

Despite living closer to better hospitals, black patients go to lower-quality hospitals

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Black patients are more likely to have surgery performed at low-quality hospitals even though they frequently live closer to better facilities than white patients.

A study that examined <u>Medicare data</u> from 2005-2008 revealed that although black patients live nearly twice as close to high-quality hospitals as white patients, they were between 25-58 percent more likely to receive surgery at low-quality hospitals.

Additionally, black patients in the most segregated areas were between 41-96 percent more likely than white patients to have surgery at the lower-quality hospitals, according to the University of Michigan-led study published Monday in the June issue of *Health Affairs*.

Previous research has shown that black patients disproportionately receive surgical care in lower-quality hospitals, but the link to geographic proximity was not well understood. Lead author Justin Dimick, M.D., M.P.H., associate professor of surgery at U-M, says the results of the study suggest "separate but unequal" hospitalization patterns exist despite black patients' proximity to better care.

"The results confirm that black patients often receive surgery in low-quality hospitals, but where they live doesn't account for this disparity," Dimick says. "Perhaps it's due to patient preference, and that black patients might not feel welcome at hospitals that treat mostly white patients. Another explanation could be that <u>primary care physicians</u> that



see a majority of black patients are referring them to lower-quality hospitals for surgery."

Dimick says there are potential solutions to help combat these race-related <u>disparities</u> in surgical care. Strategies that help redirect black patients to better hospitals might include providing more comprehensive information on hospital quality to patients. However, Dimick says it's naïve to think that increasing access to this information would result in meaningful changes and that the better strategy might be giving referring physicians more information about <u>hospital</u> quality.

Another solution is to improve care in lower-quality hospitals, Dimick says, though this option is not without roadblocks either. Many policies in place that incentivize quality improvements actually exacerbate the differences in hospital quality, he says, making it harder for low-quality hospitals to make meaningful changes.

"For example, pay-for-performance policies often direct financial bonuses to higher-quality hospitals and reduce payments to lower-quality hospitals. Policies like this heighten quality concerns at resource-constrained hospitals," he says.

Dimick says further research is needed to fully flesh out whether a lack of financial resources or racial dynamics within the healthcare culture are to blame for these outcome disparities. Either way, future healthcare policies and initiatives must be conscious of the issue, he says.

"What are needed are policies that are constructed carefully to include strategies that avoid the unintended consequences of expanding existing healthcare disparities," Dimick says.

Provided by University of Michigan Health System



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