

National Medical Association Health Policy Priorities: Health Care Reform Agenda

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Keywords: National Medical Association ■ health disparities

J Natl Med Assoc. 2009;101:285-287

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The US health care system faces serious challenges—45.7 million Americans currently lack any health insurance and both the overall number and percentage of uninsured has increased markedly since 2001. Health care costs are rising at a much faster rate than both wages and inflation, making health insurance increasingly unaffordable for both businesses and families. The US health care system suffers from inequality, including higher rates of largely preventable chronic diseases, that has led to poor health outcomes and sub-optimal health care. Additionally, the current US health care system must move from acute care to a preventative and chronic care system. To this end, the NMA recommends the following policy issues as a basis for effective change within this nation's health care systems.

ELIMINATION OF HEALTH CARE DISPARITIES

The National Medical Association has been responding to inequities in health care throughout its history. Notable examples would include our efforts in the early 1960s that contributed to the creation of Medicare. More recently, our landmark report *Racism in Medicine and Health Parity for African Americans* provided the impetus for the landmark report from the Institute of Medicine (IOM), *Unequal Treatment* released in March 2002. This report, among other salient conclusions, echoed (with data) the NMA's century-old message that the unintended consequences of racism persist in the delivery of health care in America.

Although the reasons for disparate health are numerous and complex, bold action must be taken now to reduce and eliminate disparities not only to improve health, but to assure a more productive and healthy workforce that is critical to our nation's overall long-term economic prosperity and well-being. The NMA remains



convinced that long-lasting solutions to this crisis will require ongoing conversations with the New Administration and U.S. Congress on the following strategies:

UNIVERSAL HEALTH INSURANCE COVERAGE AND ACCESS TO CARE

In its landmark report, *Insuring America's Health*, released in 2004, the IOM concluded:

Health care coverage should be universal. Everyone living in the United States should be covered by health insurance. Uninsured children and adults use medical and dental services less often than insured people and are less likely to receive routine preventive care. Previous research on the subject has also revealed the following: The uninsured are also less likely to have a regular source of care than are insured people. Even when minorities have health insurance, often there is no health care provider in the community and therefore most minorities are unable to access the health care that they need.

As the “conscience of American medicine,” the moral imperative to insure the uninsured [more than 45 mil-

lion] has never been more urgent. It is proven that the uninsured are more likely to depend on emergency care as their primary care. This serves to tax an already overburdened system and further pushes the health care system to acute care rather than a preventative and chronic care system.

HEALTH INFORMATION TECHNOLOGY

The National Agenda for health information technology (HIT) has been set, under the leadership of the Department of Health and Human Services. Many of the nation's governmental groups, organizations, public-private initiatives, and private organizations are working to promote a patient-centered health care system that leverages HIT to address inefficiencies and decrease disparities while improving accountability and patient safety. Understanding this paradigm shift in health care delivery, health care providers must strengthen their HIT infrastructure in the rapidly growing and evolving market. Practicing physicians may find they are unprepared to respond and provide care to their patients from health information obtained by the Internet or other Web-enabled mediums. Since the early 1990s, the paradigm in medicine has been changing from the traditional "high touch-low tech," "physician-centric" practice to a "low touch-high tech," "patient-centric" model. In *To Err Is Human: Building a Safer Health-care System*, the Institute of Medicine reported that medical errors annually result in between 44,000 and 98,000 unnecessary deaths in the United States and waste up to \$29 billion per year.

In order to participate fully in this transformation of health care, the NMA recommends:

1. Continued advocacy for HIT and its adoption by all health care providers
2. A continued federal commitment to provide resources to establish and strengthen HIT infrastructure

The NMA, representing the voice and concerns of the nation's African American physicians, is uniquely positioned to promote HIT adoption within its membership while leveraging its internal departments to conduct research, heighten awareness, and advocate and develop policy that insures that its physicians and the communities they serve are not deprived of equal access to HIT due to socioeconomic or intraorganizational factors.

