

The Role of Race and Socioeconomic Status in Surgical Referrals: Evidence from a Physician Situational Choice Experiment

HSD72

Milla Frieman, BS¹, Reed Johnson, PhD², Jessie Sutphin, MA³, Rachel Kelz, MD, MSCE^{1,4}

¹Center for Surgery and Health Economics, Department of Surgery, University of Pennsylvania, Philadelphia, PA, USA; ²Duke School of Medicine, Duke Clinical Research Institute, Durham, NC, USA;

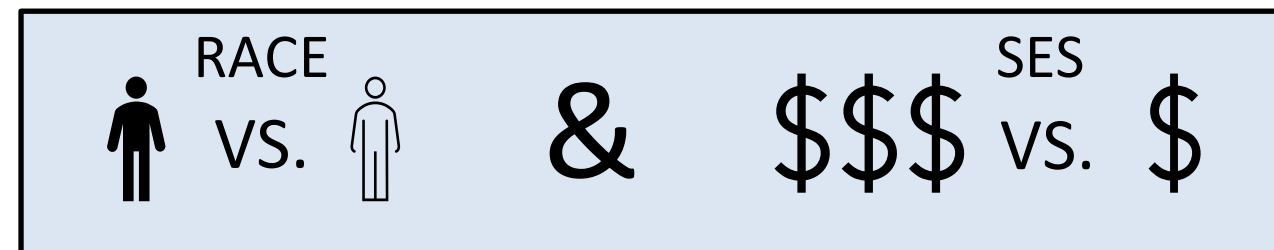
³Duke Clinical Research Institute, Durham, NC, USA; ⁴Leonard Davis Institute, University Pennsylvania Perelman School of Medicine, Philadelphia, PA, USA

BACKGROUND

- Segmental differences in surgical outcomes are well established between Black and White patients.
- Socioeconomic status (SES) often confounds causal interpretation of these observations.
- Surgical referral decisions influence downstream surgical outcomes.
- We isolated racial and SES effects separately using a novel experimental design.

METHODS

- Discrete-choice experiments (DCE) presented a national cohort of physicians with paired surgical referral scenarios varying across four patient profiles (2 x 2 factorial):



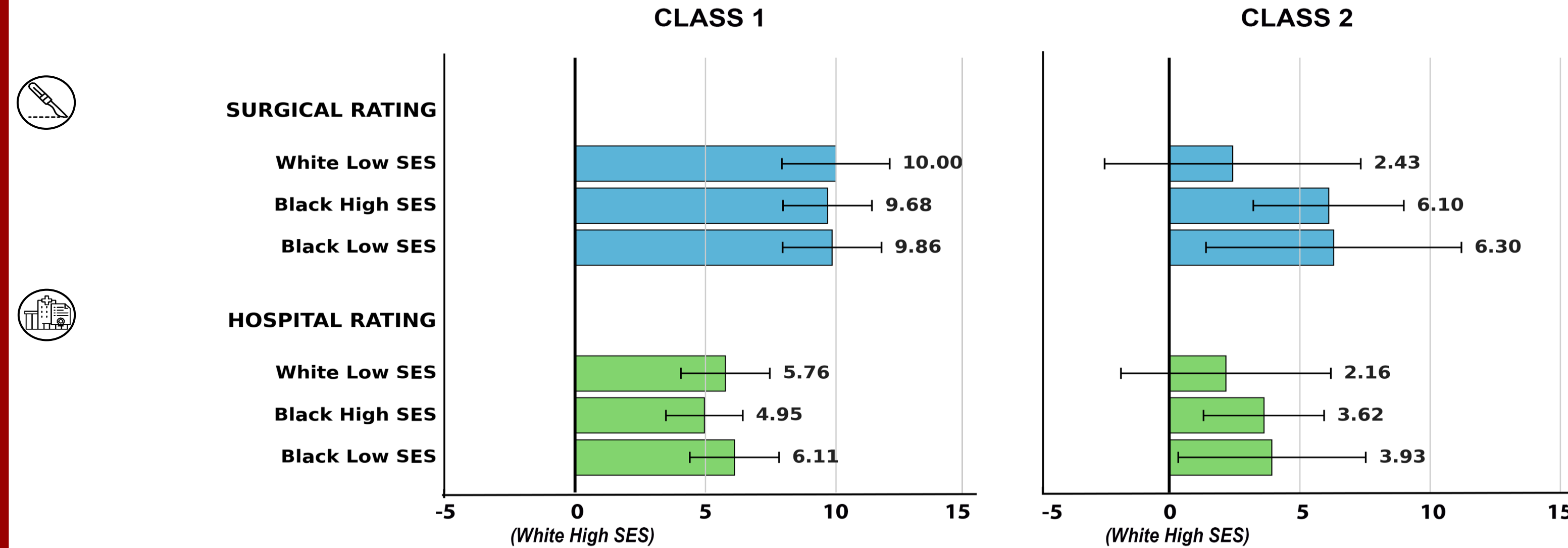
Age, sex, and number of children were held constant.

