

Racial differences in wRVU compensation for pediatric dermatology visits may be driven by laser procedures

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Background: Race, sex, and age have been shown to influence disparities in work relative value units (wRVUs) generated during adult dermatology encounters.¹ Our study investigates whether similar influences exist in pediatric dermatology visits.

Methods: Billing and demographics outpatient data were analyzed for individuals aged <18 years with a dermatology clinician at Duke University between 9/1/2016 and 12/31/2020. Patients were excluded if they were missing demographic data, or if their visit included a CPT code 17999 or were categorized as telephone, video, lab, post-operative, or nurse-only. We used multivariable regression models to study the association between encounter wRVUs and demographics; and mediation analysis to identify the association of dermatologic procedure and diagnosis with observed wRVU disparities.

Results: For the 22,434 encounters included, the mean wRVUs charged per visit was 1.64 ±0.89, 1.46±0.46, and 1.43±0.45 for White, Black, and Asian patients, respectively. Multivariable regression showed that wRVUs per encounter were lower for Blacks by 0.19 (95% CI: 0.16-0.22) and Asians 0.21 (95% CI: 0.16-0.25) units. Laser for vascular lesions influenced greater than 60% of this difference controlling for age, sex, and insurance type. When diagnoses of hemangioma and vascular malformation were taken into account, laser treatment influenced 28% of the wRVU difference.

Conclusion: Pediatric encounters with racial minority groups generated fewer visit wRVUs than encounters with White patients, mediated, in large part, by laser destruction of vascular lesions. Compensation based on wRVU may encourage health care systems to pressure actions that exacerbate disparities in access to dermatologic care.

References

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