

**MSSNY Health Equity Committee
Draft Minutes
Friday, January 21, 2022
Via Zoom**

Present

Joshua Cohen, MD Commissioner
Janine Fogarty, MD Asst.
Commissioner
Linda Clark, MD, MS Chair
Erick Eiting, MD, Co-Chair
Adolph Meyer, MD Vice-Chair
Louis August, MD
Mauvareen Beverley, MD
Frank Dowling, MD
Lisa Eng, DO
Caroline Gomez-DeCesare, MD
Lynda Hohman, MD
Nina Huberman, MD
Charles LoPresto, DO
Thomas Madejski, MD
Steven Mandel, MD
Connor Orrico, MD
Lincoln Pao, MD
Michael Pisacano, MD
Joseph Seller, MD President
Monica Sweeney, MD
Cassandra Williams, MD
Anna Jaysing, Student

Absent

Erik Butinger, MSC
Richard Chang, MD
Iros Rose Danziger, MD
Maria DeJesus, MD

Angela Ingram, MD
Nolan Kagetsu, MD
Anna Megane Kim, MD
Eliezer Kinberg, MD
Madellyn Klugman, MD
Michelle Lee, MD
Kiron Nair, MD
Anita Ravi, MD
Malcolm Reid, MD
Willie Underwood, MD
Vijay Yanamadala, MD
Leanna Knight, Student

Invited Guests

Parag Mehta, MD President-elect
Bonnie Litvack, MD Immediate Past
President
Darsana Srinivasan, Chief of the
NYSOAG Health Care Bureau

Staff

Troy Oechsner, Executive VP
Morris Auster, Senior VP/Counsel
Pat Clancy, Senior VP/Managing
Director
Miriam Hardin, Manager Continuing
Medical Education
Maureen Ramirez, Administrative Asst.

1) Welcome

2) Adoption of September 24, 2021 Minutes – approved

- 3) Race-based Testing and Algorithms – presentation by Dr. Linda Clark and discussion** – slides attached to minutes. How do we as a committee impact our entire state? How do we think more globally about race and race-based testing? Some potential solutions that were suggested in the presentation:
- Clinical Standards – challenge the authenticity and understand their impact.
 - Educate the community about the impact of race-based algorithms and testing.
 - Challenge medical education and concepts of “science”

- Actively practice anti-racist medicine – understand when reporting results based on race may change outcomes and access.
- Believe that race is not biological, physiological or genetic. It is social or political only.

It was pointed out that when you first take in a patient and look at every EMR, the first question you ask them is race and ethnicity. Since we ask this question over and over again, we place some importance on this. Or at the very least, the system places importance on this. Should we start with the EMR's and the kind of data that we're collecting from everybody? We don't define race in the same way around New York State. To add to the inequities, we're discussing are the inequities in the payment structure. A study was done on how long it took for a patient to get a private appointment based on whether they had Medicare or Medicaid. It took three times longer for a Medicaid patient to get a specialty appointment. So, this is the Federal Government and it's going to take a long time to straighten this out. Race is a social construct and it's going to take a long time to straighten this construct out.

Question – are there still medications, like heart medications, that are race specific? The answer is yes. When the community is educated and mobilized, they can help us move much further. There is a question of race/ethnicity regarding the COVID Vaccine. The physician must enter the race and ethnicity of the patient receiving the vaccine into the electronic record. Healthwise there is no benefit, it's purely tracking.

Do we need another meeting between meetings to discuss this further and to strategize what the committee might be able to accomplish? This is an opportunity to show leadership within MSSNY. Dr. Clark and Dr. Eiting will set up a time for anyone from the committee that would like to think about this further.

