Certain Minorities Face Longer Waits to See Primary Care Docs

Black and Hispanic patients who call for appointments are also more likely than whites to be asked about their insurance status.

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Timely care is key for good health outcomes. But a new study published in JAMA Network reveals providers schedule doctors' appointments for Black and Hispanic patients at later dates than for white patients. These new findings highlight one reason why racial and ethnic minority groups may experience worse health outcomes in the United States, reports Tulane University.

For the study, researchers recruited seven female callers who self-identified as non-Hispanic Black, non-Hispanic white or Hispanic. These women adopted a pseudonym that they felt signaled their gender, racial and ethnic identities and then called more than 800 primary care offices in Texas.

Callers introduced themselves by their pseudonym, said they were a new patient and asked to be scheduled for the next available appointment. (The women did not volunteer any additional information and used a standardized script to answer any questions asked by the scheduler.)

Black and Hispanic callers were more likely to be offered an appointment, but they were asked more often than white callers about their insurance status (44% more for Black callers and 25% more for Hispanic callers). In addition, patients who belonged to a racial or ethnic minority group received appointments further into the future than white callers.

"Schedulers may have believed that race and ethnicity were associated with insurance status, and those who asked about insurance appeared to be inquiring in response to race and ethnicity status," said Janna Wisniewski, PhD, an assistant professor of health policy and management at Tulane University School of Public Health and Tropical Medicine and the study's lead author. "Asking about insurance may imply scheduling staff's concern about the caller's ability to pay."

According to Wisniewski, bias training and mechanisms such as automated scheduling systems could help reduce barriers to care for Black and Hispanic patients. She also suggested that hospitals and clinics be routinely checked to determine whether these facilities may be "inadvertently discriminating based on race or ethnicity."

For related coverage, read "Blacks Die at Higher Rate in Minority Hospitals" and "Is Race an Issue

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