

Primary Care Access and Quality: Two Sides of the Same Coin

The recent article by Elster and colleagues, titled "Racial and Ethnic Disparities in Health Care for Adolescents: A Systematic Review of the Literature," makes an important contribution to the literature by summarizing a decade or more of research on disparities in access to primary health care services among adolescents and children.¹ The findings are important in their own right, but they also lend important context to the interpretation of research on racial/ethnic disparities in the quality of health care for children.

Our similar recent review of the literature on disparities in the primary care experiences of children and adolescents corroborates findings on access to care, but also highlights disparities in continuity of care, in aspects of the patient-provider relationship, and in the comprehensiveness of services available and provided.² One criticism of this body of research on disparities in primary care quality is that ratings are dependent on basal expectations for care, which may vary by racial/ethnic group. For example, the relatively consistent finding across studies that minority groups report poorer experiences in health care has been challenged as reflecting higher expectations for care and thus lower ratings of quality, rather than true disparities in service delivery.

Because of the correlation among access to care, utilization, and primary care performance shown in other studies,³⁻⁵ the review by Elster and colleagues lends support to the existence of actual disparities in the quality of pediatric primary care. Without adequate access to and continuity of care, primary care quality does not easily follow. High-quality primary care is, by definition, dependent on good accessibility and a sustained partnership with a source of care⁶; quality is thought to accrue through improved provider knowledge of the family, and family trust and interaction with the provider.⁷ Alternately, the review by Elster and colleagues is strengthened by findings of disparities in quality, for without high-quality care for vulnerable populations, what good is access?

The findings are 2 important sides of the same coin, and one without the other may lead to incomplete policy recommendations. Fostering access to primary care is of great importance, but efforts should simultaneously be made to also promote continuity, enhance the availability and comprehensiveness of services, and ensure adequate ability to coordinate specialty services when needed. Only with this broader view of racial and ethnic differences in primary care, will medicine be able to con-

tribute to the larger goal of reducing health status disparities in these groups.

Gregory D. Stevens, PhD
Center for Healthier Children, Families,
and Communities
University of California Los Angeles
1100 Glendon Ave, Suite 850
Los Angeles, CA 90024
Leiyu Shi, DrPH, MPH, MBA
Baltimore, Md

1. Elster A, Jarosik J, VanGeest J, Fleming M. Racial and ethnic disparities in health care for adolescents: a systematic review of the literature. *Arch Pediatr Adolesc Med.* 2003;157:867-874.
2. Stevens GD, Shi L. Racial and ethnic disparities in the primary care experiences of children: a review of the literature. *Med Care Res Rev.* 2003;60:3-30.
3. Seid M, Stevens G, Varni J. Parents' perceptions of pediatric primary care quality: effects of race/ethnicity, language, and access. *Health Serv Res.* 2003;38:1009-1031.
4. Forrest CB, Starfield B. Entry into primary care and continuity: effects of access. *Am J Public Health.* 1998;88:1330-1336.
5. Reid RJ, Hurtado MP, Starfield B. Managed care, primary care, and quality for children. *Curr Opin Pediatr.* 1996;8:164-170.
6. Donaldson M, Yordy K, Lohr K, Vanselow N. *Primary Care: America's Health in a New Era.* Washington, DC: National Academy Press; 1996.
7. Starfield B. *Primary Care: Balancing Health Needs, Services, and Technology.* New York, NY: Oxford University Press; 1998.

In reply

The comments by Dr Stevens are thoughtful and important, in that they highlight the interconnection between the quality of and disparities in health care. A growing body of literature shows that, among adults, disparities can be reduced by improving the quality of care for all patients.^{1,2} This is being demonstrated through a collaborative effort among community health clinics sponsored by the Institute for Healthcare Improvement and the Bureau of Primary Health Care that focuses on improving the quality of health care for minority patients with chronic diseases (<http://ihi.org/collaboratives/hdc.asp>). Unfortunately, we have yet to conduct similar studies and demonstration projects for children and adolescents.

Stevens states that access and quality are 2 sides of the same coin. As he implies, ensuring financial access to health care does not, invariably, result in improved quality. As the adage goes, access is necessary but not sufficient. This is especially true when we address adolescent health care, in that approaches to services and effective communication for this population involve different skill sets than does care for younger children.

Arthur Elster, MD
Medicine and Public Health
American Medical Association
515 N State St
Chicago, IL 60610