Assessing Treatment Variation and Racial and Social Class Bias Among Dermatologists: A Pilot Study

Junko Takeshita, MD, PhD, MSCE, Department of Dermatology

Health and healthcare disparities are associated with tremendous public health and economic burden in the United States. The burden of health and healthcare disparities among dermatologic diseases are poorly understood and understudied. Psoriasis is a common chronic inflammatory disease of the skin that has important systemic inflammatory effects that extend beyond the skin and is associated with significant morbidity and mortality. In a recent study of Medicare beneficiaries, we newly identified remarkable racial and financial disparities in the treatment of psoriasis whereby blacks and those without a low-income subsidy were each ~70% less likely to receive highly effective biologic therapies for treatment of moderate-to-severe psoriasis compared with whites and those with a low-income subsidy, respectively. It is unknown why such treatment disparities exist; though some data suggest that physician bias may contribute treatment disparities in non-dermatologic fields of medicine. In this pilot study we propose to: i) evaluate treatment variation and racial and social class biases among dermatologists; and ii) identify physician-level factors that may contribute to differential treatment of black and socially disadvantaged patients with psoriasis. Results from this pilot study are essential for the ultimate development and testing of interventions aimed at reducing treatment disparities in psoriasis and other chronic inflammatory skin diseases.