Educational support materials for ABIM's *Care for the Underserved* Module

Module #20

Physicians may recognize that racial and ethnic disparities in care exist nationally, but are less likely to believe that disparities may exist within their own practice. (1) Numerous organization recommend that physicians assess their own practice setting for disparities in patient care, recognizing that these disparities may arise from multiple factors, many of which are outside the control of individual physicians or outside the health care system. (2)

While quality improvement strategies attempt to 'lift all boats', it is clear that some boats may be lifted faster than others. Though disparities may be mitigated through quality improvement strategies (3), it is also possible for interventions to not impact disparities. (4, 5) Similarly, examining aggregate data using CMS performance measures may provide a useful overview of performance and be used to target interventions; however, aggregate measures are unable to delineate whether systematic differences exist according to patient factors such as race, ethnicity and socioeconomic status.

Questionnaires regarding patient perceptions of care are useful tools in assessing patient experience. However, without stratifying these perceptions by race and ethnicity, they will not explicitly measure disparities in care. Moreover, patient satisfaction with care, while an important outcome in itself, may not capture differences in quality of care delivered.

Performance measures that are stratified by race and ethnicity provide a clear way to assess disparities in their practice. (1, 6) Routine collection of race/ethnicity and primary language data is accepted by patients who are informed these data are for use in quality improvement efforts. (7) Toolkits to help physicians collect patient race, ethnic and primary language have been developed and endorsed by numerous organizations. (8)

For further information, see the following:

1. Lurie N, Jung M, Lavizzo-Mourey R, Disparities And Quality Improvement: Federal Policy Levers Health Affairs 2005; 24(2): 354-364
2. Closing the Disparities Gap in Healthcare Quality with Performance Measurement and Public Reporting. National Quality Forum. Issue Brief: August, 2008. Accessible at: http://www.qualityforum.org/Publications/2008/08/Closing_the_Disparities_Gap_in_Healthcare_Quality_With_Performance_Measurement_and_Public_Reporting.aspx

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

3. Sehgal AR Impact of Quality Improvement Efforts on Race and Sex Disparities in Hemodialysis JAMA. 2003;289:996-1000.
4. Hicks LS, O'Malley J, Leiu TA, Keegan T, McNeil BJ, Guadagnoli E, Landon BE. Impact of health disparities collaboratives on racial/ethnic and insurance disparities in US community health centers. Arch Intern Med.2010;170(3):279-286.
5. Sequist TD, Adams A, Zhang F, Ross-Degnan D, Ayanian JZ, Effect of Quality Improvement on Racial Disparities in Diabetes Care Arch Intern Med. 2006;166:675-681.
6. National Research Council, Eliminating Health Disparities: Measurement and Data Needs, Washington DC: National Academies Press, 2004.
7. Baker DW, Hasnain-Wynia R, Kandula NR, Thompson JA, Brown ER Attitudes toward health care providers, collecting information about patients' race, ethnicity, and language. Med Care. 2007;45(11):1034-42.
8. http://www.hretdisparities.org/