

Same ER. Same patient. Different visit: Study shows variation in data used to address health care disparities

March 12 2024

A Adult patients

Visit 1

American Indian or
Alaska Native: 61

Asian or Pacific
Islander: 102

Black: 345

Hispanic: 732

Multiracial: 1226

White: 2236

Other: 1569

Missing: 616

Subsequent visit

American Indian or
Alaska Native: 178

Asian or Pacific
Islander: 261

Black: 807

Hispanic: 616

Multiracial: 607

White: 2761

Other: 674

Missing: 983

B Pediatric patients

Visit 1

American Indian or
Alaska Native: 20

Asian or Pacific
Islander: 134

Black: 2197

Hispanic: 789

Multiracial: 642

White: 1216

Other: 3294

Missing: 187

Subsequent visit

American Indian or
Alaska Native: 37

Asian or Pacific
Islander: 59

Black: 2647

Hispanic: 407

Multiracial: 374

White: 2030

Other: 2838

Missing: 87

Recorded Race and Ethnicity Among Patients With Discordant Documentation Between Visits The “other” category was defined at the health system level and reported in aggregate form, limiting detailed descriptions of included categories. Credit: *JAMA Network Open* (2024). DOI: 10.1001/jamanetworkopen.2024.0549

For decades, the national effort to find and fight inequity in American health care has relied on vast amounts of anonymous medical record data from tens of millions of people.

And since many of those inequities are between groups of people from different racial and [ethnic backgrounds](#), data on these characteristics is especially important to collect accurately and consistently when patients get care.

But a [new study shows this doesn't always happen](#).

In all, 1.7% of adults and 7% of children who sought [emergency care](#) at least twice at the same Michigan hospital or [health system](#) had a different race or ethnicity marked in their [patient records](#) on different visits.

Nearly 26% of [adult patients](#) who were registered as being Black and of non-Hispanic origin at their first visit, and 39% of those who were registered as being part of a catch-all category of Other race and ethnicity at their first visit, had a different race or ethnicity recorded at their second emergency visit to the same hospital or health system.

Among children, those recorded as being white, multiracial, or other on

their first visit had another race or ethnicity recorded during their second emergency visit, with 32%, 18%, and 23% experiencing this difference, respectively.

The findings suggest that hospitals and health systems need to do more to standardize practices for collecting race and ethnicity data in their emergency departments. What gets marked in a patient's record in the ED might not get reexamined as they receive care during a hospitalization or at post-emergency visits. In some cases, the ED visit may be the only kind of care disadvantaged people receive.

The study looked at data from more than half a million people who had two or more emergency visits at 42 hospitals from late 2018 to late 2021. It's published in *JAMA Network Open* by a team from Harvard University, the University of Michigan, and Northwestern University, and based on data from a registry maintained by the Michigan Emergency Department Improvement Collaborative or MEDIC.

Keith Kocher, M.D., M.P.H., who leads MEDIC and is senior author of the new study, says it suggests that "the current [race](#) and [ethnicity](#) data in electronic health record systems has important limitations, especially when influencing administrative decisions, clinical processes, research, or for countless other purposes."

Kocher, an emergency medicine physician and researcher at Michigan Medicine and the University of Michigan Institute for Healthcare Policy and Innovation, worked with first author Rama Salhi, M.D., M.H.S., M.Sc., who trained at IHPI's National Clinician Scholars Program before moving to Harvard and Massachusetts General Hospital.

In an accompanying editorial, a team of experts on health care disparities research note that "high-quality data are needed to appropriately measure and address pervasive racial and ethnic health disparities with data-

driven policies that advance health equity."

More information: Rama A. Salhi et al, Frequency of Discordant Documentation of Patient Race and Ethnicity, *JAMA Network Open* (2024). [DOI: 10.1001/jamanetworkopen.2024.0549](https://doi.org/10.1001/jamanetworkopen.2024.0549)

Lahia Yemane et al, Race and Ethnicity Data in Electronic Health Records—Striving for Clarity, *JAMA Network Open* (2024). [DOI: 10.1001/jamanetworkopen.2024.0522](https://doi.org/10.1001/jamanetworkopen.2024.0522)

Provided by University of Michigan

Citation: Same ER. Same patient. Different visit: Study shows variation in data used to address health care disparities (2024, March 12) retrieved 9 May 2024 from <https://medicalxpress.com/news/2024-03-er-patient-variation-health-disparities.html>

<p>This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.</p>
--