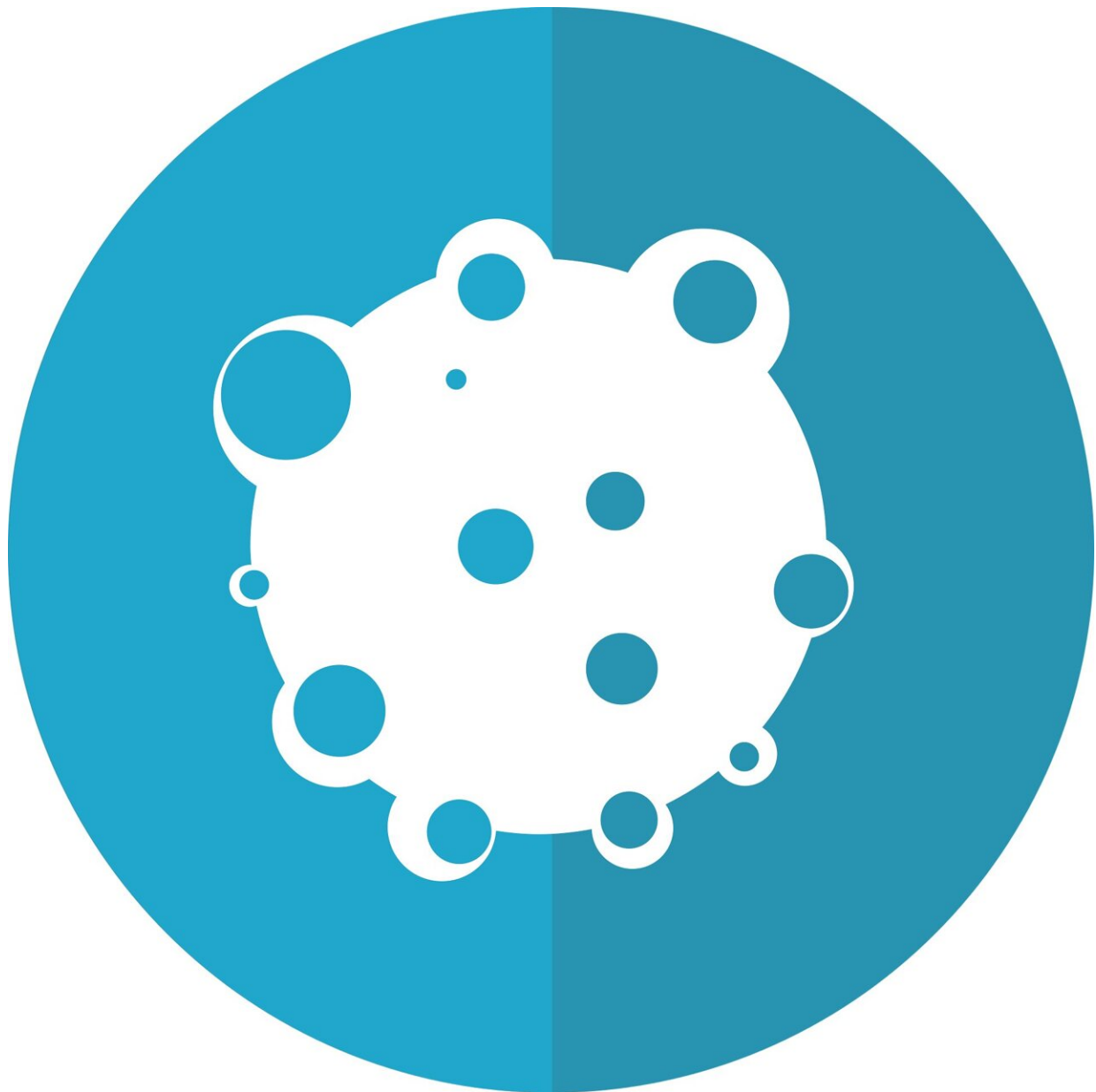


Researchers identify reliable measures of racial inequities in quality of oncology care

April 7 2022



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Researchers who studied care provided to more than one million Medicare beneficiaries being treated with chemotherapy for cancer found that on average and in most practices, Black patients had higher rates of chemotherapy-related emergency department (ED) visits and hospitalizations than white patients, suggesting that quality of oncology care may be worse for Black patients.

Using data from more than 4,800 medical oncology practices across the U.S., the researchers tested whether they could reliably assess differences across oncology practices to better inform practice profiling or payment. They found that they could estimate reliable differences in ED visits and hospitalizations for Black versus [white patients](#) who received care at about 10 percent of practices, but these practices treated more than half of patients with [cancer](#), and about two-thirds of all Black patients with cancer. The authors describe these measures as having potential for identifying higher- and lower-equity practices.

"There is robust literature that Black patients are more likely than white patients to be treated in emergency departments and to be hospitalized. At least some of these differences are related to structural racism and social determinants of health, including poverty, insufficient housing, and low-wage jobs without paid time off during daytime hours for office visits," said author Nancy Keating, MD, of the Division of General Medicine and Primary Care.

"We found that there was substantial variability in Black-white differences across practices, suggesting that care in some practices is more equitable, at least on these measures, than in others. In future work, we hope to provide feedback to practices on their performance in

hopes of improving both quality and equity concurrently."

The research was published in *Health Affairs*.

More information: Nancy L. Keating et al, Measuring Racial Inequities In The Quality Of Care Across Oncology Practices In The US, *Health Affairs* (2022). [DOI: 10.1377/hlthaff.2021.01594](https://doi.org/10.1377/hlthaff.2021.01594)

Provided by Brigham and Women's Hospital

Citation: Researchers identify reliable measures of racial inequities in quality of oncology care (2022, April 7) retrieved 27 April 2024 from <https://medicalxpress.com/news/2022-04-reliable-racial-inequities-quality-oncology.html>

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