

Trends in Racial Disparities: Are Gaps Narrowing?

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Unequal Care

- **Racial differences pervasive**
 - Over 600 studies on racial differences in major surgeries
- **2001 IOM report on unequal care**
 - Minorities receive worse quality of care
 - Large gaps in receipt of major procedures
 - Not explained by clinical or patient factors

The Response

- **NIH -- 1993**
 - Studies should focus on minority populations
 - Include minorities in clinical studies
- **HHS -- 1996**
 - OMH funding increased
 - National effort to decrease disparities
- **Various state and local initiatives**
 - 37 states created Offices of Minority Health

Research Questions

- Have gaps in care between blacks and whites gaps narrowed in:
 - In national rates of surgery among Medicare enrollees?
 - In local regions across the nation?
 - In the Medicare Managed Care program?
 - Among patients with Acute MI?

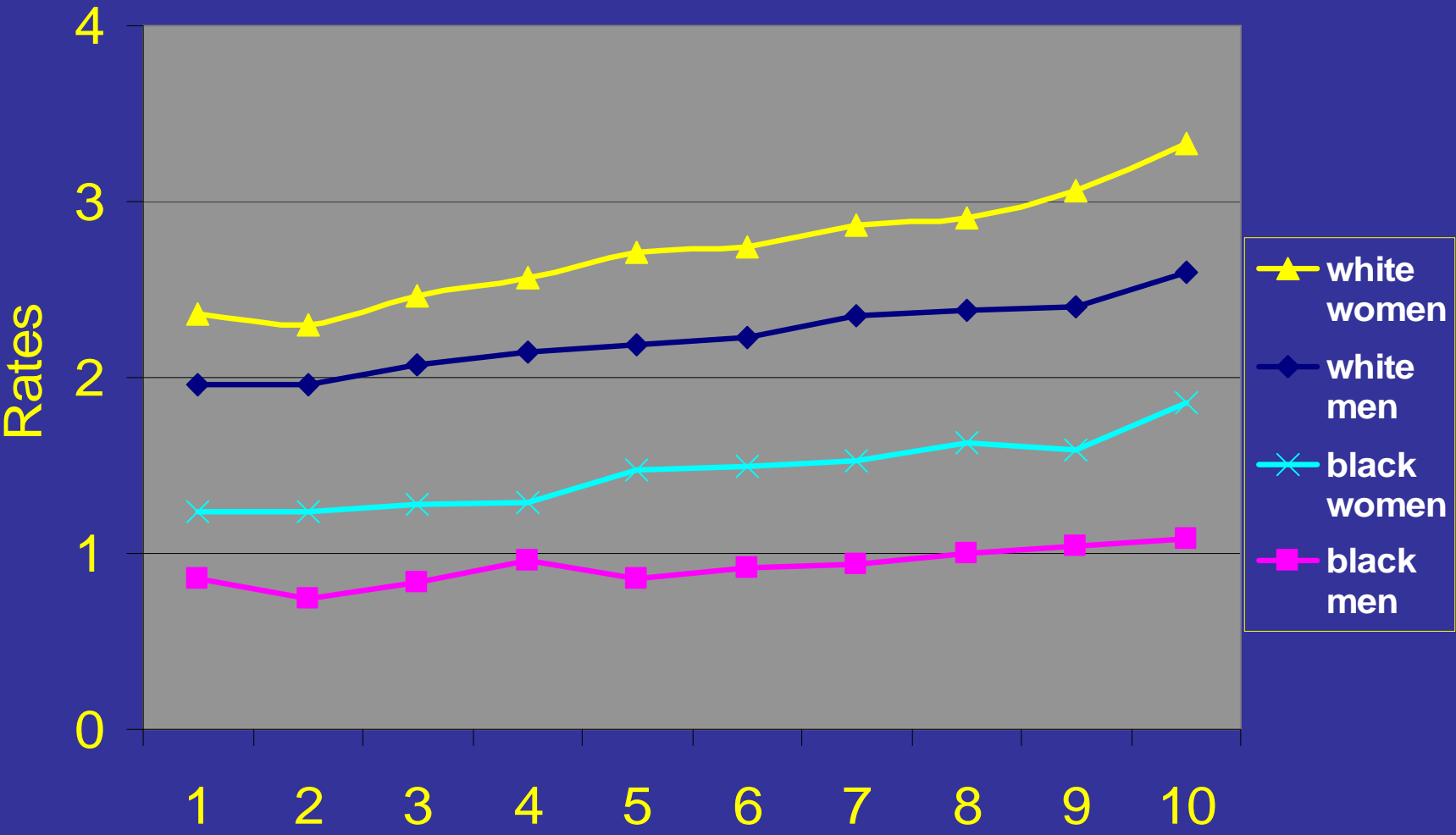
Data

- Medicare Inpatient Files, 1992–2001
- Nine common, major surgeries
- Analysis:
 - Procedure rates for men and women
 - National analyses
 - Regional analyses

Results

- Stable or widening gaps for major surgeries
 - No local regions have eliminated gaps
- Medicare managed care programs
 - Narrowing of gaps for simple tests
 - Widening of gaps for clinical management such as adequate cholesterol control
- For patients with AMI
 - Unchanged for procedures such as bypass surgery

