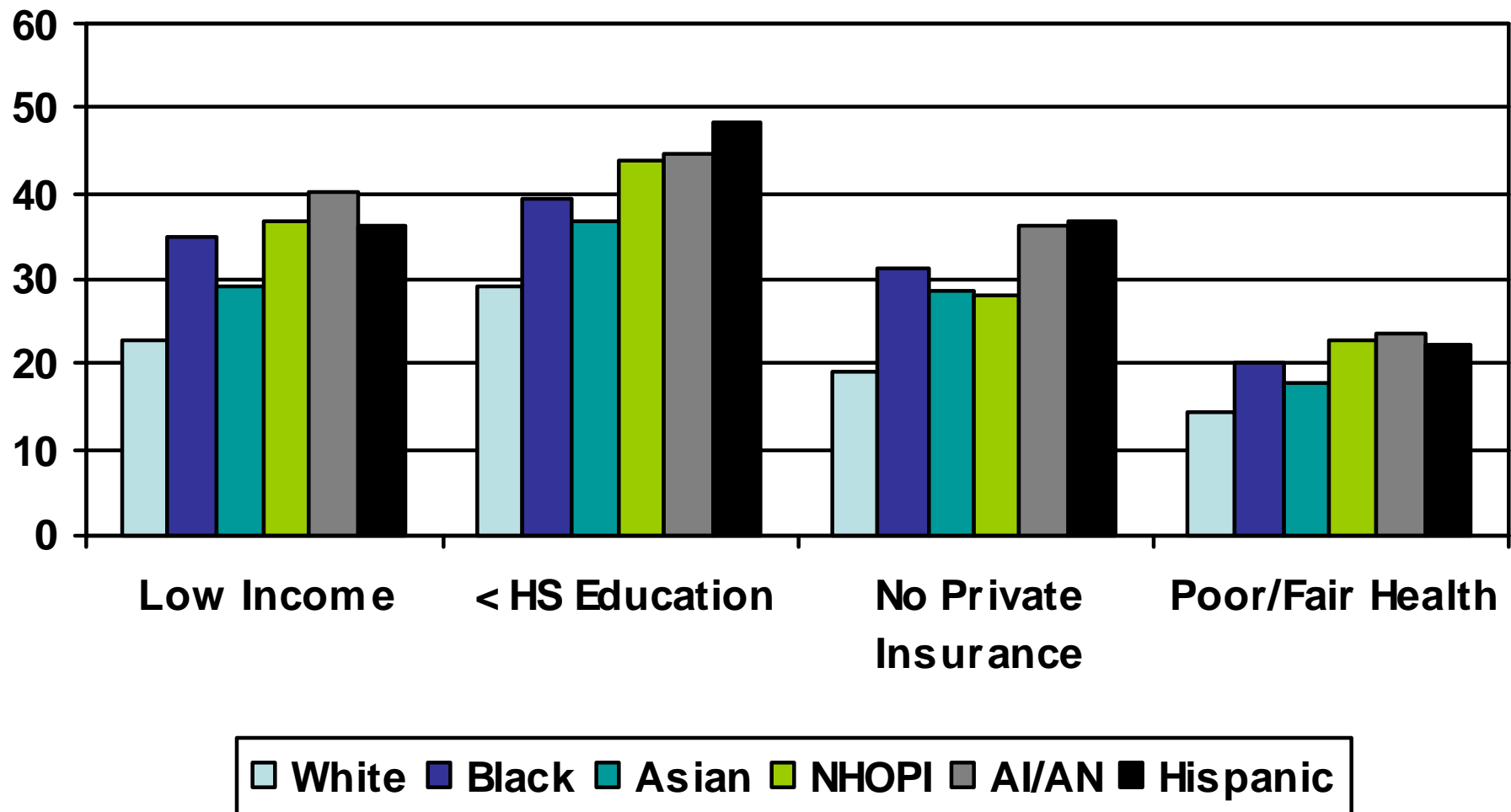
In 2002-2004, the % of patients with a racially concordant primary care provider varied by race and ethnicity.



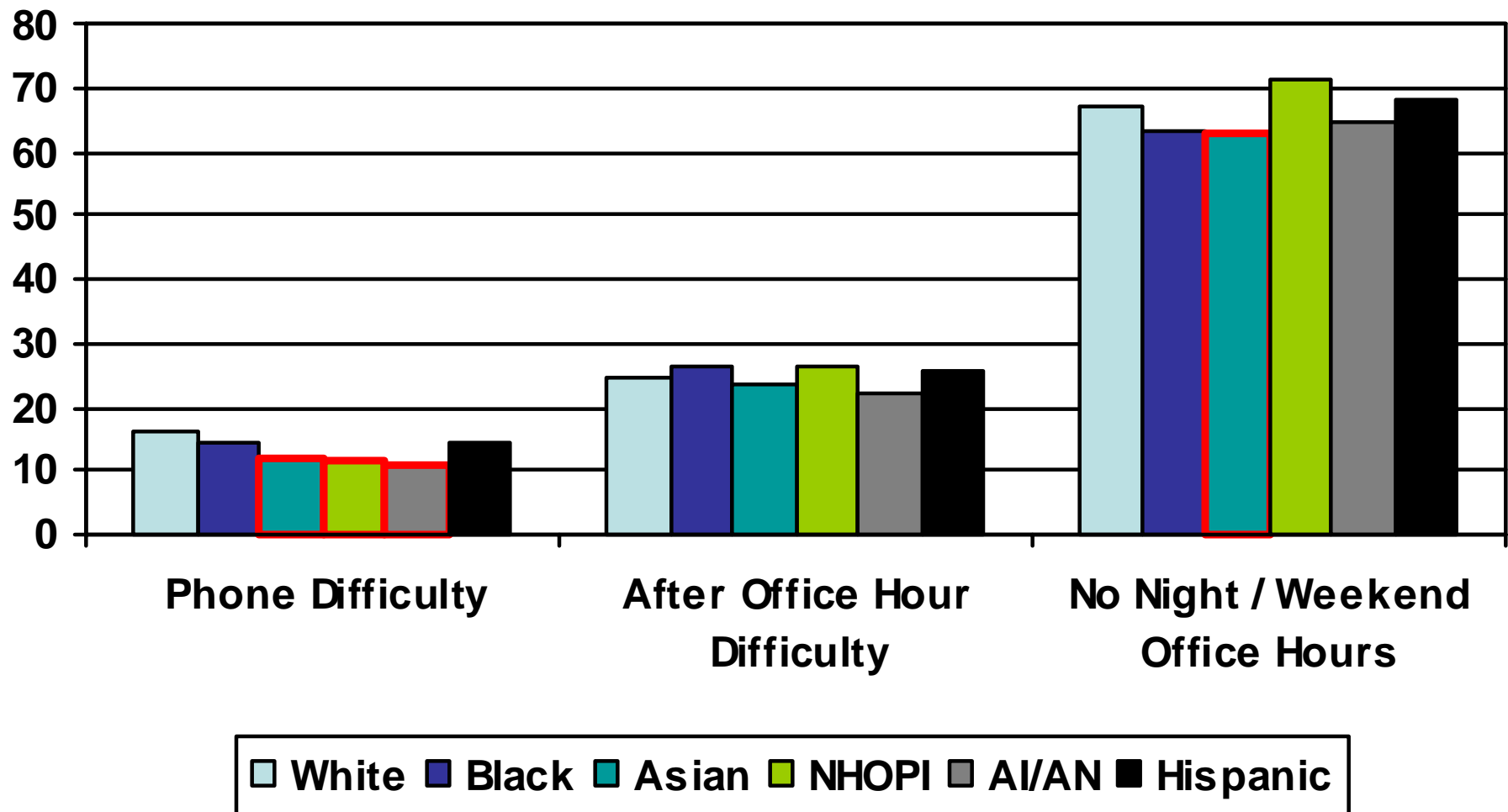
Minority providers often care for minority patients of many races. Overall, half of non-white patients have non-white providers.



