

# Race/ethnicity sometimes associated with overuse of medical care

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Racial and ethnic disparities in the receipt of health care (typically referring to minorities not receiving needed care) are well known. A recent review in the journal *Milbank Memorial Quarterly* has now found that while race/ethnicity is not consistently associated with the overuse of medical care (unnecessary care that does not improve patient outcomes). However, when overuse occurs, a substantial proportion occurs among white patients. These findings may lead to a better understanding of how and why race/ethnicity might be associated with overuse and may result in ways to reduce it from occurring.

While much has been written about the geographic, health-systems, clinician and payer factors associated with the overuse of [medical care](#), little is known about the extent to which patients' nonclinical characteristics, including socio-demographic factors like race/ethnicity, are associated with overuse.

In a systematic review, researchers examined studies of racial/ethnic variations in the overuse of health care and identified 59 unique studies on this topic. They found a substantial proportion (43 percent) of the published evidence suggests a greater propensity for [white patients](#) to receive excessive testing and treatment, compared with [minority patients](#); however, a similar proportion (45 percent) examined but did not find any racial/ethnic differences in overuse, while few studies found evidence of overuse among racial/ethnic minorities compared with whites (12 percent).

"We found no clear patterns regarding race and overuse by clinical area, type of treatment, category of findings, or the study's risk of bias, although the quality of data was markedly poorer in those studies finding no race differences, and poorer-quality data analyses were most often evident in studies finding more overuse among minorities relative to whites," explained lead author Nancy Kressin PhD, of the Section of General Internal Medicine at Boston Medical Center, and Director of the Healthcare Disparities Research Program in the Department of Medicine at Boston University School of Medicine.

The researchers found that the quality of the scientific literature was generally low, and that it was difficult to identify studies on this topic, despite growing societal concerns about the phenomenon of overuse. "Furthermore, the absence of established subject terms in PubMed—the primary search engine for accessing the medical literature—for the overuse of care or inappropriate care is a serious concern and impedes the ability of researchers or policymakers to synthesize earlier findings," added Kressin who is also a research career scientist at the VA Boston Healthcare System.

According to the Boston Medical Center and Boston University School of Medicine researchers, overuse of care among whites may consume scarce [health care](#) resources and thus contribute to the underuse among minorities, further exacerbating disparities in care. "Problems with the fairness of both systems and practitioners must be identified and corrected, and minority patients' distrust of physicians and health systems and their more pessimistic expectations of the outcomes of treatment must be addressed. It is vital that any corrections do not lead to more [inappropriate care](#) among minority patients but instead encourage appropriate care," said Kressin.

The researchers believe future disparities interventions should be carefully designed to minimize such unintended consequences.

Provided by Boston University Medical Center

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