Asian American Physicians' Knowledge of, Attitude about, and Experience of the Affordable Care Act

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Suhaila Khan, Leah Cha, Thomas Le, Tina Kantaria,
Maria Mindanao, Jamal Yousuf, Lauren Chi

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ABSTRACT

Asian American physicians represent a large and unique voice in the physician workforce. Yet perspectives of such racially and ethnically diverse physicians on how the Affordable Care Act (ACA) impacted them and their practices are limited. Thus, this study explored Asian American physicians' knowledge of, attitude about, and experience with the ACA. Using a semi-structured questionnaire, in-depth interviews were conducted with thirty-two physicians from six Asian American subgroups: Asian Indian (7), Chinese (5), Filipino (4), Korean (5), Pakistani (3), and Vietnamese (8). These study participants were selected based on race/ethnicity, type of practice (e.g., primary/specialty, small/large), gender, and age. Collected from March to July 2015, data were obtained on demographic characteristics (26 questions), knowledge of the ACA (10 questions), attitude about the ACA (23 questions), and experiences with the ACA (12 questions). This study found that Asian American physicians generally support the ACA, voicing that the law positively impacted two health care delivery factors—volume of patients and access to care. Despite overall support of the ACA, two-thirds of physicians reported negative experiences, citing rising patient costs, increased stress from a growing patient volume, and out-of-network issues. This study has significant implications on America's changing health care system, stressing the importance of providing more outreach to physicians about new and evolving health care legislations, as well as of encouraging research efforts to better understand challenges faced by racially and ethnically diverse physicians.

KEYWORDS

Affordable Care Act, Asian American, Health Reform, Physician, Race/Ethnicity

INTRODUCTION

The Patient Protection and Affordable Care Act (ACA) is the most extensive reform in the United States' (US) health care system in over 45 years since the passage of Medicare and Medicaid in 1965. Its purpose is to improve access, quality, and affordability nationwide. Through the provisions of this health law, over 20 million previously uninsured Americans have gained health insurance coverage [1]. Large decreases in uninsurance rates have been observed across the nation, particularly in minority populations such as African Americans, Asian Americans, and Hispanic Americans [2].

The Association of American Medical Colleges (AAMC) emphasizes the need for more ethnic diversity within the medical workforce due to the increasing diversity of the patient population in America. Studies have found that minority physicians are more likely to serve minority patients who are from their own race/ethnic communities and/or work with underserved and underrepresented patients [3]. Thus, it has become more important to have physicians who understand the needs of diverse patients and can provide them appropriate high-quality care.

Asian Americans comprise only 6% of the total US population, but are the fastest growing and the most diverse racial group within the US [4]. However, Asian American physicians comprise a much larger proportion (12% to 20%) of the physician workforce in the US [5-6]. A few studies have examined physicians' perspectives of the ACA – both positive and negative. There are no peer-reviewed articles on how the ACA has affected racially/ethnically diverse physicians' abilities to provide services. Two non-peer reviewed studies previously investigated Asian American primary care physicians' opinions and experiences on the ACA [7-8].

Asian American physicians represent a large and unique voice in the physician workforce. Yet knowledge on how these physicians can be supported in the midst of a rapidly changing health care system is severely limited. It is important to understand these issues to improve quality of care, have better clinical outcomes, and reduce health disparities. Thus, this study explored the Asian American physicians' knowledge of, attitude about, and experience with the ACA.

METHODOLOGY

Study Design

This qualitative study used in-depth interviews to identify and understand the knowledge, attitude, and experience of Asian American physicians about the ACA. This method was chosen due to lack of information on Asian American physicians and this important health policy.

Study Participants, Sampling, Sample Size

The study participants (N=32) were physicians from six Asian American subgroups: Asian Indian, Chinese, Filipino, Korean, Pakistani, and Vietnamese. They were purposively selected based on race/ethnicity, type of practice (e.g., primary or specialty, small or large practice setting),

gender, and age. Definition of race/ethnicity is as provided by the U.S. Census Bureau (i.e., self-identified). Primary care physicians include internal medicine, pediatric, OB/GYN, and family medicine. Specialty care physicians include allergy and immunology, oncology, cardiology, pediatric cardiology, pediatric gastroenterology, hematology, psychiatry, child psychiatry, and neonatology. Small group practice is defined as less than 5 physicians in the practice, and large group practice included 5 or more physicians.