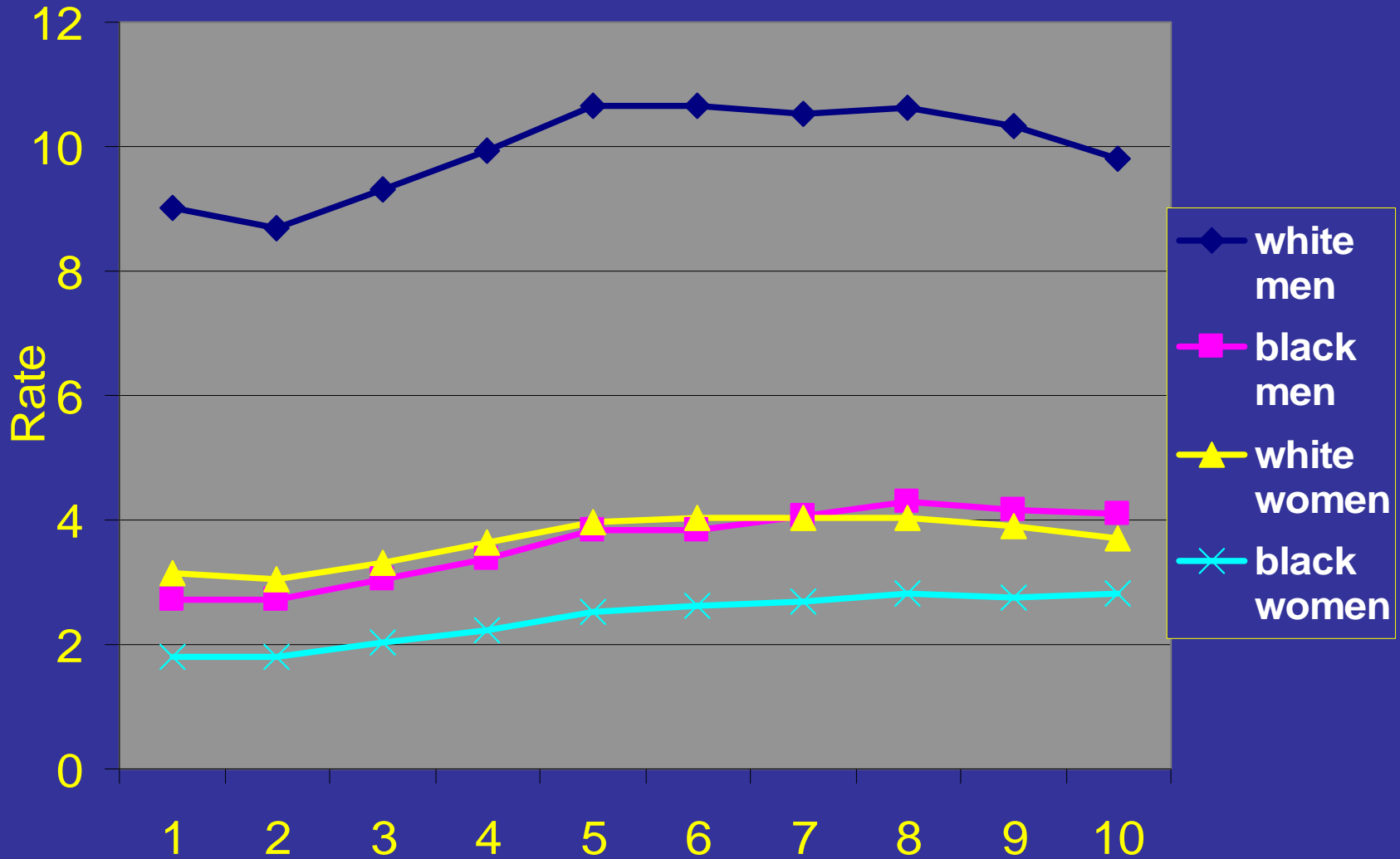
National Hip Replacement Rates



*Per 1,000 Enrollees

Year 1992 - 2001

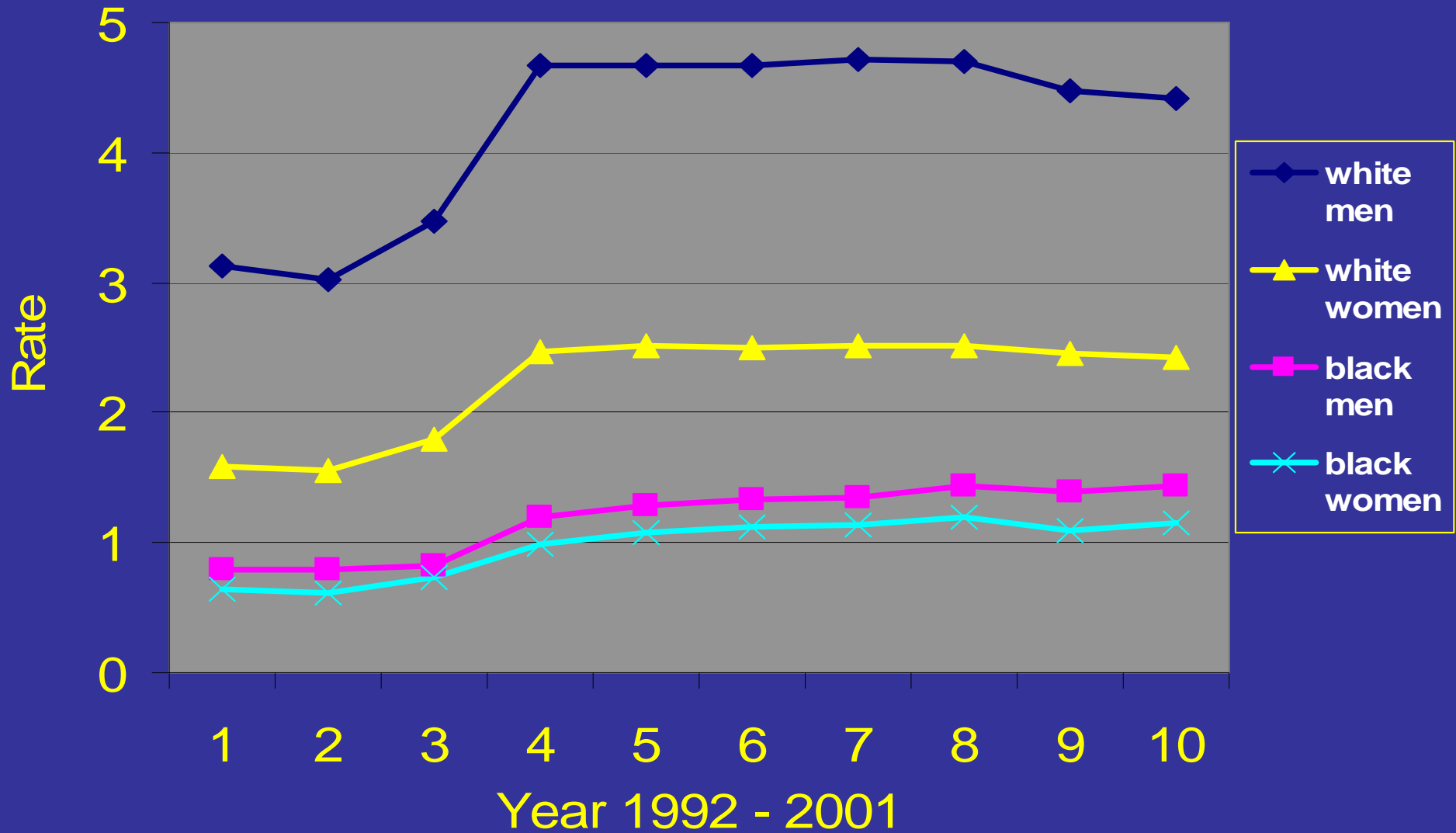
National CABG Rates



*Per 1,000 Enrollees

Year 1992 - 2001

National CEA Rates



*Per 1,000 Enrollees

