Trends in Racial Disparities: Are Gaps Narrowing?

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Unequal Care

• Racial differences pervasive
  • Over 600 studies on racial differences in major surgeries

• 2001 IOM report on unequal care
  • Minorities receive worse quality of care
  • Large gaps in receipt of major procedures
  • Not explained by clinical or patient factors
The Response

• NIH -- 1993
  • Studies should focus on minority populations
  • Include minorities in clinical studies

• HHS -- 1996
  • OMH funding increased
  • National effort to decrease disparities

• Various state and local initiatives
  • 37 states created Offices of Minority Health
Research Questions

• Have gaps in care between blacks and whites gaps narrowed in:
  • In national rates of surgery among Medicare enrollees?
  • In local regions across the nation?
  • In the Medicare Managed Care program?
  • Among patients with Acute MI?
Data

- Medicare Inpatient Files, 1992–2001
- Nine common, major surgeries
- Analysis:
  - Procedure rates for men and women
  - National analyses
  - Regional analyses
Results

• Stable or widening gaps for major surgeries
  • No local regions have eliminated gaps

• Medicare managed care programs
  • Narrowing of gaps for simple tests
  • Widening of gaps for clinical management such as adequate cholesterol control

• For patients with AMI
  • Unchanged for procedures such as bypass surgery
National Hip Replacement Rates

*Per 1,000 Enrollees

Year 1992 - 2001
National CEA Rates

*Per 1,000 Enrollees
<table>
<thead>
<tr>
<th>Surgery</th>
<th>Change in W-B Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knee Replacement</td>
<td>↑</td>
</tr>
<tr>
<td>Back Surgery</td>
<td>↑</td>
</tr>
<tr>
<td>Hip Replacement</td>
<td>↑</td>
</tr>
<tr>
<td>Appendectomy</td>
<td>↑</td>
</tr>
<tr>
<td>Valve Replacement</td>
<td>↑</td>
</tr>
<tr>
<td>AAA Repair</td>
<td>↓</td>
</tr>
<tr>
<td>Angioplasty</td>
<td>↔</td>
</tr>
<tr>
<td>Heart Bypass Surgery</td>
<td>↔</td>
</tr>
<tr>
<td>Carotid Surgery</td>
<td>↔</td>
</tr>
</tbody>
</table>

* Per 1,000 male enrollees
## Summary: Regional Analyses

<table>
<thead>
<tr>
<th></th>
<th>1992 W-B Gap &gt;0</th>
<th>Gap Widened</th>
<th>2001 Gaps Eliminated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Local regions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip Replacement</td>
<td>100%</td>
<td>85%</td>
<td>0%</td>
</tr>
<tr>
<td>Carotid Surgery</td>
<td>100%</td>
<td>79%</td>
<td>0%</td>
</tr>
<tr>
<td>Heart Bypass</td>
<td>100%</td>
<td>43%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip Replacement</td>
<td>100%</td>
<td>85%</td>
<td>0%</td>
</tr>
<tr>
<td>Carotid Surgery</td>
<td>100%</td>
<td>74%</td>
<td>0%</td>
</tr>
<tr>
<td>Heart Bypass</td>
<td>100%</td>
<td>23%</td>
<td>0%</td>
</tr>
</tbody>
</table>
Results

- Stable or widening for major surgeries
  - No local regions have eliminated gaps
- Medicare managed care programs
  - Narrowing of gaps for simple tests
  - Widening of gaps for clinical management such as adequate cholesterol control
- For patients with AMI
  - Unchanged for procedures such as bypass surgery
Medicare Managed Care

Coronary heart disease and adequate cholesterol treatment

Results

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### National Registry of AMI

**Rates of Treatments Among Patients with Acute MI**

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Reperfusion in 24 hrs</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Angioplasty</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Coronary angiography</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Bypass surgery</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Aspirin in 24hrs</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Beta-blockers in 24hrs</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Discussion: Racial Gaps in Care

• Stable or widening for major surgeries
  • No local regions have eliminated gaps

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Limitations

• Limited adjustment for financial status
  • All patients in each of the three studies insured

• Limitations of race data
  • Small percentage of Hispanics

• No data on patient preference
Implications

• Blacks and whites continue to receive different health care, despite:
  • Two decades of research
  • National and local policy initiatives
• New efforts to close the gap in care