

Black, Hispanic patients more likely to be brought to safety-net hospital emergency rooms

September 6 2019



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A new national study done by researchers at Boston University School of Medicine (BUSM) and Boston Medical Center showed large differences

in the emergency department (ED) and hospital destinations of minority (Black and Hispanic) patients who are transported by emergency medical services (EMS) when compared with their non-Hispanic white counterparts. The study appears in *JAMA Network Open*.

National guidelines require EMS transportation to the nearest suitable hospital. To what extent this occurs and whether this varies by the race and ethnicity of the patient is unknown since there is little to no prior research on destination patterns of EMS-transported patients to hospitals.

Using the national Medicare claims data, the study divided patients based on the zip code they lived in, and compared which EDs and hospitals non-Hispanic white, black and Hispanic patients living in the same zip code were brought to. The study also looked at how often the most frequently used destinations for white patients were also the destination for black and Hispanic patients.

The results of the study showed there were sizable differences by race and ethnicity in which emergency rooms and hospitals patients were brought to. The largest differences were seen in larger urban areas with multiple emergency rooms and hospitals within the vicinity. In addition, the study found that black and Hispanic patients were more likely to be transported to a safety-net hospital compared to their white counterparts living in the same zip code.

According to the researchers, these findings suggest EMS transports are often not transported to the nearest suitable [hospital](#), as recommended by national guidelines. The difference in these transportation destinations may be motivated by factors other than proximity or time.

"The cause for this observed pattern is unknown and needs to be further studied to really understand the impact on patient clinical outcomes and

if such outcomes vary by race and ethnicity," explained corresponding author Amresh Hanchate, Ph.D., associate professor of medicine at BUSM. "We need more research to understand the role that patient choice, usual source of care and clinical condition play in guiding EMS transportation decisions in diverse systems across the United States."

The research will also inform future studies on the impact of ambulance diversion, a practice where hospitals temporarily close emergency departments to new ambulance transports. Massachusetts banned ambulance diversion 10 years ago.

"Ambulance diversion is unfortunately a practice that remains common throughout the country," said co-author James Feldman, MD, MPH, FACEP, professor of emergency medicine at BUSM and Vice Chair of Research for the Department of Emergency Medicine at Boston Medical Center. "This research is a necessary first step in order to examine the effects ambulance diversion has on patient care and understanding the relationship between emergency utilization and health care disparities."

More information: *JAMA Network Open* (2019). [DOI: 10.1001/jamanetworkopen.2019.10816](https://doi.org/10.1001/jamanetworkopen.2019.10816)

Provided by Boston Medical Center

Citation: Black, Hispanic patients more likely to be brought to safety-net hospital emergency rooms (2019, September 6) retrieved 4 May 2024 from <https://medicalxpress.com/news/2019-09-black-hispanic-patients-brought-safety-net.html>

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