MSSNY

Joint Meeting
Bioethics and Committee on Health Equity
June 4, 2021
Draft Minutes

Present

Joshua Cohen, MD Commissioner
Janine Fogarty, MD Commissioner/Vice-chair Bioethics
Jeffrey Berger, MD Chair/Bioethics
Clark, Linda, MD Chair/Eliminate Health Disparities
Eiting, Erick, MD Co-chair, Eliminate Health Disparities
Meyer, Adolph, MD Vice-chair Eliminate Health Disparities
Auguste, Louis, MD
Basile, Maria MD
Beechy, Carol, MD
Beverley, Mauvareen, MD
Bomba, Patricia MD
Bukowski, Stanley, MD
De Jesus, Maria, MD
Donnelly-Mueller Kelly, MD
Dowling, Frank, MD
Eng, Lisa, DO
Gomez-DiCesare, Caroline, MD
Greene, Loren MD
Hohman, Linda, MD
Huberman, Nina, MD
Knight, Leanna, Student
LoPresto, Charles, DO
Mandel, Steven, MD
Morrow, Cheryl, MD
Pao, Lincoln, MD
Potash, Joel, MD
Powers, Edward III, MD
Rogatz, Peter, MD
Schloss, Robert, MD
Solomon, Renee, MD
Simpson, Jane, MD
Seeney, Monica, MD
White Sally, MD

Excused

Boahene, Adwoa, MD
Sellers, Joseph, MD President

Absent

Blutinger, Erik MSC
Chang, Richard, MD
Cooper, Arthur, MD
Danzinger, Iris Rose, MD
Kagetsu, Nolan MD
Kim, Anna Megane, MD
Kinberg, Elizer, MD
Lee, Michelle, MD
Madejski, Thomas, MD
Nair, Kiron, MD
O'Brien, John, MD
Pietrak, Stanley, MD
Pisacano, Michael, MD
Pivarunas, Anthony, DO
Ravi, Anita, MD
Reid, Malcolm, MD
Salanson-Lojos, Corinne, MD
Stier, Cheryl, Alliance
Underwood, Willie, MD
Williams, Cassandra, MD
Yanamadala, Vijay, MD
Orrico, Connor, Student
Yongsoo, Joo, Student

Staff

Troy Oechsner, Executive VP
Pat Clancy, Sr VP/Managing Director Public Health Education
Maureen Ramirez, Administrative Asst.

1) **Welcome** – Dr. Linda Clark, Chair of the Committee to Eliminate Health Disparities welcomed everyone to the meeting. As an overview, Dr. Clark explained that this gathering of two committee was an attempt to explore health and racial inequities in the State of New York.

Pandemic on a Pandemic – The COVID19 pandemic has emphasized the pre-existing health disparities and disparities that exist among racial and ethnic minorities. Dr. Clark

continued with a power point presentation pointing out the inequities in health care that became apparent during the pandemic. The breakdown of the information on the slides is as follows:

a) COVID19 has affected Blacks and Latinos more than any other group.
b) Blacks and Latinos are 2 times more likely to die of COVID 19 that their white counterparts.
   COVID has affected Blacks and Latinos more than others. There is a lot of data on black, latino and other racial and ethnic minorities in this country during the pandemic.
c) The COVID19 case rate was dramatically higher in Blacks and Latinos than in groups that are white.
   Black and Hispanic people experienced COVID at twice the rate of White people. Black and Latino people were 2x more likely to die from COVID19.
d) Latinos and Indigenous people are 1.7 times more likely to go to the emergency department due to COVID19 than their white counterparts.
e) The percentage of COVID19 deaths among American Indian/Alaskan Natives vs White people is greater than 50%.

"COVID19 is shining a bright light on the health disparities in the minority communities. This comes on top of pre-existing inequities." Anthony Fauci, MD.