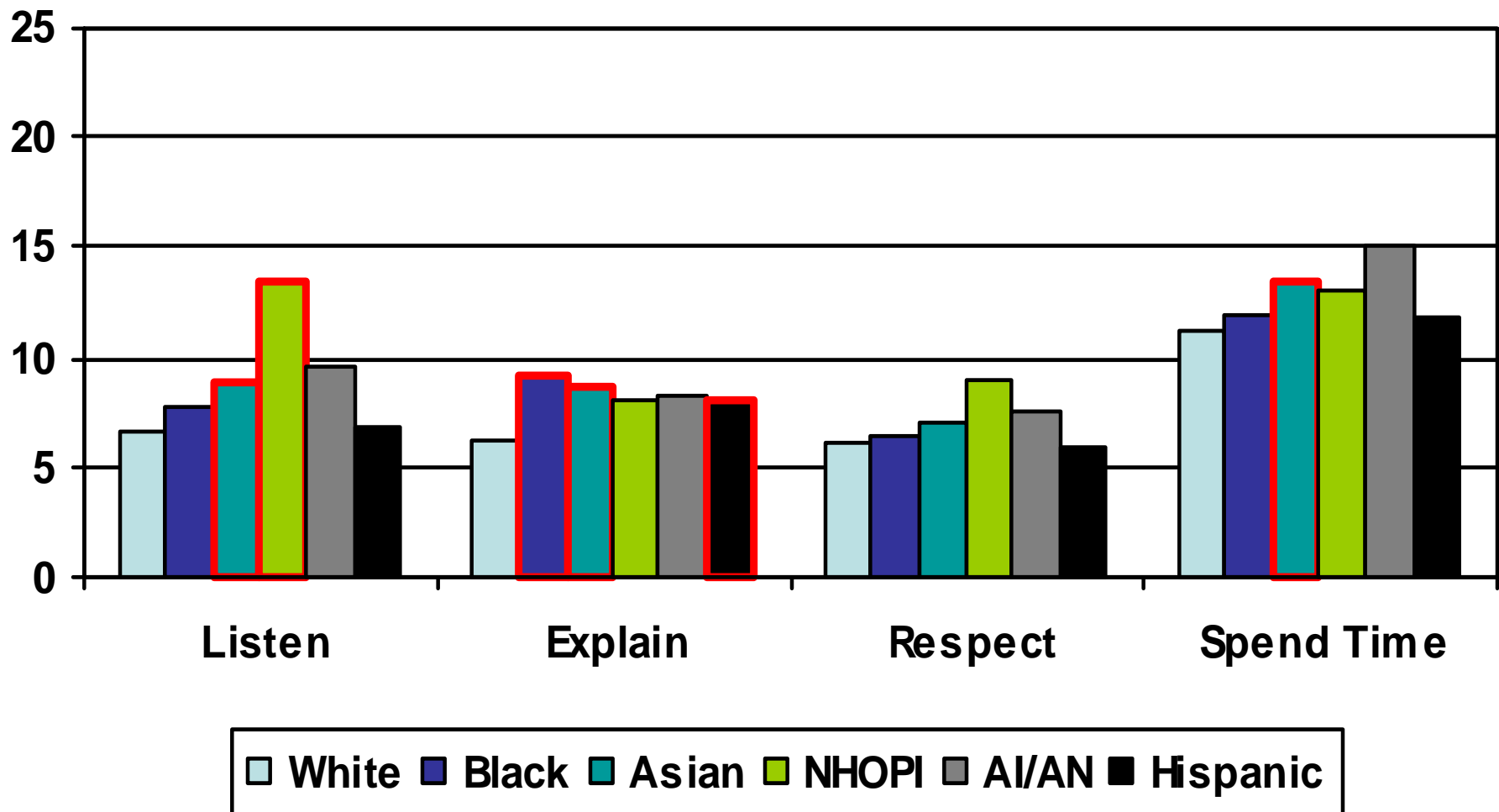
Minority primary care providers are also more likely to care for members of underserved populations.



