Supplementary Appendix

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


Appendix 1. Segregated Care and Medical Education: First-Year Medical Student Orientation
Segregated Care and Medical Education

First-Year Medical Student Orientation

August 2020
What is 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

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**References**

- Domestic Travel and Regional Migration for Parathyroid Surgery Among Patients Receiving Care at Academic Medical Centers in the United States, 2012-2014.
  - Hispin AM, Hohmann SP, Stack BC Jr.
- Inter-hospital transfers from rural hospitals to an academic medical center.
  - Nair D, Gibbs MM.
- Segregated care and unequal care in New York City.
  - Calman NS, Golub M, Ruddock C, Le L, Hauser D.
- The characteristics and performance of hospitals that care for elderly Hispanic Americans.
  - Jha AK, Trivedi P, Zhang J, Eistein AM.
- Does partial nephrectomy at an academic institution result in better outcomes?
Recognized Issue in New York State

Medicaid Redesign Team
Health Disparities Work Group
Final Recommendations – October 20, 2011

Workgroup members felt that faculty medical practices and general and specialty teaching hospital outpatient clinics differ in the services offered to patients. Workgroup members noted differences in continuity of care; patient access to physicians; on call after-hours; continuity through hospitalization; communication (reporting) back to referring physicians; access to appointments; and quality of supervision. Workgroup members felt that New York State is unique in the fact that it allows teaching hospitals (those that train residents) to establish two models of care within their walls that provide substantially different levels of quality in the care they deliver. Faculty practices, which may have agreements to use space within state licensed teaching hospitals, provide care to privately insured patients and those covered by Medicare in a setting that the workgroup believes provides better continuity of care with an attending physician, patient access to physicians on-call after-hours, and good communication with referring community providers. General and specialty teaching hospital clinics, which often provide care for the uninsured, people on Medicaid including those in Medicaid Managed Care, are staffed by rotating residents and fellows and rotating staffs of supervising attending physicians and therefore may provide little to no continuity of care over time, may have inadequate communication with referring community providers and may refer patients to the emergency room if they call after-hours. All providers, regardless of type of practice should be required to comply with a consistent set of standards that guides the quality of care provided to patients.
HEALTH CARE DELIVERY STRUCTURE AT SINAI

FACULTY PRACTICE ASSOCIATES (FPA)

COMMERCIAL INSURANCE

CENTER FOR ADVANCED MEDICINE (CAM)

MEDICAID
## HEALTH CARE DELIVERY STRUCTURE

<table>
<thead>
<tr>
<th>谁来看病</th>
<th>Mount Sinai Doctors Faculty Practice (FPA)</th>
<th>Internal Medicine Associates and Center for Advanced Medicine clinics (IMA and CAM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>谁来看病</td>
<td>拥有私人保险的患者</td>
<td>拥有Medicaid或无保险的患者</td>
</tr>
<tr>
<td>提供者</td>
<td>由认证的教师提供者提供</td>
<td>住院医师、研究员和有教师监督的研究生</td>
</tr>
<tr>
<td>连续性</td>
<td>每个患者都有自己的私人医生</td>
<td>轮换的医疗培训医生</td>
</tr>
<tr>
<td>护理协调</td>
<td>好的报告——医生需要转诊</td>
<td>没有协调或沟通</td>
</tr>
<tr>
<td>夜间护理</td>
<td>医生为他们的实践值班</td>
<td>患者被送到急诊室</td>
</tr>
<tr>
<td>如果需要住院治疗</td>
<td>医生或他们的合作伙伴照顾他们的病人</td>
<td>患者被护理的医生不熟悉他们——许多人是实习生</td>
</tr>
</tbody>
</table>
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 de facto segregate patients by race

Why is Segregated Care a Medical Education Issue?
Segregated Care Reinforces Institutional Racism

Mount Sinai has made great strides towards promoting anti-racism in its preclinical curriculum:

- Implicit Bias Training
- Curriculum Changes
- Deconstructing Race in Medicine Nexus Course

But these values are not consistently reflected during clinical training.
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