Summary: National Analyses

	Change in W-B Gap
Knee Replacement	↑
Back Surgery	↑
Hip Replacement	↑
Appendectomy	↑
Valve Replacement	↑
AAA Repair	↓
Angioplasty	↔
Heart Bypass Surgery	↔
Carotid Surgery	↔

* Per 1,000 male enrollees

Summary: Regional Analyses

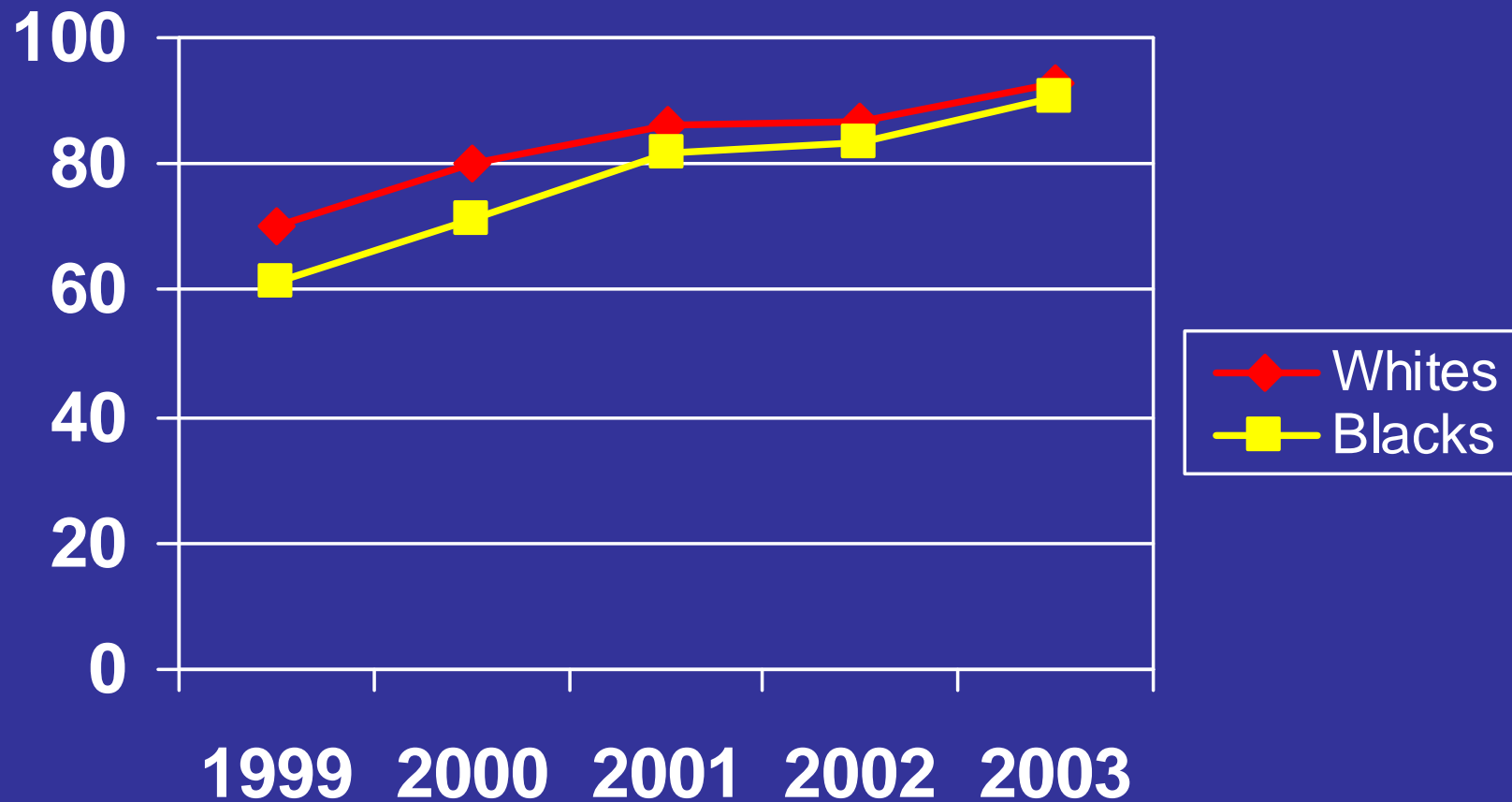
	Local regions		
	1992 W-B Gap >0	Gap Widened	2001 Gaps Eliminated
Men			
Hip Replacement	100%	85%	0%
Carotid Surgery	100%	79%	0%
Heart Bypass	100%	43%	0%
Women			
Hip Replacement	100%	85%	0%
Carotid Surgery	100%	74%	0%
Heart Bypass	100%	23%	0%

