

# Study identifies potential health care 'double jeopardy' for minority patients

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A new study sheds light on the depth of health care disparities faced by minority populations in the United States. The findings suggest a possible "double jeopardy" for black and Hispanic patients: Not only has it been shown that members of minority groups receive less high-quality, effective care than their peers, they may also be at risk of receiving

more low-value, ineffective care.

Published in the journal *Health Affairs*, the study was led by William Schpero, a Ph.D. student in the Department of Health Policy and Management at the Yale School of Public Health. It was part of a research collaboration between Yale, The Dartmouth Institute for Health Policy & Clinical Practice, Harvard Medical School, and the Harvard T.H. Chan School of Public Health.

Low-value care, which includes tests and treatments that are medically unnecessary, exposes patients to potential harm and is economically inefficient. To determine the prevalence of low-value care in [minority populations](#), the research team analyzed administrative data from 2006 to 2011 to measure the receipt of 11 low-value services delivered to Medicare patients. These services included inappropriate use of imaging for lower-back pain, cardiac testing, opioids for treatment of migraines, and vitamin D screening, among others.

The study revealed that black and Hispanic patients were often more likely to receive low-value care than whites, with black patients receiving significantly more of five of the 11 services measured, and Hispanics significantly more of six. For example, black and Hispanic patients with dementia were far more likely to receive inappropriate feeding tubes compared to white patients: Fewer than 5% of white Medicare patients with dementia received a feeding tube, compared to more than 17% of black and nearly 13% of Hispanic patients. Black and Hispanic patients were also much more likely to receive unnecessary cardiac screening and preoperative testing, such as before cataract surgery, as well as unneeded imaging for enlarged prostates.

The researchers found that when patients had more physician visits—suggesting improved access to the health care system—blacks and Hispanics often received greater amounts of low-value care, relative

to whites.

"While our descriptive analysis focused on a small, select set of low-value health care services, it highlights the complexity involved in addressing [health care disparities](#) in the United States," Schpero said.

"Improving access to care is likely a necessary, but not sufficient part of the policy solution."

As policymakers invest in efforts to examine and improve differences in [health care quality](#) across races and ethnicities, the researchers suggest that measurement of disparities in those receiving high-value, effective care be paired with measurement of disparities in those receiving low-value care in order to ensure that minority patients in Medicare—and likely other insurance markets—are not unduly exposed to unnecessary services.

Provided by Yale University

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