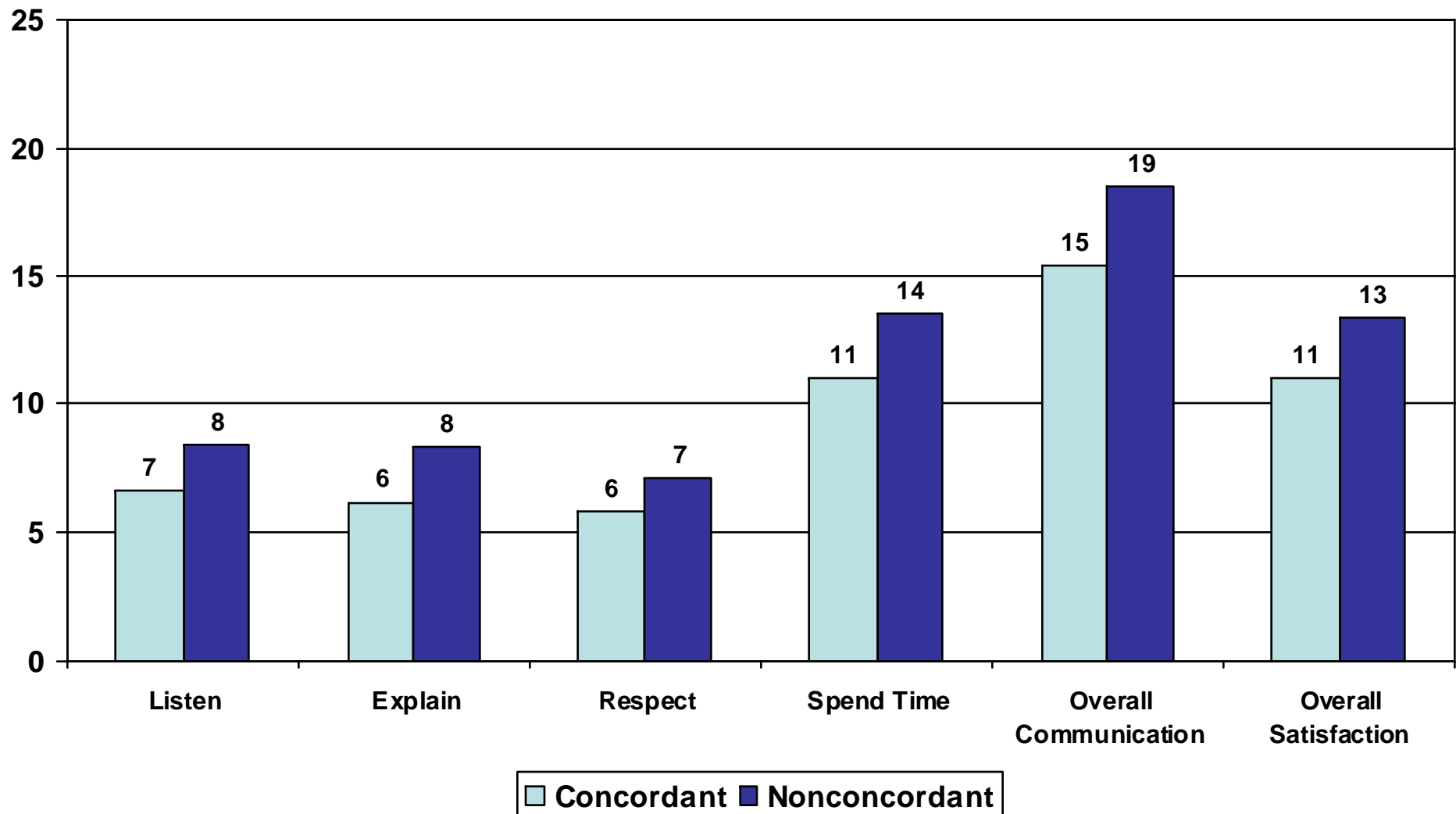
Patients with minority primary care providers are less likely to report some problems with access to care.



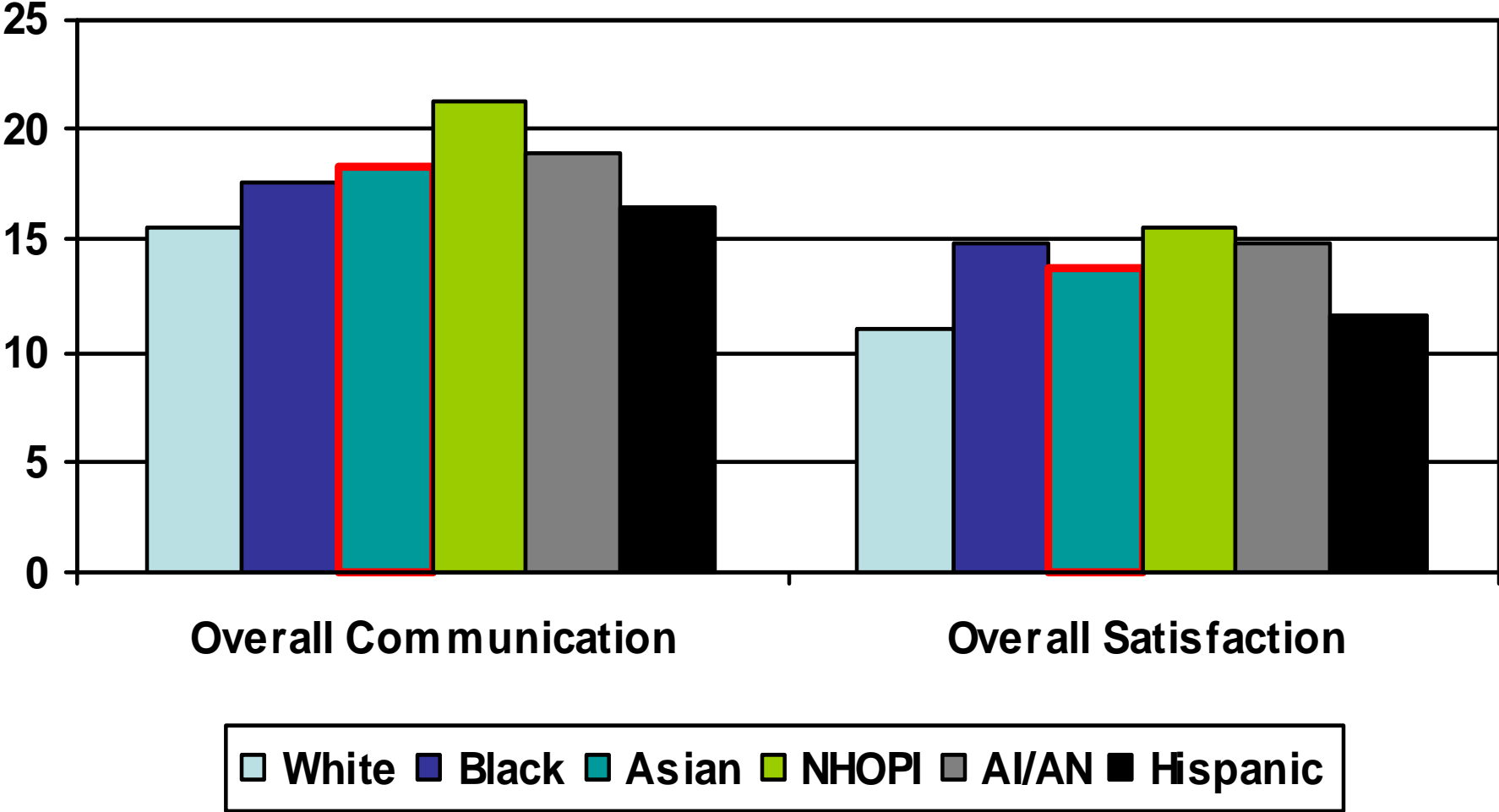
Patients with minority primary care providers are more likely to report some problems with communication.



