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

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Racial disparities in emergency general surgery: Do differences in outcomes persist among universally insured military patients?

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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

METHODS

- 2006-2010 national TRICARE Prime, Prime Plus
  - >5 million members of uniformed forces, families
  - Longitudinal follow-up military and civilians
  - Similar race and SES to US, including adults <65y
- Outcomes: mortality, major morbidity, readmission
- Risk-adjusted survival analysis with Cox PH models
- Reweighted estimating equations for missing race

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