



## Ending Disparities e-Letter

June 2010

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### Health care equity and medical education

Dear Reader,

In the recent issue of the AMA's [CPPD Report](#) (PDF), which covers continuing medical education issue, I was pleased to coauthor an article with my AMA colleague Joanne G. Schwartzberg, MD, Director, Aging and Community Health.



Our article concludes with a call for working on equity in health care at each juncture of physician education, training, and lifelong learning. Physicians need to learn how to recognize their own internal biases about patients to avoid making decisions that could worsen patient outcomes, and learn how to deliver culturally competent care.

In addition, the goal of health care equity will be advanced by increasing health care workforce diversity and inculcating better communication, cultural competence, and health literacy skills.

As always, we welcome your [thoughts and feedback](#).

Best Regards,  
Sonja Boone, MD, Director  
Physician Health and Healthcare Disparities

PS: This e-Letter is distributed free each month as a service to those working to eliminate disparities in health care. Physicians: Help support this publication. Are you a member of the American Medical Association? If so, thank you! If not, please [join or renew your membership](#) now.

### 1. AMA delegates support increased physician practice in underserved areas

At the recent AMA House of Delegates meeting in Chicago, delegates voted to [encourage medical schools and residency programs](#) to develop admissions policies and educational efforts aimed at attracting students likely to practice in underserved areas.

### 2. Numerous efforts under way to improve diversity in medicine

The Liaison Committee on Medical Education, which is sponsored by the AMA and the Association of American Medical Colleges, requires that medical schools "recognize their collective responsibility for contributing to the diversity of the

profession as a whole," including diversity among "students, faculty, staff, and other members of [the] academic community."

At the local level, medical schools and other organizations across the country host summer programs to help underrepresented minorities and disadvantaged students learn more about health care and get extra preparation to ensure academic success ([Washington Post](#), June 7).

These types of efforts are especially important for increasing the number of Latino physicians, in light of the rapid growth in the Latino general population. Today, "there are roughly 3,000 Latino patients to each Latino physician. In comparison, for non-Latinos, the ratio is 335 patients to 1 doctor" ([Newsweek](#), June 7).

### 3. Medical schools and social mission: How do they rank?

A new study in the [Annals of Internal Medicine](#), funded by the Josiah Macy, Jr. Foundation, ranks medical schools by measuring each school's contribution to addressing these nationwide concerns:

- adequate number of primary care physicians
- adequate distribution of physicians to underserved areas
- sufficient number of minority physicians in the workforce

The researchers found substantial variation among the schools, with three historically black colleges having the highest rankings, and public and community-based schools higher than private and non-community-based schools.

In addition, "[m]edical schools in the northeastern United States and in more urban areas were less likely to produce primary care physicians and physicians who practice in underserved areas."

In her [New York Times](#) column (June 17), Pauline Chen, MD, writes that the study shows that "many of the schools that were traditionally ranked highly were also among those least focused and least successful in addressing the most pressing issues facing the country right now."

Another recent study, in the [Journal of Health Care for the Poor and Underserved](#), evaluates medical students' attitudes toward underserved populations and the association of these attitudes with primary care residency selection.

### 4. Thanks to reform, Massachusetts has ended disparities in coverage

The disparity in insurance coverage between racial and ethnic minorities and non-Hispanic Caucasians has been eliminated under the Massachusetts health reform law, according to a new study conducted by the [Urban Institute for the Blue Cross and Blue Shield of Massachusetts Foundation](#) (PDF).

### 5. P4P and the law of unintended consequences (but HIT may help)

The promise held out by pay-for-performance programs is improved patient outcomes. A new RAND Corporation study, however, finds that medical practices that serve vulnerable populations would likely receive lower payments than other practices, a result of existing gaps in the quality of health care received by patients in these groups.

"Paying For Performance In Primary Care: Potential Impact On Practices And Disparities" [Health Affairs](#), May (abstract)

Meanwhile, proposed federal "meaningful use" requirements for use of health information technology by physicians may include "measures showing that providers were able to reduce race, ethnic and other disparities in the health of their patients" ([Government Health IT](#), June 7).

### 6. Clinical matters: Diversity challenges in renal disease, bone marrow transplant

"African American patients are nearly 4 times more likely than white patients to develop kidney failure," so physicians who treat patients with renal disease are in particular need of improved cultural competence and patient communication skills ([MedscapeCME Family Medicine and UMDNJ Center for Continuing Outreach and Education](#)).

Multiracial patients who need bone marrow transplants face "an uphill battle," with only about three percent of the individuals listed in the National Marrow Donor Program's registry of mixed race. In addition, the persistence of "donation myths" exacerbates the issue ([Washington Post](#), June 1).

### 7. Save the dates: Upcoming meetings/conferences related to ending disparities

[National Summit of Clinicians for Healthcare Justice](#)

Sept. 23-25, Washington, DC

**Ethnic Physician Leadership Summit**

California Medical Association Foundation and The Network of Ethnic Physician Organizations  
Sept. 25, Hilton LAX Hotel, Los Angeles

**The Science of Cancer Health Disparities in Racial/Ethnic Minorities and the Medically Underserved American**

Association for Cancer Research  
Sept. 30 - Oct. 3, Miami

**International Conference on Physician Health 2010**

"Physician Health and Resiliency in the 21st Century"  
AMA, British Medical Association, and Canadian Medical Association  
Oct. 3-5, Chicago

**Addressing Health Disparities and Health Literacy Challenges in the South Asian Community**

New Jersey Hospital Association  
Oct. 9, 8:00 am – 5:30 pm, Princeton, NJ

**2010 National Conference on Quality Health Care for Culturally Diverse Populations**

"Improving health care for culturally diverse populations: A new place on the national health agenda"  
Diversity Rx  
Oct. 18-21, Baltimore

**Commission to End Health Care Disparities Meeting**

Oct. 22-23, Chicago

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In addition to the Ending Disparities e-Letter, the AMA also offers three other free monthly e-Letters that may be of interest:

The [Healthy Lifestyles e-Letter](#) provides information and tools that can assist in offering patients counseling on four key lifestyle behaviors (poor diet, physical inactivity, tobacco use, and excessive or risky use of alcohol) and their health consequences.

The [Health Care Careers e-Letter](#) covers educational trends and career-related issues in the health professions.

The [GME \(graduate medical education\) e-Letter](#) covers issues affecting GME—everything from resident work hours and health workforce concerns to updates on accreditation activities and development of new subspecialties.

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**About us**

The Ending Disparities e-Letter is produced by the American Medical Association (AMA). This monthly newsletter provides news, information, and updates related to [eliminating racial and ethnic disparities in health care](#).

**Give us your story ideas and feedback**

Send your comments to [Fred Donini-Lenhoff](#), American Medical Association, (312) 464-4635

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