

## NYC Coalition to End Racism in Clinical Algorithms (CERCA) – Summary

**What:** NYC CERCA builds on previous coalition models the Health Department has used to bring multiple sectors together, including health care, to achieve consensus around goals and timeline with data monitoring. Healthcare institutions will be invited to sign a pledge to join the coalition and commit to:

1. Raise awareness amongst health system partners on how race correction contributes to racial health inequities.
2. Elevate and communicate the commitments to health equity of the members of the coalition.
3. Eliminate race correction in at least one clinical algorithm within two years at institutions.
4. Measure institutional and citywide impacts of eliminating race correction on racial health inequities.
5. Avoid the potential impact race correction may have on the provision of timely care and referrals

The Health Department will serve as the convener for the coalition (which will function like a learning collaborative), provide information and resources to support institutional change, and connect coalition members to experts and technical assistance. A citywide effort through the coalition would provide a shared timeline and vision for removing these structures from both the health care delivery and educational institutions of medicine. H+H has already ended reporting of race corrected eGFR and use of the VBAC calculator. Many other healthcare delivery institutions are considering ending race correction but are not coordinating across institutions.

Coalition members that sign the pledge will: join convenings every two months organized by the Health Department, agree to ending race correction in at least one specific clinical area during their participation in the coalition, and agree to a data monitoring and public data sharing plan which assesses impact on racial health inequities related to the clinical algorithm chosen. Each CERCA member will develop: 1) a work plan that includes activities required to implement a new clinical algorithm without race correction; 2) an evaluation plan to monitor racial/ethnic equity indicators retrospectively and/or over time after the new clinical algorithm has been implemented; and 3) a plan to mitigate the potential impact of race correction.

**Why:** Racial and ethnic health inequities are remediable but entrenched. Data shows that the delays in accessing care because of race correction are quantifiable.<sup>1</sup> Efforts are needed to end race correction at scale, quantify the impact on health inequities, and proactively initiate city-wide outreach to patients who may benefit from additional referrals or care.

### **Who:**

The **NYC Health Department's CMO** will convene NYC hospitals, health systems, independent practices, and relevant training institutions to provide a venue for shared learning and knowledge exchange. The NYC Health Department will also provide resources and connect coalition members to national experts on the various clinical algorithms that have been chosen to be corrected. H+H is a founding partner on this initiative.

**Coalition Members** will be asked to identify at least one clinical algorithm the institution is pledging to change. Each institution will be asked to send a team to NYC CERCA composed of institutional leadership best positioned to implement the change for the chosen clinical algorithm. For example, if eGFR is the identified clinical algorithm slated to be changed, at least one leader of the Department of Nephrology should be on the institution's CERCA team. This could include the Chair of the Department of Nephrology, Director of Clinical Operations, etc. We are also encouraging leaders of affiliated medical schools also join their institution's CERCA team. Engaging the medical school community is critical in ending race correction in clinical algorithms and are key partners in this city-wide endeavor. Needs of coalition members may be different but the Health Department will do its best to support members in achieving their CERCA goals.

**NYC CERCA Advisory Committee** will be composed of nationally recognized experts who are actively engaged in research and policy change on race correction in clinical algorithms.

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<sup>1</sup> Ahmed S, Nutt CT, Eneanya ND, Reese PP, Sivashanker K, Morse M, Sequist T, Mendu ML. Examining the Potential Impact of Race Multiplier Utilization in Estimated Glomerular Filtration Rate Calculation on African-American Care Outcomes. *J Gen Intern Med.* 2021 Feb;36(2):464-471.

**When and Where:** The goal is to launch the coalition in the fall of 2021 through inviting healthcare delivery partners to sign the pledge described above. NYC CERCA meetings will be held virtually and will run for at least two years. The inaugural report from the coalition will be published by June 2022.

## ADDENDUM

### Current NYC CERCA Advisory Committee

#### **Arielle Elmaleh-Sachs, MD**

Department of General Internal Medicine, Columbia University Medical Center

*Dr. Arielle Elmaleh-Sachs is a primary care physician and post-doctoral clinical fellow in the Department of General Internal Medicine at Columbia. Her research focuses on understanding how the use of current guideline recommended race/ethnic-specific spirometry reference equations influence the prediction of chronic lung disease outcomes, with findings that support the reconsideration of the recommendation to use race/ethnicity in interpreting spirometry results, as they may exacerbate racial disparities and misclassify risk of lung disease.*

#### **Ayrenne Adams, MD MPH**

Primary Care Physician and Clinical Director on Social Determinants of Health at NYC Health + Hospitals