<table>
<thead>
<tr>
<th>Clerkship</th>
<th>Total</th>
<th>Separation by insurance (not sure)</th>
<th>Difference in care by insurance (not sure)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine</td>
<td>N=39</td>
<td>53.8% (17.9%)</td>
<td>51.3% (6.1%)</td>
</tr>
<tr>
<td>Neurology</td>
<td>N=30</td>
<td>13.3% (6.7%)</td>
<td>6.7% (6.7%)</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>N=29</td>
<td>6.9% (0%)</td>
<td>3.4% (3.4%)</td>
</tr>
<tr>
<td>Surgery</td>
<td>N=35</td>
<td>22.9% (8.6%)</td>
<td>25.7% (5.7%)</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>N=25</td>
<td>24.0% (12%)</td>
<td>8.0% (16%)</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>N=26</td>
<td>42.3% (7.7%)</td>
<td>50.0% (7.7%)</td>
</tr>
<tr>
<td>Elective</td>
<td>N=27</td>
<td>11.1% (3.7%)</td>
<td>14.8% (3.7%)</td>
</tr>
</tbody>
</table>
Comprehensive Survey 2018-19

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

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.

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.
Many hospitals separate patients on the basis of insurance status (uninsured vs publicly insured vs privately insured). We are hoping to better understand where in the Mt. Sinai health system this might be happening and the impact that may have on your education. Your clinical training experiences provide unique insights into the effects of this practice, commonly referred to as segregated care, on both patient care and education.

1 - 5 (Never-Always)

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating Avg 2018-19</th>
<th>Response Count 2018-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>During your training, have you observed physical or scheduling-based separation of patients based on insurance class (i.e. patients being seen in different clinical sites, in different areas of the same clinical site, or scheduled at different times)?</td>
<td>3.86</td>
<td>754</td>
</tr>
<tr>
<td>During your training, have you observed differences in care delivery depending on patients' insurance class (i.e. how you as a resident/fellow were asked to interact with the patient, the level of treatment offered, how patients were discussed by staff, etc.)?</td>
<td>4.12</td>
<td>754</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you witnessed segregated care during your training, do you believe this impacted your education?</td>
<td>34.21% (117)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
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<tbody>
<tr>
<td>Did you report any of these incidents?</td>
<td>9.24% (22)</td>
</tr>
</tbody>
</table>
2018-19 Resident Surveys

Describe the impact you feel segregated care had on your education

- Rarely took care of patients with private insurance in the outpatient setting. Families from different socioeconomic backgrounds can have different challenges and different needs from an outpatient provider and I feel that I was only exposed to one group in the outpatient setting.
- We are provided with more autonomy in caring for patients with lower insurance status; however, this leads to lower levels of oversight for these patients by attendings.
- [Segregated care] created more administrative time attempting to get things done for my Medicaid patients and less time for studying, building relationships with patients and sleep.
- We often care for [the] sickest, most socially complicated patients at a time when we have the least training which can lead to burnout and feeling overwhelmed.
- I learned how to care for patients of different socioeconomic status and their different needs. I learned to appreciate the barriers to care that patients of lower socioeconomic status face.
- I would like to dedicate at least one day of my practice a week to Medicaid patients.
- It is explained that it is the culture here for "division/clinic" patients to be scheduled last in the OR. [This is] one of the main discrepancies.
What’s Being Done & What Changes Can Be Made?
What is being done?

- System-wide resident and faculty anti-bias trainings
- Collaboration with individual departments
- Continued surveying third-year medical students, residents
- Health Equity Task Force
**For incoming first-year medical students:**

- Seek out opportunities in your first-year of medical school to continue learning about how health systems and policies manifest as inequity, including segregated care.
- Identify physician and peer role models that are challenging the status quo.
- To engage further in this advocacy work, you can join the Segregated Care Student Workgroup by contacting any of today’s speakers.
Commit to Fully Integrating Clinical Spaces

ALL PATIENTS SEEN BY THE SAME PHYSICIANS IN THE SAME LOCATION AT THE SAME TIME REGARDLESS OF RACE.
Acknowledgements


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