

Equitable Exchanges in American Medicine

From Ideals to Reality

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EXCEPTIONAL CARE. WITHOUT EXCEPTION.



Boston University School of Medicine

Global Intersecting Local

- Backstory: fundamental inequality
- Physician-centric
- Global South -> Global North

Present State for International Physicians

- Informal poll !
- Somewhat unfettered* LMIC medical student access
- More limitations on LMIC post-graduate physicians (residents, fellows, faculty)
 - Cost
 - Visa
 - **Observer status**

Observerships

- How many have these?

“Observers are not allowed to have direct contact with patients, their families or friends. “Contact” includes, but is not limited to, taking patient histories, performing physical exams, writing/entering notes or orders in medical records, drawing bloods, taking EKGs, assisting clinicians with procedures, obtaining the results of diagnostic tests, counseling of any description and all other activities that might be considered or related to patient care.”

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Equity in Exchanges

- Difficult to provide robustly equitable exchanges absent some capacity for clinical experiences
- Range of concerns around legal aspects
- ...but also range of other locations providing fuller options
- Working to capture data on policies (of states and institutions)

An Example Legislation

“Visiting Clinical Professional Development Certificate”

“(D) The holder of a visiting clinical professional development certificate may **practice medicine and surgery or osteopathic medicine and surgery** only as part of the clinical professional development program in which the certificate holder participates”

An Example Legislation

“Visiting Clinical Professional Development Certificate”

“The program in which the certificate holder participates shall ensure that the certificate holder does not do any of the following:

- (1) Write orders or prescribe medication;
- (2) Bill for services performed;
- (3) Occupy a residency or fellowship position approved by the accreditation council for graduate medical education;”

Next Steps

- Preparing a white paper
- Seeking CUGH support for task force on topic
- Involvement of partner organizations
 - Federation of State Medical Boards
 - ECFMG
- Ultimately, will require state-by-state intervention

Great inequities are made of many small ones

Much thanks to our working group!

Meg Autry, Traci Downs, Brad Dreifuss, James Hudspeth, Mike Lipnick, Molly Moore, Mike Pitt, Tracy Rabin, Virginia Rowthorn, Christiana Russ, Mylo Schaaf, Hassan Sheikh, Jennifer Watts

Comments, questions?

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