

Physicians treating Latinos have high hurdles to jump, study shows

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Experts have written about health care disparities between Latinos and non-Latino whites, mostly from a policy standpoint. They've also looked at the same disparities from the perspective of the patient, in terms of access, use and the quality of health care.

But how do the physicians feel about the quality of care they provide? What challenges do doctors face in treating Latino [patients](#), compared with physicians whose patients are primarily white and non-Latino?

Research out of UCLA and the City University of New York has found that primary care physicians who treat Latinos are less likely than physicians treating primarily white patients to believe they can provide high-quality care. Among the reasons: inadequate time with patients, patients' lack of ability to afford care, patients not adhering to recommended treatments, and difficulties in communicating.

The study appears in the current edition of the journal *Health Affairs*.

Researchers used data from the 2008 Community Tracking Physician Survey, a nationally representative sample of U.S. physicians that included demographic information and patient characteristics.

"From this survey, we analyzed physicians' self-reported ability to provide high-quality care to Latinos and compared it to that of physicians treating primarily whites," said Arturo Vargas-Bustamante, an assistant professor of health services at the UCLA School of Public

Health and lead author of the study along with Jie Chen, an assistant professor at CUNY's College of Staten Island.

Latinos differ from other [minority patients](#) in their socioeconomic and demographic characteristics, as well as their patterns of [health care access](#), use and spending, Vargas-Bustamante said, and these differences are likely to influence physicians' perceptions of the quality of care they deliver.

Latinos represent more than 15 percent of the U.S. population, he noted, and they constitute the largest ethnic minority group in the country. And the Affordable Care Act of 2010, Vargas-Bustamante said, is likely to benefit larger proportions of minority individuals, particularly Latinos, who currently experience the highest uninsurance rate across racial and ethnic groups.

"We wanted to understand the challenges that providers face in delivering high-quality care to underserved populations," he said. "Overcoming such challenges will be critical to ensure that the insurance expansion under the Affordable Care Act will succeed in providing better health for all."

What the researchers found, Vargas-Bustamante said, was disturbing. Physicians who primarily treat Latino patients don't feel they can provide high-quality care. But in addition to the problems specific to Latinos, these physicians still must contend with all the common problems of providing [health care](#) regardless of ethnicity, including insurers' rejection of claim decisions, medical errors, a relative lack of available specialists and the lack of timely transmission of reports among [physicians](#).

Vargas-Bustamante noted that, when implemented, the [Affordable Care Act](#) can potentially address some of these quality challenges.

"An increased supply of medical personnel, for example, would allow [primary care physicians](#) to allocate more time to patients and improve follow-up," he said. "Also, more cultural competence will come from the strengthening of primary [care](#) providers, which would address problems with communicating and in improving treatment compliance."

The researchers received no outside funding for this study.

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