"20 by 22 and Beyond"

Tools for Achieving our Goal of 20% URiM Residents and Fellows at BMC by the year 2022

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Significance: A diverse physician workforce promotes health equity. (1) Racial and ethnic minorities comprise nearly 40% of the US population; however, individuals who identify as Black, Hispanic, and Native American are designated underrepresented in medicine (URiM) because their presence in the physician workforce is less than that in the general population.(2,3) A 2018 AAMC survey indicated that, among active physicians, 56.2% identified as white, 17.1% identified as Asian, 5.8% identified as Hispanic, and 5.0% identified as Black or African American. (4) Increasing the number of URiM physicians will improve access and quality of health care. (5,6) Physician-patient racial and language concordance correlates to improved patient satisfaction and adherence. (9,10) Furthermore, URiM physicians are more likely to work in under-served communities and in communities of color. (7,8)

Boston Medical Center (BMC) is the largest safety-net hospital in New England. Seventy percent of patients come from under-resourced populations and 70% of patient encounters involve patients identifying as Black, Hispanic, Native American, or Native Hawaiian. Despite BMC's diverse patient population, the racial diversity of BMC's residency training programs has historically been equal to or less than the national median. In the academic year (AY) 2020-2021, just 17% of BMC residents and fellows identified as URiM, with programs ranging anywhere from 0% to 50%. Achieving 20% of URiM residents and fellows at BMC by 2022 and aiming for even higher numbers in the future ("and beyond"), will require sustained and substantive efforts by many BMC residency and fellowship programs.

Innovation: Partnering with BMC's GME leadership, our Mid-Career Faculty Leadership Program (MFL) project team is developing and will disseminate an easy-to-use web-based toolbox that contains a summary of the literature on recruitment of URiM applicants, an electronic diversity dashboard, and several tools highlighting best practices and resources for recruitment and retention of URiM residents and fellows. In addition, based on other institutional best practices, our MFL project team will propose a series of financial commitments that will, among other things, work to offset the high cost of living in Boston for eligible URiM candidates, support the careers of critical URiM faculty mentors, and support the institutional infrastructure critical to reach and surpass the stated 2022 goal.

Methods: The toolbox was developed after conducting and compiling evidence from interviews with key stakeholders throughout the institution as well as a thorough literature review. The toolbox was designed to collate resources from across BMC and beyond in a central, easy-to-find location on the GME website. Key elements for the toolbox include: a checklist for Program Directors indicating evidence-based best practices for recruitment of URiM applicants; an electronic diversity dashboard tracking individual program success in recruiting URiM applicants; and several pragmatic tools (e.g. information on holistic review of applications, standardized interview questions from several BMC programs, tips for working with national organizations to diversify applicant pools, best practices in interviewing URiM candidates, and a FAQ document addressing common concerns about moving to Boston such as cost of living and racism in the city) to support program directors and strengthen program ability to recruit diverse candidates. As part of this team's MFL year, the electronic toolbox has already been vetted through institutional and local leaders. Through institutional GME support, the toolbox will continue to be maintained and improved in an iterative process. In addition to the development of the toolbox, our MFL team pulled best practice data to compile a list of financial investments needed to optimize the recruitment and retention of future URiM applicants, including items such as the offsets needed to defray the cost of living in an expensive city such as Boston and financial support needed to grow the careers of URiM faculty at BMC.

Results: An easy-to-use and up-to-date toolbox that contains best practices for recruitment of URiM to residency programs at BMC alongside a financial strategy for maintaining the toolbox, providing financial assistance to eligible URiM applicants, and supporting the careers of URiM faculty mentors.

Challenges and limitations: There are several challenges to this project. The first is that it is difficult to develop a toolkit that can be most useful and relevant to a great number and large diversity of programs at our institution. The second is the challenge of keeping a toolbox like this relevant and up to date. Third, it is yet unknown how much impact the toolbox alone can make on URiM recruitment at our institution. Finally, the cost-of-living assistance and faculty career support requires a meaningful financial contribution on the part of the institution. We are confident, however, that this short-term investment is a critical investment for the long term health of our patients, trainees, and faculty members-- and will ultimately help in BMC's audacious goal of making "Boston the healthiest urban city by 2030".

Next Steps: Once the "20 by 22 and Beyond" Toolbox has been presented and finalized through MFL, it will be presented more broadly within the institution, including at BMC's GMEC meeting, BMC Chairs Meeting, Department meetings, and leadership meetings at BUMG and BMC. The toolbox can then be used at annual meetings between Program Directors and the GME office to inform and augment URiM recruitment and retention strategies. It is our hope that

the GME leadership and other institutional stakeholders will continue to evaluate the impact of the toolbox – by measuring not only the final outcome of URiM recruitment every year but also by measuring which elements of the toolbox each residency used in their recruitment process. It is also our hope that URiM recruitment metrics will be ultimately tied to other important hospital metrics such as Chair reviews and Program Director reviews. Finally, the toolbox and the results of these evaluations can and will be disseminated both internally at BMC as well as at national conferences and as publications in academic journals.

References:

1. Institute of Medicine. In the Nation's Compel-ling Interest: Ensuring Diversity in the Health Care Workforce. Washington, DC: National Academy of Sciences; 2004.

2. USA Quickfacts from the US Census Bureau [Internet]. Available from: http://quickfacts.census.gov/qfd/states/00000.html

3. American Association of Medical Colleges. The status of the new AAMC definition on "underrepresented in medicine" following the Supreme Court's decision in Grutter. https://www.aamc.org/download/54278/data/urm.pdf. Accessed February 13, 2018.

4. 2018 AAMC Workforce data. Accessed at: https://www.aamc.org/data-reports/workforce/interactive-data/figure-18-percentage-all-active-physicians-race/ethnicity-2018#:~:text=Among%20active%20physicians%2C%2056.2%25%20identified,subgroup%20after%20White%20and%20Asian.

5. Laditka JN. Physician supply, physician di-versity, and outcomes of primary health care for older persons in the United States. Health Place. 2004;10(3):231-244.

6. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions. The rationale for diversity in the health professions: a review of the evidence. Rockville, MD: HHS (US); 2006.

7. Xierali IM, Nivet MA, Fair MA. Analyzing Physician Workforce Racial and Ethnic Compo-sition Associations: Physician Specialties (Part I). AAMC Analysis In Brief. 2014; 14(8).

8. Marrast LM, Zallman L, Woolhandler S, Bor DH, McCormick D. Minority physicians' role in the care of underserved patients: diversify-ing the physician workforce may be key in addressing health disparities. JAMA Intern Med. 2014;174(2):289-291.

9. Cooper-Patrick L, Gallo JJ, Gonzales JJ, et al. Race, gender, and partnership in the patient-physician relationship. JAMA. 1999;282(6):583-589.

10. Ngo-Metzger Q, Sorkin DH, Phillips RS, et al. Providing high-quality care for limited English proficient patients: the importance of language concordance and interpreter use. J Gen Intern Med. 2007;22(suppl 2):324-330. http://link.springer.com/10.1007/s11606-007-0340-z. Accessed February 25, 2018.