Predominately black-serving hospitals provide poorer care

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Hospitals that mostly serve Black patients have worse mortality outcomes for both Black and White patients with three common conditions: heart attack, congestive heart failure or pneumonia. The new study in *Health Services Research* suggests that there is an urgent need to improve care at predominately black-serving institutions.

These findings matter greatly because of the ongoing value-based purchasing effort by the Centers for Medicare and Medicaid Services (CMS), explained lead author Lenny López, M.D., MPH, of the Mongan Institute for Health Policy Research at Massachusetts General Hospital. CMS will use several quality measures including hospital mortality rates to decide reimbursement. "This kind of pay-for-performance effort may lead to hospitals that need more resources to improve care for all of their

patients actually losing resources," he said.

The researchers ranked U.S. hospitals by their proportion of discharged Black Medicare patients and deemed the top 10 percent, 449 hospitals, as "Black-serving hospitals". These institutions were mostly urban, public non-profit hospitals in the South and were more likely than others to be academic teaching hospitals. The other 90 percent of U.S. hospitals were defined as non-Black-serving hospitals. Black-serving and non-Black serving hospitals had similar rates of cardiac intensive care units (ICUs) but Black-serving hospitals had lower rates of medical ICUs and more patients assigned to each nurse.

The investigators calculated 30-day and 90-day mortality rates for both Black and White patients at Black- and non-Black-serving hospitals. All patients included were 65 or older and suffered from a heart attack, congestive heart failure or pneumonia. Generally, both Black and White patients had worse mortality outcomes at Black-serving hospitals than at non-Black-serving hospitals for reasons that were not clear. The poorer outcomes actually came as a slight surprise to the researchers since a high percentage of the black-serving hospitals are academic institutions, often assumed to be superior.

Cheri C. Wilson, MA, MHS, program director at the Center for Health Disparities Solutions at the Johns Hopkins Bloomberg School of Public Health emphasizes that in light of these kinds of findings, it is time for action. "It is time for hospitals to start examining their own data, identifying opportunities for improvement, and implementing interventions to improve performance," she says.

She adds that legislation that will increase meaningful use of electronic health records will lead to greater standardization of data hospitals collect about patients' race, ethnicity and languages. This will better enable hospitals to stratify their own performance and mortality data

along these lines, identify disparities and take corrective action. Both López and Wilson noted that the public reporting of data about differential performance at Black-serving and non-Black serving hospitals will be valuable. Wilson added that hospitals have every incentive to do better because soon they are going to lose compensation when avoidable readmissions occur.

More information: Lopez, L, Jha, A.K. 2012). Outcomes for Whites and Blacks at Hospitals that Disproportionately Care for Black Medicare Beneficiaries, *Health Services Research*, In Press.

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