

## Supplementary Appendix

The authors have provided this appendix containing additional information about their work.

Supplement to: Clark L, Hughes TM, Shah R, Trevedi A, Hess L. Medical Student-Driven Efforts to Incorporate Segregated Care Education Into Their Curriculum. *AMA J Ethics*. 2023;25(1):42-47. doi: 10.1001/amajethics.2023.42.

**Appendix 4.** Desegregating Care: Thinking Globally, Acting Locally. Chats for Change



# **Desegregating Care: Thinking Globally, Acting Locally**

Chats for Change

*October 2020*

# Chats for Change



Beginning in the fall of 2018, the Dept. of Medical Education launched “Chats for Change” – a series of monthly activities that spark conversations centered on **racism and bias**.

Chats for Change was created by staff and students involved in the Racism and Bias Initiative. All of the topics and activities change on a monthly basis and are **open to all**.

# Grounding Assumptions



1. Everyone here is all we need. Refrain from expecting experts or others to know best.
2. This time is about creating community. Build trust through careful listening, respectful disagreement, and taking risks.
3. We respect each other's confidentiality. Pay attention to what is yours to share -- and what is not.
4. Growth and Learning can be uncomfortable. Remember it's okay to make mistakes - we all do.
5. Individuals and organizations can - and - grow and change, but it doesn't happen overnight.
6. It's okay to take care of ourselves. Practice forgiveness and letting go, so you can sustain yourself in this work and journey.

# Agenda



- Introduction to segregated care
- Segregated care at Mount Sinai
- Segregated care in medical education
- Breakout room discussions
- Conclusions: individual & institutional action items



- **Introduction to segregated care**

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## POLL:



*What do you think of when we say the phrase “segregated care?”*

## POLL:



*What systems, forces, policies  
and/or people are responsible  
for segregated care?*



# Segregated Care (n):

**Definition:** Differences in **where**, **when**, **how**, and **by whom** patients are cared for on the basis of **insurance status**

**History:** Segregated care is a nationally recognized reality

[JAMA Otolaryngol Head Neck Surg](#). 2016 Jul 1;142(7):641-7. doi: 10.1001/jamaoto.2016.0509.

**Domestic Travel and Regional Migration for Parathyroid Surgery Among Patients Receiving Care at Academic Medical Centers in the United States, 2012-2014.**

[Hinson AM](#)<sup>1</sup>, [Hohmann SF](#)<sup>2</sup>, [Stack BC Jr](#)<sup>1</sup>.

[W V Med J](#). 2013 Jul-Aug;109(4):44-9.

**Inter-hospital transfers from rural hospitals to an academic medical center.**

[Nair D](#)<sup>1</sup>, [Gibbs MM](#).

[J Health Care Law Policy](#). 2006;9(1):105-20.

**Separate and unequal care in New York City.**

[Calman NS](#), [Golub M](#), [Ruddock C](#), [Le L](#), [Hauser D](#); Action Committee of the Bronx Health REACH Coalition.

[Acad Med](#). 2014 Apr;89(4):540-3. doi: 10.1097/ACM.0000000000000182.

**Academic health centers and care of undocumented immigrants in the United States: servant leaders or uncourageous followers?**

[Acosta DA](#)<sup>1</sup>, [Aguilar-Gaxiola S](#).

[Health Aff \(Millwood\)](#). 2008 Mar-Apr;27(2):528-37. doi: 10.1377/hlthaff.27.2.528.

**The characteristics and performance of hospitals that care for elderly Hispanic Americans.**

[Jha AK](#)<sup>1</sup>, [Orav EJ](#), [Zheng J](#), [Epstein AM](#).

[World J Urol](#). 2012 Aug;30(4):505-10. doi: 10.1007/s00345-011-0759-z. Epub 2011 Sep 9.

**Does partial nephrectomy at an academic institution result in better outcomes?**

[Trinh QD](#)<sup>1</sup>, [Schmitges J](#), [Sun M](#), [Sammon J](#), [Shariat SF](#), [Sukumar S](#), [Zorn K](#), [Bianchi M](#), [Jeldres C](#), [Perrotte P](#), [Graefen M](#), [Rogers CG](#), [Peabody JO](#), [Menon M](#), [Karakiewicz PI](#).