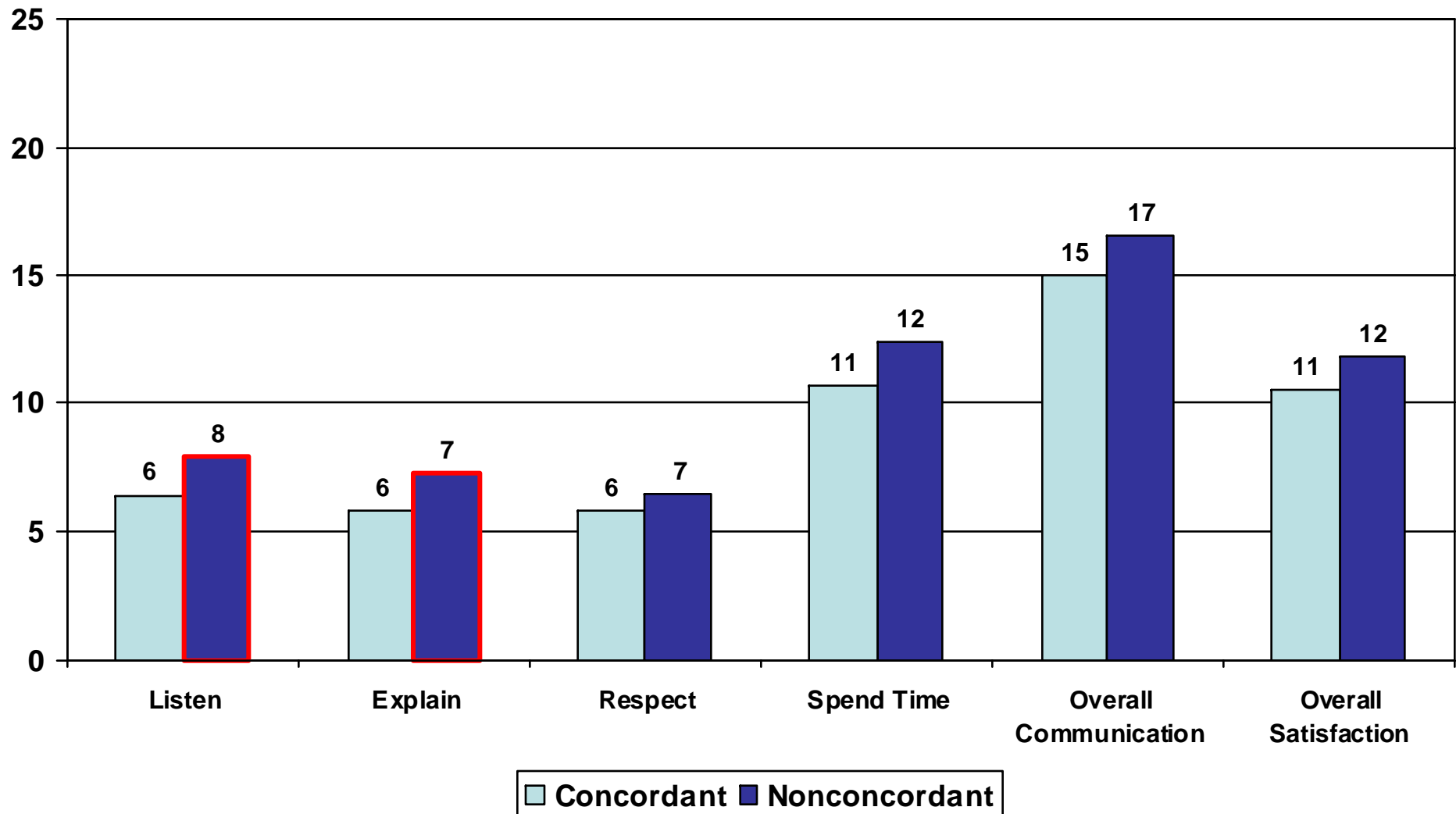
# Patients with racially concordant providers are less likely to report problems with communication and satisfaction.



Patients with Asian primary care providers are more likely to report problems with overall communication and satisfaction.

