

Using Comparative Effectiveness Research to Improve the Health of Priority Populations  
Summit of the Engelberg Center for Health Care Reform, Brookings Institute

“Dissemination of Comparative Effectiveness Research to Minority Providers and Patients”

Remarks by  
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June 3, 2010

Dr. McClellan and guests, it is an honor to be here today. I was asked to focus my remarks on the role of physicians in the dissemination of Comparative Effectiveness Research (CER). I am from the National Hispanic Medical Association which has the mission to improve the health of Hispanics and other underserved.

I will discuss four points:

1. Why we need to target racial/ethnic physicians and populations;
2. What is needed to increase patient-centered care;
3. How to disseminate CER findings to physicians who care for racial/ethnic populations; and
4. Suggestions to consider to facilitate this dissemination and adoption of new knowledge by racial/ethnic physicians.

By 2042, the U.S. population is projected to be 51 percent racial/ethnic minorities. The Institute of Medicine Report: Unequal Treatment provided the evidence that showed health care disparities exist for minority persons who have access to health care. The literature demonstrates that Hispanic and Black physicians and dentists tend to provide care for uninsured, poor, Medicaid beneficiaries and racial/ethnic minority patients.

Yet, only 5 percent of all physicians are Hispanic or Black physicians. Thus, we need to target minority physicians to be champions, innovators and role models for the next generation of physicians in our minority communities. However, we recognize the great importance to develop cultural competence training for all providers who will provide more care to minority populations.

Comparative Effectiveness Research, according to the new Health Care Reform Law, will be led by a new Patient-Centered Outcomes Research institute and will address “gaps in evidence for clinical outcomes, practice variation, and health disparities in terms of health care delivery and treatment.” There is a great need for increased awareness and acceptance of CER and incorporation to medical and preventive care services to increase quality health care/integrative care/oral health care to minority populations. Another need is to change behaviors of providers and patients for health care decisions that ultimately decrease national expenditures for inefficient care.

The focus needs to be on cultural competence training and communications, and recognition that our Hispanic, African American, Native American and Asian populations are not homogeneous and have sub-populations and regional differences – for example, the U.S. Mexican border and the issue of the undocumented. We also have to focus on language services and health literacy, especially with the health care reform target of primary care providers.

How should we disseminate to providers? I would like to use the NHMA as an example and acknowledge that all our minority medical associations have their own distinct networks. Ours includes a potential 45,000 physicians and 14 Hispanic medical societies that are statewide, and networks of Hispanic medical students and Hispanic residents. At every level of education, the minority provider becomes isolated. The result of NHMA has been to build a sustainable communication network that can be used to change behavior in Hispanic populations and should be included in the new Institute as it develops its Board of Governors, Executive Staff, and peer review committees.

Given the Health Care Reform Law, there are other new mechanisms to link our efforts to build a workforce that can facilitate the dissemination of CER in the future. There will be a National Workforce Commission and State workforce plans and regional programs, including Primary Care Extension Programs. In addition to workforce planning, we can facilitate dissemination of CER by collaborating with primary care networks – in medical practices, health systems, medical societies and associations as well as with medical schools and residency programs, especially with cultural competence training.

Lastly, the new Health Care Reform Law codified the Office of Minority Health and a new infrastructure of offices of minority health in the Department of Health and Human Services' agencies – CMS, HRSA, CDC, Indian Health Service, FDA, SAMHSA that should increase their focus on minority workforce development and training.