

# Black patients less likely to receive diagnostic testing in emergency department, finds study

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Black patients are less likely than White patients with a nonspecific diagnosis of interest to receive related diagnostic testing in the emergency department, according to a study [published](#) online Aug. 27 in

*JAMA Network Open.*

Michael I. Ellenbogen, M.D., from the Johns Hopkins School of Medicine in Baltimore, and colleagues used a previously validated diagnostic intensity index to assess differences in diagnostic testing rates by race and ethnicity in an acute care setting. The study included emergency department discharges, hospital observation stays, and hospital admissions using administrative claims among emergency departments and acute care hospitals in Kentucky, Maryland, North Carolina, and New Jersey from 2016 through 2018. To estimate rates of nondiagnostic testing, nonspecific principal discharge diagnoses (nausea and vomiting, [abdominal pain](#), [chest pain](#), and syncope) were paired with related diagnostic tests.

Most (80.6%) of the 3,683,055 encounters in the study were emergency department discharges. The researchers found that compared with White patients, Black patients discharged from the emergency department with a diagnosis of interest had an adjusted odds ratio of 0.74 for having related diagnostic testing. In none of the acute care settings were other racial or ethnic disparities of a similar magnitude observed.

"White patients discharged from the [emergency department](#) had higher rates of nondiagnostic testing, suggesting higher levels of testing overuse. Although Black patients were subjected to less test overuse, this may have come at a risk of undertesting and missed diagnoses," the authors write.

One author disclosed being an inventor on a provisional patent for smartphone-based stroke diagnosis in patients with dizziness, as well as receiving industry grants.

**More information:** Michael I. Ellenbogen et al, Race and Ethnicity and Diagnostic Testing for Common Conditions in the Acute Care

Setting, *JAMA Network Open* (2024). DOI:  
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