Educational support materials for ABIM’s Care for the Underserved Module

Question 10

Health system interventions, beyond physician education, are necessary to reduce racial and ethnic disparities.(1) Cultural competency training for physicians and other healthcare providers has the potential to improve knowledge and attitudes, but has not been shown to improve patient outcomes.(2) In a randomized, controlled trial of cultural competency training and performance feedback (monthly reports of race-stratified data on diabetes and lipid control), clinician awareness of diabetes disparities increased but clinical outcomes were unchanged.(3)

There have been relatively few studies examining the impact of public reporting and/or pay-for-performance programs on racial and ethnic disparities in healthcare. In theory, both programs have the potential to exacerbate or ameliorate health disparities.(4) Disparities might be exacerbated through: ‘cherry-picking’ of patients; worsening resource disparities between institutions serving primarily minority patients and other institutions; and decreasing access to healthcare for minority patients.(5,6,7) While, amelioration of disparities might be achieved through: enhanced attention on minority populations; and improved outcomes for all patients, including racial/ethnic minorities.(8,9) One study reported an increase in cardiac surgery disparities after the implementation of a public reporting program of general cardiac surgeon quality in New York.(5) In contrast, several pay-for-performance programs among racial/ethnic minority populations have shown improved quality of care (e.g. vaccination rates, diabetes monitoring).(8) However, physicians caring for large panels of uninsured, non-English speaking and minority patients receive lower rankings for performance if adjustments are not made for patient panel characteristics (10).

One health system intervention that has shown potential to improve health outcomes among racial/ethnic minorities and reduce health disparities is the utilization of nursing staff as case managers providing chronic care management.(11) Studies of RN case management have reported improvements in process measures of large magnitudes (i.e. 90% of study patients with biennial HbA1c testing in comparison to 26% of control patients) and clinically significant patient outcomes, including control of diabetes, hypertension, dyslipidemia, and heart failure.(11)

For further information, see the following:


This educational support material was created by the Society of General Internal Medicine’s Disparities Task Force. For more information, visit www.sgim.org/go/disparities
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