Survey Instrument

Data were collected with a semi-structured questionnaire of open- and close-ended questions: demographic characteristics (26 questions), knowledge of ACA (10 questions), attitude about ACA (23 questions), and experience with patients/practice (12 questions). Some questions had multiple responses. In the results section, "N" denotes the total number of study participants and "n" denotes total number of responses for each question. The questionnaire was conducted in English and was pre-tested with non-study participant physicians.

Data, Ethical Review, and Informed Consent

Data were collected by six interviewers from March to July 2015 (via phone, in-person, and Skype/Google Hangout). Informed verbal or written consent for the in-depth interviews were obtained from each study participant prior to the interviews. The questionnaire was shared with the study participants at the time of the interview. The participants had the option to decline participation in the study and/or response to questions at any point in time. Each questionnaire had a unique identifier to protect the identity of the study participant. Interviews were audio-recorded, transcribed, and coded by categorizing relevant key themes. Descriptive statistical analyses, including cross-tabulations, for close-ended responses were performed via Excel.

Limitations and Strengths

With a small sample size, this study's findings are not generalizable and statistical tests could not be performed. However, this is not unusual for qualitative studies with small sample sizes. Despite the small sample size, participants for this study are diverse in terms of gender, age, nativity, race/ethnicity, type of physician (primary care and specialty), type of practice (size and location of practice), as well as the diversity of patients (i.e., age, race/ethnicity) served by the physicians. As all interviewers pre-tested the questionnaire and received similar answers, selection and interviewer biases may be minimal.

RESULTS

Demographic Characteristics (Table 1)

Thirty-two Asian American physicians participated in this study (Asian Indian 7, Chinese 5, Filipino 4, Korean 5, Pakistani 3, and Vietnamese 8). The average age of the study participants were 46 years (ranged 32 to 70 years). Half the participants were male and half were female. The study participants had practiced medicine an average of 11 years (ranged 1 to 33 years). Physicians worked in various settings, ranging from private solo or small practices (44%) to large

hospitals (56%). Of the 21 different specialties identified, 47% were primary care physicians and 53% were specialists. They practiced in California (88%), New Jersey (6%), Florida (3%), and Washington (3%). While 66% of the participants were foreign-born, 66% attended US medical schools. All physicians reported English as their primary language, and 66% reported speaking an additional language other than English. The study participants served White (34%), Hispanic (34%), and Asian American patients (18%). One-fourth (28%) of their patients had limited English proficiency (LEP) i.e., speak English "less than very well".

Table 1: Demographic Characteristics of Study Respondents (N=32)	
Race/Ethnicity	
Asian Indian	7 (22%)
Chinese	5 (16%)
Filipino	4 (13%)
Korean	5 (16%)
Pakistani	3 (9%)
Vietnamese	8 (25%)
Age (in years)	46 (range 32-70)
30-40	11 (34%)
41-50	11 (34%)
51-60	8 (25%)
61-70	2 (6%)
Gender	
Male	17 (53%)
Female	15 (47%)
Nativity Status	
US-born	11 (34%)
Foreign-born	21 (66%)
Speak Language other than English	
Yes	21 (66%)
No	11 (34%)
Medical School Attended	
US	21 (66%)
Foreign	11 (34%)
Type of Physician	
Primary Care	15 (47%)
Specialty	17 (53%)
Type of Practice	
Small	14 (44%)
Large	18 (56%)
Location of Practice	
California	28 (88%)
New Jersey	2 (6%)
Florida	1 (3%)
Washington	1 (3%)
Total Years Practiced	15 (range 1-36)
Years Practiced in Current Location	12 (range 1-33)

Physicians' Knowledge of the ACA (Table 2)

Only 28% of physicians understood the ACA "well," even though 69% said that they were familiar with it. More specialist (35%) or small/solo practice physicians (36%) understood the ACA "well" compared to primary care (20%) or large practice (22%) physicians.

> *"I don't think any of us were mandated to understand it, so it really comes down to your interest in knowing… I think it's a shame we're not required to know about the ACA and how it affects us, how we work, and the patients we see," said a Chinese American physician."*

Despite such low comprehension rate, 56% of physicians reported that they could explain the ACA to their patients or colleagues who were unfamiliar with it. Sixty-three percent of physicians reported that their practices provided resources on ACA enrollment to patients, especially those who were LEP. While 50% of participants said that there were enough ACA-related resources available to physicians, 44% said that there were enough ACA-related resources available to patients.