# Segregation by Insurance Status = Segregation by Race

- 1 in 4 non-elderly New Yorkers has Medicaid
- 73% of Medicaid enrollees in NY State are non-white versus 33% of overall NY State population is non-white

- New York Medicaid coverage for the non-elderly by race/ethnicity:

White: 18 %

Black: 38 %

Hispanic: 43 %

Asian/Pacific Island: 24 %

Native: 36 %

Multiracial: 32 %

*Any system that separates patients by insurance status (Medicaid vs. private insurance) will segregate patients by race*



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## POLL:



*Have you seen segregated care  
in practice at Mount Sinai?  
If so, feel free to elaborate.*

# Two-Tiered System:

**Mount Sinai Doctors  
Faculty Practice (FPA),  
& other locations**

*5 East 98th Street*



**Center for Advanced  
Medicine (CAM) + Internal  
Medicine Associates**

*17 East 102nd Street*



# Separate Systems of Care:

## *Broad, Generalized Trends*

	<b>Mount Sinai Doctors Faculty Practice (FPA)</b>	<b>Internal Medicine Associates and Center for Advanced Medicine clinics (IMA and CAM)</b>
<b><i>Who gets seen there?</i></b>	Primarily patients with private insurance	Primarily patients with Medicaid (or who are uninsured)
<b><i>Front-line Providers</i></b>	Usually board-certified faculty physicians	Usually residents, fellows, and students with faculty supervision
<b><i>Continuity of Care</i></b>	Patients typically have their own private doctor	Patients typically dependent on rotating group of doctors in training
<b><i>Night Coverage</i></b>	Doctors are typically on call for their practice	Patients are typically sent to the Emergency Room
<b><i>Coordination of Care</i></b>	Qualitatively good reports -- doctors want referrals	Poor coordination or communication



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# 2019 - Third-Year Survey on Segregated Care



- Created to understand student experiences of segregated care during their third year.
- Survey goals
  - In what ways, if any, are students experiencing segregated care?
  - How do students feel this affects patient care?
  - How do students feel this affects **their medical education**?

