

# California's Network of Ethnic Physician Organizations (NEPO)



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*California Medical Association Foundation*



# Background

- In 2001, Representatives of 41 California ethnic physician organizations joined together to voice their concerns over threatened cuts in health care services to Los Angeles.
- Under the leadership of Past CMA President Dr. Rolland Lowe and Past CMA Foundation President Frank Staggers
- Chinese, Peruvian, Black, Latino, Vietnamese, East Indian, Filipino, Korean and African American medical associations coalesced around a unified message to form NEPO.



# NEPO's Mission

*To create an empowered, unified voice  
of ethnic physician organizations to  
promote diversity, access, and quality  
in California's health care system*



# NEPO's Vision

*Optimum wellness and equality  
in Healthcare for all*



# Milestones 2003

- Publication of “First Partners, Common Goals”
  - Described the first 40 ethnic organizations, their mission, structure and goals
  - Beginings of regular meetings of the leadership



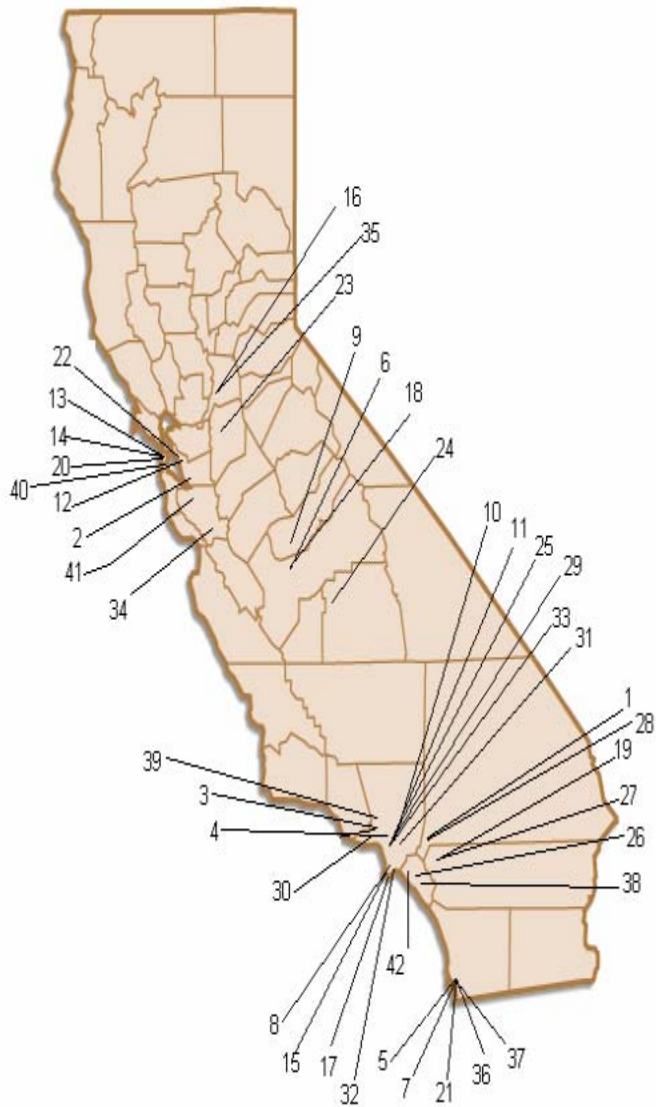


# Milestones 2005

- Formal development of an infrastructure consisting of a Steering Committee composed of volunteer representatives from each of the member organizations.
- Collectively representing over 20,000 Ethnic physicians



# www.ethnicphysicians.org



- Afghan Medical Association of America
- American Association of Physicians of Indian Origin – No. CA Chapter
- American Lebanese Medical Association
- Armenian American Medical Society of California
- Association of American Indian Physicians - California Office
- Association of American Physicians of Indian Origin, Fresno
- Association of Black Cardiologists
- Association of Black Women Physicians
- Association of Pakistani Physicians of North America
- California Latino Medical Association
- Chinese American Medical Association of Southern California
- Chinese American Physician's Society of the East Bay
- Chinese Community Health Care Association (CCHCA)
- Federation of Chinese American and Chinese Canadian Medical Societies
- Golden State Medical Association
- Greater Los Angeles Indian Medical Association
- Indian Medical Association of Southern California
- Inland Empire Chapter of Indian Medical Association
- Islamic Medical Association of North America
- Korean American Medical Association of Southern California
- Minority Health Institute
- National Arab American Medical Association - California Chapter
- Peruvian American Medical Society - Southern California Chapter
- Philippine Medical Association of Southern California
- Philippine Medical Society of Northern California
- Sacramento Asian Medical Society
- San Diego Association of Physicians of Indian Origin
- San Diego Vietnamese Physician Association
- Thai Physicians Association of America - West Chapter
- Tri-Valley Indian Medical Association