Table 2: Physician's Knowledge and Understanding of the ACA

Knowledge of ACA[a]	**Yes**	**No**	**May be**	**Don't know /NA**	**Total responses**
Familiar with the ACA	22 (69%)	3 (9%)	7 (22%)	0 (0%)	32 (100%)
Able to explain ACA to patient/colleague	18 (56%)	6 (19%)	8 (25%)	0 (0%)	32 (100%)
Patients seek ACA resources from practice	17 (53%)	13 (41%)	0 (0%)	2 (6%)	32 (100%)
Practice provides resources on ACA enrollment, especially to LEP patients	20 (63%)	9 (28%)	0 (0%)	3 (9%)	32 (100%)
Enough ACA resources for physicians	16 (50%)	13 (41%)	3 (9%)	0 (0%)	32 (100%)
Enough ACA resources for patients	14 (44%)	10 (31%)	8 (32%)	0 (0%)	32 (100%)
Understand the ACA[b]	**Well**	**Somewhat**	**Not well**	**Don't know /NA**	**Total responses**
All physicians[c]	9 (28%)	12 (38%)	11 (34%)	0 (0%)	32 (100%)
Physician type					
Primary	3 (20%)	7 (47%)	5 (33%)	0 (0%)	15 (100%)
Specialty	6 (35%)	5 (29%)	6 (35%)	0 (0%)	17 (100%)
Practice type					
Large	4 (22%)	8 (44%)	6 (33%)	0 (0%)	18 (100%)
Small	5 (36%)	4 (29%)	5 (36%)	0 (0%)	14 (100%)

a Denominator is the total number of respondents N=32

b Denominator is the total number of respondents in that particular category, e.g., "primary", "specialty", etc.

c Respondents rated their answers on a 1-5 scale. Ratings less than 3 were considered "not well", ratings that were 3 were considered "somewhat", and ratings greater than 3 were considered "well".

The physicians' main sources of information on the ACA were: the press and media (78%), medical resources (40%), the Internet (19%), and other colleagues (19%). A third (31%) of the physicians did not know where their patients received aid with the ACA enrollment process. Sources of aid included city/county (25%), community organizations (22%), media (19%), and hospital services (19%).

Physicians' Attitude about the ACA (Table 3 and 4)

About 34% of the physicians were unsatisfied with the ACA. This rate was higher in large group practice (44%) and primary care physicians (47%) compared to small/solo practice and specialty physicians. Despite such dissatisfaction, 56% of physicians gave the ACA an above-average grade; grade was higher in primary care (67%) and large practice physicians (67%) (Table 3).

Table 3: Physician Practice's Satisfaction with the ACA

	Satisfied[a]	Neutral	Unsatisfied	Don't know /NA	Total respondents
All Physicians	6 (19%)	12 (38%)	11 (34%)	3 (9%)	32 (100%)
Physician type[b]					
Primary	3 (20%)	5 (33%)	7 (47%)	0 (0%)	15 (100%)
Specialty	3 (18%)	7 (41%)	4 (24%)	3 (18%)	17 (100%)
Practice type					
Large	2 (11%)	7 (39%)	8 (44%)	1 (6%)	18 (100%)
Small	4 (29%)	5 (36%)	3 (21%)	2 (14%)	14 (100%)

[a] Respondents rated their answers on a 1-5 scale. Ratings less than 3 were considered "unsatisfied", ratings that were 3 were considered "neutral", and ratings greater than 3 were considered "satisfied"
[b] Denominator is the total number of respondents in that particular category, e.g., "primary", "specialty", etc.

Support for the ACA has increased among physicians in 2015 compared to 2010 (Table 4): all physicians (63% in 2015 vs 59% in 2010), primary care (73% in 2015 vs. 60% in 2010), and small/solo group practices (57% in 2015 vs. 36% in 2010). However, support has declined in large group practice physicians (67% in 2015 vs. 78% in 2010) and remains relatively unchanged among specialty physicians (53% in 2015 vs. 59% in 2010). Support may have declined due to: ACA's poor execution and unequal support for all stakeholders, high out-of-pocket costs, low reimbursement rates, and difficulty in understanding the ACA provisions. Most physicians reported that they benefitted the least from the ACA, while patients, insurance companies and hospitals benefitted the most. They said that the ACA is a good policy, but the actual law as it was implemented has not fully delivered on its promises. A Korean American physician said:

> *"I strongly believe that everyone needs health care. But, with the large number of patients my practice will gain [with the ACA], we will not be able to keep up financially."*