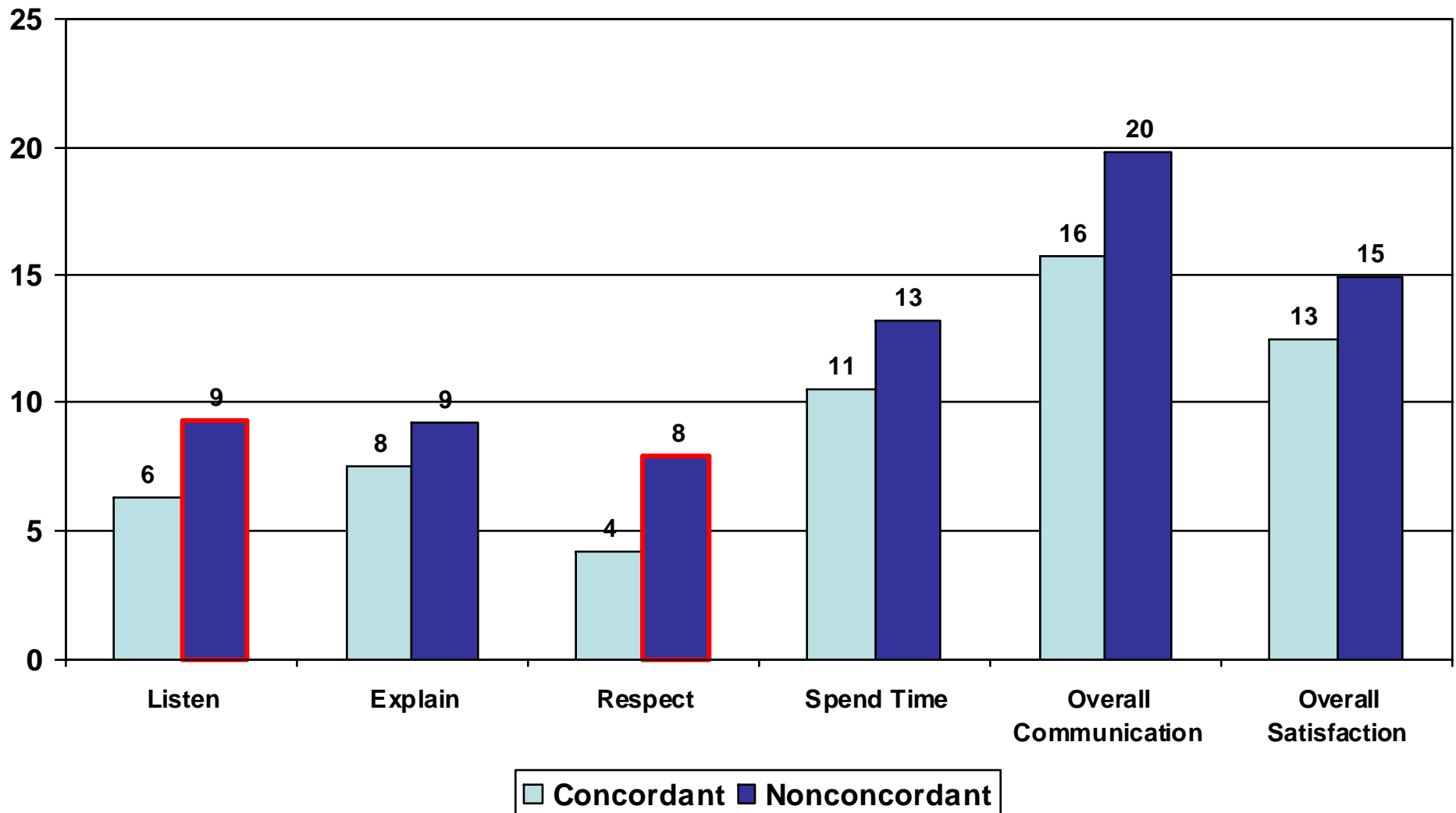


White patients with racially concordant providers are less likely to report problems with provider listening and explaining.

