Present

Joshua Cohen, MD, Commissioner
Linda Clark, MD, Co-chair
Erick Eiting, MD, Co-chair
Adolph Meyer, Md, Vice-chair
Louis Auguste, MD
Frank Dowling, MD
Lisa Eng, DO
Art Fougner, MD MSSNY President
Indu Gupta, MD
Eliezer Kinberg, MD
Bonnie Litvack, MD President-elect
Thomas Madejski, MD
Shail Maingi, MD
Michael Pisacano, MD
Malcolm Reid, MD

Absent

Adwoa Boahene, MD
John Gillespie, MD
Rebecca Guisti, MD
Willie Underwood, MD
Milton Haynes, MD
Connor Orrico, Student

Excused

Janina Fogarty, MD, Commissioner
Maria De Jesus, MD

John Gillespie, MD
Lynda Hohman, MD
Nina Huberman, MD
Monica Sweeney, MD

Welcome

Approval of October 25, 2019 Minutes

Presentation by Lisa Eng, MD – Chinese American Health – Dr. Eng began by giving a brief history of immigration to the United States from China.(info entered into record) Dr. Eng then presented on the state of Chinese Health in NYC with results from a survey dated November 2019.(entered into record) Barriers to healthcare were also addressed in this report, 90% surveyed in this report have health insurance but 2/3rds of those people are not getting care. 90% of them have health insurance, however 50% don’t want to go to the doctor. Having health insurance doesn’t equate with getting care. Health care in these communities are more related to trust, transportation and language. Dr. Eng’s power point presentation and attachments are entered into record with these minutes. Dr. Eng then entertained questions from the committee. One question was has there been anything done to positively correct and/or improve these health issues and to increase compliance and to increase outcomes in this community? Most doctors in Chinatown are open seven days a week. This lets the people know that even if they couldn’t see a doctor today, the doctor will be there again tomorrow. Having
“in language” materials and having pictures/photographs on the wall helps. MSSNY had a commercial about nutrition and pediatrics and it was done as a cartoon. Pictographs and cartoons are best for any low English proficiency or non-English speaking groups. The commonality between all groups regardless of race or ethnic origins is:

- the ability to access a physician when they need one
- a physician that speaks their language and speaks to them in a manner that they can understand
- that you get the patients to come back to the physicians
- if the family needs to come with them because they are decision makers that you make sure they have their family with them. It’s always a good idea to have an extra set of ears anyway.
- Repeating back always helps
- Making sure that they have their next appointment.

The next question was regarding the gene pool. Was there a sense that the Chinese community kept more to themselves and is there an obvious impact on medical issues? The Chinese are a very large group to begin with and back in China it was a feudal society and you didn’t marry within your own village. The younger generation seems to be marrying outside of the gene pool. By and large, Dr. Eng has not seen many genetic issues within her patient population.

Question - What are the goals and expectations of MSSNY and this committee given this excellent presentation? How can the Medical Society be a conduit not only with the health system, but the local health departments to educate the health system regarding trauma informed care, cultural competency, health equity. All people that are in the front lines should be trained to better serve the patients. Dr. Eng added that we need to advocate for changes in the health care systems. Unless the system is changed, physicians are going to have the same problems ten years down the road. It would be great if MSSNY was a repository of cultural consent forms. Perhaps some of those cultural consent forms might be available through MILMIC. Dr. Litvack suggested reaching out to the AMA regarding cultural consent forms in many different languages. This presentation has given the committee several ideas for topics that should be investigated in the future. Dr. Eng was thanked for her presentation and a copy of her work was entered into record with these minutes.

4) House of Delegates 2020

a) CME Program – there will be a speaker on Thursday April 23, 2020 from 4-5PM. Dr. Carl Streed, former chair of the LGBTQ Advisory Committee for the AMA will be giving a lecture. The title is “The Health of Sexual and Gender Minorities”.

b) Dr. Eiting said at this time this committee had no resolutions to be presented to the HOD. Did anyone feel there were any topics that would be appropriate to develop a resolution to put before the house? Are there any items that are being sent through the specialty societies or through the counties that we already know are going to be presented that are worth discussing in this meeting since it will be the last before the House of Delegates in April.

