Health Disparities in the Medi-Cal Population
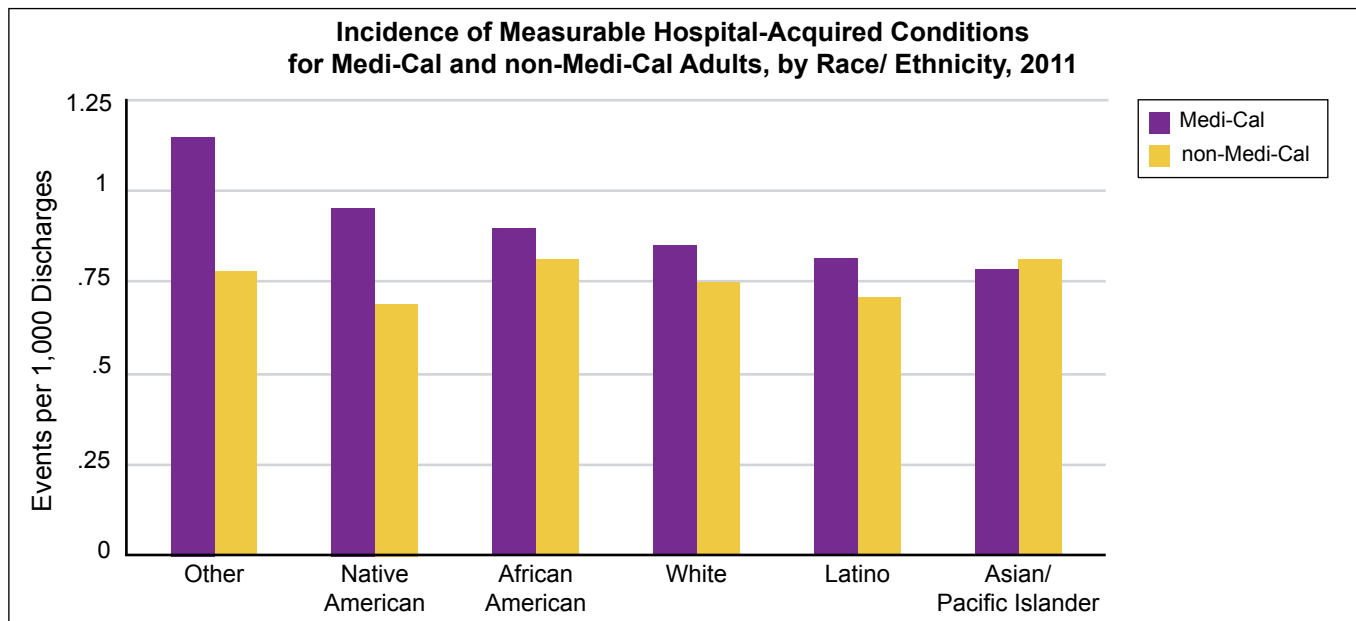
Hospital-Acquired Conditions

Hospital care offers people many opportunities for improved health. However, hospital care can be potentially dangerous with a possible 98,000 or more people dying each year in the United States from hospital-acquired conditions.[1] Hospital-acquired infections—one important category of hospital-acquired conditions—are expensive with an estimated national cost between $38 and $45 billion dollars each year.[2]

Numerous initiatives at the state and federal levels are striving to reduce hospital-acquired infections, and quality improvement programs have shown great potential to reduce hospital-acquired conditions.[3]

Hospital-acquired conditions averaged 0.75 per 1,000 hospital discharges for the California non-Medi-Cal population and 0.84 per 1,000 discharges for Medi-Cal members.[4] The rates among racial/ethnic groups for the non-Medi-Cal populations are relatively similar. Within the Medi-Cal population, however, there are larger differences between racial/ethnic groups. The racial/ethnic category Other, and to a lesser extent Native Americans, have relatively higher rates as compared to African Americans, Whites, Latinos, and Asians/Pacific Islanders.

Figure

Incidence of Measurable Hospital-Acquired Conditions for Medi-Cal and non-Medi-Cal Adults, by Race/ Ethnicity, 2011

Source: Office of Statewide Health Planning and Development (OSHPD), Patient Discharge Data, 2011.
Note: Rates produced from the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicator (PSI) Composite, Version 4.4.

1. Kohn LT, Corrigan J, Donaldson MS. To err is human: Building a safer health system. Vol 6: Joseph Henry Press; 2000.
2. Let's Get Healthy California Task Force Final Report. http://www.chhs.ca.gov/Documents/___Let%27s%20Get%20Healthy%20California%20Task%20Force%20Final%20Report.pdf. Published December 19, 2013. Accessed February 25, 2013.
3. Leape LI BDM. Five years after to err is human: What have we learned? *JAMA*. 2005;293(19):2384-2390.
4. Office of Statewide Health Planning and Development (OSHPD), Patient Discharge Data, 2011.

Link to Data Sources and Methods