



QUALITY OF CARE AND OUTCOMES ASSESSMENT

RACIAL AND ETHNIC MINORITIES IN CALIFORNIA ARE MORE LIKELY TO BE TREATED BY CARDIAC SURGEONS WITH HIGHER OPERATIVE MORTALITY RATES

ACC Poster Contributions

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Background: Prior studies have suggested that coronary artery bypass graft surgery (CABG) is performed in ethnic minority patients by surgeons with increased operative mortality rates. We sought to evaluate whether African American, Hispanic, and Asian patients in California were more likely to receive CABG from cardiac surgeons with higher risk-adjusted mortality rates (RAMR).

Methods: Clinical data from the California CABG Outcomes Reporting Program was analyzed on all patients receiving isolated CABG between 2003 and 2006 by surgeons who performed ≥ 10 operations during this period. Surgeons were divided into quintiles based on their RAMR with the top performing surgeons in the first quintile and lowest performing surgeons in the fifth quintile. The proportion of racial and ethnic minorities in each performance group was analyzed.

Results: The study cohort comprised 72,845 isolated CABG that were performed by 303 surgeons. There were 49,886 White, 9,380 Hispanic, 6,867 Asian, and 2,750 African American patients. African American and Asian patients had a higher mean RAMR (2.90% and 2.99%, respectively) when compared to the state average of 2.65% ($p < 0.001$). Compared to White patients, Asian and Hispanic patients were more likely to be treated by surgeons in the lowest quintile group (OR 1.2, 95% CI 1.11-1.3 and OR 1.38, 95% CI 1.30-1.48, respectively). African American and Hispanic patients were less likely to be operated by surgeons in the top quintile group compared to White patients (OR 0.80, 95% CI 0.71-0.90 and OR 0.81, 95% CI 0.76-0.87, respectively). Hispanic patients were less likely to be treated by surgeons in the top quintile than by surgeons in the lowest quintile group (OR 0.65, 95% CI 0.60-0.75). By contrast, White patients were more likely to receive CABG from surgeons in the top quintile group than by surgeons in the lowest quintile group (OR 1.38, 95% CI 1.29-1.47).

Conclusions: Racial and ethnic minority patients undergoing isolated CABG in California may be more likely to be operated on by cardiac surgeons with higher RAMR. Further studies are needed in order to identify factors associated with the observed disparities.