Racial, ethnic, economic disparities identified in adoption of percutaneous coronary intervention services

July 10 2024, by Elana Gotkine

Hospitals serving communities with large proportions of Black and Hispanic residents and with residential segregation are less likely to
adopt percutaneous coronary intervention (PCI) services, according to a study published in the July issue of *Health Affairs*.

Renee Y. Hsia, M.D., from the University of California San Francisco, and Yu-Chu Shen, Ph.D., from the Naval Postgraduate School Monterey in California, examined PCI service adoption in U.S. general acute hospitals across communities during 2000 to 2020.

The researchers found that 1,621 of the 5,260 hospitals offered PCI services in 2020 or before, with 630 and 225 adding PCI services between 2001 and 2010 and between 2011 and 2020, respectively.

Compared with hospitals serving non-Black, racially segregated communities, hospitals serving Black, racially segregated communities were 48 percent less likely to adopt PCI services, while adoption was 41 percent less likely for those serving Hispanic, ethnically segregated communities versus those serving non-Hispanic, ethnically segregated communities.

The likelihood of adopting PCI services was 1.8 times higher for hospitals in high-income economically integrated communities versus those in high-income economically segregated communities; rural hospitals were more likely to adopt PCI services than urban hospitals.

"Successful policy interventions addressing the observed disparities in service adoption will rely on a thorough understanding of where PCI services currently exist and where they are expanding in relation to community needs," the authors write.
