Supplementary Appendix

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


**Appendix 2.** Segregated Care and Medical Education: Second-Year Medical Student InFocus
Segregated Care and Medical Education

Second-Year Medical Student InFocus

October 2020
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.
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

HEALTH CARE DELIVERY STRUCTURE AT SINAI

FACULTY PRACTICE ASSOCIATES (FPA)
COMMERCIAL INSURANCE

CENTER FOR ADVANCED MEDICINE (CAM)
MEDICAID
# Health Care Delivery Structure at Sinai

<table>
<thead>
<tr>
<th></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><strong>Who gets seen there</strong></td>
<td>Patients with private insurance</td>
<td>Patients with Medicaid or who are uninsured</td>
</tr>
<tr>
<td><strong>Providers</strong></td>
<td>Board-certified faculty physicians</td>
<td>Residents, fellows, and students with faculty supervision</td>
</tr>
<tr>
<td><strong>Continuity</strong></td>
<td>Each patient has their own private doctor</td>
<td>Rotating group of doctors in training</td>
</tr>
<tr>
<td><strong>Coordination of Care</strong></td>
<td>Good reports -- doctors want referrals</td>
<td>No coordination or communication</td>
</tr>
<tr>
<td><strong>Night coverage</strong></td>
<td>Doctors are on call for their practice</td>
<td>Patients are sent to the Emergency Room</td>
</tr>
<tr>
<td><strong>If the person needs hospital care</strong></td>
<td>Doctors or their partners take care of their own patients</td>
<td>Patients are cared for doctors who don’t know them -- many of whom are trainees</td>
</tr>
</tbody>
</table>
Why is Segregated Care a Medical Education Issue?
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%)
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."
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 rising third-year medical students:

- 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”
- Reflect on how experiencing segregated care in the clinical environment is impacting your education and personal wellbeing

To engage more fully in this advocacy work, students are encouraged to 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/INSURANCE STATUS.
Acknowledgements

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