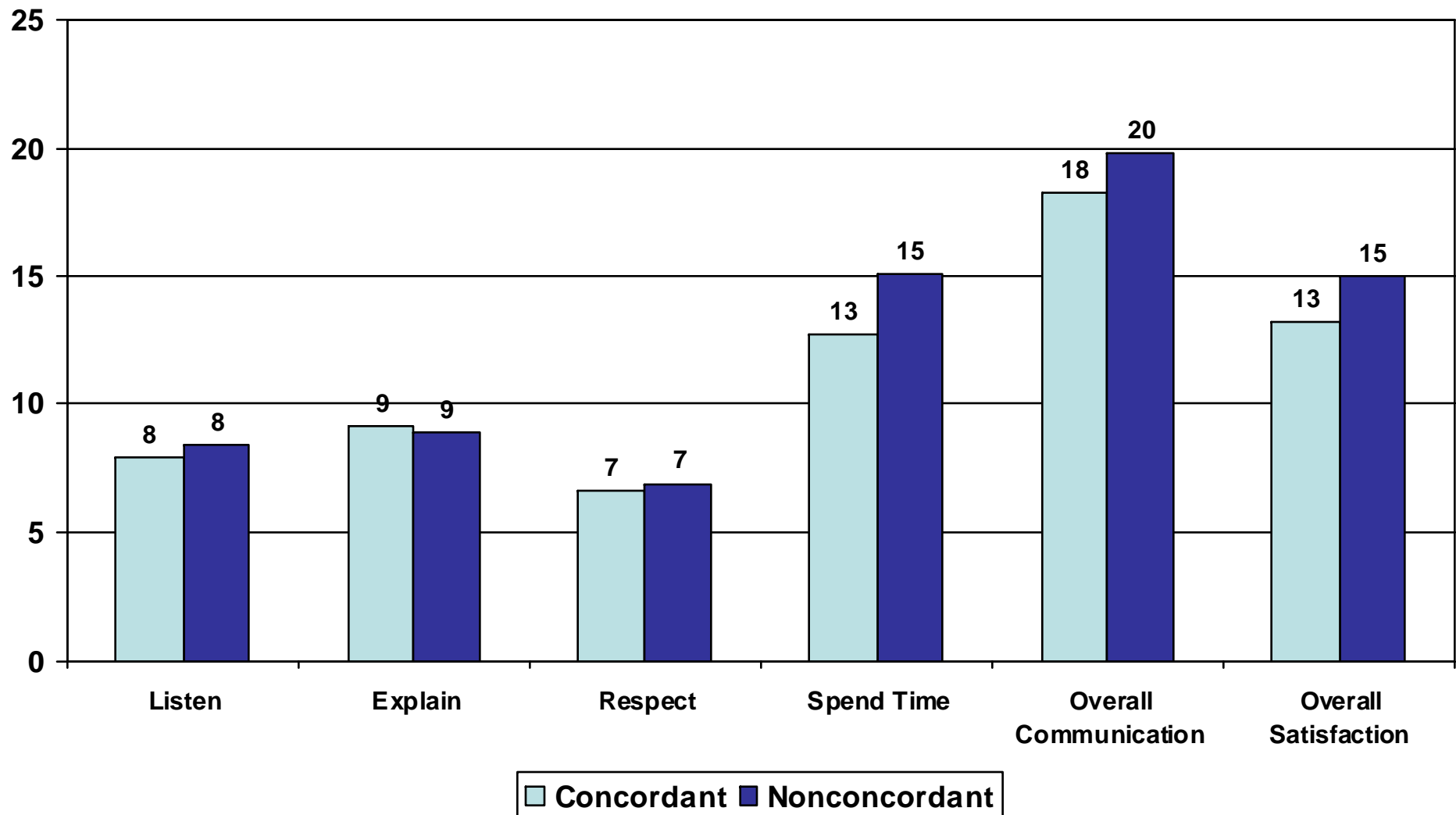




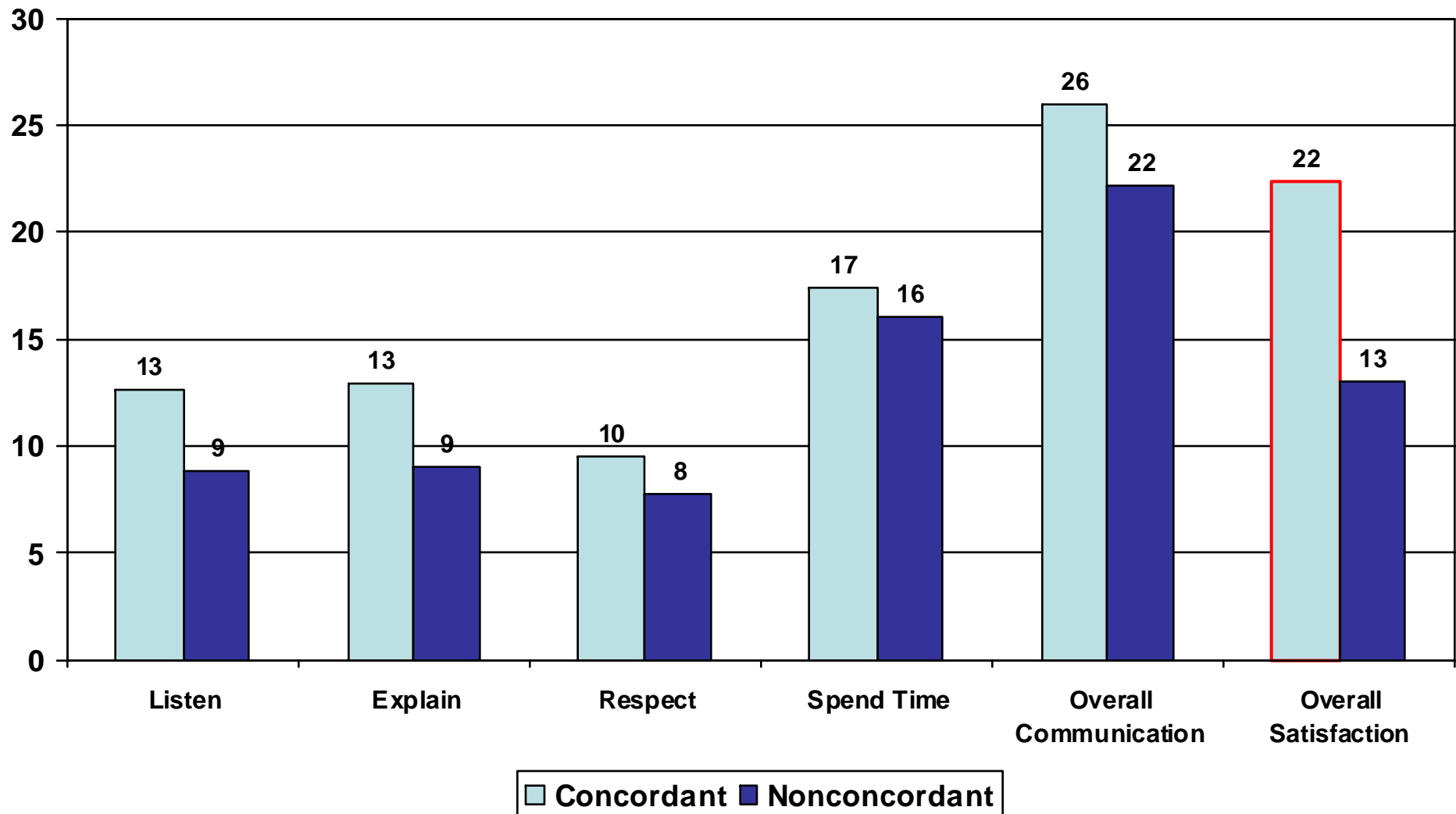
Black patients with racially concordant providers are less likely to report problems with provider listening and respect.



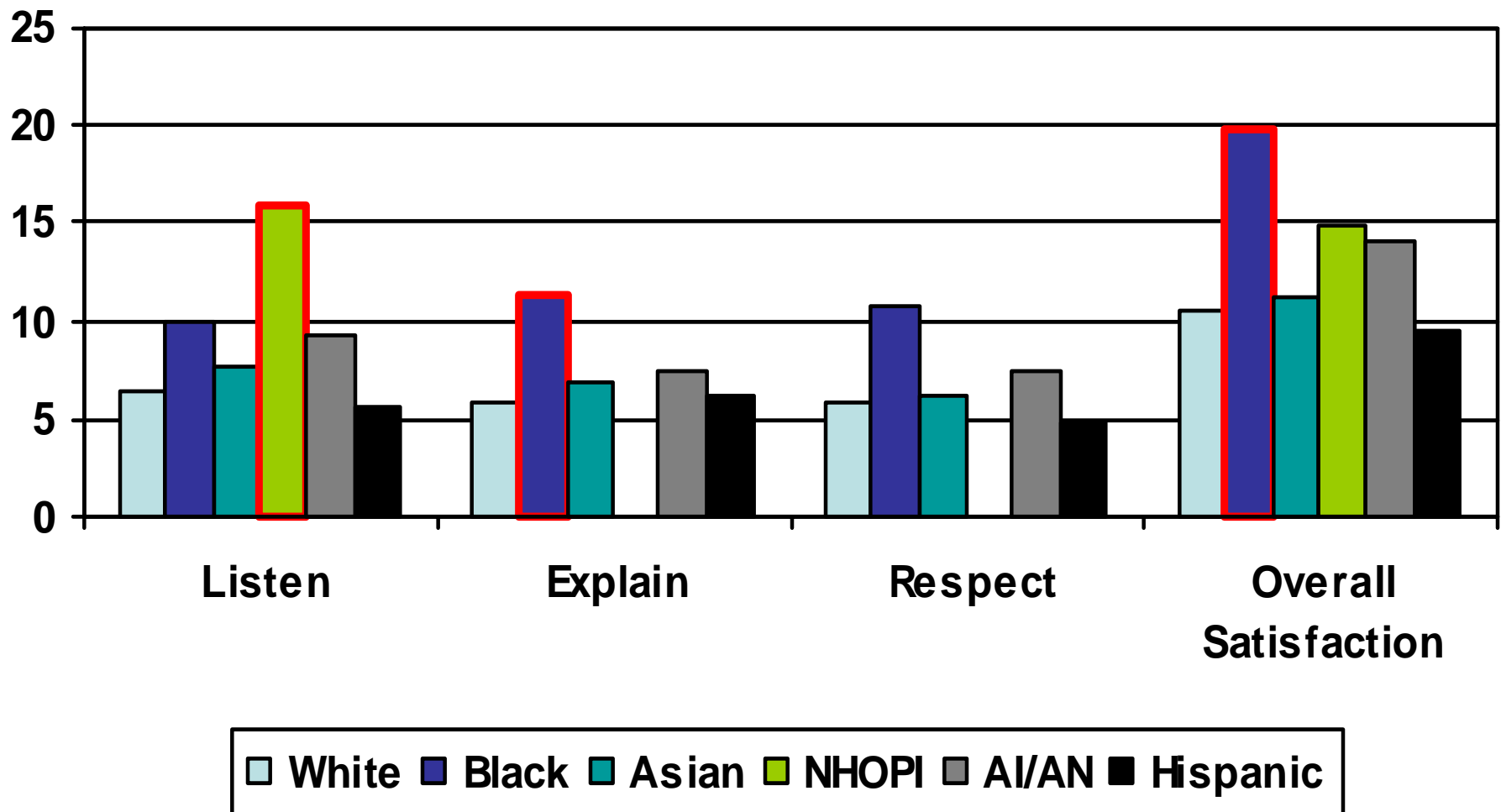
# Hispanic patients' problems with communication and satisfaction do not vary with the racial concordance of providers.