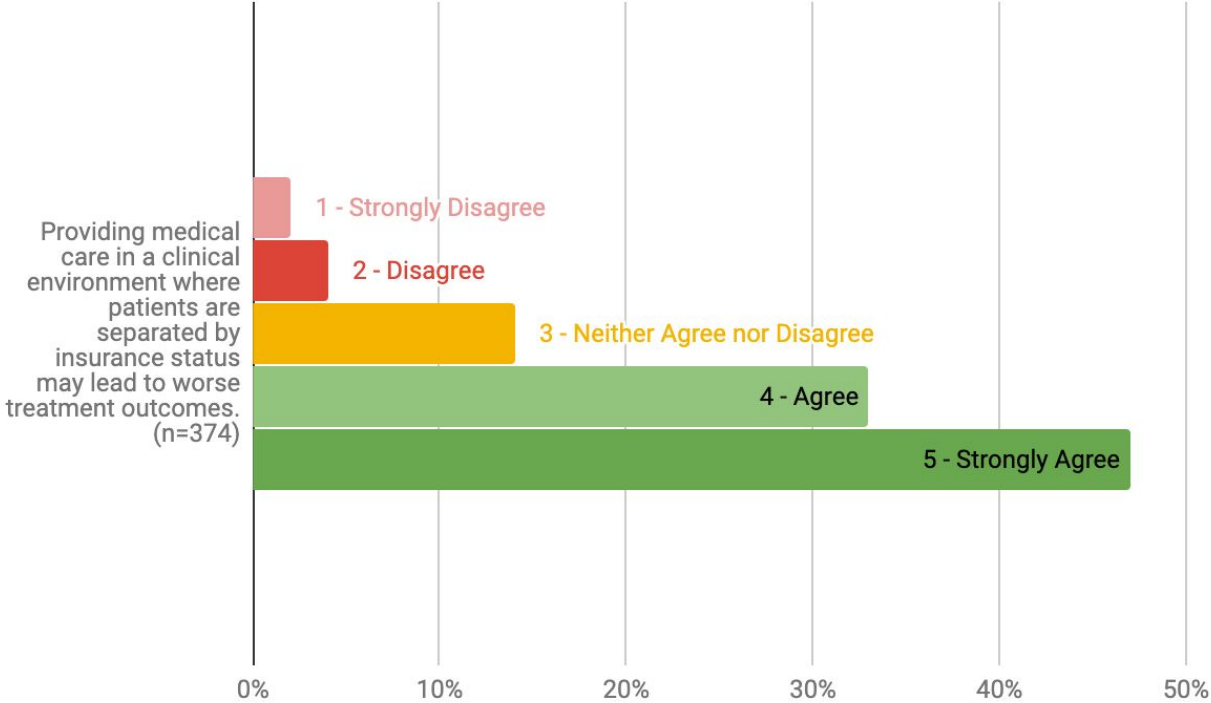


# Spring 2019 Results -

56.3% report witnessing separation of care and 51.6% report witnessing difference in care

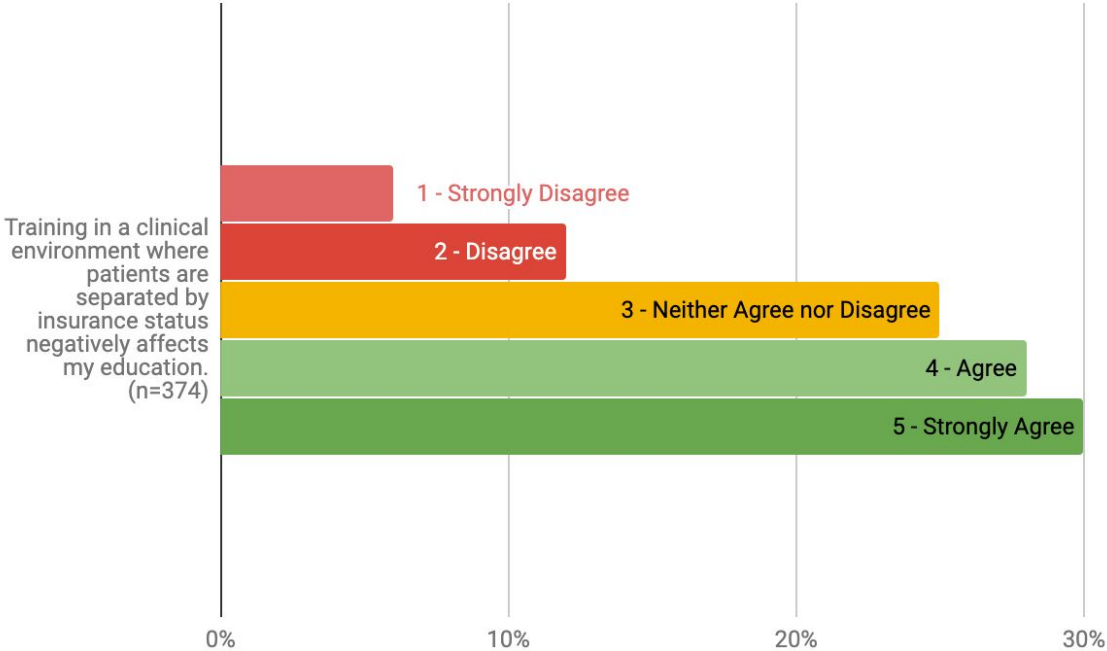
Clerkship	Total	Separation by insurance (not sure)	Difference in care by insurance (not sure)
Internal Medicine	N=39	53.8% (17.9%)	51.3% (5.1%)
Neurology	N=30	13.3% (6.7%)	6.7% (6.7%)
Psychiatry	N=29	6.9% (0%)	3.4% (3.4%)
Surgery	N=35	22.9% (8.6%)	25.7% (5.7%)
Pediatrics	N=25	24.0% (12%)	8.0% (16%)
Obstetrics and Gynecology	N=26	42.3% (7.7%)	50.0% (7.7%)
Elective	N=27	11.1% (3.7%)	14.8% (3.7%)

