

Despite financial challenges, safety-net hospitals provide high quality care

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A Yale study of the care quality received at safety-net hospitals — which provide care for the majority of uninsured and other vulnerable populations — found that quality at these facilities is similar to non-safety-net hospitals. This is despite the unique financial challenges at safety-net hospitals in the face of rising costs and the potential impact of the health care law.

Published in the August issue of *Health Affairs*, the study was conducted by Elizabeth E. Drye, M.D., of the Yale Center for Outcomes Research and Evaluation, Joseph S. Ross, M.D., assistant professor of internal medicine at Yale School of Medicine; and colleagues. The team found that mortality and readmission outcomes for illnesses like heart failure, acute myocardial infarction, and pneumonia, were effectively identical at safety-net and non-safety-net hospitals in urban metro areas.

Safety-net hospitals — which include both public and private urban hospitals with high Medicaid caseloads serving large numbers of low-income, uninsured, and otherwise vulnerable populations — have historically faced greater financial strains than hospitals serving more affluent populations. This financial burden was thought to negatively affect patient death rates and readmissions, which are commonly used as indicators of [care](#) quality.

The team studied a population that included fee-for-service Medicare patients age 65 or older who were hospitalized between Jan. 1, 2006, and Dec. 31, 2008, with acute myocardial infarction, heart failure, or

pneumonia. They then compared death and readmission rates at both kinds of hospitals.

"Based on these findings, safety-net hospitals are performing better than many would have expected," said Ross. "We were surprised to find that mortality and readmission rates were broadly similar across urban areas for both safety-net and non-safety-net hospitals, with differences, on average, of less than one percentage point across these three conditions. For [heart failure](#) mortality, there was no difference between the two kinds of hospitals."

The results suggest that safety-net hospitals have the potential to achieve equal, or even better, outcomes than do non-safety-net hospitals, notes Drye. "By expanding insurance coverage, the newly enacted health care law should help safety-net hospitals attain even lower readmission and mortality rates," she said.

More information: *Health Affairs*, 31:8 (August 2012)
content.healthaffairs.org/content/31/8/1739.abstract

Provided by Yale University

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