In presenting data from a survey conducted in the Finger Lakes region, Dr. Clark pointed out that socio-economic status affects outcome. The death rate is higher when you have less money. No matter what the level of education, including when you've reached a bachelor's degree or higher, Blacks and Latinos on average make 15% less than their white counterparts. All this adds up to Blacks and Latinos are 3x more likely to live in poverty. 10% of those who done have socio-economic burdens say their mental health problems are moderate. When adding social determinates of lack of food, transportation, and jobs – it increases the percentage of a poor mental health outcome. This supports the statement that racism is a public health crisis.

2) **MSSNY Committee on Health Disparities resolution submitted to MSSNY Council on June 3, 2021 – "Addressing Racism and Intersectionality in Medicine."**
   Dr. Fogarty provided an update regarding the resolution. There was some debate over the word "crisis". There was also some debate about addressing poverty and socio-economic difficulties in the resolves. There was a resolve added pertaining to the attacks on people of Asian origin and that passed. Other than the additional afore-mentioned resolve, the resolution was passed with a unanimous vote. The resolve that was added reads " MSSNY stands firmly against any group bias, based on their identity, such as the recent attacks on the Asian communities.

3) **Request for committee name change** – Dr. Fogarty also advised that the committee request for a name change was approved. It will change from "The Committee to Eliminate Health Disparities" to "The Committee on Health Equity".

4) **Dr. Berger –** repeatedly over the course of the past several months, discussions of the Bio-ethics Committee of the society have centered around racial and ethnic inequities and how that impacts health outcomes. It became clear that it was necessary to have a joint meeting with the Health Disparities Committee to flesh out some of these concerns from an ethics perspective, from a public health perspective. Every time a physician touches a patient there is an ethical perspective that they should be mindful of. The hope is at the end of this meeting there will be points that can be moved to MSSNY Leadership that can then ultimately be moved to the New York State Department of

Health and the Task Force on Life and the Law, which is working fastidiously to revise their guidelines in the wake of COVID and all the lessons that have been learned along the way. It is hoped that this joint meeting will be able to help frame some of the issues the task force is looking to address. Some issues that the committees could look at today – from an ethics and disparities issue might be:

- Intra hospital processes as it relates to allocations of resources and how the decisions are made. Procedural justices in how those decisions are made.
- Distribution of resources across the state between health systems, between counties and between facilities. As was seen last spring across New York State where the governor made changes and reallocation of equipment. What would sharing those resources require in order that there be fairness on the state level.
- Structural racism – wealth and equality in New York State is a derivative of structural racism. The downstream consequences of inequality in health both physical health and mental health is quite profound. It can also be viewed in terms of environmental injustice. Communities that are impoverished, the structural racism is in place. The quality of the environment is poor. Highway systems were disproportionately developed through poorer neighborhoods. We know that particulate pollution is higher in neighborhoods that exist along these traffic arteries. There is data that says that patients that are exposed to these particulates are subject to worse outcomes, particularly with COVID.
- The historic injustice of the health system to various populations. The health system has a well-deserved lack of trust among patients that have been historically disadvantaged. Many studies reveal levels of bias long held by health professionals. There are studies looking at implicit bias – how patients are treated differently by different features. Gender identity, racial identity and other features.
- Beyond the ability of this committee, what needs to be addressed in the structure of the payment system. Specifically, how long it takes to get an appointment if you have Medicaid, vs. Medicare, vs. private insurance. How the payment system impacts the quality of patient care. Resource poor hospitals have a disproportionate number of Medicaid patients and how the lack of resources affects the health outcome.
- The number of hospitals that are closing. Are they being closed due to the economic level of the community? What hardship is that causing the patients who don't have the means to travel far to get to an appointment or to get treatment that they need. While it is said "health care is a basic right" poorer hospitals don't get the same privileges. Have hospital closings been looked at in terms of equity? This is not just happening in urban, but in suburban settings as well, where there is less ability to travel greater distance. Mass transit is basically unavailable. Thinking about the hospitals that a slated for closing, perhaps MSSNY needs to ask the question "are we looking at these hospital closings with an equity lens?"
- What do we want to say about the allocation of resources? There are many resources available, but regulations make them difficult to obtain.
- What is the connection between access to internet and computers and the ability to access healthcare? How did that impact during COVID where telehealth was a major source of help? What about people that can't afford computers and don't have access to internet? They were forced to visit in person if they could and that placed their health and safety in danger. Band width, internet access, virtual health care, primary care resources, local clinics – all have direct impact on health outcomes.
- What about resource levelling across the state? Upstate New York held onto resources and downstate New York was resource poor.

