Coalition-led Efforts to Improve Health Equity: Role of National Professional Medical Societies

National Minority Quality Forum
April 28, 2014

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What is the CEHCD?

- 70+ member organizations
- Educates physicians and allied health professionals about health care disparities
- Promotes racial and ethnic diversity in the health professions, including key leadership positions
- Advocates to improve health outcomes for minority populations
- Improves the quality and availability of research and data necessary to end disparities
Donna Christensen – CBC Braintrust
A New Health Care System:
The ACA and Health Disparities
Minorities: Diabetes and Hypertension

Adults with Poorly Controlled Chronic Diseases, by Race/Ethnicity, Family Income, and Insurance Status, 2005–2008

Percent of adults age 18+ with diagnosed diabetes with hemoglobin A1c level ≥9%

Percent of adults age 18+ with hypertension with blood pressure ≥140/90 mmHg

* High refers to household incomes ≥400% of federal poverty level (FPL); middle to 200%–399% FPL; near poor to 100%–199% FPL; and poor to <100% FPL.

Data: J. M. McWilliams, Harvard Medical School analysis of National Health and Nutrition Examination Survey.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2011.
Physicians’ Attitudes about Health Care Disparities

In 2005, a national survey of 1,700 physicians on their experiences providing care to racial and ethnic minorities found that:

• 55% agreed that “minority patients generally receive lower quality care than white patients.”

• 62% reported witnessing “a patient receive poor quality health care because of the patient’s race or ethnicity.”

In 2008, a follow up study found that most physicians who were aware of the effectiveness of strategies to reduce disparities did not regularly use such strategies in practice.
CEHCD Accomplishments

- Bringing together the AMA, NMA and NHMA to work collaboratively on ending disparities in health and health care
- Maintaining and growing a diverse coalition of more than 70 organizations (now including allied health) that consider health care disparities a major issue
- Providing a multidisciplinary forum within organized medicine to discuss ways to improve health equity
- Collectively advocating for the elimination of disparities in health and health care
CEHCD Resources and Tools

- Publishing recommendations to assist clinicians in efforts to address health care disparities:
  - Collecting and using race, ethnicity and language data in ambulatory settings (white paper)
  - Promoting appropriate use of physicians’ non-English language skills in clinical care (white paper)

- Developing a toolkit to educate health professionals and the public about disparities in health and health care

- Conducting a survey on physicians’ attitudes toward health care disparities and promoting survey results

- Facilitating and promoting the “Doctors Back to School” program (developed by the AMA’s Minority Affairs Section)
Focus Areas for 2014 - 2016

• Reduce racial and ethnic disparities in prevention, control, and outcomes for a select group of high-impact medical conditions, starting with hypertension and type 2 diabetes

• Promote racial and ethnic diversity in the health care workforce and leadership opportunities for underrepresented minority students, trainees, physicians and allied health professionals

• Improve race, ethnicity, preferred language, LGBT status, disability status, and zip code data collection, reporting and use to reduce health care disparities
Health Disparities, Workforce & ACA

Elena Rios, MD, MSPH
President & CEO
National Hispanic Medical Association
Minorities face health care disparities in America
- By 2042, over half of Americans will be minority populations
- Latinos – immigrants, mixed families with strong cultural values – will be 1 out of 4 Americans

Our nation is undergoing a major transformation:
- Cultural Competence & language requirements in hospitals/clinics and for future providers in medical education and public health
- Health care reform expands health care coverage to Hispanics and African Americans and increases the need for education and outreach efforts
- Quality value payments for coordinated patient centered care
- Disparities in obesity and chronic disease for minority populations remain high
- New demand for community-based health prevention and research

NHMA/NHHF seeks to cultivate public and private partnerships to make a positive impact promoting prevention awareness & good will in new and growing Latino communities and markets around the nation
Health Disparities Advocacy

- Diseases: Diabetes, Heart Disease, Cancer, HIV/AIDS, Hepatitis C, Asthma, Lupus
- Social Determinants: poverty, crime, low levels of education, nutrition, safe parks, stress
- Supported the ACA – to increase access to care through affordable insurance, quality care models/payments, primary care focus, coordinated care, OMH structure, race/ethnic/language data
- CEHCD – NHMA Congressional Briefing on Innovations – Diabetes care through Medicare
Medicare Diabetes Prevention Act (S452/HR962)

