Physicians can realize their power to advance health equity

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The U.S. health system faces major challenges as hospitals enter bankruptcy, physicians struggle with burnout, and patients pile up medical debt while U.S. life expectancy falls.

These seemingly disparate problems are all symptoms of an underlying and long-standing disease eroding the very foundation U.S. health care—the prioritization of profit over the health and well-being of patients, staff and communities, according to Karthik Sivashanker, MD, MPH, vice president of equitable health systems in the AMA Center for Health Equity.

“Our health care system is struggling by every major indicator and, ultimately, it’s limiting the full health potential of every single person in this country,” he added. “But we do have the power, if we can come together, to make change.”

He spoke during the second installment of the virtual “National Health Equity Grand Rounds” series, and this episode traced the development of structural incentives and root causes of inequity in health care. Registration is open for the third program, scheduled for Aug. 8.

The series has been developed by the AMA, the Accreditation Council for Graduate Medical Education and the National Center for Interprofessional Practice and Education, and RespectAbility—a nonprofit organization that works to advance policies and practices that empower people with disabilities.

Patients’ personal finances suffer

Dr. Sivashanker moderated a panel that included Donald M. Berwick, MD, a pediatrician and founder of the Institute for Healthcare Improvement.

During the discussion, Dr. Berwick cited a study estimating that payments to Medicare Advantage plans between 2023 and 2031 will be $600 billion higher than the cost of those services would have
been if covered by traditional Medicare.

“All of this is money confiscated from other uses,” Dr. Berwick said.

Another panelist, Noam Levey, a senior correspondent with KFF Health News, discussed the health system’s negative impact on patients’ economic health.

A value system that prioritizes profits over patient well-being “is now essentially producing debt on an industrial scale,” Levey said, adding that a survey conducted by KFF—formerly known as the Kaiser Family Foundation—found that there are 100 million people in the U.S. who carry health care debt.

“Black Americans are twice as likely to have this kind of debt,” Levey said. “They are twice as likely to have been turned away from medical care because they owe money.”

The event’s keynote speaker, Edgar Villanueva, MHA, however, said that such alarming facts should be considered in the proper context.

“The truth is that poverty, as it exists, is the product of public policy,” said Villanueva, founder and CEO of the Decolonizing Wealth Project. “We have to acknowledge that there have been very intentional public policies put in place historically, and they have been systematic to continue to keep things the way they are and continue to contribute to this widening of … what is called the race-wealth gap.”

**Physicians poised to lead movement**

Villanueva said that physicians and other health care leaders are gaining a better understanding of the connection between place and other factors—such as income—on health outcomes.

Through one-on-one relationships with patients, physicians can “chip away” at these inequities, he said. But it is together, through networks and associations, that they can build power to make change.

Villanueva called on health care leaders to prioritize “equity, representation, acknowledging the role of social and cultural factors in health outcomes, and treating the root causes of illness and disease.”

Panelist Linda Rae Murray, MD, MPH, cited some historical examples of societal progress showing that positive change can happen.

“It is possible because these are systems that were created by human beings, and they can be dismantled and rearranged by human beings,” said Dr. Murray, an adjunct assistant professor at the University of Illinois Chicago School of Public Health and former chief medical officer for the Cook
County Department of Public Health.

To Dr. Murray, physicians should not fear the hard advocacy work needed to advance health equity.

“We are really advocating for what we love,” Dr. Murray said. “We have that shift in attitude, that we will get more physicians to not be frightened by speaking up, but to be able to say: ‘We’re here to help.’”

Ready to take action with others to align health care for health? Learn more about the Rise to Health Coalition co-led by AMA and the Institute for Healthcare Improvement, and supported by numerous collaborators, including Race Forward.