The struggle was trying to decide who got what? SOFA scores are inherently biased. How to determine who has enough equipment. Having local policies on allocation is inherently unfair. Policy should be statewide. How to make sure there is rapid access to equipment that is needed throughout the state? How can MSSNY assist with this process? Ensure that the supply chain is adequate and make sure that physicians have what they need. What opportunities might be available for resource levelling across the state based on need? To have local policies on allocation is inherently unfair. All hospitals across New York State should have to adopt the same allocation criteria. A patient should know no matter what hospital they landed in, there would be a fair allocation of resources. How do we make sure that we can rapidly collect and deploy these resources? This pandemic truly unmasked many supply chain challenges. How can MSSNY have a role in making sure everyone has what they need? There is definitely an opportunity for MSSNY to make sure the supply chain moves properly and advocate on behalf of its physicians and their patients.

Related to that, there may be structural issues that are beyond the level of the state. In Hispanic communities, many people were afraid to seek health care on the chance of being swept up by ICE and deported. We, in the health communities, have to consider the impact of these issues, that allow large portions of the population to go untreated, especially during a pandemic.

Physician's attitudes need to be changed, especially when white physicians are treating people of color. All physicians need to become more introspective about any prejudices which affect our practice of medicine. How do we contribute to problems in public health or in the treatment of and relationship to our patients?" There is a need to not just look at current physicians, but the pipeline of the medical profession to increase diversity in the medical profession.

This is on "us" to fix. There is an untrustworthiness that needs to be fixed in the health system. There is a documentary titled" Black Men in White Coats" and it discusses the need to look at this and understand how this has affected populations during COVID. "Race is not biological." There was discussion regarding the NYS Task Force on Life and law. How can physicians engage the community? How do you get the message out and how do we create trust? Does it need to be taken down to the county level in order to be effective? MSSNY might look at how physicians become members. A review of the application process. How do we define community? Often the medical community is not integrated with the masses. When NYS implements policy who should be involved? During the pandemic if the purpose was to engage the public – the public was not engaged. The decision making is placed in the hands of the big players, so those that were not as well endowed were not consulted. Rural hospitals have no voice. Little access to the Department of Health. How do we get that access for these hospitals? In order for MSSNY to get a voice, it needs a strong PAC. MSSNY needs to join with community groups to get a voice.

Looking at hospital closings, the people that live there, in the community that is served by that hospital need to have a voice and a vote in that as well. MSSNY could assist with the expertise.

5) Equipment allocation – The Task Force recommends the creation of an allocation Committee to assist with allocation of equipment during a pandemic. How can that committee be managed to ensure equity in distribution? How does this happen with two hospital systems one private the second public?

How do we come up with "lessons learned" and get that out to others? How do we ensure equitable access? Do we draft a document? This cannot wait until the next emergency. How to we reach out to the State of New York?

There needs to be a discussion on equity regarding nursing homes and assisted living and group homes. The task force needs to address:

- Private Care
- Equipment allocations
- Hospital closings
- HERT database that provides information on available hospital beds (there were concerns that hospitals were not accurately reporting available resources.

Motion was put forth by Dr. LoPresto and the 2nd given by Dr. Basile:

Motion for the Committee on Health Disparities and Committee on Bioethics to study the equity of utilization; distribution and allocation of resources during the COVID-19 pandemic in New York State and generate a report with recommendations on best practices and their implementation, and report back to MSSNY Council or House of Delegates when appropriate. **Motion passed w recommendation that it be presented to MSSNY Council.**

Future topics:

- The structural system of reporting is difficult and needs to be addressed.
- The system of how patients can get drugs and the manner in which physicians can prescribe them.

Adjourned