# Toward Eliminating Health Disparities in PA Practice: Sustaining Change

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## BACKGROUND

Health disparities remain persistent in medicine.[1] This study, conducted via a random chart review, evaluated the professional practices of a national cohort of clinically practicing PAs who participated in a previous quality improvement (QI) intervention addressing 5 domains where health disparities are known to exist: race/ethnicity, sexual orientation/gender identity (SOGI), literacy/numeracy, physical/sensory/cognitive disabilities, and access issues (economic/geographic). Published statistical analyses on a paired-samples pre-post intervention revealed significant improvements in participant's practices after 30 days with medium- to large-sized effects in 4 of the 5 domains.[2] The purpose of the present study is to examine the previously studied cohort's professional practices at 1-3 years post-intervention.

## HYPOTHESIS

We suspected that greater awareness of "ideal" professional practices in domains known to experience health disparities would result in practice modifications by participants.

## METHODS

A national cohort of 181 clinically practicing PAs from a prior, published study were invited to review ten random charts over a 90-day period, at 1-3 years post-intervention. Reminder emails were sent at 2-week intervals with a personalized email sent at the 3-month date. Eighty-six clinically practicing PAs responded for a total response rate of 47.5%. CME credit was given to participants.

The statistical analysis contrasted the time from QI CME and ideal practices within five domains where health disparities exist: race/ethnicity, sexual orientation/gender identity, literacy/numeracy, physical/sensory/cognitive disabilities, and economic/geographic access factors. A repeated-measures analysis of variance was conducted to determine whether professional practice improvements were sustained over time and to what degree at 1-3 years from pre-intervention as well as 30-days post-intervention, contrasted with the previously published pre-intervention to 30-days post-intervention findings, and p values reported for each.

## RESULTS

At the 1-3-year post-intervention mark, 86 participants from the initial cohort responded for a total response rate of 47.5%. There was "decay" at the 1-3-year follow-up in every domain: improvements from the pre-intervention data to 30-day post-intervention data were not sustained 1-3 years post-intervention. There was an improvement from pre-intervention to 1-3 years post-intervention in the SOGI and numeracy/literacy domains. However, the effect size was small. In the remaining domains, improvements between pre-intervention data and 1–3-year data did not rise to statistical significance due to the 95% confidence intervals. It appears that a 1-time QI-CME intervention in health disparities will not sustain changes in PA professional practices at the 3-year mark.
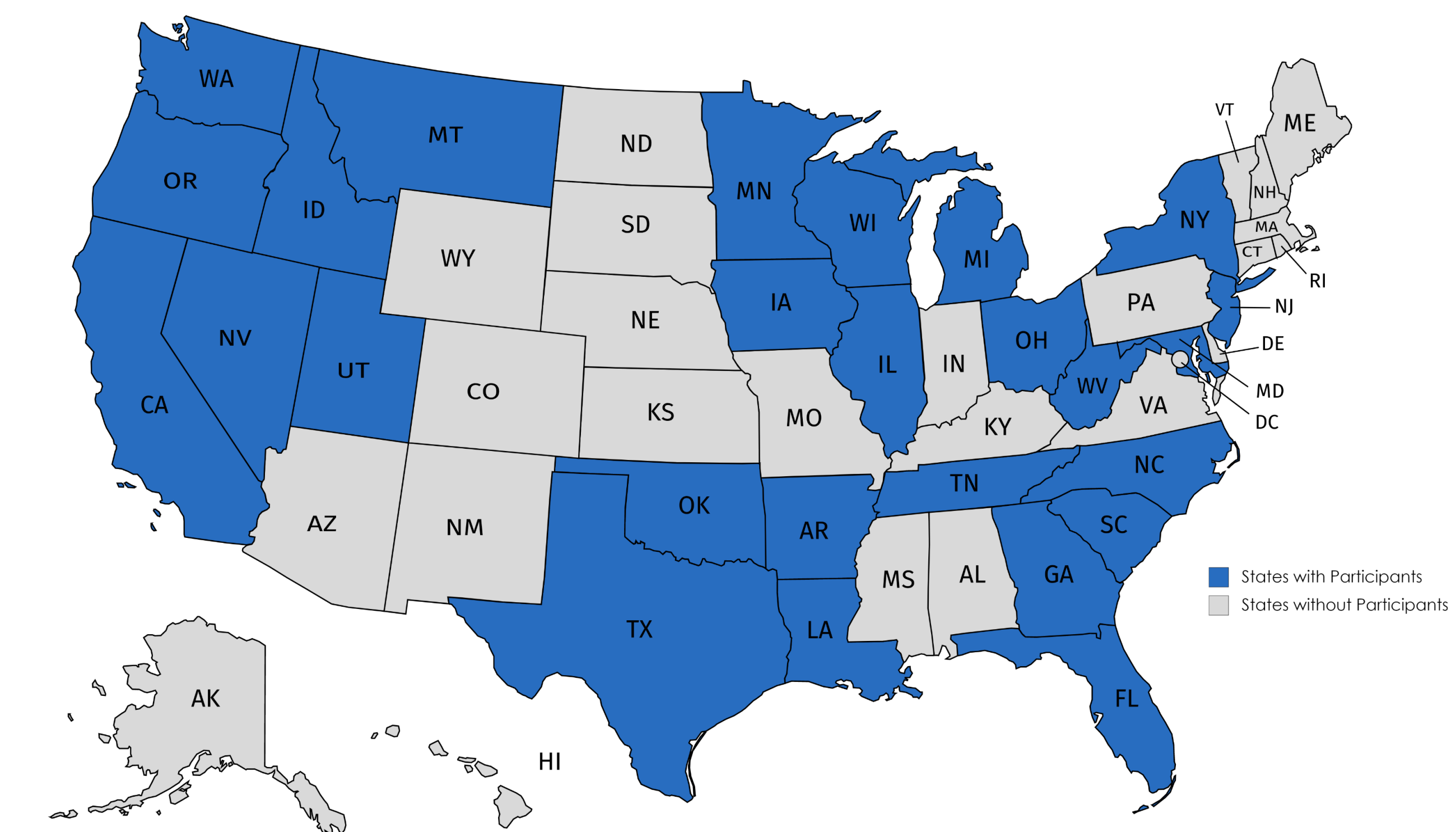