One member discussed that the Coronavirus outbreak was a discussion in MSSNY’s Infectious Disease committee. There could be concerns with health equities if the virus should spread here in the US and there was the need to quarantine within certain communities. Should this committee consider partnering with the Infectious Diseases Committee in terms of ensuring that the response to this crisis is handled in a competent way. Certainly, if this continues to grow, it may be something to be considered partnering with the Infectious Diseases Committee
to ensure that it is responding in a competent way. Dr. Eiting and Dr. Eng will speak to the Infectious Diseases Committee to see if there are any opportunities for collaboration.

Ideas for resolutions:

- If you’re going to create a rule such as using language services, it needs to provide a funding venue, such as creating a code, so that physicians can be properly reimbursed. It would build on policy that MSSNY and AMA has already regarding unfunded mandates.

- With culturally competent care it’s important to acknowledge its important to bridge the language gap, however there needs to be a mechanism that’s realistic in the way health care is actually practiced particularly in hospitals in urgent and emergent situations and a funding mechanism, including a code. There is already a code for Medicaid in in a hospital setting that allows for language services. In an emergency situation, the patient is not English speaking and perhaps foreign born, they don’t understand anyone around them with the exception of a family member. You escort the family out of the room and now you’ve isolated the patient – they are all alone.

Deadline for submission is March 11, 2020. Dr. Eng agreed to draft the preliminary resolution. The following members have volunteered to be in the work group. Dr. Eng, Dr. Gupta, Dr. Auguste, Dr. Meyer.

- Dr. Dowling brought up a potential resolution regarding HIV positive service members. Compliance in the military is extremely high. There is policy that you cannot be discharged because you’re HIV positive. What they’re saying is that they can’t be deployed. After one year, if you cannot be deployed then you have to be discharged. When asked if MSSNY would join the AMA in an amicus brief, the answer was that it might be better served if a resolution was written to urge the AMA so support the lawsuit with an amicus brief. Dr. Dowling was asked to draft a possible resolution on this subject and send it to committee members for their review. Dr. Dowling is going to check with LAMBDA legal who presented at the AMA meeting. He also invites anyone who would like to work on drafting this resolution to let him know.

- Another suggestion for a resolution was regarding promoting health literacy in the population. Most specifically the immigrant community. Draft a resolution to promote a joint effort by MSSNY, DOH and the ethnic medical societies to providing more information to the population through small community groups to promote health literacy because it is a factor that is important to promote health in the community. A comment that it would be similar to public service announcements in way that certain ethnic groups receive and share their information. There was a comment that the local health departments have many of these things in place already and perhaps a mention of support from MSSNY as a Physician Advocacy organization would help. Dr. Gupta will send links to information and videos that are available. Her feeling is that the committee should trying working with their local health departments to support what is already being done, since it has to do with many things that the committee has mentioned regarding frustration with educating the individual communities about their health. Perhaps a MSSNY Diversity Site should be created where anyone could go there to access the proper forms, etc. Should we consider creating an app...a health app? MSSNY has a relationship with the Association of County Health Officials. We could reach out to them to see if there are things that are already being done an perhaps MSSNY can work with the to improve the issue. Question regarding Hepatitis A. Pat Clancy advised that Hepatitis A falls under the purview of the Infectious Diseases Committee. Dr. Eiting offered to circle back to the Infectious Diseases committee regarding this topic.
Topics for future discussion:
Dr. Clark wanted the committee to know that she has been reaching out to the local medical societies to discuss policies that are looking at structural bias that drive poor diversity practices. There will be more discussion at the next meeting.

5) Response to the surveys
We've only received four responses to the survey. Pat Clancy will send it out again. This survey asks questions regarding future topics for CME programs or future meeting discussions.

6) Future topics for discussion
The chair asked for ideas for future topics.

Can we invite other ethnic recruits to join the committee? People from other groups that you might think would be a good addition to this committee. If anyone has someone in mind now, please forward the names to Pat Clancy. The caveat being they must be MSSNY members in order to be on a committee. Perhaps members can encourage members from under represented groups to join any committee that might pertain to their area of practice.

Dr Jane Bedell from the Department of Health in New York City spoke at the Bronx County Medical Society meeting. She presented on the health disparities in the Bronx. There is an initiative in the Bronx to get access to medical care to the underserved and to improve medical outcomes.

Meeting Adjourned

Next Meeting: May 29, 2020