

CME that can help PAs reverse health disparity

Outside the Box (OTB) is an easy to use PI-CME activity that can help PAs better assess and treat diverse patient populations.

The *American Journal of Public Health* reports that across the United States 886,202 deaths would have been averted between 1991-2000 if mortality rates between whites and African Americans were equalized. OTB tackles the issue of equalizing healthcare disparity head on.

Since launching in 2016, over 250 physician assistants have ordered the OTB project or attended a workshop. **For PAs who've completed the CME project, OTB has made an indelible impact on their behavior and business practices and resulted in better healthcare delivery.**

How it works

The tool:

1. identifies the most common health disparity categories,
2. includes a self-assessment of the PA and medical practice and
3. suggests ways to improve patient interactions based on influences that directly impact patient outcomes.

PAs can opt to tackle one or all five categories identified in the packet. Each category will take four weeks to complete. The five common health categories include:

- Gender/Sexual Orientation
- Race and Ethnicity
- Physical
- Literacy and Numeracy
- Economics and Food

The guide compels PAs to consider a variety of factors when developing customized treatment plans for patients of different socioeconomic, lifestyle and ethnic backgrounds.

Impact

Kim Zuber, PA-C, one of the developers of the program, has compiled success stories on PAs who've implemented the four-week program. She notes one PA who started using money to discuss kidney, lung and heart function.

"She did not realize how widespread numeracy issues were in her population, so she started correlating lung function to money. She explained to a patient that optimal lung function compares to having \$1. He may have only 35 cents 'worth' of lung function, but if he uses an inhaler as recommended, he could get to 75 cents or better. Patients' understanding of the concept improved, and consequently the PA thinks she is having better utilization of inhalers due to better comprehension," she said.

Another PA in orthopaedic surgery reported that he had multiple issues with patients eating pre-operation, even with pre-op instructions written in both Spanish and English. When he realized his Spanish-speaking patients did not *read* Spanish, he incorporated visuals by adding an emoji in pre-op instructions. This effort resulted in reduced surgery cancellations due to patients eating. Another

common mistake is for PAs to assume ethnicity based on appearance. For example, a PA had a red-haired, fair-skinned patient identify as Japanese because her father was Japanese. After OTB, she corrected the patient's ethnicity in her medical records. Because some patient populations are more vulnerable to certain medical conditions than others, it's imperative that patients identify their own race, especially those with multi-racial backgrounds.

Behavioral changes

Those who have used OTB report that small adjustments in their behavior have helped to reduce health disparities in their own practices. One PA reports, "This activity allowed me to focus on certain populations that are often underserved. I hope to be able to use a more direct patient approach based on patients' varying sexual orientations, races and ethnicities."

Other behavioral changes included:

- Establishing new programs to assist patients with follow-up appointments
- Redrafting a comprehensive checklist to review with patients in pre-operative areas or before admission
- Connecting non-English-speaking patients to doctors in their native language to decrease non-compliance caused by language barriers
- Verbally verifying sexual identity and ethnicity
- More emphasis on face-to-face discussions with patients to flag any cognitive, physical and financial limitations

OTB is a catalyst to make changes in behavior and encourages providers to plan and customize care to specific patient needs. Even small interventions can create ripple effects across the healthcare system and lead to decreased patient follow-ups, equalized care across demographics and potentially more lives saved.

Because PI-CME is weighted more heavily by NCCPA, PAs can earn as many as 40 credits for this CME product while improving patient outcomes. This activity is available through the American Academy of Nephrology PAs [website](#).