4) Leadership Follow-up (Joseph Sellers and Troy Oechsner)

Dr. Sellers thanked the committee for having him. He directed the committee's attention back to June 3, 2021, when MSSNY council passed the committee's resolution on racism, diversity, equity and inclusion. This resolution came from a lot of work from people on this committee. These policies are then handed off to leadership. It is for leadership to carry these policies forward and to report back to the stakeholders telling them how we are doing. We've met several times with your chairs and co-chairs and we appreciate their input. We have set up a schedule of regular meetings to track our progress on key indicators that we have established. If we believe in something, there should be money in the budget and staff allocated to this project. We have now established a process to report at the council meetings how things are progressing. We are trying to reach out and create relationships with the county medical societies, the medical schools and the other players in the medical system that interact with MSSNY that interact with the healthcare system that train physicians and help establish the policies and the attitudes that physicians bring to patients.

a)Resolution Execution - Troy Oeschner shared a Power point presentation: "MSSNY Efforts on Implementing Diversity, Equity and Inclusion Resolution" One key element of the resolution is to evaluate MSSNY's Mission for Equity and to look

at it through an equity lens. The second is to Review MSSNY Bylaws and to present the resolution to the HOD for adoption. Mr. Oeschner presented the Implementation Plan regarding MSSNY's Policies/Procedures for equity. MSSNY will be looking for input and collaboration from the health equity committee regarding specific ideas and actions we can take that will become part of our policy like DEI training for leaders and staff, affirmation and various other efforts, mentorship programs, etc. As resolutions come before the House, MSSNY will look to leadership and this committee to see if these resolutions have a health equity component that needs to be addressed. MSSNY has hundreds of old policies that need to be reviewed and this review will be through the Sunset Review process.

One of the other components of the resolution was to reach out to the counties and have them affirm that "racism is a public health crisis". That they need to review their policies and statements and develop a strategic plan for increasing diversity, equity and inclusion. There have been meetings with the county executives about this. We feel there is a need for more specific ideas on how to accomplish this and think that a future meeting with the county execs and the health equity committee would be helpful. MSSNY will be working with medical schools on this. The resolution lists steps to help in the implementation of these policies and ideas. These are the initial steps. There is so much more to be done and MSSNY looks forward to working with the Health Equity Committee to accomplish these goals. MSSNY asks what the financial implications of a resolution might be to the organization and rightfully so, in order to be fiscally responsible to the organization, but we also want to be stewards of our mission. So, in addition to the fiscal note, there should also be a DEI note as well. This may be something that can be brought to the House of Delegates.

It is a heavy lift to look at existing policies and how it impacts DEI issues, but using the Sunset Review Policy procedure and looking at the existing policies to see if they are thoughtful to DEI issues is a great way to start. It will take a long time to do this but will be beneficial in the long run.

If the committee wants to submit a resolution to the House of Delegates a reminder that all resolutions need to be submitted by February 25, 2022. It would definitely be beneficial to reach out to the speakers to get input on this. Whether it is something that can be incorporated this year or added to the policy for next years HOD.

b) Reviewing nomination process for leadership in MSSNY – Dr. Sellers spoke about the process of the nominating committee and the transparency of the process and what it looks like. MSSNY bylaws specify that the president appoints the nominating committee from a list of names submitted by each district. Each district submits three to six names. The president picks from that list. Those names are approved by MSSNY Council and that becomes our nominating committee. Each district and section in MSSNY is then asked to submit nominations for officers and counselors from within MSSNY. Those names go to the nominating committee. There has been a practice of rotating leadership around the state in order to not be nominated by one large population of physicians. So basically, the nominating committee is working with the people that have been submitted by the counties and

