AMA Should Follow Apology With Action
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African American physicians are looking for action to back up the words of apology recently tendered by the American Medical Association for more than a century of racial disparity and bias. In accepting the AMA’s apology, the National Medical Association (NMA), which represents minority physicians, urged the AMA leadership to work with them on three initiatives: recruiting more African American physicians, reducing health disparities among minorities, and requiring medical schools and licensing boards to make cultural competency mandatory for medical students, residents, and practicing physicians.

“We really want to use this apology as a springboard,” said Dr. Nedra H. Joyner, chair of the NMA board of trustees and an otolaryngologist in Chicago. These changes will be critical to reversing racial health disparities that have led to poorer health outcomes in African Americans, she said.

“Talk is cheap,” said Dr. Carl Bell, professor of public health and psychiatry at the University of Illinois at Chicago. Dr. Bell said that while he is hopeful that the AMA will take some meaningful action to reduce health disparities, he is unpersuaded by the apology alone. Instead, he would like the AMA take a stand on issues that would advance minority health in the United States. For example, he said that he wants to see the AMA push for single-payer national health insurance, be stronger in challenging the pharmaceutical industry, do a better job of promoting public health, and support research into minority health and mental health issues.

Dr. Warren A. Jones, the first African American president of the American Academy of Family Physicians, agreed. Further action is needed but called the AMA’s apology “appropriate” and “timely.” This is not an apology of convenience, he said, but a signal of a change.

The AMA now has an opportunity to ensure that cultural competency becomes a tool in the medical armamentum in the same way as the stethoscope or the scalpel, he said. “Now is the time for the AMA to put its resources where its mouth is,” said Dr. Jones, executive director of the Mississippi Institute for Improvement of Geographic Minority Health.

The AMA offered the apology in July to coincide with the release of a historic paper in its flagship journal that examined race relations in organized medicine (JAMA 2008;300:306-313). The paper, Dr. Bell said, was a “cognitive commitment” to follow the plan. The goals, however, must be achievable, which requires a solid knowledge of the environment in which you are practicing.

Not only does a business plan document your vision of all the details of your practice, but it can also help you identify gaps in preparedness, force an objective examination of all the details of the practice, identify necessary resources, project financial needs, and serve as an “owner’s manual” for daily operations and activities.

A number of metrics tools are needed to evaluate the practice’s progress and success. Year-to-year budget comparisons, cost accounting, and claims analysis are particularly important, Dr. Hamburger explained at a rheumatology meeting sponsored by Virginia Commonwealth University. He added that other useful tools include 3- to 5-year projection spreadsheets, relative value unit-based provider and payer analyses, and productivity formulas.

Practices are more likely to fail when they don’t have a good business plan in place and when they fail to employ proper metrics; there are ways of improving the odds of success. Agree on a practice vision, write (and follow) a business plan, employ proper metrics to measure performance and refine goals, and review and modify the plan annually, he advised.

Dr. Hamburger’s presentation was made during a symposium supported by an unrestricted educational grant from Centocor, Genentech, and Smith and Nephew, all of which he has served as a member of the speakers bureau, and from which he has received educational grants, and/or conducted clinical trials.