# Network of Ethnic Physician Organizations Organizational Structure







## Activites (cont)

- Annual Ethnic Physician Leadership Summit
  
- Created two major clinical areas:
  - Diabetes – Framework for Action
  - Cancer Screening Resources
  
- [www.ethnicphysicians.org](http://www.ethnicphysicians.org)



# Activities

- Regional NEPO Meetings
  - Sacramento
  - Alameda County
- Leadership Awards - \$130,000 to ethnic physician organizations
  - Capacity building
  - Mentoring projects
- Communication to EPOs
  - Website
  - Newsletter



# Health Disparities & Policy

California Medical Association  
House of Delegates Resolutions

**2004**

**“Closing the Health Care Gap Act.”**

**2005**

**Obesity & Type 2 Diabetes**

**2006**

**Pay for Performance**



# "Closing the Health Care Gap" S. 2091

- 2004 resolution submitted by Ethnic Medical Organization Section
- reduce disparities in health care access and quality
- increasing racial and ethnic diversity among health professionals
- standardized health care quality measures, particularly for the 15 common health conditions.



# “Closing the Health Care Gap Act.”

- grants to minority physicians in private practice, health plans, FQHC clinics and hospitals
- demonstration grants to improve the health care of health disparity populations through improved access to care, health care navigation assistance and health literacy education





# “Closing the Health Care Gap Act.”

- Translation and interpretation for patients with limited English proficiency



# “Closing the Health Care Gap Act.”

- Workforce Diversity and Training
- Model Cultural Competency Curriculum Development



# 2005

## Obesity & Type 2 Diabetes

- Improve health by healthy eating and increased physically active lifestyles;
- Knowledgeable about community resources and referral services for diabetic, overweight and obese patients
- Local efforts to increase the availability of fresh fruits and vegetables in underserved communities and schools



# Obesity & Type 2 Diabetes

- Encourage the food industry to prioritize the prevention of childhood obesity
- Engage in advertising to children and youth that promotes a balanced diet and healthy eating habits and regular physical activity;
- Urge component, specialty and ethnic physician organizations to do the same.



# 2006 Pay for Performance

- Proactively encourage risk or case-mix adjustment to minimize the potential negative impacts on racial and ethnic minority patients;
- must not create conditions that limit access to improved care, directly or indirectly disadvantage patients from ethnic, cultural or socio-economic groups, or the physicians who serve these patients.





# *Principles for a Healthy California - 2007*

- Quality healthcare must be provided regardless of ethnicity, residency, citizenship, and employment status.
- Healthcare must be affordable and accessible for all Californians.
- Maintain the ability of a patient to see a physician when they need to. .
- The high cost of health care is driven by excessive health insurance plan profits and administrative costs.
- Health coverage should include a comprehensive set of benefits.
- Comprehensive care through basic health package must be provided for everyone, including children, the aged, and disabled, chronically ill, and homeless persons. Our society must recognize that the medical model alone will not eliminate the health disparities currently experienced by California's ethnic communities.
- Healthcare must be rendered utilizing culturally relevant and linguistically appropriate approaches, while taking into account the socioeconomic context of the patient being served.
- Public programs must be adequately funded. Health reform must include fair payment for Medi-Cal providers.
- Solo and small group practice physicians provide primary care in the heart of underserved communities . Physicians serving these communities is declining, adding to the loss of access to affordable healthcare. Efforts must be made to preserve this valuable source of healthcare.
- Initiatives to increase quality and reduce cost should not limit care or create unintended consequences.



# Quality Improvement in Solo & Small Group Practice

- The QISS Project is a physician driven needs assessment that examine the contributions & challenges of ethnic physicians in solo and small group practices serving the safety net.
- 200 physicians participated focus groups held in San Diego, Los Angeles, Bay Area, Fresno, Visalia & Modesto.
- 40 Office assessments investigating the practice environments & community linkages in the same regions.
- 4 patient focus groups in San Diego, Los Angeles, Bay Area, and Fresno.
- GIS map describing the locations and resources available in the area served.



# Contact Information

- [www.ethnicphysicians.org](http://www.ethnicphysicians.org).
- [www.calmedfoundation.org](http://www.calmedfoundation.org)

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