

Safety-net hospitals remain vital resource for minority patients following health reform

June 17 2016

A new study led by researchers at Boston Medical Center (BMC) found that the proportion of discharges among minority patients receiving inpatient care at minority-serving hospitals in Massachusetts increased after the implementation of health insurance reform measures which expanded access to care in non-safety net hospitals. The research suggests that minority-serving hospitals remain an important and vital component of the health care system and may benefit greatly from interventions such as raising Medicaid reimbursement rates. The study is published online ahead of print in the journal *Medical Care*.

From 2006 to 2008, Massachusetts implemented widespread health reform, which expanded access to public medical insurance, created a health insurance exchange for more affordable private insurance, and served as a model for the Affordable Care Act (ACA). As a result, thousands of previously uninsured patients entered the marketplace.

Researchers compared inpatient discharge data from Massachusetts, New York and New Jersey between 2004 and 2009 and identified minority-serving hospitals and safety-net hospitals in each state. Then, they examined the change in concentrations of minority discharges at minority-serving hospitals and tracked the movement of "safety-net [hospital](#) users," or patients with at least four hospitalizations within the study period.

The study results showed that Massachusetts' minority-serving hospitals saw a significant increase of 5.8 percent in minority discharges

compared to New Jersey, and a non-significant 2.1 percent increase compared to New York. Of those patients identified as "safety-net hospital users" in all three states, 62 percent continued to receive care at safety-net hospitals in the post-reform period. Patient movement from safety-net to non-safety-net hospitals was slightly greater in Massachusetts than New York and New Jersey.

"We went into this study assuming that we'd see a migration of minority patients away from minority-serving hospitals post-reform, but we saw an increase in the proportion of minority patients at minority-serving hospitals," said Karen Lasser, MD, MPH, primary care internist at BMC and associate professor of medicine at Boston University School of Medicine who is the lead author of the study. "While Massachusetts safety-net hospitals (many of which are minority-serving) received large cuts in payments with the idea that other hospitals would assume the care of previously uninsured patients, this study demonstrates the importance of securing the future of safety-net and minority-serving hospitals through policy-based interventions to assure the continued care of vulnerable and underserved patient populations."

Researchers point to several possible explanations for the increase in the proportion of minorities cared for at minority-serving hospitals in Massachusetts over the study period. These explanations include "loyalty" of [minority patients](#); services such as insurance assistance, interpretation, and intensive case management which are often unavailable at other facilities due to poor [reimbursement rates](#); and a primary care physician shortage in Massachusetts.

Provided by Boston University Medical Center

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