

**POSTER ABSTRACTS**  
**8th Annual HMO Research Network Conference**  
**April 9-10, 2002 Long Beach, CA**

**Chronic Disease**  
**26**

**Are There Racial Differences in Outpatient Congestive Heart Failure Management in An Equal Access Environment?**

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**Background.** Despite assessments of the quality of care delivered to congestive heart failure (CHF) patients in inpatient settings, including those pointing to racial differences, little is known regarding the quality of outpatient CHF management or whether similar racial disparities exist. Such knowledge is critical given mounting evidence that appropriate outpatient CHF management can improve patient well-being and reduce the need for costly inpatient care.

**Methods.** Using automated claims and encounter data from an HMO's group model division, we identified a cohort of 1097 patients seen by a primary care physician (PCP) in an outpatient setting for CHF between 9/92-8/93. Medical record abstraction was used to confirm patients met the Framingham criteria for CHF and compile data on patient characteristics and aspects of CHF management not available in automated sources. Patients were followed to the first of: HMO disenrollment, death, or 9/98. Among the 566 patients meeting Framingham criteria, we describe patient characteristics, outpatient management, and medical care use. We used generalized estimating equations to test for racial differences.

**Results.** African American (AA) patients were significantly ( $p < .05$ ) younger than Caucasian patients (65 vs. 72), resided in lower income communities (\$29,205 vs. 47,980) had higher mean blood pressure (97 vs. 94) and body mass index (31 vs. 30), but did not differ in Charlson Comorbidity Index scores, gender, or newly diagnosed cases. Outpatient management (ejection fraction use, self weight monitoring, routine exercise, medication use and compliance) was similar between the groups, although AAs were significantly less likely to have filled a prescription for a Beta Blocker (16 vs 24%). AAs incurred significantly fewer outpatient visits to a PCP during the baseline year (8 vs. 10), but significantly more visits for CHF (6 vs. 5). Emergency department (17 vs. 13%) and cardiology (65 and 71%) use did not differ significantly by race, but AAs were admitted to the hospital more often (61 vs. 50%).

**Conclusions.** Although we found some differences in patient characteristics and medical care use by race, we found few differences in outpatient management by race among CHF patients being treated by a PCP in an equal access environment.