

Need for Improved Access to Dermatological Care in Underserved Populations

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Introduction

- Dermatologists are uniquely qualified to diagnose and treat skin conditions that other practitioners cannot¹
- Black and Hispanic patients are less likely to receive outpatient dermatological care than non-Hispanic white patients²
- There are fewer dermatologists in urban zip codes with higher percentages of people who identify as Black²
- Medicaid patients have increased difficulty in securing dermatology appointments³

Methods and Materials

- Retrospective analysis of all UCC and ER referrals to UR-Derm from 2021 to 2022
- Collected patient demographic information
- Results grouped by race, ethnicity, zip code, visit status and insurance type
- Comparisons between race, ethnicity, insurance type and visit status for UCC and ER referrals
- Chi square tests

Demographics

		# of patients n (%)
Sex	Female	657 (53)
	Male	583 (47)
Ethnicity	Hispanic-Latino	105 (8.3)
	Not Hispanic-Latino	1133 (89.1)
	Unknown/Declined	33 (2.6)
Race	White	873 (68.6)
	Black/African American	256 (20.1)
	American Indian/Alaskan Native	7 (0.7)
	Asian	40 (3)
	Unknown/Refused/Other	96 (7)
Insurance Type	Private	522 (41.1)
	Medicaid	504 (39.6)
	Medicare	198 (15.6)
	Uninsured	43 (3.4)
	Veteran's	5 (0.4)
Marital Status	Single/Divorced/Widowed	956 (75.2)
	Married	309 (24.3)
	Unknown	7 (0.5)