# Comprehensive Survey 2018-19 (1/2)



Counts/frequency: **Strongly Disagree** (9, 2%), **Disagree** (14, 4%), **Neither Disagree Nor Agree** (52, 14%), **Agree** (124, 33%), **Strongly Agree** (175, 47%)

# Comprehensive Survey 2018-19 (2/2)



Counts/frequency: **Strongly Disagree** (21, 6%), **Disagree** (44, 12%), **Neither Disagree Nor Agree** (92, 25%), **Agree** (103, 28%), **Strongly Agree** (114, 30%)

# Qualitative Analysis: Medical Student Reflections

“

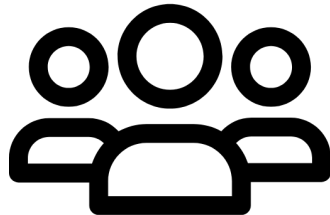
*It truly feels like every single aspect of patient care -- from the way physicians and ancillary staff speak about patients, speak to patients, formulate treatment plans for patients, teach medical students to treat patients and so on -- is different based on patient insurance status.*

”

“

*[Training in a segregated system] makes me feel sort of disappointed to be a doctor but also feel sort of powerless to do anything about it.*

”



“

*I was encouraged to introduce myself to all 'service' patients, typically those with Medicaid, to try to be part of their deliveries. However, I was often discouraged from talking to or taking part in the care of privately insured patients. There were, of course, exceptions to this but it was pretty striking.*

”

“

*Because [medical students] do so much observing and imitating third year, we have heightened ability to notice [segregated care] but also to subconsciously internalize and mimic certain aspects of these behaviors.*

”



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# Questions to Guide Your Discussion



**Directions:** in the breakout rooms, introduce yourself and discuss the following guiding questions. After 10-15 minutes, we will debrief as a larger group.

- Have I noticed and/or experienced segregated care before?
- What is the relationship between segregated care and racism?
- What are the implications of working/practicing/teaching in a segregated system? Can you do this while also upholding values of equity and anti-racism?
- What does it mean to train/learn in a segregated system? Can you do this while also upholding values of equity and anti-racism?
- How can our medical/graduate curriculum better integrate learning about segregated care? What is the role for staff, faculty and student training/education on this topic?
- What can Mount Sinai (institution) and I (individual) do about segregated care?



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## POLL:



*What learnings, reflections and strategies were discussed in your breakout rooms?*



# Group Discussion



**Directions:** building on the responses to the question posed in the previous slide, please share aloud additional thoughts on your groups learnings, reflections and strategies if you feel comfortable. Also please consider the following questions to frame our larger group conversation:

- ❑ How did your group conversation include, or fail to include, racism?
- ❑ What is my individual role in reproducing and perpetuating the structures that uphold segregated systems?

## POLL:



*What actions can I take, as an individual, regarding segregated care?*

# Action Items to Guide Further Engagement



## **For clinical students and residents:**

- ❑ Note differences across clinical sites that you observe as you complete your clerkships
- ❑ Ask attendings why they primarily work with patients of certain insurance statuses
- ❑ Identify attending, fellow and resident clinical role models that are challenging the status quo
- ❑ Reflect on what you're taking away from your clinical training at Mount Sinai, and how you might be internalizing segregated care as “normal”

## **For staff and faculty:**

- ❑ Observe how patients' experiences differ when receiving care at each site (e.g. what comments do patients make about their providers, or the facilities?)
- ❑ Question how can we challenge the norms of working in a segregated care environment -
  - ❑ ***“How do I find the courage/coalition to help me challenge”***
  - ❑ Challenge yourself to “name the quiet parts out-loud” - saying racism, gentrification, violence against underinsured/uninsured (Black & brown) communities
  - ❑ Is it feasible for my department to begin desegregating? How/when?

# Thank You!



*Questions, comments, feedback?  
Want to be further involved in this work?*

**Contact today's speakers to be plugged into the  
Segregated Care Student Workgroup.**