Table 4: Physician Grading and Opinion about the ACA					
Grade of ACA[a]	**Above average**	**Average**	**Below average**	**Don't know /NA**	**Total respondents**
All Physicians	18 (56%)	6 (19%)	8 (25%)	0 (0%)	32 (100%)
Physician type[b]					
Primary	10 (67%)	2 (13%)	3 (20%)	0 (0%)	15 (100%)
Specialty	8 (47%)	4 (24%)	5 (29%)	0 (0%)	17 (100%)
Practice type					
Large	12 (67%)	4 (22%)	2 (11%)	0 (0%)	18 (100%)
Small	6 (43%)	2 (14%)	6 (43%)	0 (0%)	14 (100%)
Opinion about ACA[c]	**Support**	**Neutral**	**Oppose**	**Don't know /NA**	**Total respondents**
In 2010					
All Physicians	19 (59%)	8 (25%)	4 (13%)	1 (3%)	32 (100%)
Physician type					
Primary	9 (60%)	4 (27%)	1 (7%)	1 (7%)	15 (100%)
Specialty	10 (59%)	4 (24%)	3 (18%)	0 (0%)	17 (100%)
Practice type					
Large	14 (78%)	3 (17%)	1 (6%)	0 (0%)	18 (100%)
Small	5 (36%)	5 (36%)	3 (21%)	1 (7%)	14 (100%)
In 2015					
All Physicians	20 (63%)	6 (19%)	6 (19%)	0 (0%)	32 (100%)
Physician type					
Primary	11 (73%)	2 (13%)	2 (13%)	0 (0%)	15 (100%)
Specialty	9 (53%)	4 (24%)	4 (24%)	0 (0%)	17 (100%)
Practice type					
Large	12 (67%)	3 (17%)	3 (17%)	0 (0%)	18 (100%)
Small	8 (57%)	3 (21%)	3 (21%)	0 (0%)	14 (100%)

[a] Respondents rated their answers on a 1-5 scale. Ratings less than 3 were considered "below average", ratings that were 3 were considered "average", and ratings greater than 3 were considered "above average".

[b] Denominator is the total number of respondents in that particular category, e.g., "primary", specialty", etc.

[c] Respondents rated their answers on a 1-5 scale. Ratings less than 3 were considered "opposed", ratings that were 3 were considered "neutral", and ratings greater than 3 were considered "support".

Positive and Negative Experiences with the ACA (Table 5)

Positive Experiences

Two-thirds (66%) of the physicians reported positive experiences with the ACA. Positive experiences were high in most physicians (primary care 60%, specialty 71%, and large group physicians 78%), and were patient-related (increased number of insured patients 66%, better access to preventative care 16%, increased access to general care 13%, fewer serious complications 9%, and better insurance coverage 6%). A Filipino American physician said:

> *"I see patients who have small businesses or pre-existing conditions who didn't have insurance before. They were seeing me as self-pay patients but now they have insurance and they can proceed with their treatment because they have insurance…"*

Negative Experiences

Two-thirds (69%) of the physicians reported negative experiences with the ACA, which were high across all types of physician and types of practice (primary care 73%, specialty 65%, large practices 67%, and small/solo practice physicians 71%). Negative experiences were due to: higher costs (30%) (i.e., premiums, deductibles, and co-payments); difficulties with the influx of patients and shortage of staff (23%); lack of understanding of ACA (17%); out-of-network problems (15%) (i.e., patients had difficulty switching plans or were not able to continue seeing their regular doctors who had fallen out-of-network); and other issues (15%). Some participants attributed difficulties with the influx of patients to busier emergency rooms, longer wait-times, inefficient care, and physician burnout from increased workload and stress.

A Pakistani American physician said:

> *"I have heard from the patients that their copayments have changed dramatically. They used to be paying $5 now they have to pay $25 for each visit so it seems like even though it's the Affordable Care Act...somehow it is not very affordable."*

Specific Health Care Delivery Experiences

Nine factors related to health care delivery were explored. Two factors were positively impacted by the ACA: volume of patients 47% (highest in large practices 61%), and access 63% (highest in large practices 78%). A third (28%) of the respondents reported negative impact on workload (highest in primary care 40%; lowest in specialty physicians 18%). Little or no impact was seen on six factors: compensation, payment method, decision-making ability (except 43% solo/small practice physicians reported negative impact), quality of care, doctor-patient relationship, and electronic medical records (EMR). Improvements in quality of care was reported by 33% primary care physicians.