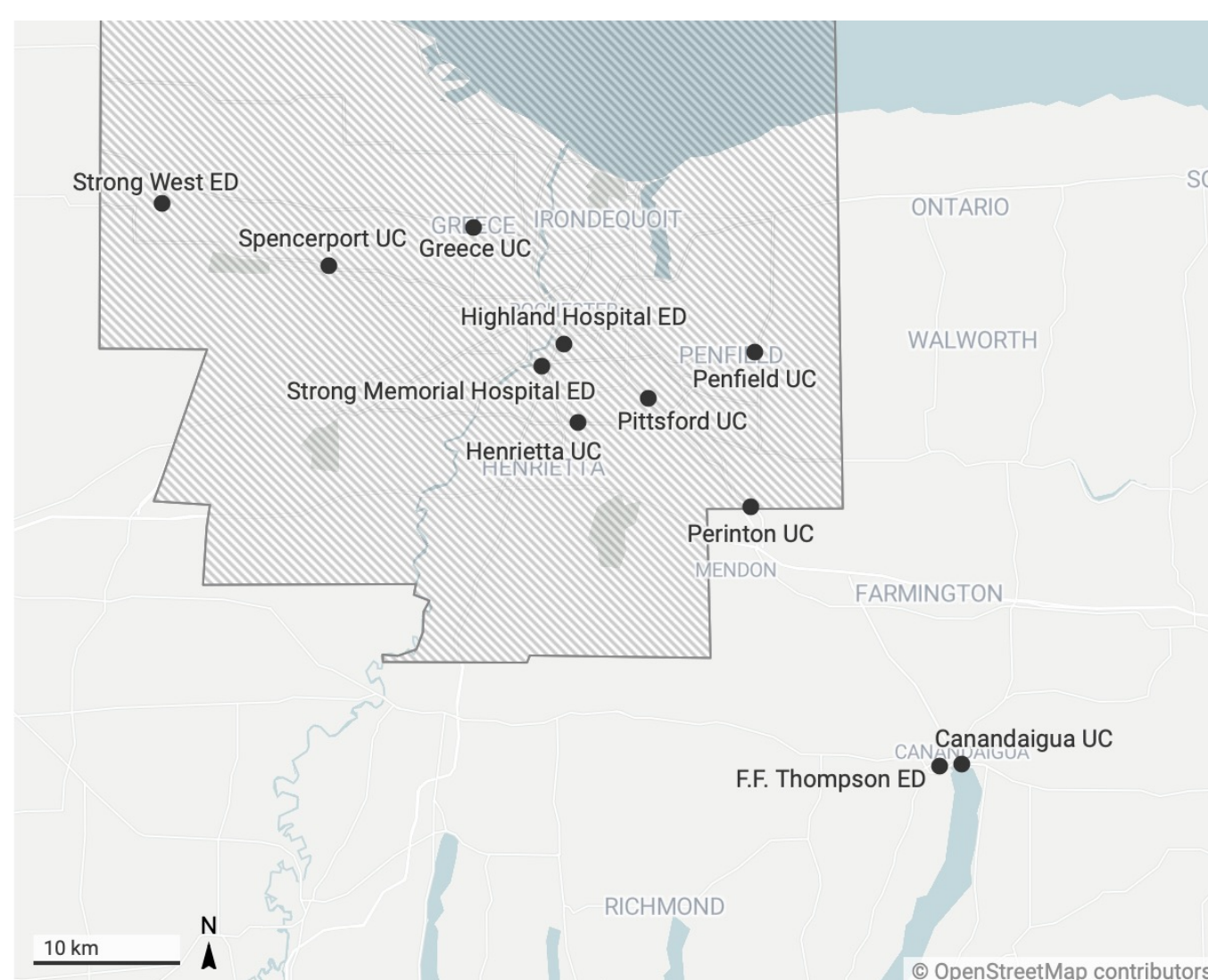


Figure 1. Map of URMC-affiliated UCC and ERs. Shaded area highlights Monroe County.

Results

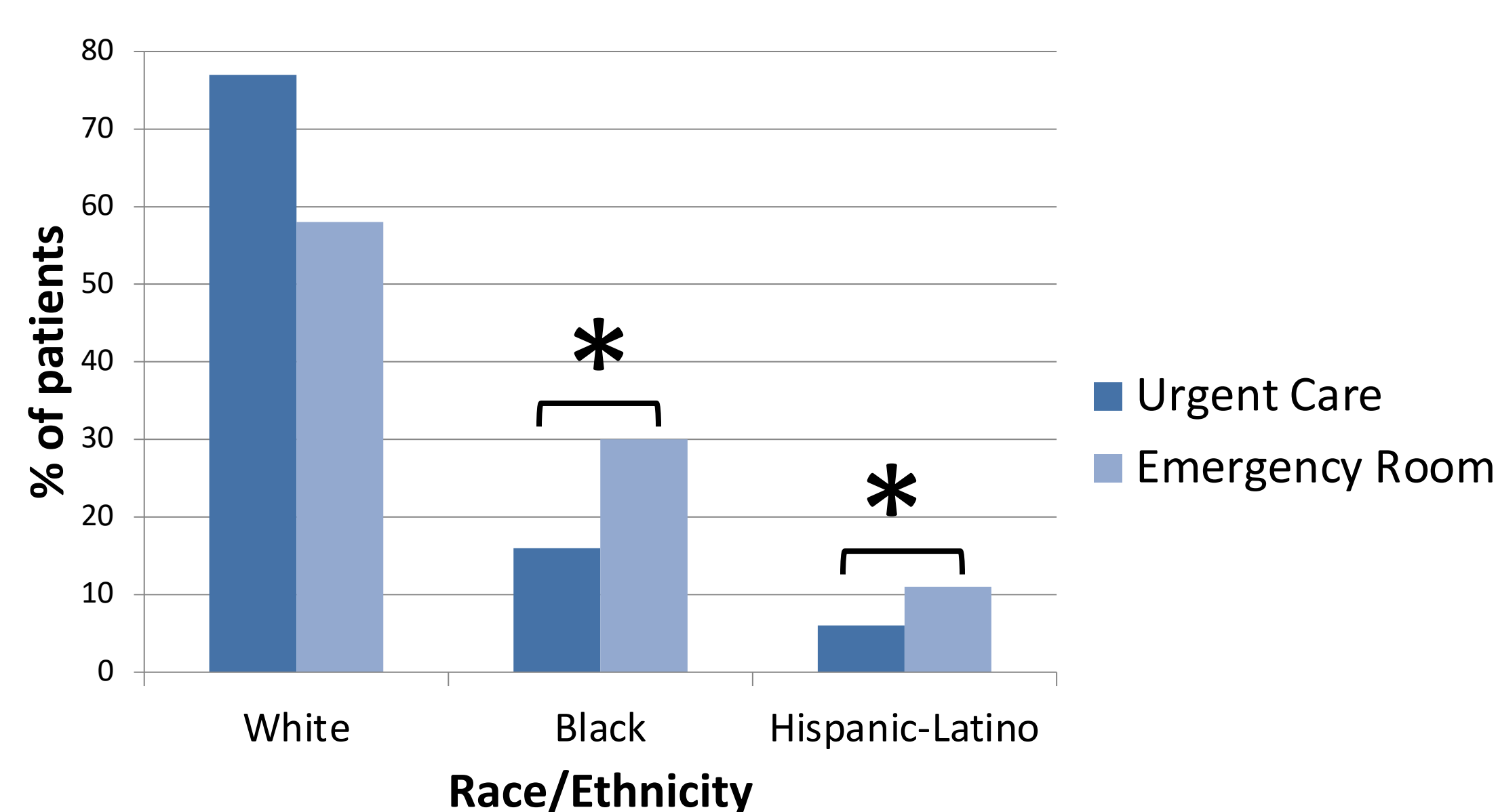


Figure 1. Percent of patient referrals stratified by patient self-identified race and ethnicity. * = $p < 0.05$.

