



Cardiac Surgery Outcomes Highlight Racial Disparities Linked to Hospital Quality



According to a recently released study by Govind Rangrass, M.D. and colleagues of the University of Michigan, Ann Arbor, coronary artery bypass graft (CABG) surgery outcomes indicated the prevalence of racial disparities. Several factors, among them hospital quality, were associated with the findings.

According to the study background, racial disparities in mortality rates following CABG surgery are well established, however it is less known how receiving care at high-mortality, low-quality hospitals may contribute to racial disparities in surgical outcomes.

Using the national Medicare database researchers identified close to 174,000 patients who underwent CABG surgery. 8.6% were these were nonwhite and study findings indicate that in comparison to white patients, nonwhite patients had 33% higher mortality rates after CAG surgery.

Researchers acknowledged that an important fraction of the racial disparity remains unexplained in the study, though detailed analysis showed that in hospitals that treated the highest proportion of nonwhite patients (in excess of 17.7%), the mortality rate was close to 5% whereas in white patients it was 3.8%.

Patient factors, socioeconomic status and hospital quality explained 53 percent of the disparity revealed between the two patient groups.

The study concludes that decreased access to high-quality, low-mortality hospitals explains a large proportion of the observed racial disparity in mortality rates and outlines the factors perpetuating racial disparities as regional variations in hospital quality, proximity to high-quality hospitals, and segregated referral patterns.

Admitting that the report data could not directly address these factors, the researchers maintained that their study highlighted the effects of hospital quality and served as a springboard for further research in this area.

Source: [Jama](#)
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