Table 5: Physician Experiences with the ACA					
	Yes	**No**	**May be**	**Don't know /NA**	**Total responses**
Positive Experience					
All Physicians[a]	21 (66%)	6 (19%)	3 (9%)	2 (6%)	32 (100%)
Physician type[b]					
Primary	9 (60%)	4 (27%)	1 (7%)	1 (7%)	15 (100%)
Specialty	12 (71%)	2 (12%)	2 (12%)	1 (6%)	17 (100%)
Practice type					
Large	14 (78%)	2 (11%)	2 (11%)	0 (0%)	18 (100%)
Small	6 (43%)	4 (29%)	2 (14%)	2 (14%)	14 (100%)
Negative Experience					
All Physicians	22 (69%)	7 (22%)	0 (0%)	3 (9%)	32 (100%)
Physician type					
Primary	11 (73%)	3 (20%)	0 (0%)	1 (7%)	15 (100%)
Specialty	11 (65%)	4 (24%)	0 (0%)	2 (12%)	17 (100%)
Practice type					
Large	12 (67%)	6 (33%)	0 (0%)	0 (0%)	18 (100%)
Small	10 (71%)	1 (7%)	0 (0%)	3 (21%)	14 (100%)
Examples of Positive Experiences					43
Increase in number of insured					21 (49%)
Patients have better access and coverage of care (e.g., general care, preventive care, coverage of children, do more tests, referrals to more doctors, see doctor sooner, more comprehensive services, patient-centered medical home, less ER visits)					17 (40%)
Other (e.g., fewer serious complications, decrease in costs, focus on reimbursing quality vs quantity of care)					5 (12%)
Examples of Negative Experiences					53
Higher costs (e.g., out-of-pocket for patients: in general, premium, deductible, co-payment; billing issues, can't afford to take on ACA patients, limited continuation of treatment; low reimbursement rates for physicians)					16 (30%)
Difficulties with influx of patients (e.g., Hospitals/clinics short staffed with physicians and nurses, Unprepared for influx of patients, higher volume of patients in ER, longer ER wait-time, inefficient care, physician burnout)					12 (23%)
Lack of understanding of ACA (e.g., difficulty in understanding, uncertainty about ACA's future, lack of physicians contracted with ACA insurance plans)					9 (17%)
Out-of-network problems (e.g., Patients having difficulty with switching plans, patients can't see out-of-network physicians, lost patients after ACA, harder to refer patients, can't see patient as hospital not contracted with ACA)					8 (15%)
Other (e.g., restricted coverage of medications, difficulty in enrollment, bureaucracy, sicker patients)					8 (15%)

[a] Denominator for values is the total number of responses

[b] Denominator for values is the total number of respondents in each respective category

Other Issues

Cultural Competency in Patient Care

The majority of study participants (94%) said that cultural competency positively impacts patient care. Reasons included: physicians can better understand their patients' cultural perceptions of and preferences for medical care 47%, increase patient compliance 19%, enhanced communication due to shared language 19%, more ease and trust from their patients 19%.

Recommendations from Study Participants

The study participants made the following recommendations to improve health care delivery: include more physicians in the legislative decision-making process especially practicing physicians (13%), stop decreasing reimbursement rates for physicians (13%), make the system more efficient with less red tape (9%), create accurate performance metrics for physician evaluations (6%), control health care costs (6%), improve patient access to community physicians (6%), improve malpractice insurance (6%), and ensure fairness of different groups in policies (6%). A quarter of the physicians provided no recommendations.

DISCUSSION

ACA is Still Unclear to Physicians

The ACA is so complex and nuanced that physicians still do not have a firm grasp of its tenets: only 28% of respondents said that they understood the ACA "well." This is similar to other study findings, indicating that while physicians are aware of the law's basic concepts, they lack a complete understanding of the ACA [9-10]. About three-quarters (78%) of physicians received ACA-related information from news or media outlets rather than governmental or medical sources. Physicians were not mandated by law to understand the ACA, but they had to be proactive and knowledgeable about the ACA as patients frequently sought resources and information from their practices.

Physicians Support the ACA but Challenges Remain

Studies with larger sample sizes have found varying levels of support for the ACA among physicians and medical students [9-12].This study found that there is more support for the ACA in 2015 than in 2010. This support grew in primary care and solo/small group practices, but declined among large group practice physicians, and remains unchanged among specialty physicians. Another study also found that primary care physicians (29%) were more likely than specialists (18%) to strongly agree that the ACA would turn the US health care in the right direction [10]. Support among specialist physicians may have declined due to: ACA's poor execution and unequal support for all stakeholders, high costs, low reimbursement rates, and difficulty in understanding the ACA provisions.