- Scenarios offered the following features for consideration:

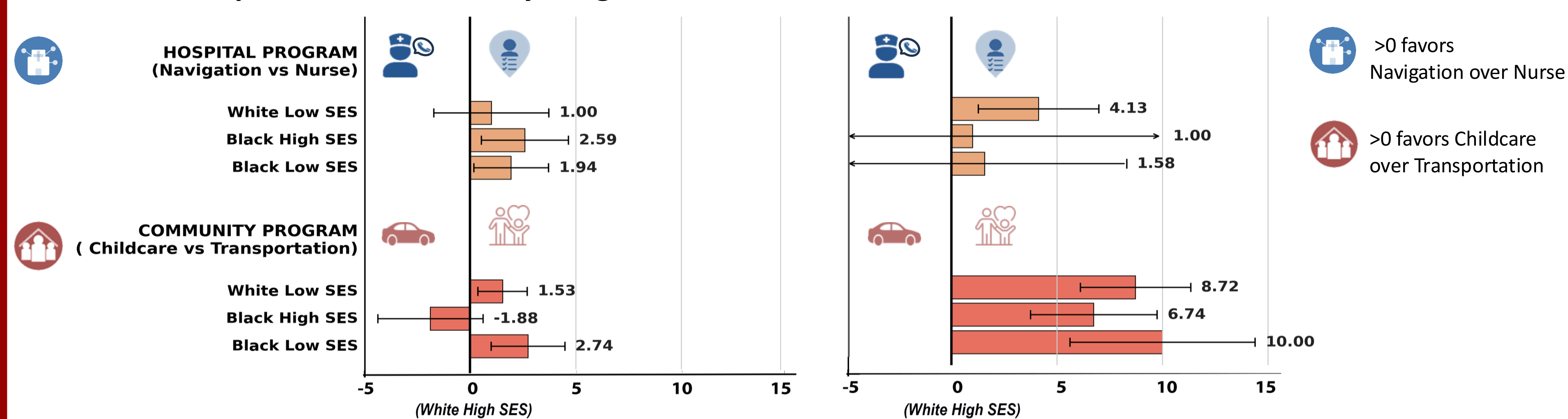
<p>SURGICAL RATING (Complication-free surgeries) ★★★★☆ OR ★★★★★</p>	<p>HOSPITAL QUALITY (Infection-free hospitalizations) ★★★★☆ OR ★★★★★</p>
<p>HOSPITAL-BASED PROGRAMS</p> <ul style="list-style-type: none"> Patient Navigation On-call Nurse 	<p>COMMUNITY-BASED PROGRAMS</p> <ul style="list-style-type: none"> Childcare Transportation

