As awareness of the need to advance health equity grows, you and your colleagues may be asking what your private physician practice can do to help in the effort to achieve optimal health for each of your patients.

Questions to probe can include: Do our preventive screening rates, treatment recommendations and other patient care quality measures differ by race, ethnicity or language? Do our patients feel welcome in the clinic? Does our payer mix reflect—or even exacerbate—institutional racism?

An AMA STEPS Forward™ toolkit—“Racial and Health Equity: Concrete STEPS for Smaller Practices”—focuses on initial catalytic steps and associated resources that motivated physicians and practices can use to translate that commitment to equity into action.

The toolkit offers five steps to help you:

- Identify ways to prepare yourself and your team for conversations about health equity, racial equity, racism and anti-racism with one another, patients and practice stakeholders.
- Describe data’s importance and understand how to improve your data’s quality to further racial and health equity efforts.
- Explain how to advance racial and health equity in your practice with quality improvement efforts.

Learn about the AMA’s strategic plan to embed racial justice and health equity and find out more about the efforts underway at the AMA Center for Health Equity.

5 steps you can take

The toolkit outlines how smaller practices—whether they operate as a private physician practice or have a different ownership model—can take action to advance racial and health equity for co-
workers, for patients and for the communities you serve.

**Commit to the effort.** As with other practice-transformation efforts, you need to find leaders. Talking about racism and health equity may make some uncomfortable, so it can take courage to approach the work with genuine respect, facilitate and create a safe space for difficult conversations, and commit to meaningful action.

**Start shifting group norms by learning.** Read and share articles and resources such as ones referenced in the toolkit to develop a shared practicewide understanding of racism and anti-racism.

**Get a handle on your data.** Ask: What does our practice data tell us about racial health inequities among our patients? It is important to routinely collect and analyze patient and practice performance data by race and ethnicity, something that many clinics and health care institutions don’t yet do.

**Develop a shared, clear, compelling vision and goals.** Focus on a few key actionable measures. When developing the vision and goal for equity, work with small groups of your most motivated colleagues to create a draft quality-improvement based project charter. Next, draft SMART (specific, measurable, achievable, relevant and time-bound) goals based on your data analysis.

**Launch targeted improvement efforts.** Start focused quality improvement efforts that explicitly aim to advance racial and health equity.

**Just take that small first step** As you begin the process, start small, advised Chicago internist Marie Brown, MD, the AMA’s director of practice redesign.

First, determine whether you are capturing data you need to assess any inequities. Next, look at whether you or your practice team are more, or less, likely to make a referral of patients from historically marginalized racial or ethnic groups for services such as type 2 diabetes education, physical therapy or cancer screenings.

“But start,” said Dr. Brown. “You may be surprised at the results.”

It takes astute clinical judgement, effective collaboration with colleagues, and innovative problem-solving to succeed in an independent setting that may be fluid, and the AMA offers the resources and support physicians need to both start and sustain success in private practice.

Find out more about the AMA Private Practice Physicians Section, which seeks to preserve the freedom, independence and integrity of private practice.