

Study finds racial inequality within heart transplant process

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A new study from the University of Missouri found that Black patients with advanced heart failure were more likely to receive a left ventricular assist device, or LVAD, later in their disease progression compared to white patients, ultimately resulting in worse health outcomes.

Adrienne Frech, an associate professor in the MU School of Health Professions, is a medical sociologist interested in addressing inequalities within the health care system. She was curious if race affected a patient's ability to access newer versions of LVADs, which are implanted into the chest of a patient with advanced [heart](#) failure to help pump blood throughout the body.

In her recent study, Frech and her coauthors analyzed data from the United Network for Organ Sharing, or UNOS, spanning from 1999 to 2014 for patients who received a LVAD as a temporary 'bridge' solution to their heart failure while they were on the waiting list to receive a permanent heart transplant. She found that while access alone to these devices shows no [racial inequality](#), underlying factors contribute to Black patients

being less likely to receive a heart transplant compared to their white counterparts.

"If you just look at that one piece of the puzzle, we found there was no significant difference for Black and [white patients](#) in accessing these devices as the technology improved over time," Frech said. "But as I dug deeper, where the inequalities emerged was when they got the device, as Black patients were more likely to be sicker by the time they received the LVAD compared to white patients, making them more likely to be deemed ineligible for a heart transplant and taken off the waiting list."

As earlier implantation of LVADs is associated with better health outcomes, Frech's research emphasizes the importance of preventive care and early treatment, while also highlighting how [inequality](#) can still persist even in health care systems that are designed to be fair.

"The process UNOS uses for determining who gets a heart transplant has many algorithms attached to it, so it is meant to be a completely fair process, but inequality is so pervasive in society that it still happens even without anyone intentionally trying to be racist or classist," Frech said. "The goal of the research is to articulate the more nuanced places where inequality happens, so that we can identify and target those areas to help reduce those inequalities."

A step in the right direction occurred in December 2020, when the Centers for Medicare and Medicaid Services announced that individuals will be reimbursed for LVADs, even if they are not yet sick enough to require a heart transplant. Frech added that while this policy change will benefit all individuals on Medicare and Medicaid, Black patients are more likely to be on public insurance programs than white patients.

"The traditional medical model for treating illness

has typically focused on individual solutions for solving individual problems," Frech said. "However, sociology introduces the idea that these are systematic problems that require systematic solutions. We know that inequality is harmful for human health, and there is evidence to suggest that the social systems we live in can play a role in causing disease."

"Ventricular assist device technology and black-white disparities on the heart transplant wait list" was recently published in *Progress in Transplantation*.

More information: Adrienne Frech et al. Ventricular Assist Device Technology and Black-White Disparities on the Heart Transplant Wait List, *Progress in Transplantation* (2020). DOI: [10.1177/1526924820978591](https://doi.org/10.1177/1526924820978591)

Provided by University of Missouri

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