INCREASING THE NUMBER OF MINORITY HEALTH PROFESSIONALS

One of the most important conclusions of *Unequal Treatment* is the need for more "culturally competent" health professionals. Cultural and linguistic competency concepts and approaches have emerged in recent years as a potential solution to improve health care access, quality, and outcomes in this country. Cultural competence has

been promoted due to increasing recognition that current US demographic shifts will dramatically transform the composition of this nation, so much so that health care providers may require new competencies to adequately meet the needs of their service populations. It is well established that minority physicians, for example, are much more likely to serve minority patients. Past mainstream education and training efforts to introduce physicians and health care providers to culturally sensitive and competent approaches to care have lacked the comprehensiveness necessary to realize substantial gains in parity relative to health outcomes, service, access, and cost-effective care for minority populations. It is also proven that this increases the likelihood of favorable health outcomes.

The more minorities recruited into the health professions, the greater the chances of serving more patients in minority groups, which is where the federal government can and should play a vital facilitating role. The current federal budget for training minority applicants in the health professions should be increased. The NMA is convinced that pipeline programs aimed at producing significantly more physicians from minority groups, must have the full financial commitment of the federal government.

DATA COLLECTION

Another critical recommendation of *Unequal Treatment* was the collection of relevant demographic data to determine the health indicators that show an upward trend among minority patients from year to year. There remains an overwhelming need for uniform methods for collecting various categories of health care data. There is also a corresponding need for these data to have the same validity across scientific disciplines, from state to state and region to region. Unless we commit to having this objective encapsulated in federal legislation, and thus applicable nationwide, the nation will continue to be faced with initiatives such as Proposition 54 in California during 2003. Proposition 54 sought to prohibit the collection of such data across California's state and local governments. Although defeated at the polls, there is cause for concern. Without effective data, proper tools will not be in place to execute the most-effective programs structured to eliminate health disparities.

PREVENTION, DISEASE MANAGEMENT, AND CULTURAL COMPETENCE

Universal health care coverage alone will not solve this nation's burgeoning health care system's problems. In this country's multicultural society, it is critical that all providers receive cultural competency training. Patients from racial and ethnic minority groups and their physicians often have different cultural views of how health care should be structured and delivered. Failure of physicians and other health care providers to accommodate these differences contributes to the perpetuation

of existing health disparities. In order to implement effective health care solutions, we must actively incorporate prevention and disease management, both of which require patient-provider partnerships. This training will serve to educate and increase provider sensitivity, irrespective of racial and ethnic status about cultural practices and their influence on patient compliance with medication and therapeutic treatment interventions.

NMA supports cultural competence training for all providers to assure appropriate diagnosis, proper treatment and compliance to avoid medical errors, and ensure optimal health outcomes care. Furthermore, an increased paradigm shift toward prevention and disease management will serve to improve quality of health care in all populations.

PRESERVING THE HEALTH CARE SAFETY NET

As the “conscience of American medicine,” in 1965, the NMA stood as the only medical group to endorse the creation of Medicare. The association is very concerned about the preservation of the health care safety net. The services provided by the nation’s Medicaid program comprise a significant part of this safety net. To this end, the NMA believes the stewardship of the program is a national responsibility. The budget crises currently experienced by many states will have a devastating effect on Medicaid beneficiaries. A large percentage of these populations are from minority communities and other vulnerable groups such as the elderly. In states with substantial rural populations, the lack of an adequate health care safety net is even more acute. Sustaining the viability of Medicaid should therefore become an even more

critical priority, given that Medicaid also pays for a large proportion of the US long-term care.

EMERGENCY PREPAREDNESS

In addition to having a surge capacity in the health care system, minority communities need additional support, as confirmed by hurricanes Katrina and Rita. Minority populations tend to work in those sectors of the economy that increase their exposure to a bioterrorist attack. Health literacy and health communication challenges that exist in minority communities are likely to impede an effective response to such an event. Consequently, special attention must be given to ensuring that communication networks prepare health materials and instructions that are written in clear and easy-to-understand language.

Given the historical suspicion in minority communities of public health initiatives, it is essential to have the appropriate buy-in and cooperation of minority populations in the event of a life-threatening biohazard or bioterrorist event. In order to establish that level of trust, preferably prior to any catastrophic event, it is imperative that ongoing education, sensitization, and positive reinforcement programs be established. NMA recommends the education of physicians and other health care providers who serve minority communities as part of our nation’s preparedness efforts. The threat of pandemic influenza, as evidenced by the bird flu outbreak several years ago, highlights the urgency of this outreach.

The NMA stands ready to marshal our membership and resources to collaborate with the administration, the federal government, and its partners to change the paradigm of American medicine.