MA healthcare reform does not have early impact on disparities in cardiovascular care

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New research by the Brigham and Women's Hospital, in partnership with Howard University College of Medicine, explores the effect of healthcare reform in Massachusetts on coronary intervention and mortality in adults by race/ethnicity, gender and the level of education in the neighborhood where the patient resides.

Published in the June 17, 2014, issue of *Circulation*, the journal of the American Heart Association, these findings indicate that healthcare reform in Massachusetts has not yet impacted the likelihood of receiving coronary interventions by gender, race/ethnicity or socioeconomic status.

"Despite healthcare reform, which mandates individual health insurance coverage in Massachusetts, disparities persist in an important area of cardiac care, such as performance of potentially life-saving coronary interventions in certain vulnerable groups, including blacks, Hispanics and women," said the study's lead author, Michelle A. Albert, M.D., M.P.H., Vivian Beaumont Allen Endowed Professor and Chief, Cardiovascular Medicine and Research at Howard University College of Medicine.

Specifically, researchers report that among patients hospitalized at non-federal acute care hospitals:

- Blacks and Hispanics were 30 percent and 16 percent respectively less likely than whites to receive coronary revascularization post-healthcare reform. These statistics are

consistent with the data available before reform was enacted.

- Those living in neighborhoods with higher educational attainment and Asians were more likely to undergo revascularization than patients from relatively lower neighborhood education attainment environments and whites post-reform.
- Women were 50 percent less likely to undergo revascularization than men.
- Privately insured patients were more likely to receive revascularization both before and after statewide healthcare reform was enacted.
- Researchers report no differences in one-year mortality rates in any of the groups.

"Although, there were no differences in one-year mortality in the subgroups assessed, our results suggest the need to better understand factors that contribute to observed differences since health-care equity is critical to long-term quality and quantity of life," said Albert, who began this research work at Brigham and Women's Hospital in 2010 when she was a physician-scientist in the Cardiovascular Division. "Findings in Massachusetts where near-uniform health insurance coverage exists could provide important insight into translation of reform at the national level."

Researchers emphasize that besides insurance coverage, there are multiple other dynamics that potentially contribute to differences in odds of receiving coronary procedures based on socio-demographic characteristics. Influencing factors include differences in heart disease risk factor burden, other financial and social factors, behavior, chronic psychological stress, strained interactions with the healthcare system, access to appropriate health care, bias, and differential severity of heart disease at the time of presentation to the healthcare system.

Provided by Brigham and Women's Hospital