

## National Estimates for Inpatient Care, Outcomes and Hospital Effect among Hispanics Project Summary

Hispanics now form the largest ethnic or racial minority in the US. Evidence based on national surveys or death records indicates significant differences in health behaviors and risk compared to non-Hispanic Whites or non-Hispanic Blacks. Hispanics are also at greater risk for healthcare access barriers due to higher rates of uninsurance, poverty and inadequate health literacy. However, little is known about inpatient care access, quality or discharge outcomes among Hispanics nationally. This is largely due to poor identification of Hispanic subjects in national inpatient care data sources. This gap in knowledge limits the ability “to set and monitor national objectives, to formulate policy, and to design legislation to address the disparities”.

We propose to use a novel approach of combining state inpatient discharge (SID) data along with census population data to obtain representative estimates of inpatient care utilization for Hispanic adults and contrast them with those for non-Hispanic Whites and non-Hispanic Blacks. We will examine SID data (2010-11) from 15 states that together account for over 87 percent of the national Hispanic adult population.

We will examine a range of **inpatient care** indicators of distinct domains of care. As indicators of **access to care**, we will use the ACSC conditions identified by Agency for Healthcare Research Quality (AHRQ) Prevention Quality Indicators (PQIs) (e.g., diabetes and hypertension) and AHRQ *referral sensitive surgeries* (e.g., percutaneous transluminal coronary angioplasty [PTCA] and knee replacement). To evaluate **quality** and patient **outcomes** we will use AHRQ Inpatient Quality Indicators (IQI), comprising of eight surgical (e.g., esophageal resection) and six medical admission conditions (e.g., acute myocardial infarction [AMI]).

Our aims are to estimate the following indicators for Hispanics, non-Hispanic Blacks and non-Hispanic Whites aged  $\geq 21$ : (a) population-level rates of admission for PQIs, referral sensitive surgeries and IQIs and (b) risk-adjusted rates of inpatient mortality, 30-day mortality and 30-day readmissions following admission for IQI medical or surgical admission. We will also estimate the extent to which differences in risk-adjusted rates Hispanics are associated with the hospitals where they are treated.

The proposal is innovative and significant: representative estimates of inpatient care utilization and their outcomes for Hispanics have never been presented; they will establish measurable target indicators, help set national priorities, and will provide a mechanism with which to judge the relative impact of new policy initiatives for minorities by ethnicity and race.