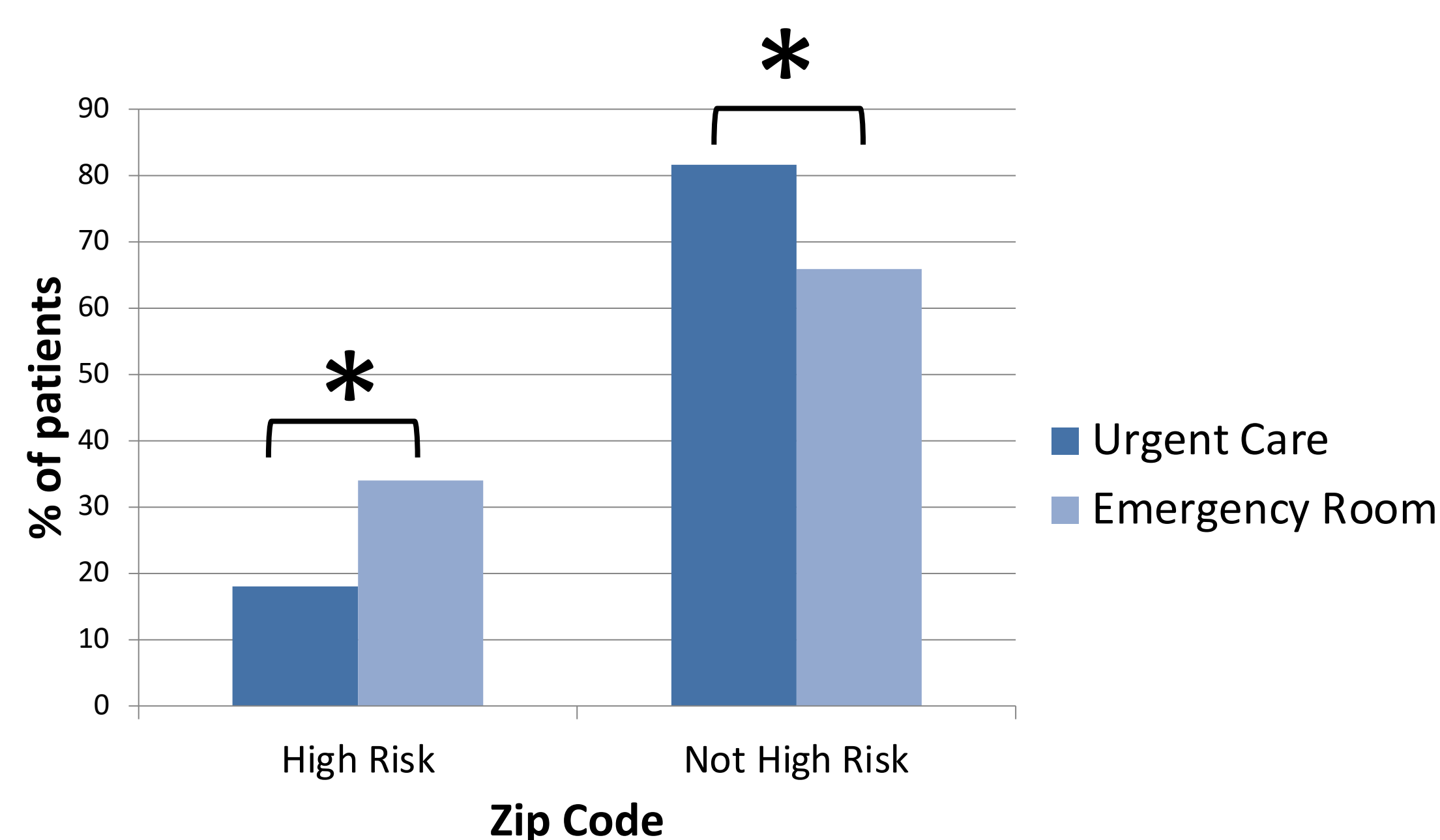


Figure 2. Percent of patient referrals stratified by zip code. * = $p < 0.01$

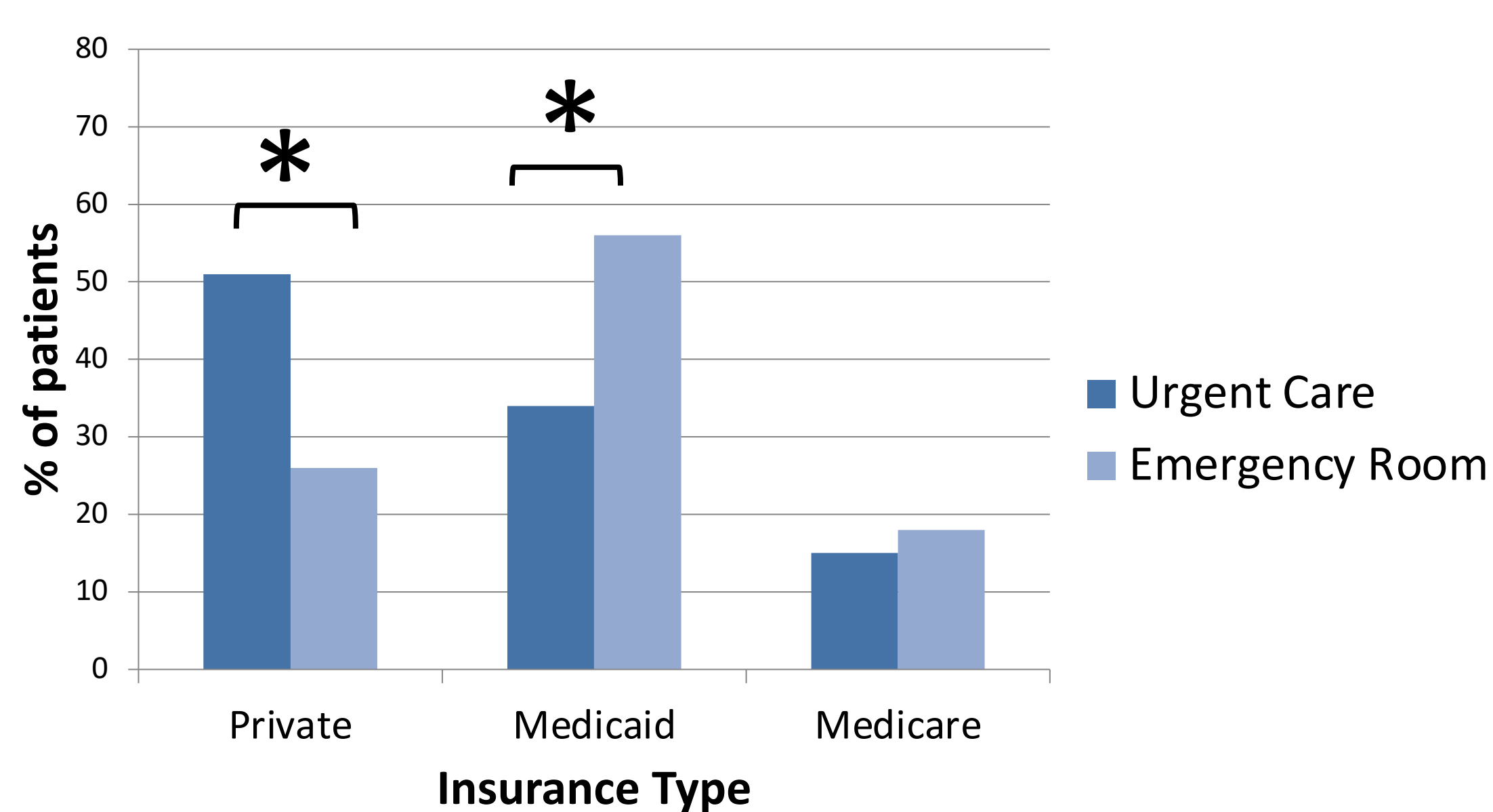


Figure 3. Percent of patient referrals stratified insurance type. * = $p < 0.01$

Discussion

- Poor diagnostic concordance between ERs (33%), UCCs (44%) and UR-Derm.
- The majority of patients referred from ERs (59%) and UCCs (59.2%) were not seen by UR-Derm.
- Further investigation as to why most referrals were not completed with in-person dermatology visits
- Further investigation into targeted education

Conclusions

- UCCs serve a different patient population ERs
- Zip code (high vs. not high risk), insurance type, race/ethnicity influence where a patient seeks dermatological care
- No difference between UCC and ER referrals "seen" or "not seen" by UR-Derm
- Targeted education for UCCs may improve treatment of skin conditions.

References

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