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Medicare Managed Care

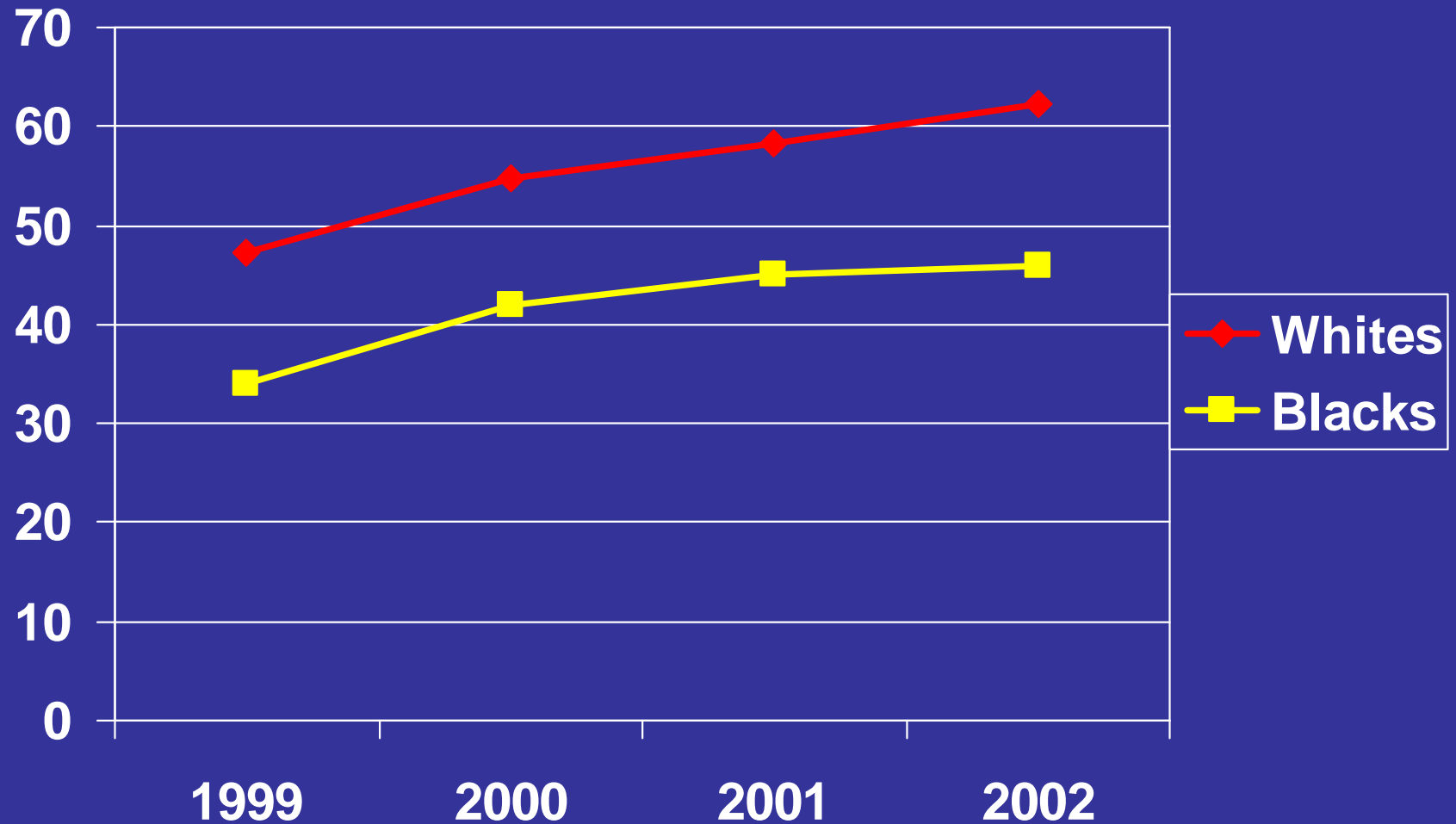
Diabetics Receiving Cholesterol Testing



Trivedi AM, Zaslavsky AM, Schneider EC, Ayanian JZ. Trends in the Quality of Care and Racial Disparities in Medicare Managed Care. *N Engl J Med* 2005;353:692-700.

Medicare Managed Care

Coronary heart disease and adequate cholesterol treatment



Trivedi AM, Zaslavsky AM, Schneider EC, Ayanian JZ. Trends in the Quality of Care and Racial Disparities in Medicare Managed Care. *N Engl J Med* 2005;353:692-700.

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National Registry of AMI

Rates of Treatments Among Patients with Acute MI

	1994-1996	2000-2002
	W- B Gap Present?	W - B Gap Remains?
Primary Treatment Endpoints		
Reperfusion in 24 hrs	Yes	Yes
Angioplasty	Yes	Yes
Coronary angiography	Yes	Yes
Bypass surgery	Yes	Yes
Aspirin in 24hrs	No	No
Beta-blockers in 24hrs	No	No

Vaccarino V, Rathore SS, Wenger NK, Frederick PD, Abramson, JL, Barron, HV, Manhapra A, Mallik S, Krumholz HM. Sex and Racial Differences in the Management of Acute Myocardial Infarction, 1994 through 2002. N Engl J Med 2005;353:671-682.

Discussion: Racial Gaps in Care

- **Stable or widening for major surgeries**
 - No local regions have eliminated gaps
- **Medicare managed care programs**
 - Narrowing of gaps for simple tests
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- **For patients with AMI**
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Limitations

- Limited adjustment for financial status
 - All patients in each of the three studies insured
- Limitations of race data
 - Small percentage of Hispanics
- No data on patient preference

Implications

- Blacks and whites continue to receive different health care, despite:
 - Two decades of research
 - National and local policy initiatives
- New efforts to close the gap in care