the branches. There will need to be mentoring to help people that are willing to make the commitment to serve the organization, to assure they support the mission of our organization. Dr. Sellers feels that there should be a formal mentoring process for the people at the county level, the section level and the committee level. MSSNY can help by offering to get people on a committee they are interested in, that MSSNY can assist to get them involved on the county level. Here is a physician on the county level that can help you and mentor you to get involved. The question is – is there a way to make the process more inclusive? If there isn't a successful way to lobby your county regarding diversity and inclusion, then there really isn't a pathway to get this done. It would be helpful to create a "roadmap to leadership" Many members of leadership come up through the House of Delegates. It would be important to get a more diverse population within our delegates. There is a process for serving on the reference committees and to be a delegate at the House of Delegates. Names must be submitted by a certain time and approved. These are opportunities for the voices of this committee to be heard. MSSNY Council replaces the House during the time the House is not in session. This pathway can be a very lengthy process. Are there time when things should be changed when there are certain people who should not be brought to the table. While the six years as a councilor can be beneficial, there are councilors that might be considered for nomination at an earlier time, because it is, obvious they are ready now. There needs to be change now and development of a quicker process to get more equitable, diverse counselors on MSSNY Council.

Dr. Clark commented that most physicians don't have access to the process of becoming a delegate. Our delegate positions are elected. When people say "well this is the process, well most people can't access the process" She mentioned that the composition of this committee started mostly as an effort of black doctors looking to make changes and going off to the AMA. A lot of those doctors have retired. Now, looking at our composition where are the black doctors on this committee? The measures that need to be taken will need to be drastic in order to effect change.

5) CME 2022 overview and 2023 input for discussion- The House of Delegates will be held in person this year. The committee would like to reinstate what we have done previously which is to make sure we have a CME event. Dr. Carl Streed was invited to give a presentation at the 2020 House of Delegates. When that meeting was postponed and changed to a virtual meeting no CME's were included. It would be great to add that to the list of CME presentations. In addition, the chairs are asking the committee for additional ideas and people that might be asked to make a CME presentation.

What other people or what other topics we might want to present. Also, should we only present once a year? Or to add programs during the course of the year? The committee has a lot of work to do and it was felt that one CME a year does not cover it. It was suggested that first the committee check with Pat Clancy about what type of workload this would create. Dr. Eiting pointed out that Dr. Sellers and Troy Oeschner committee additional staff resources to this committee and its

programs. Pat Clancy pointed out that at this years House of Delegates, CME's will be presented on Friday, and they will be virtual.

The committee had talked about doing a series of web-based CME prior to the pandemic. Hopefully the committee can return to that concept.

Dr. Clarke reminded the committee that Dr. Streed was to speak on intersectionality pertaining to race and LGBTQ.

Possible topics for CME:

- People with intellectual disabilities and diversity and equity and how they are affected.

Future Topics –

- Discussion on the most vulnerable population – the black elderly population – who have the worst health outcomes in every disease category. Also, the idea that a person might have a disability, but not be disabled.

- Doing a CME every quarter and creating a library.

- Seeking funding either through the budget or through a grant in order to fund our educational programs.

- Should the committee consider changing the name of the committee to the Equity Committee. Dr. Clarke will circulate information to the committee regarding a name change. If that is a consideration, then the committee was urged to look at the vision statement and mission statement and revise that as well.

6) Transgender Medicine Fellowship – The AMA Foundation last year started sponsoring a fellowship in LGBTQ Health. There are founding donors sponsoring this. There is an RFP out for a second award. Mount Sinai has submitted a letter of intent. Hoping to add an advocacy curriculum. Would MSSNY be willing to be a partner in this application process? The fellow would have an opportunity to participate in the Leadership Institute, to attend a Legislative Day in Albany and lastly if the fellow could join this committee and participate in the discussion with potential of future membership on this committee.

Are there funds within this committee for a stipend or for the mentoring program. There is no funding in this year's budget, but there can be discussion to get it into the next year's budget. There is funding from the AMA for this fellowship.

The AMA has a program called "The Leadership Development Institute" where students from around the country apply. There is enrichment involved and monthly meetings and guidance. They do it the last year of medical school and the 1st year of residency. They ultimately wind up with a mentor. This might be a model for this committee to look at. We might look at the AMA to consider assisting state organizations and assist them in organizing these things.

Next meeting: March 25, 2022

Adjournment