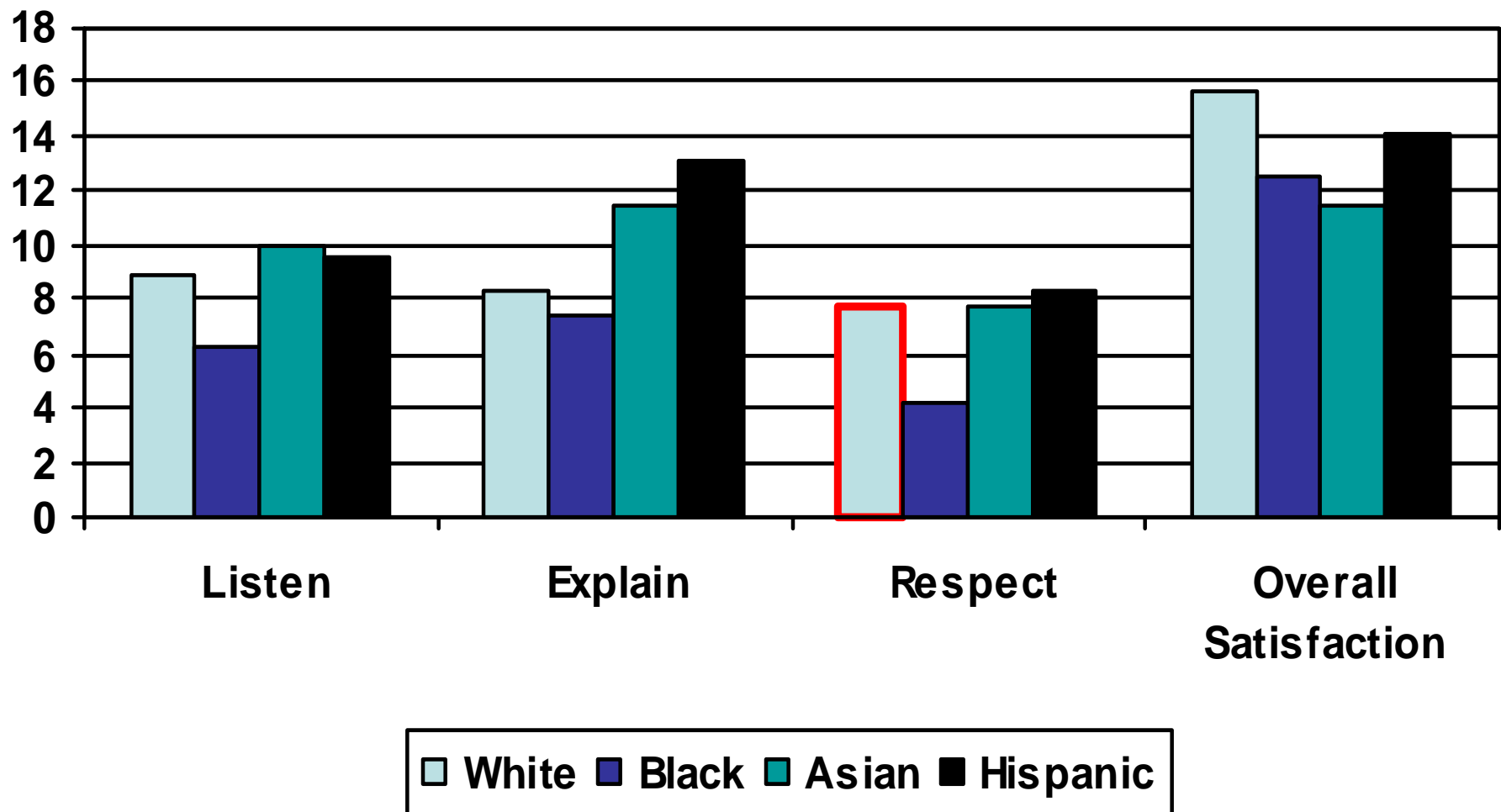
Asian patients with racially concordant primary care providers are more likely to report problems with satisfaction.



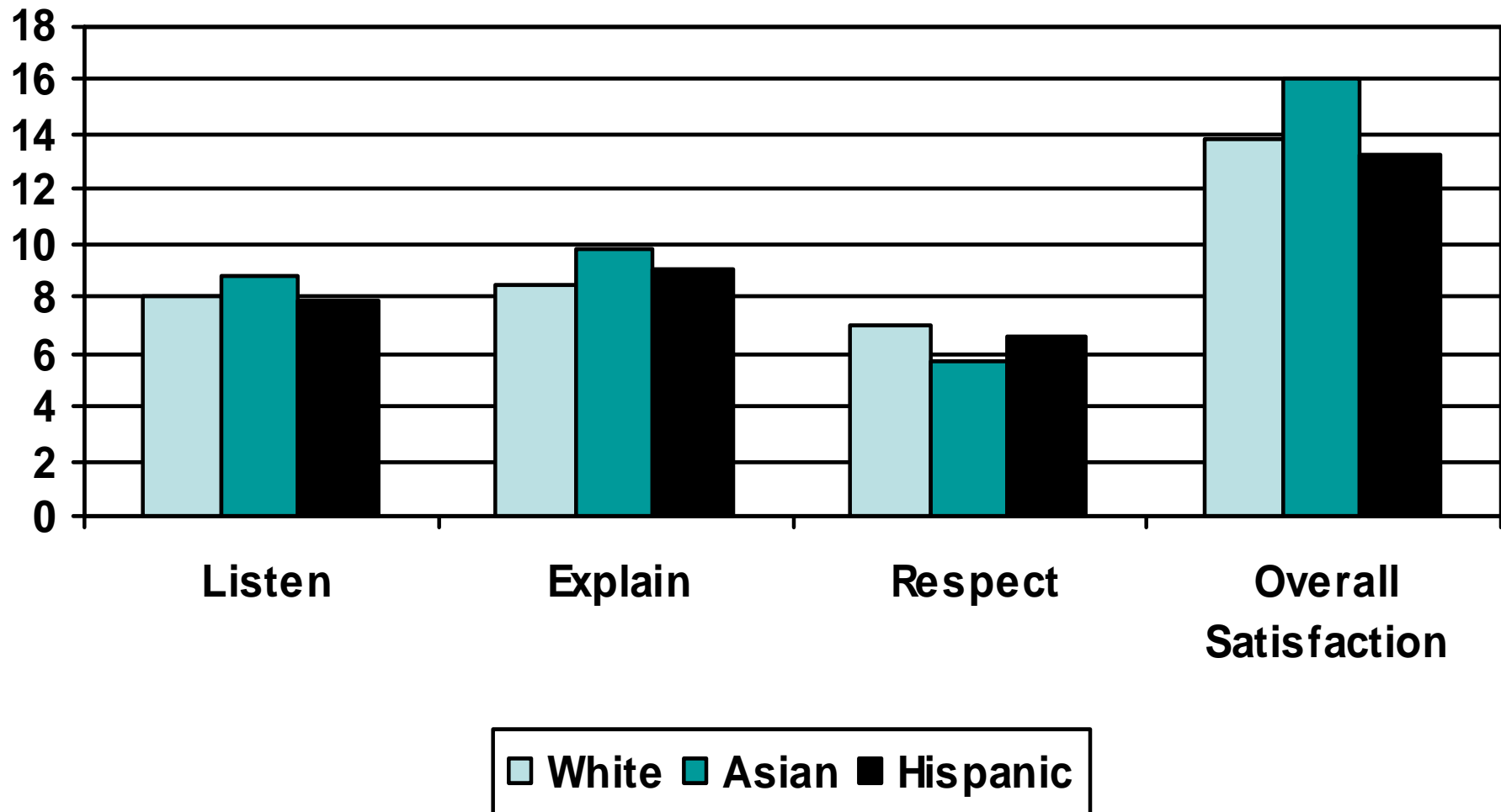
White patients with Black or NHOPI providers are more likely to report some problems with communication and satisfaction.



