

## Commission to End Health Care Disparities

Summary of Meeting: March 19-20, 2006  
Washington, DC

The spring meeting of the Commission was held in Washington, DC, and attended by 60 representatives from 43 different organizations. The first day of the meeting focused on Commission business with the second day being devoted to the listening session.

### **Strategic Plan**

The 2006 Plan was reviewed, Commissioners believe its moving Commission in right direction. After discussion and feedback the following actions were taken:

#### **Strategic Objective 2**

- Make it explicit that we intend to evaluate influence of the Commission. For example testing and tracking use of tools such as our awareness DVD

#### **Strategic Objective 4**

- Refer to more organizations that would be natural alliances such as the AOA and its affiliates, and pre-med advisors, the National Association of Minority Medical Educators.

### **Letters of Agreement**

#### **Office of Minority Health**

Commissioners discussed the opportunities a partnership with OMH would create such as sharing of resources to meet mission and vision statement of both organizations, and opportunity for developing the relationship.

#### **Actions**

- OMH letter will be mailed to Commission representatives. Representatives will have two weeks to share with their organizations, raise any objections, and vote to approve the letter. AMA, NMA, NHMA will then sign letter on behalf of commission

### **National Business Group on Health**

NBGH has approached Commission regarding forming partnership in making business case recognizing that health disparities has a negative impact on the health and well-being of its workforce. Following discussion and feedback, action was to:

- Move forward with letter of agreement
- Commission representatives participate in March 31, 2006 NBGH meeting

### **Physicians resistance about existence of disparities**

An article, *Who is at greatest risk for receiving poor-quality health care?* Generated discussion and feedback related to growing genre of articles and books disputing racial and ethnic health care disparities. Action is to:

- Develop letter to the editor of lay press newspaper (100 words, NY Times, USA Today).
- Prepare well-referenced letter to NEJM
- Prepare Op-ed on behalf of the commission (600 words).

### **Committees and Workgroups (addressing the following bulleted items)**

#### **Business Case Workgroup**

- Pay for Performance Report with Dr. L. Casalino
- Internal Business Case Report for the Commission in partnership with NBGH

### Advocacy Workgroup

- Development of guidelines on goals, principles and key components of documents regarding policies to eliminate health care disparities

### Workforce Diversity

- Create website of helpful coordinated web sites on medical careers represented by Commission organizations
- Promote and expand Doctors Back to School program with Commission organizations,
- Develop scientific paper/report on why medical education should "reverse Flexnor."

### Data/Information Gathering

- Develop (web/postcard) version of the engagement scale that the Commission organizations can use to survey their members.
- Conduct short (20) and long (15) interviews with physicians who provided contact information on the original survey.
- Link engagement scale to quality/outcomes, repeat the survey, compare quantitative survey data with qualitative interview data, link survey to other tools such as the awareness committee's work or the Office of Minority Health's e-learning course-A Family Physician's Practical Guide to Culturally Competent Care.

### Education/Awareness

Develop volunteers for speaker's bureau that will make presentations on health care disparities (assigned by region/specialty). Presenters will use the One Doctor at a Time DVD, guide a discussion, and respond to questions.

### Listening Sessions

The listening session was held to hear patients/consumers and provider non-financial experience in the health care system related to disparities and to obtain suggestions for eliminating them. Recommendations from patient and physician panelist touched on data reporting, linking performance to reimbursement and standardization and cultural competence training and awareness. Additional recommendations:.

- Educate physicians and future physicians
- Educate/advocate with insurance companies
- Provide advice to national organizations and associations
- Provide advice to individual health care delivery organizations