*Dr. Ayrenne Adams is a primary care physician at NYC Health + Hospitals/Gotham Health, Tremont in the South Bronx who is passionate about creating and evaluating system-level interventions to achieve health equity. She is a Clinical Lead of the Medical Racism initiative at NYC Health + Hospitals, tasked with identifying and removing race-based clinical algorithms throughout the enterprise. She is also a Clinical Director on the Social Determinants of Health team in the Office of Ambulatory Care and Population Health at NYC Health + Hospitals, leading the implementation of quality social needs screening and referrals.*

#### **Duncan Maru, MD, PhD**

Assistant Commissioner for the Bureau of Equitable Health Systems (BEHS) in the Center for Health Equity and Community Wellness (CHECW)

*Dr. Duncan Maru, MD, PhD, is Assistant Commissioner for the Bureau of Equitable Health Systems (BEHS) in the Center for Health Equity and Community Wellness (CHECW). BEHS works primary care providers, hospitals, payors, and other healthcare systems to address structural racism and implement evidence-based strategies. Dr. Maru is an epidemiologist and physician trained in internal medicine and pediatrics and an Associate Professor in the Department of Global Health at Mount Sinai. He also continues to teach and practice clinically at NYC Health + Hospitals / Elmhurst Hospital Center.*

#### **Jennifer Tsai, MD, M.Ed**

Department of Emergency Medicine, Yale School of Medicine

*Dr. Jennifer Tsai is an Emergency Medicine physician, writer, and educator in New Haven, Connecticut. She received a Masters of Education from the Harvard Graduate School of Education, and her academic work centers on the intersection between race, medicine, inequity, and trauma-informed care. Her essays and research on race-based medical algorithms have been published in the New England Journal of Medicine, The Lancet, Scientific American, STATnews, American Journal of Bioethics, and the Journal of the American Medical Association among other outlets.*

#### **Leo Eisenstein, MD**

Resident Physician Internal Medicine at New York University and Bellevue Hospital

*Dr. Leo Eisenstein is a resident physician in Internal Medicine at NYU and Bellevue Hospitals. As a medical student at Harvard Medical School, he co-led a successful advocacy effort to end the use of race-adjustment for estimates of kidney function at a hospital in Boston. In 2020, he co-authored a paper in the New England Journal of Medicine called "Hidden in Plain Sight: Reconsidering the use of race correction in clinical algorithms."*

**Marie Plaisime, PhD, MPH**

Harvard University - FXB Center for Health & Human Rights

*Dr. Marie Plaisime is a medical sociologist and a joint FXB Health and Human Rights Fellow and National Science Foundation post-doctoral fellow at Harvard University. Her research investigates the mechanisms through which health is racialized by examining racial bias, race-based medicine, algorithmic bias, social movements, and health policy. She applies critical quantitative, computational, and mixed methodological tools to detect, examine and quantify how structural racism in medicine jeopardizes healthcare delivery, access, and quality. This includes (1) assessing medical providers' understanding of structural competency pedagogy and structural racism in medical education, (2) exploring how race, as a social and power construct, is used in diagnostic tools and algorithms, and (3) investigating how social media and social justice movements influence trust in healthcare systems. In addition, her work assesses the complex interactions between race, health, and the roles that physicians, nurses, and patients play in shaping health equity.*

**Nwamaka D. Eneanya, MD, MPH**

Assistant Professor of Medicine at the Hospital of the University of Pennsylvania

*Dr. Nwamaka Eneanya is an attending nephrologist, assistant professor at the University of Pennsylvania, and the Director of Health Equity, Anti-Racism and Community Engagement in the Nephrology Division. She has led scientific advocacy efforts to end the misuse of race in the diagnosis and management of kidney disease.*

**Salman Ahmed, MD, MPH**

Nephrologist and Assistant Professor at Baylor College of Medicine

*Dr. Salman Ahmed has completed a clinical and research fellowship in Nephrology and Master's in Public Health from Harvard Medical School and the Harvard School of Public Health. In the Brigham and Women's Hospital Health Equity Improvement Program, Dr. Ahmed and his co-authors showed that the race multiplier in estimated glomerular filtration rate equations may exacerbate disparities in kidney disease care delivery to African-Americans.*

**Sophia Kostelanetz, MD, MPH**

Instructor in Internal Medicine and Pediatrics, Department of General Internal Medicine and Public Health

*Dr. Sophia Kostelanetz is an Internal Medicine and Pediatrics physician currently serving as a Physician Liaison for Health Equity at Tennessee Department of Public Health. Her research and advocacy have focused on eliminating race-based eGFR. She helps co-lead the Nashville Chapter for the Campaign Against Racism, which aims to implement structural change to advance health equity nationally.*

*Note: Additional members may be added over time*