The term “personalized medicine” has come to mean targeting treatments based on patients’ genetic profiles—but for some physicians, it has a different meaning.

“A person’s ZIP code matters more than their genetic code,” Garth Graham, MD, president of the Aetna Foundation, said during a recent presentation. “Where people live really defines their health outcomes.”

Dr. Graham, a former deputy assistant secretary in the U.S. Department of Health and Human Services, led the Office of Minority Health. He joined other health disparities experts at Spotlight Health last month as part of the 2015 Aspen Ideas Festival.

Thinking about personalized medicine in this way—where a patient grew up, where they live and how they view themselves—is crucial to tackling health disparities, Dr. Graham said.

“The best part of clinical care is knowing the patient,” he said. “Technology has taken us away from that a little bit, but now I think we’re coming full circle—being at the bedside, being engaged, is as much a part of clinical care as understanding the best use of any procedure. … A cry or tear means something, just as much as a lab result does.”

Here are three ways physicians are minimizing health disparities and taking personalized medicine to the next level:

**Improving race, ethnicity and language data collection**

Data collection has come a long way, but there are still challenges, Dr. Graham said. For example, how granular should the data be? “Our populations are diversifying as we speak,” he said. “The moving part of data makes it challenging.”

Through the Commission to End Health Care Disparities, practices are testing better ways to collect this data.
and then using it to change their policies and processes or determine future clinical projects.

Educating future physicians about health disparities

“Cultural competency is evolving now,” Dr. Graham said. “It’s not just in terms of racial background but also ethnic background, geographic background. … If you look at some of the ways that [Sir William] Osler would train clinicians, he would talk about understanding and knowing the patient. The heart comes along with the patient; the heart doesn’t come by itself.”

Cultural competency is becoming more crucial in undergraduate medical education, and some of the schools that are part of the AMA’s Accelerating Change in Medical Education initiative are tackling health care disparities.

Becoming more engaged on a local level

Forming links between clinical practices and communities can help physicians better target disparities. For example, a recent study in JAMA Internal Medicine pointed to a lack of community resources as a potential risk factor for type 2 diabetes. The more activity spaces and healthy food stores there are, the healthier community residents usually are—“but we don’t disperse our resources with that in mind,” Dr. Graham said. “As we try to understand the statistics and prevent some of these diseases, the solution becomes more and more local.”

Through its Improving Health Outcomes initiative, the AMA worked with the YMCA of the USA and 11 physician practice pilot sites in four states over the past year to develop tools and resources to increase physician screening and testing for prediabetes. The practices then referred their patients with prediabetes to diabetes prevention programs offered by local YMCAs, which are part of the CDC’s National Diabetes Prevention Program. Physicians can find resources at Prevent Diabetes STAT: Screen, Test, Act–Today™, a joint initiative of the AMA and the CDC, to identify patients with prediabetes and work with them to prevent the onset of type 2 diabetes by referring them to local, evidence-based programs.

Read more about solutions to health disparities at AMA Wire®. Watch the panel from Spotlight Health to hear the discussion firsthand.