

Who Prefers Specialty Care?

Wong MD, Asch SM, Anderson RM, et al. Racial and ethnic differences in patients' preferences for initial care by specialists. *Am J Med* 2004;116:613–20.

Study Overview

Objective. To assess racial and ethnic differences in preferences for specialty care and to determine if confidence in primary care physicians (PCPs) and health beliefs predict these differences.

Design. Cross-sectional cohort study.

Setting and participants. 849 patients presenting to their PCP at 3 outpatient practices (2 in Los Angeles and 1 in New York City) between November 1999 and February 2000. Subjects were approached for study participation while in the waiting room, and 646 (76%) patients consented to complete the surveys. The final cohort included 307 (48%) whites, 188 (29%) blacks, 59 (9%) Latinos, 58 (9%) Asians, and 34 (5%) patients with missing or other race.

Survey. Patients were asked if they would choose to see a specialist first for 1 of 4 scenarios: (1) subacute chest pain and shortness of breath, (2) subacute knee pain, (3) subacute pruritic rash, and (4) the patient's true complaint if it was a new problem. Patients also were asked to provide information on confidence in their PCP to care for their current illness, certainty in how they thought their condition should be managed, previous experiences with specialty care, and global ratings of their physician and health plan.

Main results. Averaged across the 4 scenarios, 13% of patients preferred to be evaluated first by a specialist, with no significant differences for each scenario. Significant positive predictors of preferring evaluation by a specialist included less overall trust in the PCP, less confidence in the PCP to treat the current illness, lower global ratings of the PCP, previous care by a specialist, and increased certainty about how the condition should be managed. After multivariate adjustment, blacks (risk ratio [RR], 0.55 [95% confidence interval {CI}, 0.20–0.92]) and Asians (RR, 0.46 [95% CI, 0.19–0.75]) were significantly less likely than whites to prefer initial evaluation by a specialist. Latinos also appeared less likely than whites to prefer initial specialist evaluation (RR, 0.65 [95% CI, 0.14–1.03]); however, this difference did not achieve statistical significance.

Conclusion. Blacks, Asians, and possibly Latinos prefer initial evaluation for a new illness by specialists less often than whites. These differences were not explained by confidence and trust in PCPs, previous experiences with specialty care, or personal preference on how the illness should be managed.

Commentary

Racial disparities are pervasive in our current health care system, with women and minorities much less likely than men and whites to receive beneficial treatments [1]. These differences in care exist after controlling for differences in education and income as well as for appropriateness of treatment. Prior studies have suggested that the small differences in patient preferences between racial groups do not explain the large differences in observed care; however, these studies have largely focused on patients already receiving specialty care (eg, patients on dialysis therapy for end-stage renal disease) [2].

The study by Wong and colleagues makes a significant contribution to our understanding of how patient preferences may drive observed differences in care by capturing patients early on in the evaluation process for relatively common conditions. Whereas previous work has focused on whether minority groups are less likely to desire high-cost procedures or therapies once a diagnosis is received, this study attempts to understand if these patients are less likely to desire initial evaluation by a specialist that ultimately would lead to such treatment. It appears that blacks, Asians, and Latinos all are less likely to desire initial evaluation by a specialist among this cohort of patients, thus highlighting another potential mechanism for disparities in our health care system.

While the authors have identified an important area for future research, it remains unclear from this analysis why minority groups were less likely to prefer initial specialty evaluation. The differences were not explained by patient experiences, beliefs, or concerns. It also is unknown whether preferring initial specialty evaluation leads to decreased access to specialty care over the course of an illness, as many patients may simply prefer to visit their PCP initially. Importantly, we do not know whether referral for specialty care was appropriate for each patient in these scenarios. Finally,

given the relatively low overall rates of desire for initial specialty evaluation (13%), it is unlikely that this particular mechanism will explain the large differences in care observed between different patient populations.

Applications for Clinical Practice

This study provides 2 valuable lessons for PCPs caring for diverse populations: (1) although patients most often do not prefer initial specialty evaluation, those that do are more likely to have previous experience with specialty care, less confidence in their PCP, and strong opinions regarding how their condition should be managed; and (2) minority popu-

lations may be less likely to prefer initial evaluation by specialists, and this option should be carefully explored with all patients when appropriate.

—Review by Thomas D. Sequist, MD

References

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2. Ayanian JZ, Cleary PD, Weissman JS, Epstein AM. The effect of patients' preferences on racial differences in access to renal transplantation. *N Engl J Med* 1999;341:1661-9.

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