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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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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
- 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

• 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

Table. Percent of NH Black vs White readmissions explained by access-related factors in SID

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