RESULTS: TWO CLASS IMPORTANCE WEIGHT ESTIMATES

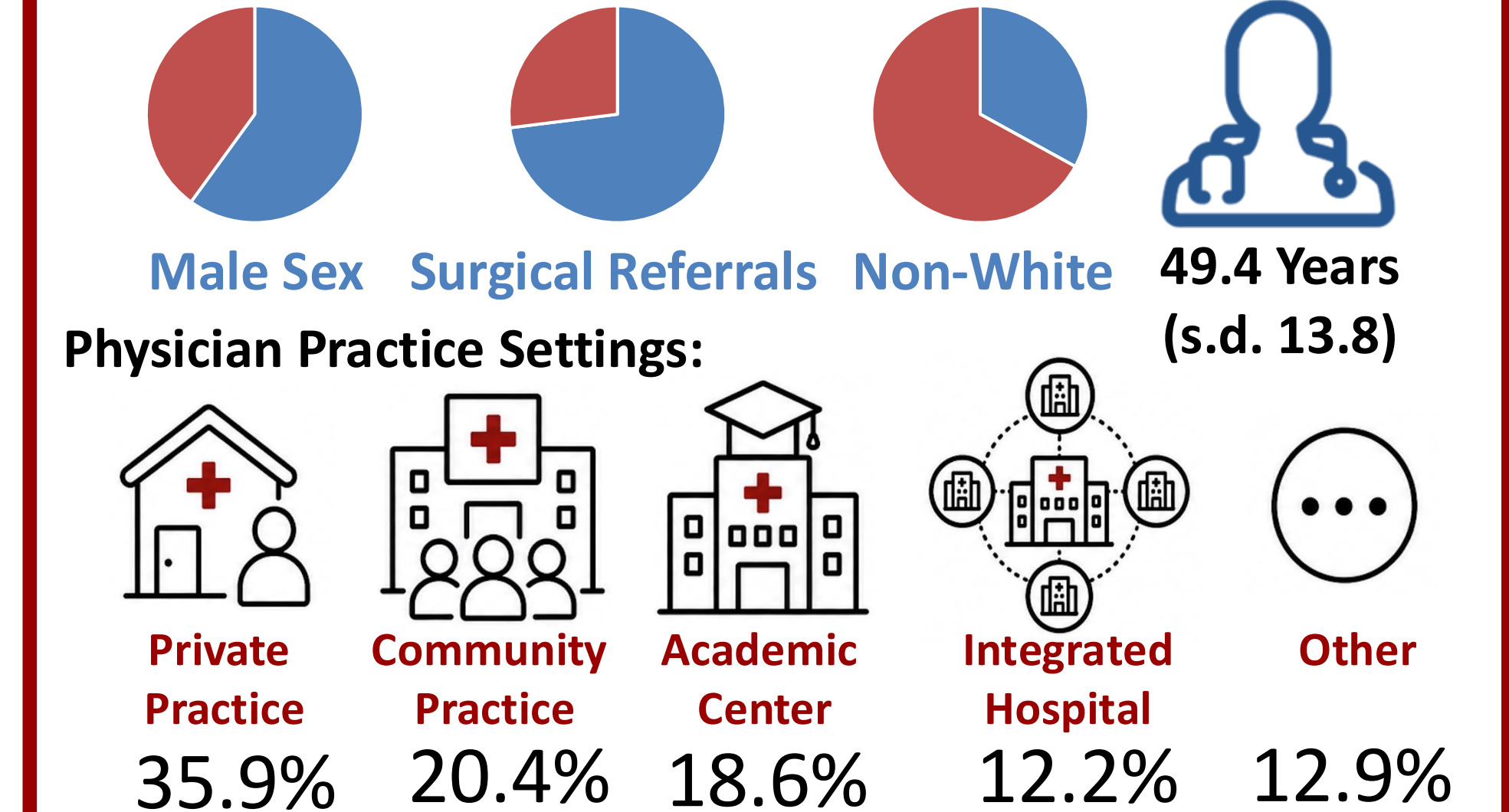
Panel A: Surgical and Hospital Quality Ratings



Panel B: Hospital and Community Programs



RESULTS: PHYSICIAN POPULATION



CONCLUSIONS

- Surgical and Hospital Quality Ratings were more important than Hospital Programs for most physicians.
- Physicians showed greater preference for Community Programs when referring Black patients, especially when the physicians had prior experience with Community Programs.
- Heterogeneity in preferences likely reflected different perceptions of support program effectiveness rather than equity goals.

Research reported in this publication was supported by the National Institute On Minority Health And Health Disparities of the National Institutes of Health under Award Number R01MD016088. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.