Beyond skin deep—understanding disparities in dermatology services
26 September 2018

In a new study published in *JAMA Dermatology*, researchers from Case Western Reserve University School of Medicine and University Hospitals Cleveland Medical Center analyzed nine years of data from 183,054 dermatology patients across the country looking for demographic and socioeconomic patterns associated with use of dermatologic services. Credit: Case Western Reserve University School of Medicine

The odds of a black or Hispanic patient visiting an outpatient dermatologist are about half that of a white patient with the same skin condition, according to a new study in *JAMA Dermatology*. Patients most likely to receive outpatient dermatologic services in the study were white, educated women. The findings are among several that describe disparities in the use of outpatient dermatology services.

The new study includes nine years of data from 183,054 dermatology patients across the country. Researchers from Case Western Reserve University School of Medicine and University Hospitals Cleveland Medical Center analyzed the data looking for demographic and socioeconomic patterns associated with use of dermatologic services.

"Patients who were male, uninsured, Midwestern, insured by Medicaid/Medicare, or had a lower income or educational status were least likely to receive outpatient dermatologic care," said the study's first author, Raghav Tripathi, MPH, medical student at Case Western Reserve University School of Medicine. The odds of a man seeking treatment for a dermatologic condition were about two-thirds that of a woman. Across all patients, service utilization increased proportionately with education level and income.

More services for certain patients meant higher costs: the per capita expenditure for white patients ($210) was approximately three times that of black ($63) or Hispanic ($73) patients. While other variables might have had an impact, ethnic disparities still persisted after the researchers controlled for education level, income, insurance status and sex. "We were surprised by the magnitude of these differences," Tripathi said.

As demographics throughout the country become more diverse, understanding disparities in how patients use health services will be integral to developing policies that increase access to care. According to the authors, recent policies under the Patient Protection and Affordable Care Act
increased access to care for low-income and low-
education individuals, but did not significantly
improve disparities for specific ethnic groups. It also
did not increase access to specialized care, like
dermatology, for many demographics.

Said Tripathi, "We hope our findings will encourage hospitals and dermatology clinics to consider their own quality improvement measures, designed to increase access to care among their patients. These could include interventions for minority-specific care, such as having an onsite translator, including a financial counselor in the appointment, or increasing outreach in rural areas."


Provided by Case Western Reserve University

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.