

## 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 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

[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*

# HEALTH CARE DELIVERY STRUCTURE AT SINAI



FACULTY PRACTICE ASSOCIATES (FPA)

COMMERCIAL INSURANCE



CENTER FOR ADVANCED MEDICINE (CAM)

MEDICAID

# HEALTH CARE DELIVERY STRUCTURE AT SINAI

	<b>Mount Sinai Doctors Faculty Practice (FPA)</b>	<b>Internal Medicine Associates and Center for Advanced Medicine clinics (IMA and CAM)</b>
<b>Who gets seen there</b>	Patients with private insurance	Patients with Medicaid or who are uninsured
<b>Providers</b>	Board-certified faculty physicians	Residents, fellows, and students with faculty supervision
<b>Continuity</b>	Each patient has their own private doctor	Rotating group of doctors in training
<b>Coordination of Care</b>	Good reports -- doctors want referrals	No coordination or communication
<b>Night coverage</b>	Doctors are on call for their practice	Patients are sent to the Emergency Room
<b>If the person needs hospital care</b>	Doctors or their partners take care of their own patients	Patients are cared for doctors who don't know them -- many of whom are trainees



# **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**?

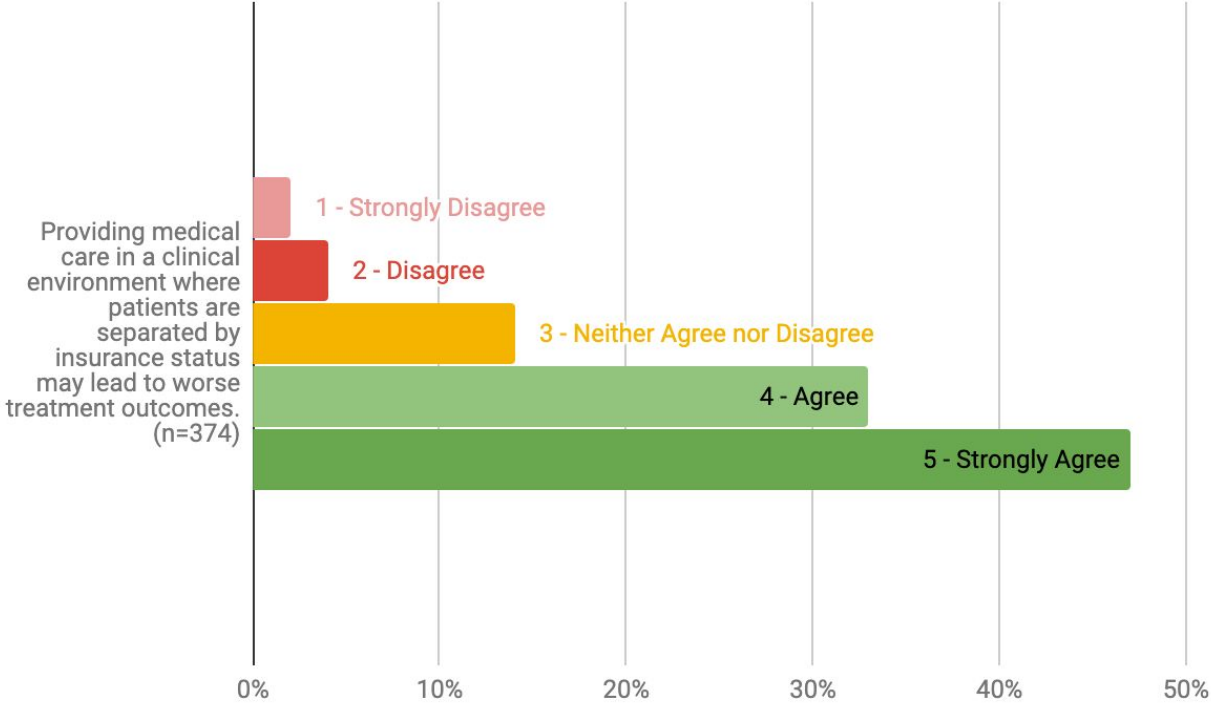


# Spring 2019 Results -

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

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



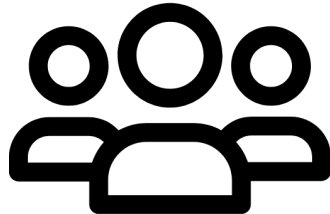
Counts/frequency: **Strongly Disagree** (9, 2%), **Disagree** (14, 4%), **Neither Disagree Nor Agree** (52, 14%), **Agree** (124, 33%), **Strongly Agree** (175, 47%)

# 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.*

*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.*

*[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.*



*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

# Action Items to Guide Further Engagement



## *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

**Student Advocates:** Rachel Wilkinson, Akila Pai, Conner Fox, James Blum, Zina Huxley-Reicher, Alec Feuerbach, Michelle Tong, Sofia Ahsanuddin, Seshat Mack, Giselle Lynch, Brielle Cardieri, Denisse Rojas Marquez, Hazel Lever, Kamini Doobay, Lily Ostrer, Charlotte Austin, Jeremy Levenson, Sarah Levy, Stephen Supoyo

**Administration Partners:** Dr. David Muller, Dr. Ann-Gel Palermo, Dr. Leona Hess, Dr. Joe Truglio, Jenn Meyers