

# Ethnic differences in appointment keeping affect health of diabetes patients

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Ethnic differences in appointment keeping may be an important factor in poor health outcomes among some minority patients with diabetes, according to a new study.

The researchers reviewed survey data and medical records for nearly 13,000 participants in the NIH-funded Diabetes Study of Northern California (DISTANCE) and found that some [minority groups](#) missed scheduled primary care appointments twice as often as others, even after accounting for many health and [demographic factors](#). [Latinos](#) and African-Americans had the lowest rates of appointment keeping Asians had the highest, with Filipinos and [Caucasians](#) falling in between.

The study also found that patients who often miss appointments were at increased risk for poorer control of blood sugar, cholesterol, and blood pressure. Additionally, the study showed that these groups tended to rely more heavily on same-day visits. This is the first study to evaluate primary care usage in a large, ethnically diverse group of diabetes patients with uniform access to health care. The findings have important implications for health care systems as they increase "open access" to care through same-day appointments,

which may not provide the same level of chronic care management as planned visits, even when the appointment is with one's own primary care provider.

"Providing greater convenience for patients may impact ethnic groups differently and perpetuate disparities in unexpected ways," says lead author Melissa Parker, M.S., of Kaiser Permanente in California. The study appears in the current issue of *Health Services Research*.

Health care providers need to ensure that all aspects of diabetes care are addressed with patients who miss planned appointments but attend same-day appointments, say the authors. They note that during same-day appointments, primary care providers are trained to listen to patient complaints first, which may leave little time to focus on the diabetes-specific care that would be the focus of a planned visit.

They add that health indicators should be tracked separately for various segments of the population to ensure that open access does not compromise care for any ethnic group.

"This is part of the evolution of both patient and provider perspectives on how to best manage chronic illness," says Robert Gabbay, M.D., Ph.D., who is director of the Penn State Hershey Institute for Diabetes and Obesity. "We still have a primarily acute care system. We are encouraging providers to address some chronic care issues at every appointment, even if the patient comes in for a different reason."

Provided by Health Behavior News Service

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