

for international medical graduates (IMG)

Encouraging diversity

Doctors Back to School program takes medicine's message to the classroom

Diversity in medicine is important not simply for its own sake, but for the patients as well. Minority Americans continue to be in poorer health and face more difficulties in getting medical care than white Americans, and studies show that minority physicians are more likely to return to their communities and provide care for minority and underserved populations.

Thus, Doctors Back to School Program (DBTS) was born. Launched in

March 2002, DBTS raises awareness of the need for more minority physicians and to encourage children from under-represented minority groups to look at medicine as a career option.

The AMA Minority Affairs Consortium has relaunched the DBTS program this Spring, with positive results. Consider seventh grader Carissa, who has "want-

ed to be a doctor for as long as possible." When Maurice Sholas, MD chair-elect of the AMA Residents and Fellows Section Governing Council, spoke to her class, she found him to be "smart and very informative. It's like he took what he knew about being a doctor and put it in a way that kids would understand it."

To receive a DBTS kit, including a checklist, age-appropriate presentation outlines and stickers, email your mailing address to mac@ama-assn.org or download the PDF version at www.ama-assn.org/ama/pub/category/7131.html.

For more information, call the AMA-MAC office at (312) 464-5678.



Maurice Sholas, MD, teaches students at St. Josaphat School in Chicago how to use a stethoscope, kicking off the AMA-MAC's Doctors Back to School program.

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Quality at crux of care

A recent major study suggests that quality of care — not access to care — may be the deciding factor in determining health outcomes for U.S. minorities. The Institute of Medicine's (IOM) "Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare," sought to address disparities in the quality of health care received by minority versus non-minority U.S. patients.

The report revealed overwhelming evidence for racial and ethnic disparities,

even after controlling for socioeconomic differences such as patient income, insurance status and other access components. What does this mean? The

racially or culturally biased health care, the AMA has made it a part of our mission to ensure that American health care does not discriminate.

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answer may be a case of unconscious — but nonetheless deleterious — bias.

The AMA commends the IOM for the report, which serves as a "wake up call" for the medical profession. In keeping with our "zero tolerance" policy toward

At the 2002 Interim Meeting, the AMA announced the creation of a new program aimed at eliminating racial and ethnic disparities in American health care. The AMA has also called on all appropriate organizations to assist in the collection and development of evidence-based performance measures to adequately identify socioeconomic, racial and ethnic disparities in quality.

Inequities in medical treatment are impacted by a bevy of institutional, environmental and individual factors which, if targeted properly, can be improved. As Alan Nelson, MD, AMA past president and chair of the IOM Committee that produced the report, explained, "

At the heart of this is communication in the clinical encounter, which seeks to neutralize some of these negative biases. We have to work at it, need to teach cultural competence in training, and need to be aware of the disparities. Acknowledge it and then begin to work at finding solutions."

Visit the AMA health disparities Web site at www.ama-assn.org/go/healthdisparities for more information on this and more.

A different kind of service

During his 2002 State of the Union address, President Bush called upon every American to dedicate at least two years over the course of our lives to the service of others. His belief in the power of an individual led to the creation of the USA Freedom Corps.

Chaired by President Bush, a comprehensive Network has been developed over the last year where individuals can find service opportunities to match their interests and talents at home and abroad. The Corps is working to expand service opportunities to protect America and to meet important community needs.

A physicians role can be vital in this volunteer arena. Through the Citizen Corps, an initiative under the USA

Freedom Corps Network, physicians are joining to help communities prevent, prepare for and respond to crime, natural disasters and terrorist attacks. More than \$35 million in grants has been awarded to states and to organizations around the country to support these efforts.

"Citizen Corps is a critical component of our work to prepare the homeland by getting citizens prepared, trained and involved," said Michael Brown, deputy director of the Federal Emergency Management Agency and chair of the National Citizen Corps Council. "Every individual counts towards our goal of making this country safe."

