

Title: Addressing Racial/Ethnic Disparities in Quality of Care through Electronic Health Records

Authors: Wei-Chen Lee, Karl Eschbach, Kenneth Smith, Christen Miller, Dylan Lancaster

Abstract

Research Objective: Core measures (CMs) defined and determined by the Joint Commission serve a goal of improvement of safety and quality of care provided to the public. The study sought to comprehensively examine racial disparities in CMs and target most significant disparities to propose improvement plans. **Study Design:** Eight sets of core measures were compared among non-Hispanic white, non-Hispanic black, Hispanic, and other racial groups of patients. The significant disparities were selected into the second part of analysis. The performance rates were adjusted by age and gender for each racial group. **Population Studied:** One-year inpatient data from 2013Q3 to 2014Q2 in an academic medical center was used for analysis. **Principal Findings:** Overall, 3,008 encounters were identified as the necessary cases to provide specific care while only 2,188 (73%) cases really received it. Among 77 core measures, the racial/ethnic disparity significantly exists in one quality of care indicator (breast milk feeding). The babies with non-Hispanic white identify had the highest performance rates (33.93% unadjusted and 33.96% adjusted). However, the babies with non-Hispanic black identity had the lowest rates among all groups (11.11% for both unadjusted and adjusted). **Conclusions:** Based on the Joint Commission's suggestions, the breast milk feeding rate for non-Hispanic black babies should be increased to achieve health equity. Thus strategies to promote benefits of breast milk feeding and remove barriers that mothers perceived must be proposed in the future. Clinicians should also be aware of this disparity and start to improve the care process. Finally, all CMs should be continuously monitored and assessed to eliminate health disparities in quality of care.