

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

Module #21

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:

1. Chin MH, Walters AE, Cook SC, Huang ES: Interventions to reduce racial and ethnic disparities in health care. *Med Care Res Rev* 2007;64:7S-28S.

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

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3. Sequist TD, Fitzmaurice GM, Marshall R, Shaykevich S, Marston A, Safran DG, et al. Cultural competency training and performance reports to improve diabetes care for black patients: a cluster randomized, controlled trial. *Ann Intern Med* 2010 Jan 5;152(1):40-6
4. Chien AT, Chin MH, Davis AM, Casalino LP: Pay for performance, public reporting, and racial disparities in health care: How are programs being designed? *Med Care Res Rev* 2007;64(5 Suppl):283S-304S.
5. Werner RM, Asch DA. The unintended consequences of publicly reporting. *JAMA*. 2005;293(10):1239-1244.
6. Werner RM, Goldman LE, Dudley RA. Comparison of change in quality of care between safety-net and non-safety-net hospitals. *JAMA*. 2008;299(18):2180-2187.
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8. Felt-Lisk S, Gimm G, Peterson S. Making pay-for-performance work in Medicaid: P4P programs for providers who serve low-income patients face special challenges. *Health Affairs* 2007;26(4):516-527.
9. Jha AK, Orav EJ, Epstein AM. The effect of financial incentives on hospitals that serve poor patients. *Ann Intern Med*. 2010;153:299-306.
10. Hong CS, Atlas SJ, Chang Y, Subramanian SV, Ashburner JM, Barry MJ, Grant RW. Relationship between patient panel characteristics and primary care physician clinical performance rankings. *JAMA*. 2010;304(10):1107-13.
11. Peek ME, Cargill A, Huang E. Diabetes health disparities: A systematic review of health care interventions. *Med Care Res Rev* 2007;64(5):101S-156S.