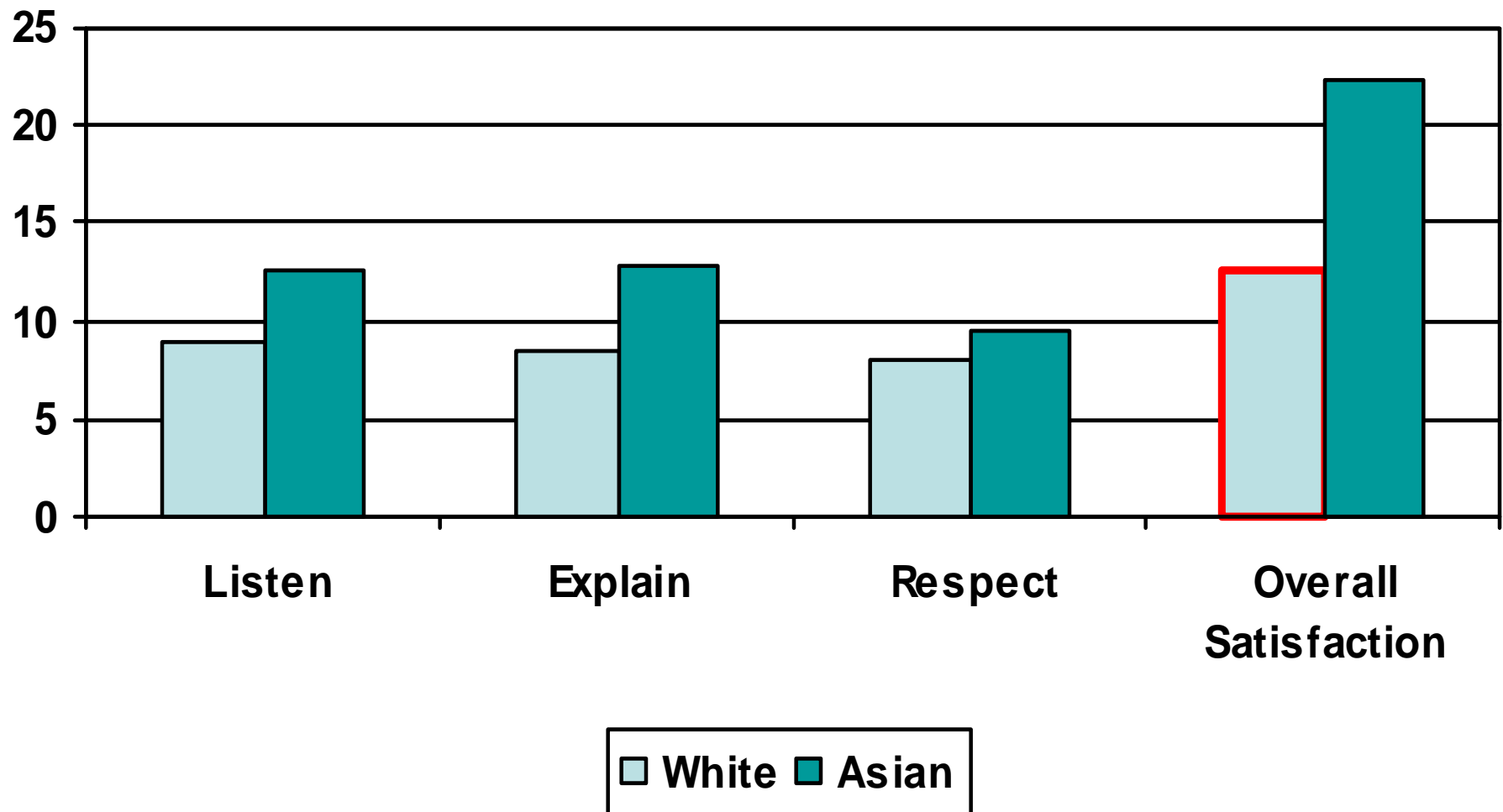
Black patients with white primary care providers are more likely to report problems with respect.



Hispanic patients' problems with communication and satisfaction did not vary with the race of their primary care provider.



Asian patients with white primary care providers are less likely to report problems with satisfaction.



# Limitations

- Patient identification of primary care provider's race
  - Inaccuracy, biases of patient
  - Multiracial Components of Provider
- Duration and Site of care
- Patient expectations of primary care provider
- Variability within broad racial categories
  - Primary language
  - Immigration status
  - Subpopulation groups
- Access to care within population already having primary care provider



# Conclusions: Access

- Americans increasingly rely upon minority primary care providers.
- Minority providers disproportionately care for patients of their own race, other minorities, and other underserved populations.
- Patients of minority providers are less likely to report some problems with access.

# Conclusions: Communication

- Patients with concordant providers report fewer problems with communication, but specific problems vary by patient race
  - White patients report problems with provider listening and explaining
  - Black patients report problems with provider listening and respect
  - Asian patients report problems with satisfaction.
- Specific patient-provider combinations tend to have more problems
  - White patients with black or NHOPI providers
  - Black patients with white providers
  - Asian patients with Asian providers

# Implications

- The contribution of minority providers to improving access to care for underserved populations should be recognized.
- As patients and providers become more diverse, continued attention to cultural competency and patient-provider communication is warranted.
- Financial reimbursement mechanisms that incorporate patient ratings may penalize some minority providers.
- Targeting particular problems reported by specific patient groups may improve the effectiveness of communication training