

Commission to End Health Care Disparities

Summary of Meeting: September 18-19, 2005
Arlington, VA

The fall meeting of the Commission was held in Arlington, VA and attended by representatives from 42 organizations. It was announced that 7 new organizations had been approved for membership over the past 6 months. Matthew Wynia, MD, MPH presented the initial results of the physician engagement study assessing factors associated with physician engagement in racial and ethnic disparities. He indicated that there appear to be a set of 9 factors that correlates fairly well with markers of engagement. He also discussed the A.R.E.A. model which showed that engagement was a stepwise progression from awareness leading to reflection then to empowerment and finally action. Margaret Gadon, MD, MPH presented the results of the survey of Commission organizations. Of the then 28 organizations, half were actively engaged in disparities activities. The survey, which will be conducted annually, provides an index on the progress the Commission is making in addressing disparities through its member organizations.

The first day was directed at committee work.

Awareness and Education/Training Committees:

These 2 committees agreed it would be best to combine their efforts. Key issues addressed included:

1. The need for the Commission to develop an identity signifying its position nationally as an agent for promoting advocacy, increasing awareness and disseminating strategies for change.
2. The desire to help tailor cultural competence training through creating a grid that would provide information matching the setting, specialty, and disease to different types of web-based training programs.
3. Ensuring that the Commission's Power Point slide set can be modified to meet the specific needs of the various audiences. The group also thought the speakers should include a set of actions for addressing disparities. Dr Olivier is conducting a pilot presentation in October to test the speakers bureau model for effectiveness.

Data Committee:

The committee wants to conduct additional research to validate the findings of the engagement study. The tool will also be developed into a 9 item pre- and post-intervention survey that participating quality improvement project physicians receive. The committee is also working on two papers to present the results of the survey, the first on the *Methods* the second on the *Predictors* of physician engagement in health care disparities.

Workforce Diversity:

The committee held a planning meeting 6 weeks ago in Chicago to better focus work directed at promoting recommendations from the Sullivan Commission report. As a result, the committee will direct its work toward:

1. Developing and implementing a strategic plan to identify and implement a select number of recommendations from the Sullivan report.
2. Continue analysis of the results from the Commission's survey of medical school admissions committees to look for differences between schools with high minority student enrollment and those with low enrollment.

3. Review the rationale and logistics for sponsoring a national summit on workforce diversity as a strategy for moving forward implementation on recommendations from the Sullivan and other reports

The remainder of the meeting focused on 3 major issues:

1. What are the incentives for physicians to address eliminating racial and ethnic disparities through clinical quality improvement?

Discussion on this item included 2 presentations:

- Lok Wong from the National Committee on Quality Assurance (NCQA) described their work to better understand racial and ethnic health differences among Medicare populations. She also described how NCQA is promoting disparities reduction through better use of data collection by health plans. Subsequent discussion highlighted some of the challenges associated with use of performance standards, especially as they relate to small practices and practices that care for large numbers of minority patients.
- Lawrence Casalino, MD, Ph.D from the University of Chicago presented the advantages of using pay for performance as an incentive for promoting quality improvement directed at eliminating racial and ethnic disparities in health care. Dr Casalino highlighted the need to ensure that risk adjustment be done correctly by accounting for both race/ethnicity and SES or else pay for performance could potentially increase disparities. He also noted that strategies for quality improvement and disparities reduction overlap, but are not synonymous. In summary, Dr Casalino questioned whether a business case for disparities could be developed. There are few financial incentives for doctors to work on eliminating racial and ethnic health disparities and, sometimes, even significant financial disincentives for trying to do so. A case of addressing disparities must be made from incentives other than helping reduce expenditures.

2. What are the parameters for federal action that the representatives would advocate to the Commission organizations to support?

The Commission heard from staff representatives of both Senator Frist and Senator Kennedy who described legislation that the two offices have been working toward. Key elements will likely include: education and training, environment, cultural competency, research, coverage and care, and data collection (including health information technology). The speakers specifically asked for input on how the joint legislation could promote effective patient-physician communication. Several major parameters appeared to emerge from this discussion that the representatives thought might be promoted in a non-partisan manner:

- Encourage accurate, uniform, and affordable data collection that includes demographic data necessary to detect and track disparities.
- Promote diversity of the health professional workforce by providing early intervention to increase the number of qualified candidates in the early educational pipeline
- Promote effective communication through addressing the needs of both the low health literate population and people with limited English skills.
- Encourage minority enrollment in clinical trials.
- Include appropriate risk adjustment for pay for performance and other quality improvement initiatives.

- Track best practices for eliminating disparities and disseminating this information.
 - Target medical issues that disproportionately affect minority populations.
3. How should the Commission respond to Hurricane Katrina?
 The discussion on this issue was introduced by Garth Graham, MD, MPH, Deputy Assistant Secretary for Minority Health (Department of Health and Human Services). Dr Graham described various public health aspects of the recent disaster and how the flooding of the Gulf coast had affected poor neighborhoods and minorities. He asked for the Commission's help in not only responding to the current situation, but also in helping the country prepare for future disasters. The Commission representatives expressed many viewpoints and opinions.

Summary of Actions:

1. AMA staff will work with the Steering Committee to prepare a report that reviews the incentives for why physicians and medical organizations should address quality improvement to eliminate racial and ethnic disparities in health care.
2. AMA staff will work with the Steering Committee to arrange a meeting with AHRQ to investigate how the Commission can best use the AHRQ disparities report as a foundation for disease-targeted preventive and intervention strategies.
3. The Steering Committee will review options for how the Center for Medicaid and Medicare Services can adopt policies favorable to eliminating racial and ethnic disparities in health care.
4. AMA staff and the Steering Committee will review the discussion from the meeting and the requests for assistance in developing legislation from Senators Frist and Kennedy staff to identify key components for legislative and regulatory advocacy on eliminating racial and ethnic disparities.
5. The Power Point slide set describing disparities and the Commission will be edited and expanded to include action items. AMA staff will work with Commission organizations to identify opportunities for speakers to present information on both disparities and the Commission.
6. AMA staff will work with the Steering Committee to prepare an annual report for the Commission that can be used in conjunction with the Power Point slide set.
7. The Work Force committee will review the Sullivan and other reports for recommendations that are feasible and actionable without great cost.
8. The Data committee will identify physician groups on which to further test their engagement instrument.
9. The Steering Committee will assess an appropriate role for the Commission in assessing how the health needs of financially poor and minority populations can be better addressed during future disasters such as what occurred with the recent hurricanes in the Gulf Coast.
10. The Steering Committee will communicate with the Institute for Healthcare Improvement to explore how the Commission can become involved in the Saving Lives campaign.
11. AMA staff will work with the Steering Committee to create an "identity" for the Commission that can be used to help organize public relations for work that is done by the Commission.
12. The Steering Committee will review a suggestion brought up during the meeting that the Commission conduct a series of community Listening Sessions to better

understand health service needs of minority patients and physicians who serve these patients.

13. AMA staff will work with the Steering Committee to determine how the Commission can address preventive issues faced by minority patients such as lifestyle behaviors.
14. The next meeting of the Commission is tentatively scheduled for March 19 & 20, 2006