Error bars: 95% CI
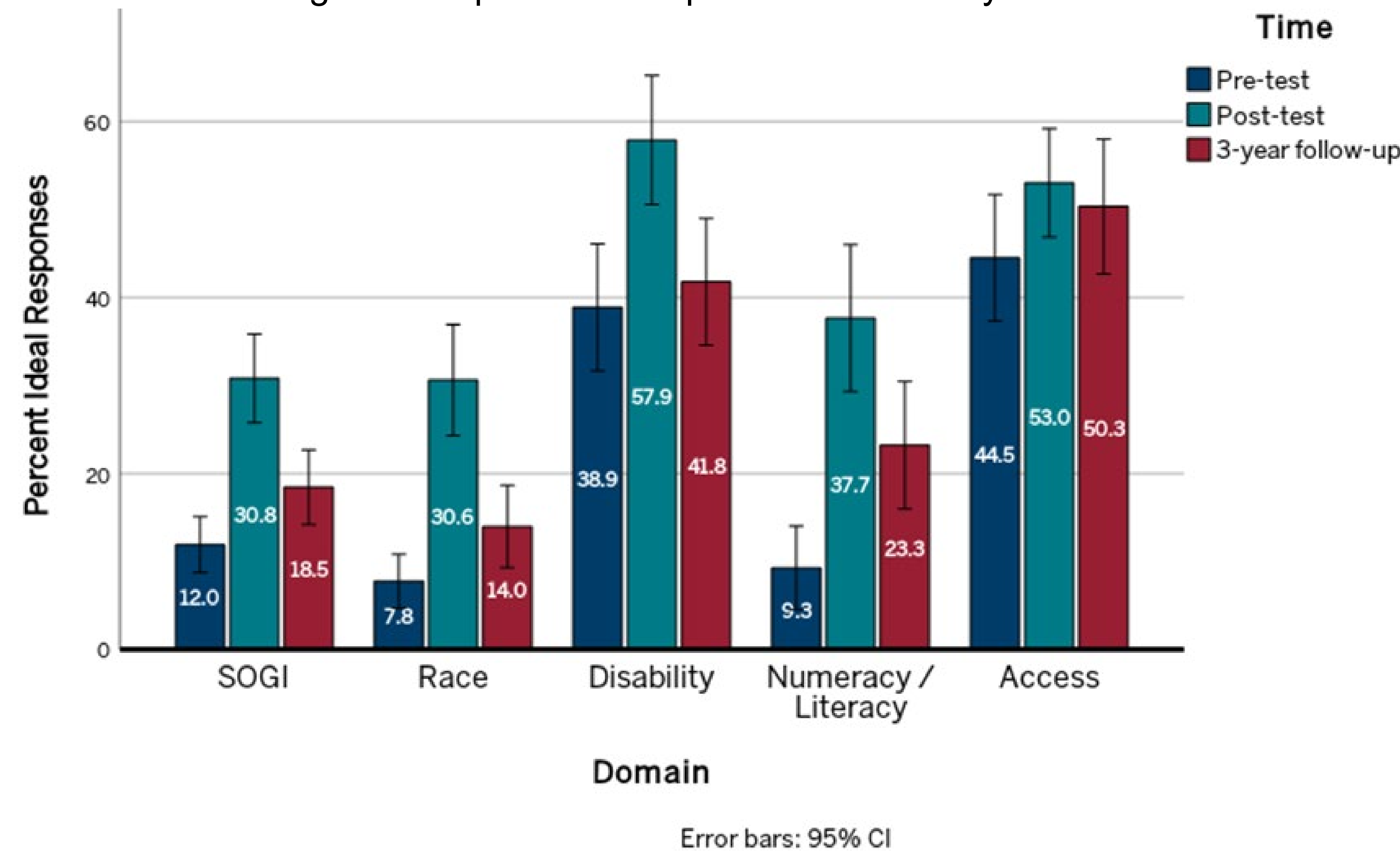
## CONCLUSION

This study sought to explore whether practice improvements from a single cultural competency educational intervention were sustained at 1-3 years post-intervention. The statistically significant decay in improvement (defined as higher than baseline, but lower than 30-day post) suggests a need for further study of driving and restraining factors that influence PA practice behaviors. Previously published studies have observed significant improvements in ideal clinical practices 3-years after QI CME.[3] However, these prior studies pertained to clinical practices and not professional practices regarding cultural competency. Limitations include cohort size, response rate, and lack of a control group.

**This study's findings suggest that cultural competency training may need to be reinforced at less than 3 years intervals.**

## CITATIONS

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