Interestingly two-thirds of this study's physicians reported both positive (66%) and negative experiences (69%) with the ACA. Positive experiences were the highest in specialty and large

group practice physicians; negative experiences were high across all physician and practice types. Positive experiences were related to patients having more access and coverage (e.g., more general care or preventive care) compared to pre-ACA. However, negative experiences (e.g., heightened difficulties with the influx of patients, out-of-network issues, higher costs) strained the physician practices -- findings similar to other studies [13-15].

The ACA positively impacted two health care delivery factors: volume of patients (highest in large practices) and access (highest in large practices). ACA had little or no impact on six factors: compensation, payment method, decision-making ability (except solo/small practice physicians reporting negative impact), quality of care, doctor-patient relationship, and EMR. A third of the respondents reported negative impact on workload (highest among primary care physicians). A third of the primary care physicians reported improvements in quality of care.

Variation by Physician Type and Practice

More specialty or solo/small practice physicians understood the ACA better compared to primary care or large practice physicians. Large group and primary care physicians were nearly twice as likely to be "unsatisfied" with their practice's experience with the ACA than small group and specialist physicians. Increased workload may be one explanation, as 40% primary care and 39% large group physicians said that their workload was "negatively impacted" by the ACA compared to 18% specialist and 14% small group physicians.

Primary care physicians viewed their workload as "negatively impacted" due to limited resources to handle the increased volume of patients. However, large group physicians also reported their workload as "negatively impacted." These findings may be due to this study's selection of physicians who work with more underserved patients, and that they had not been adequately supported or prepared for this increase. Differences were not observed by gender, geography, or age of physicians.

Culturally and Linguistically Competent Care

The vast majority (94%) of physicians in this study said that cultural competency has a positive effect on patient care. Other studies have reported enhanced patient satisfaction, physician-patient communication, and adherence, which positively impact clinical outcomes and reduce health disparities [16-17]. All physicians in this study primarily spoke English, but two thirds (66%) also spoke an additional language. This study's physicians served White, Hispanic, and Asian American patients; a quarter of their patients were LEP. Thus, supporting cultural competency medical curriculum is important to improve quality of care for racially/ethnically diverse patients.

However, not all curricula improved physicians' attitudes and awareness of social and cultural differences [16-19]. A study on Asian American solo and small group primary care physicians recommends ethnic outreach and supporting practices with a "community-based collaborative care network [17]."

RECOMMENDATIONS and CONCLUSIONS

While the primary focus of the ACA has been on improving access and coverage, ACA's effect on physicians must also be considered to improve quality of care. Asian American physicians represent a large and unique voice in the physician workforce. Yet perspectives of such racially/ethnically diverse physicians on how the ACA impacted their practices are limited. This study filled those gaps in knowledge.

Asian American physicians experienced similar successes and challenges regarding the ACA as the overall physician population did; but they also treated LEP and/or underserved minority Asian American and Hispanic patients. They support the ACA because the law positively impacted access and coverage for patients. But they also reported negative experiences such as rising patient costs, increased stress from a growing patient volume, and out-of-network issues. Knowledge, attitude, and experience differed notably between primary care vs. specialty and small vs. large group physicians.

These findings have significant implications on America's changing health care system. This study stresses the importance of providing more outreach to physicians about new and evolving health care legislations, supporting culturally specific care to reduce health disparities among diverse groups, and encouraging research efforts to better understand the challenges faced by all physician populations, including Asian Americans.

This Study Makes the Following Recommendations

1. Conduct more research on Asian American physicians, both qualitative and quantitative studies with larger sample sizes so that the findings are generalizable.
2. Future studies on physicians should include type of physician (primary care vs. specialty) and type of practice (solo/small vs. large) as our study findings indicated differences in knowledge, attitude, and experience across these types.
3. Government agencies, health plans, and hospitals should conduct more outreach efforts and educate Asian American physicians about the ACA because physicians were the primary resource points for patients.
4. Include more physician representation in health reform policy-making decisions. Physician experiences, both positive and negative, need to be heard across all legislative processes affecting the care and welfare of physicians and patients.
5. Support culturally and linguistically competent patient care to improve quality of care, better clinical outcomes, and reduce health disparities.

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