- Amends Medicare to provide coverage of diabetes prevention program services to an eligible diabetes prevention program individual.
- Directs the Secretary of HHS to establish the criteria for a diabetes prevention program in accordance with the standards under the National Diabetes Prevention Program established by the Centers for Disease Control and Prevention (CDC).
- Excludes items and services under a diabetes prevention program from the skilled nursing facility prospective payment system.
- Includes: (1) items and services under a diabetes prevention programs among federally qualified health center services, (2) rates of referrals of eligible individuals to diabetes prevention programs among the quality measures for covered professional services in the Medicare physician quality reporting system, and (3) an individual's diabetes risk assessment in the individual's Medicare personalized prevention plan.
- Expresses the sense of the House that the National Diabetes Prevention Program presents an opportunity for states to reduce the incidence of diabetes among individuals enrolled in their Medicaid programs.
ACA Health Care Workforce

- State and local government flexibility and resources to develop health workforce innovations, recruitment strategies
- Drive the transformation to a patient centered care model that promotes access, coordination across the continuum, wellness and prevention by collaborating with physicians, starting with primary care, in ways that allows them to successfully manage the health of their patients and thrive in a value based reimbursement environment
Grant programs that support the training of primary care providers, including family medicine, pediatrics, general internal medicine, and physician assistants

Payment bonuses to primary care physicians

Geographic distribution of providers vs need

Primary care health providers needed:
○ Nurse practitioners & Physician assistants

Telemedicine, e-health, apps, technology
STEM and Health Careers

- ACA supports development and implementation of health sciences programs in public secondary schools so that students can prepare for careers in health professions.

- President’s Council of Advisors on Science and Technology Report, 2.2012 on producing 1M additional college graduates in STEM: Recommendation 4: Encourage partnerships among stakeholders to diversify pathways to STEM Careers.
  - High School STEM Summer Programs
  - Expand Dept of Labor Pathways from 2 yr to 4 yr IHE
  - Establish public–private partnerships for bridge programs (HS to College; 2yr–4yr IHE) (Change the Equation)
  - Improve data on supply and demand of workforce – Bureau of Labor Statistics to redefine jobs that require STEM skills such as medial professionals and K–12 educators
  - Enable underrepresented students academic advancement in STEM Fields.
President Obama’s STEM Initiative

- November 2009, the President launched the Educate to Innovate initiative to move American students from the middle to the top of the pack in science and math achievement over the next decade.
- To date, this nation-wide effort has garnered over $700 million in public-private partnerships and hit major milestones in the following priority areas:
  - Building a CEO-Led Coalition to Leverage the Unique Capacities of the Private Sector: Change the Equation
    - Preparing 100,000 new and effective STEM teachers over the next decade
  - Showcasing and bolstering federal investment in STEM
President’s FY 2015 STEM Budget

- **STEM Master Teacher Corps**: $20 million to support the creation of a national STEM Master Teacher Corps which would enhance teacher training and professional development of other STEM teachers and identify best practices in schools, districts and states.

- **STEM Innovation Network**: $110 million for competitive awards to prepare students for postsecondary education and careers in STEM fields.

- **100Kin10**: $40 million to support evidence-based teacher preparation programs and to recruit and train STEM teachers in high-need schools.

- **Effective Teaching and Learning STEM**: $150 million to fund partnerships to improve teaching and learning in STEM subjects and fields.

- **Undergraduate STEM education**: $118 million at the National Science Foundation to improve retention of undergraduate STEM majors and improve teaching and understanding of STEM subjects

- **Major STEM Agencies**: Dept of Education, National Science Foundation, National Institutes of Health, HRSA

- **Hispanic Serving and HBCU STEM Programs**
Need for diversity and health professions in the President’s STEM Initiative (recruitment, counseling, education still needed)

White House, Dept of Education, NSF, NIH, HRSA, Congress, IOM, AAAS, NYAM, RWJF and minority STEM leaders & medical school recruiters/counselors

STEM URG Pathway Program from HSIs/HBCUs to medical school

Charge: Recommendations: K–12, PreMed Pool, Public/Priv Partners
Recommendations: Overarching STEM Programs

- Increase awareness that Medicine is a STEM discipline
- Develop the evidence base, metrics
- Share best practices
- Develop the business model
- Stakeholder input to OMB, Congress with NHMA
- Work with CHC, CHLI, CBC
Recommendations: K–12

