



# In the Literature

## DO HOSPITALS PROVIDE LOWER-QUALITY CARE TO MINORITIES THAN TO WHITES?

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Research has shown that minority patients tend to have primary care physicians with less clinical training, see specialists with poorer clinical outcomes, and seek care at lower-performing hospitals than do white patients. However, a new Commonwealth Fund-supported study finds that when minority patients and white patients seek care at the same hospital, they receive the same standard of care.

These results highlight a fundamental rule: minority patients receive the best care when they are treated in hospitals that deliver high-quality care. In terms of eliminating disparities, this may mean a greater focus on under-performing hospitals. “More attention needs to be devoted to eliminating disparities in quality across hospitals rather than within hospitals,” writes lead author Darrell J. Gaskin, Ph.D., of the University of Maryland in the study “[Do Hospitals Provide Lower-Quality Care to Minorities than to Whites?](#)” (*Health Affairs*, Mar./Apr. 2008).

The researchers examined data in 13 states (Arizona, Colorado, Florida, Iowa, Maryland, Massachusetts, Michigan, New Jersey, New York, North Carolina, Pennsylvania Texas, and Wisconsin) that represent more than 44 percent of the U.S. population, cover large portions of the racial and ethnic subgroups in the study (Asian, Hispanic, African American, and white), and have a sizable share of the nation’s acute care general hospitals.

The analyses involved mortality rates for four inpatient procedures (e.g., abdominal aortic aneurysm repair and coronary artery bypass graft), six inpatient conditions (e.g., congestive heart failure, hip fracture, and pneumonia), and 15 patient safety indicators (e.g.,

infection due to medical care, postoperative respiratory failure, and birth trauma).

The resulting analysis does show differences in quality of care among racial and ethnic groups. For instance, whites had the lowest risk-adjusted mortality rates for three indicators (abdominal aortic aneurysm repair, coronary artery bypass graft, and craniotomy), while African Americans had the lowest rates for a different three indicators (acute myocardial infarction, congestive heart failure, and stroke). But the study did not find major differences in quality of care across racial categories within hospitals.

“Our findings indicate that in most hospitals, minority patients did not receive lower-quality care than white patients in the same hospital,” the authors said. A “relatively few” hospitals provided minority patients with lower-quality care than white patients, while “almost all” hospitals had risk-adjusted mortality rates for minority patients that were not significantly higher than for white patients.

The bottom line, say the researchers, is that when minorities receive hospital care, they receive the same standard of care that white patients receive. “[W]hen it comes to addressing within-hospital disparities in health outcomes, interventions should be targeted toward those hospitals that are lower-performing as opposed to hospitals nationwide.” In the lower-performing hospitals, all patients are at higher risk for mortality, complications, and adverse events—not just minority patients. “Policymakers should focus their efforts on improving care at low-performing hospitals,” the authors conclude.