

Episode: *Author Interview: “What Should Antiracist Payment Reform Look Like?”*

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[bright theme music]

TIM HOFF: Welcome to another episode of the *Author Interview series* from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. This series provides an alternative format for accessing the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Kimberly A. Singletary, the Diversity, Equity, and Inclusion and Communication Manager for the Advancing Health Equity: Leading Care, Payment, and Systems Transformation Program at the University of Chicago in Illinois. She's here to discuss her article, coauthored with Dr Marshall H. Chin, “*What Should Antiracist Payment Reform Look Like?*,” in the January 2023 issue of the Journal, [Segregation in Health Care](#). Dr Singletary, thank you so much for being on the podcast. [music fades]

DR KIMBERLY SINGLETARY: Thank you for having me. I'm really excited to chat with you.

HOFF: To begin with, what's the main ethics point that you and Dr Chin are making in this article?

SINGLETARY: Yeah. So, our main key point for the article is that essentially, the medical system is foundationally racist, right? It was based on a two-tiered system in which White people got the best care, and then the rest of the care was made for the rest of us. And that's created a moment in which that has had large reverberations across society for everyone, right? And payment was created within that system. And so, what we're trying to say is you can't exact payment from thinking about how we would improve care for people. We can't improve one part without improving all the parts. And so, payment is a huge driver of the quality of care.

And one of the things we talk about is in relation to that, the history, right? We talk about the history of Medicaid, in particular, Jamila Michener's just phenomenal work in that regard. And she talks about how there's a racialized origin to Medicaid, right? So, bad actors who were against civil rights legislation were given control to determine funding and the recipient, the funding that recipients received, and those recipients were disproportionately Black. And for a lot of people, I think there is people assume, “Well, that's the '60s or that's the '70s, and things are so much better.” But we're still in that system, right? We've created changes, but those changes are built upon a system that already had a cracked foundation to begin with. And in today, we still have issues in relation to Medicaid in terms of who's eligible for care, whether or not states decide to

expand care, how that care is funded. And that disproportionately impacts people of color and the care they receive and the health they have and their standard in life of living. So, we really, our solution is that we really want people to think about shining a light on these issues.

The general assumption is that numbers aren't racist, right? They aren't feeling. They don't have any malice within them to attack people. But we have to pay attention to the people who are using the numbers, right? How are numbers wielded against people? How are numbers weaponized in a way that can do irreparable harm to people? And that goes along with data, how we use data, how we collect that data. And so, we are asking people to pay attention to the facts and the figures. What are they telling us? Don't just assume that it is a number that has been used objectively. Think about the system that the numbers were created in and whether or not those numbers uphold that system or push against and make changes that would actually be beneficial for people who are in the system today.

HOFF: And so, what do you think is the most important thing for health professions students and trainees to take from your article?

SINGLETARY: I think one of the most important things for students to think about is, first, don't assume it's all socioeconomic status, right? That's part of it. But it's also, [chuckles] that's just part of it. It's not the whole. You have to pay attention to how race is inflected within our medical system because race is inflected within our society. And so, when we are think-, we're asking students to think about how would they use this article? What would they think about? They need to think about who created the standards of care that they're learning about. When were those standards of care created? What decade? When were they updated? Who was left out in determining how those standards of care were created and approved? And then they could also ask themselves, what would I do, when I'm out of school and in another institution, what would I do to make a change? What do I see that's missing here that I would add?

So, the biggest thing is, is that there's often a sense of fatalism that I think everybody, not just students, has when we think about ourselves in relation to a system. These are big organizations, and it can feel like, "Well, I'm one person. My voice is meaningless." But one person with one voice is worth more than 20 people without a voice. So, people really need to think about not only just speaking up but thinking about how they're going to make the change now and in the future.

If staff in leadership were going to ask me something that they could do, right, I would say they would think about what are they doing to create cultures of equity within their organizations? Have they considered setting up organization-wide DEI training with an outside consultant who doesn't know the ins and outs of the organization, who can come in and perhaps shine some light on gaps that the folks who are there doing the day-to-day work might've missed? How do leadership reward those equity champions? How do they support them? Being an equity champion is hard! It is, you know, it requires people to buy in. It requires people to support. And having leadership say,

“Hey, you’re doing a great job. We want to recognize you throughout the company,” not only does that give the people who are acting as equity champions more energy to keep doing that really hard work, it might encourage others to also join in, which impacts the organization positively over time.

HOFF: And finally, if you could add a point to this article that you didn’t have the time or space to fully explore, what would that be?

SINGLETARY: For us, I think we would really want to stress that people should not wait for perfection. Don’t wait for that next program to be implemented in a year or two years or six months. Don’t wait for all of the stars to align in order to think about making payment reform initiatives that are anti-racist in nature. If you do it now, when a small problem is a small problem, before it becomes calcified, it’s easier to make those changes. It’s easier to pivot. It’s easier to be flexible, to create the kind of changes we need in order to create a more equitable system where all people are getting a great quality of care.

We also want people to remember that being anti-racist is more than not being racist. Anti-racism requires a consistent, ongoing attention as to how racism is inflected in the system. It requires critical thought and a critical eye and for people to really pay attention to what could be happening behind the scene. What is happening that I might not be picking up? So, it’s being a person who is constantly curious and constantly invested in thinking about how to stop racism before it starts, how to really think about how to solve some of these issues that are plaguing our communities and plaguing our society and impacting the kind of care that people of color and other marginalized communities are receiving from their care provider organizations. So, at the end of the day, we really want people to think creatively about how payment reform can be made into anti-racist payment reform, how they can really think creatively about solving some of the issues related to disparities in care inequities by thinking about payments and payment reform. [theme music returns]

HOFF: Dr Singletary, thank you so much for your time on the podcast today, and thanks to you and your coauthor for your contribution to the Journal this month.

SINGLETARY: Thank you so much for letting me chat a little bit more about the paper. We’re really excited about it, and we’re super excited to be in the Journal. And we hope that people get something out of it.

HOFF: To read the full article, as well as the rest of the January 2023 issue for free, visit our site, [JournalofEthics.org](https://www.journalofethics.org). We’ll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.