- Engagement of parents and communities
- Provide teachers with training and tools
  - Barriers of math and reading
  - Change curriculum alignment with science
- More effective counseling and mentoring to increase the pool of students
- Increase informal STEM learning, service learning
- Target funds for diversity STEM programs at HBCUs and HSIs to work with best practices
- ESEA reauthorization should strengthen K–12
Recommendations: PreMeds

- Advise on career options beyond medicine and encourages minority students
- Encourage science with new learning styles
- MCAT and GRE test-taking
- Institutions need to adapt best practices
- Change admissions perception of 2 yr inst
- Link biomedical science & health professions
- Flexible metrics, but community ROI
- Increase collaboration with HBCU, HIS, post bacs should be Masters programs
Recommendation: Public Private Partnerships

- Expand Federal authority for private partners
- Expand corporate partnerships beyond their foundations
- Engage the technology sector
- Develop regional and local alliances (STRIVE in Ohio is a model)
- CA model uses State tax incentives for company engagement with STEM programs
- Increase internship programs with companies
- Advocacy campaign needed to Congress for STEM set-aside to health careers, link to HBCUs and HSIs
Established in 1994 in DC, NHMA is a non-profit 501c6 association representing 50,000 Hispanic physicians in the U.S.

Mission: to empower Hispanic physicians to improve the health of Hispanic populations with Hispanic medical societies, residents, students and public and private partners.

Established in 2002, NHMA’s foundation, National Hispanic Health Foundation, a non-profit 501c3 foundation for research & education activities – affiliated with NYU Wagner Graduate School of Public Service
National Hispanic Medical Association – what do we do?

- Serve as a resource for White House, Congress, and Federal agencies on health policies and programs
- Support Hispanic physician leadership at national and state level
- Provide networking opportunities for advancement of Hispanic health
National Hispanic Medical Association Programs

- **Resource:**
  - Federal government
    - Capitol Hill Briefings on Hispanic health Issues to eliminate health disparities
    - Nominate members to Federal advisory commissions
  - Private sector
    - Provide technical assistance to corporate health programs
    - Nominate members to corporate boards

- **Leadership Development:**
  - NHMA Leadership Fellowship
  - NHMA California Leadership Fellowship
  - National Hispanic Health Professions Leadership Institute
  - Health Professional Student Recruitment and Mentoring Programs

- **Networking:**
  - NHMA 18th Annual Conference, Mar. 28–30, 2014, Washington, DC
  - Regional Health Reform Events – NE–NYC, WEST –Los Angeles, SOUTHWEST – San Antonio, MIDWEST – Chicago, SOUTHEAST – Atlanta, WASHINGTON DC METRO – Washington, DC
NHMA Network 2013

- Hispanic State Medical Societies
- National Hispanic Health Professional Leadership Network
  - National Association of Hispanic Nurses
  - Hispanic Dental Association
  - Latino Caucus of APHA
  - Latino Forum of Health Executives
  - Physician Assistants for Latino Health
  - Mental Health Workers, Dietitians
- 12,000 Members and 40,000 Prospects
- Latino Medical Student Association
- Partners, Contacts
Coalition-led Efforts to Improve Health Equity: Role of National Professional Medical Societies

National Minority Quality Forum
April 28, 2014

Omar Hasan, MBBS, MPH, MS, FACP
Vice President, Improving Health Outcomes
American Medical Association
Why the Ambulatory Setting?

• Chronic medical conditions
  • Hypertension
  • Diabetes
• CEHCD is focused on those conditions
Chicago Health IT Regional Extension Center (CHITREC)

- Experienced in helping PCPs achieve MU by providing
  - resources
  - consultation
  - education
  - provisioning services
- Will provide access to a diverse range of ambulatory practices including free clinics
Aims of the project

• Develop and pilot test a toolkit to assist ambulatory clinical practices with improving the accuracy and reliability of race, ethnicity, and preferred language data collection and reporting

• Demonstrate use of the toolkit to stratify and interpret clinical performance by race, ethnicity, and preferred language for at least one PQRS measure
Preparing for the Pilot

• Review existing guidelines for categorizing race, ethnicity, and preferred language and published experience on such data collection and reporting
• Harvest ‘best practices’ and ‘lessons learned’ from ambulatory clinical practices
• Create the toolkit based on input obtained from lit review, ambulatory clinical practices, the HRET disparities toolkit, and Commission members
Pilot Design

- Toolkit will be piloted in ambulatory clinical practices
  - Accuracy, reliability of race, ethnicity, preferred language data collection and reporting
- Content experts and clinical leaders weigh in
- Commission will engage EHR vendors if needed
Thank you