Visit www.usafreedomcorps.gov/index.asp to learn more.

Disaster preparedness readiness

When an elderly man collapses of a heart attack, you know what to do. The smallpox disease is unleashed upon America as a form of lethal bioterrorism. Would you know what to do?

In an effort to help physicians prepare and get educated for a potential bioterrorism attack, the AMA has created a Web page (www.ama-assn.org/go/disasterpreparedness) that provides access to the Council on Scientific Affairs reports and JAMA articles on biological

weapons, links to resources and preparatory information for patients and physicians. In addition, the AMA recently announced the appointment of James J. James, MD, as director of the new AMA Center for Disaster Medicine and Emergency Response. In his role, Dr. James will be responsible for managing and developing a medical and public health program for the AMA.

In his new post Dr. James will also work with the U.S. Department of Health & Human Services and state and local medical societies to share information, implement communications strategies

and coordinate medical and public health agencies' response in the event of a terrorist attack or other sweeping disaster. One of his goals as director is said to be to establish firm ties with various leading state and federal health entities, including the recently established Department of Homeland Security.

"My goal is to make our disaster preparedness Web site the 'one stop-shop' for informational needs for physicians," said Dr. James. "If an attack occurs, the public will look towards the physician for answers on how to respond, and we're here going to give them those answers."

AMA hosts WMA meeting

The World Medical Association (WMA) meeting, hosted by the AMA last October, brought the international physician community together for the first time to discuss the vital role it must play in responding to the growing threat of bioterrorism and biological weapons.

"Addressing the threats posed by bioterrorism and biological weapons is critically important for the world medical community," said AMA President Yank D. Coble, Jr., M.D. "Physicians must be prepared for these threats because we will be on the frontlines when attacks occur. These threats are real and know no boundary — they must be addressed

globally. We are looking forward to getting much accomplished at this meeting — taking steps that will make this a safer world."

The WMA scientific sessions addressed several aspects regarding bioterrorism, including medical science and research, technology, public health, disease surveillance system, medical preparedness and response capacity, and medical ethics issues.

During this meeting the WMA adopted a declaration on biological weapons proposed by the AMA delegation. Named Declaration of Washington, the document calls for international recognition of the threat of bioterrorism and

recommends establishing an international consortium of medical and public health leaders to monitor the threat posed by biological agents used as weapons.

In addition, the declaration called for improved and enhanced medical preparedness measures and an improved capacity to respond quickly and effectively to biological weapons, as it emphasizes the importance of strengthening public health systems and enhancing disease surveillance systems.

The WMA meeting is a forum for raising awareness among international health organizations, physician leaders, press, policymakers and diplomats.

Congress approves Medicare physician payment

After more than two years of hard work and persistence, the AMA in February welcomed the news that the House and Senate passed the Omnibus Appropriations package (H. J. Res. 2) which includes plans to fix the Medicare payment issue. This ensures that the impending March 1 cut of 4.4 percent will not take effect. In fact, the Medicare provision in the package will result in a 1.6 percent increase in payments this year, which will increase physician payments by \$54 billion over 10 years.

"The Medicare physician payment provision in the budget bill helps shore up Medicare's foundation," said AMA President Yank D. Coble Jr., MD.

"America's seniors should not pay for the government's mistakes, and we are pleased that both Congress and President Bush recognized that and will stop the Medicare cuts for 2003 and fix past mistakes."

The physician payment error was a result of mistakes made in 1998 and 1999, when the Administration underestimated the nation's gross domestic product and omitted the cost of

medical care for one million seniors.

The AMA, state medical societies, national medical specialty societies, physician group practices and other health professionals have been working diligently to correct this mistake.

"This is good news for Medicare patients and the physicians who care for them," Dr. Coble said. "We must continue to work on longer term solutions to keep the Medicare program strong for America's seniors."

Visit www.ama-assn.org/go/grassroots for more on this issue.

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