

## Insured African Americans more likely to use emergency room than other insured groups

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(PhysOrg.com) -- African Americans enrolled in HMOs are far more likely to use the ER and to delay getting needed prescription drugs than HMO-insured members of other racial and ethnic groups, a new study has found.

Health insurance, and the access it provides to a primary care physician, should reduce the use of a major driver of health care costs: the emergency room.

Yet in a policy brief released today by the UCLA Center for Health Policy Research, researchers found that in California, privately insured [African Americans](#) enrolled in HMOs are far more likely to use the ER and to delay getting needed [prescription drugs](#) than HMO-insured members of other racial and ethnic groups. The research was funded by the California Office of the Patient Advocate.

It's not that African Americans fail to see their doctors, researchers say. In fact, of all HMO enrollees, African Americans were the most likely to report seeing a doctor in the past year, according to the authors of the brief, "[African-Americans in Commercial HMOs Are More Likely to Delay Prescription Drugs and Use the Emergency Room.](#)"

Patient income and illness did not predict ER or prescription drug use either. Researchers found greater ER use and delays in getting prescription drugs even among African American HMO enrollees who were generally healthy and had higher incomes.

While the reasons behind the ER use and drug delays among African Americans are the subject of future research, lead author Dylan Roby, a research scientist with the UCLA Center for Health Policy Research, said the data suggests that the way health maintenance organizations or their contracted physicians provide care — and the way patients respond to that care — may create obstacles to timely primary care, as well as foster excessive use of the emergency room and delays in getting needed medications.

## **African Americans Depend on HMOs**

More than two-thirds of insured African Americans in California are enrolled in HMOs (67.3 percent, or 1.35 million), compared with 64.7 percent (4.5 million) of insured Latinos and 51.6 percent (8 million) of whites.

Using data from the 2007 California Health Interview Survey (CHIS), researchers found that African American patients enrolled in commercial HMO plans were more likely to delay getting needed prescription drugs. Those enrolled in commercial Kaiser Permanente plans were more likely to use the ER, they said.

"It's troubling, because it suggests that even if you are insured and well-off, you still may not be getting the care you need," Roby said. "It also suggests that HMOs that are designed to provide preventive care and to make sure people have their medications are not able to do so."

Kaiser Permanente is the most popular HMO among African Americans, with one-fourth of all insured African Americans enrolled in the Oakland-based insurance carrier. Despite HMO emphasis on preventive care, however, more than a quarter (25.4 percent) of all privately insured African Americans enrolled in a Kaiser Permanente plan used the emergency room in the past year — in contrast to 14 percent of Asian

American enrollees and 17.5 percent of Latinos.

The reasons could range from the relative affordability of [emergency-room](#) services to the ease of accessing those services, Roby said.

"If it takes days or weeks to get an appointment with your doctor and just hours to be seen in the ER, people might make the easier choice, especially if it is convenient and affordable," he said. "On the other hand, if someone knows their local ER is overcrowded and expensive, they may be more likely to wait and see their own doctor."

## **Delaying Needed Medicine**

Privately insured African American HMO enrollees also were notably more likely to delay getting needed prescription drugs. Prescription drug delays were about 10 percent higher for privately insured African Americans enrolled in non-Kaiser commercial HMO plans than for whites in comparable commercial plans.

Costs, geography and the pharmacy benefits offered by a given HMO may all inhibit the timely purchase of prescription drugs.

"We need to think about how the cost of prescriptions and delays in getting needed medications are compromising health status and quality of life," Roby said.

The research helps health advocates in California identify key health and health care issues for African American HMO members, said Sandra Perez, director of the California Office of the Patient Advocate. "This is the first step in understanding how HMOs can close the gaps in the quality of care and access they provide to their members."

Roby recommended an education campaign for both patient and

provider that would address appropriate use of the ER and [primary care](#) services, as well as the importance of medication adherence and getting prescribed medications and refills.

"African American HMO members need to be empowered to find a doctor they are comfortable with, while health plans need to make a greater effort to connect patients with that doctor," Roby said.

The policy brief was supported by a grant from the California Office of the Patient Advocate as part of a targeted educational outreach program.

Provided by University of California Los Angeles ([news](#) : [web](#))

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