Racial Disparities in Emergency General Surgery: Do Differences in Outcomes Persist Among Universally Insured Military Patients?

Cheryl Zogg  
*Harvard Medical School*

Wei Jiang  
*Brigham and Women's Hospital*

Muhammed Ali Chaudhary  
*Brigham and Women's Hospital*

John Scott  
*Brigham and Women's Hospital*

Adil A. Shah  
*Brigham and Women's Hospital*

See next page for additional authors

Follow this and additional works at: [http://digitalcommons.georgiasouthern.edu/health-policy-facpres](http://digitalcommons.georgiasouthern.edu/health-policy-facpres)  
Part of the [Health Policy Commons](http://digitalcommons.georgiasouthern.edu/health-policy-facpres), and the [Health Services Administration Commons](http://digitalcommons.georgiasouthern.edu/health-policy-facpres)

Recommended Citation  

[http://digitalcommons.georgiasouthern.edu/health-policy-facpres/26](http://digitalcommons.georgiasouthern.edu/health-policy-facpres/26)
Authors

This presentation is available at Digital Commons@Georgia Southern: http://digitalcommons.georgiasouthern.edu/health-policy-facpres/26
Racial disparities in emergency general surgery: Do differences in outcomes persist among universally insured military patients?

Cheryl K. Zogg, MSPH, MHS, W Jiang, MA Chaudhary, AA Shah, SR Lipsitz, JS Weissman, Z Cooper, A Salim, SL Nitzschke, LL Nguyen, LA Helmchen, I. Kimsey, ST Olaya, PA Learn, AH Haider

1. Center for Surgery and Public Health, Department of Surgery, Brigham & Women’s Hospital, Harvard Medical School, Boston, MA
2. Uniformed Services University of the Health Sciences, Bethesda, MD, and Georgia Southern University, Statesboro, GA

METHODS

BACKGROUND

• Racial/Ethnic disparities account for >$3,000 deaths, $57 billion per year
  ▪ “One of the most serious health problems affecting the nation”
  ▪ “Major public health concern”

• May 2015 NIH, ACS National Agenda for Surgical Disparities Research
  ▪ Urgent need to consider longer-term outcomes of care

• Access to care “must be considered”, lack of insurance→access blamed

OBJECTIVE

1. To determine whether racial disparities in 30/90/180 outcomes exist within a universally-insured population of EGS patients
2. To ascertain whether disparate outcomes occur: (a) among diagnostic groups, (b) in military vs civilian hospitals, (c) among officers vs enlisted

RESULTS

• No difference in mortality among EGS diagnoses
  ▪ Or when restricted to operative procedures

• Higher risk of morbidity among NH Black vs White
  ▪ Looked at diagnostic-specific comparisons (figure)
  ▪ Isolated to appendiceal disorders

• NH Black and Hispanic less likely to be readmitted
  ▪ Similar results in military and civilian hospitals
  ▪ Place where disparities are found in civilian pop.

• Significant differences only among enlisted BUT limited number of minority officers as TRICARE sponsors

CONCLUSIONS

• While an imperfect proxy of interventions directly applicable to US, the profound contrast between military/civilian-dependent and civilian results merits consideration
• Reduction in disparities both during and after EGS patients’ acute care period provides an example to which we as a nation, collective of providers all need to strive

Figure 1. Risk-adjusted NH Black vs NH White TRICARE HR stratified by diagnostic condition for (a) major morbidity and (b) unplanned readmission

Figure 2. Risk-adjusted NH Black vs NH White CA State Inpatient Database HR stratified by diagnostic condition for (a) major morbidity and (b) unplanned readmission

Corresponding publications: