

Disparities in time spent seeking medical care in the United States

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Racial/ethnic minorities and unemployed individuals had a longer total time burden (time spent traveling to, waiting for and receiving ambulatory medical care) in a nationally representative study, although patients' face-to-face time with physicians tended not to vary, according to an article published online by *JAMA Internal Medicine*.

The Institute of Medicine has identified timeliness of care as a key quality aspect. Racial and socioeconomic disparities exist in the receipt of timely appointments and interventions. Disparities in time burden have received less attention.

Kristin N. Ray, M.D., M.S., of the University of Pittsburgh School of Medicine, and colleagues used data from the American Time Use Survey from 2005 to 2013 to identify those people reporting clinic time, which is time waiting for or obtaining medical care. For 3,787 survey respondents with clinic time, the authors determined associated travel time and total time, which is the sum of clinic time and travel time. Then the authors compared the time estimates with time spent with a physician collected from 2006 to 2010 by the National Ambulatory Medical Care Survey (n=150,022).

The results indicate that patients spent on average 123 minutes obtaining [medical care](#), including 86 minutes of clinic time and 38 minutes of travel time.

Clinic time was longer for racial/ethnic minorities, individuals with less

education and those who are unemployed. For example, clinic time for non-Hispanic whites was 80 minutes compared with 99 minutes for non-Hispanic black patients and 105 minutes for Hispanic patients. Clinic time was 94 minutes for unemployed individuals vs. 72 minutes for those with the highest hourly income.

Travel time also was longer for racial/ethnic minorities and unemployed individuals. For example, travel time for non-Hispanic whites was 36 minutes vs. 45 minutes for non-Hispanic black and Hispanic patients, while unemployed individuals had 41 minutes of [travel time](#) compared with 34 minutes for those with the highest hourly income, according to the results.

Face-to-face time with physicians averaged 20.5 minutes and did not vary by patient race/ethnicity, neighborhood income or rural/urban status, the authors report.

The authors note their study is limited by data that does not include health status, reasons for visits, severity of illness, insurance status or site of care, such as an emergency department or physician office.

"For individuals, excess time burden may create a disincentive to seeking care. Given that racial/ethnic minorities and unemployed persons disproportionately receive care at community health centers, the differences in clinic time may reflect the struggles of these centers to manage clinical appointments efficiently, as well as the consequences of obtaining care in walk-in clinics or emergency departments where appointments are not scheduled," the authors conclude.

In a related commentary, Joseph S. Ross, M.D., M.H.S., an associate editor of *JAMA Internal Medicine*, and Mitchell H. Katz M.D., a deputy editor of *JAMA Internal Medicine*, write: "This study characterizes a problem we all know to exist. We need additional work to assure the

timeliness and equitability of care through effective interventions to shorten the time spent waiting. "

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