Impact of the Doctor-Patient Relationship on Eliminating Stroke and other Health Disparities

Karen Cooper, DO, MPH

THE DOCTOR-PATIENT RELATIONSHIP

- A good relationship between physician and patient involves trust, good interpersonal communication, shared understanding of health goals and easy access to care.
- Positive physician patient r/s help improve patient satisfaction, and when a patient has a regular source of patient care, the data has shown that health outcomes improve.
- To further foster good physician-patient r/s, Stanford researchers have identified five evidence based recommendations:

JAMA 2020 323(1):70-81 doi.10.001/jama.2019.19003

FOSTERING GOOD PATIENT RELATIONSHIPS

- Prepare with Intention
  - Familiarize yourself w/your patient
- Listen Intently and Completely
  - Sit down, lean forward and listen intently. Avoid interrupting.
- Agree with What Matters Most
  - Find out what the patient cares about
  - Incorporate into the visit agenda

JAMA 2020 323(1):70-81 doi.10.001/jama.2019.19003

THE DOCTOR-PATIENT RELATIONSHIP

- Connect with the Patient’s Story
  - Consider the circumstances that influence the patient’s health
  - Acknowledge effort, celebrate successes
- Explore Emotional cues
  - Tune in, notice and validate your patient’s emotions
  - Become a trusted partner

JAMA 2020 323(1):70-81 doi.10.001/jama.2019.19003

THE DOCTOR-PATIENT R/S AND DISPARITIES

- Health disparity refers to a higher burden of illness, injury, disability or mortality experienced by one group relative to another.
- Health-care disparity refers to differences between groups in health insurance coverage, access to and use of care, and quality of care.
- They are closely linked with social, economic and/or environmental disadvantage, categorized as social determinants of health.

Artiga S, Orgera K, Pham O. Disparities in Health and Health Care: Five Key Questions and Answers/www.kff.org

HEALTH & HEALTH CARE DISPARITIES

Social Determinants of Health (SDH) are defined as the structural determinants and conditions in which people are born, grow, live, work and age.

Figure 2

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment Income Expenses Debt Medical bills Support	Housing Transportation Safety Parks Playgrounds Walkability	Literacy Language Early childhood education Vocational training Higher education	Hunger Access to healthy options	Social integration Support systems Community engagement Discrimination	Health coverage Provider availability Provider linguistic and cultural competency Quality of care

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

IMPACT ON DOCTOR-PATIENT RELATIONSHIP

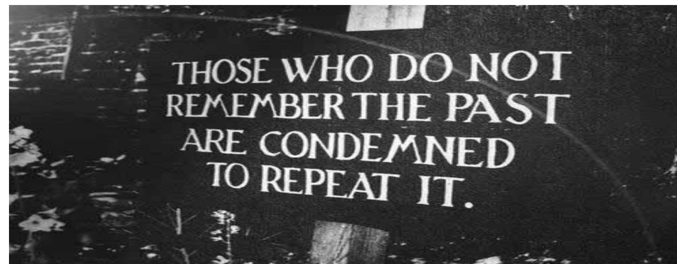
- Understanding these factors is critical to understanding patient health, as SDOH can have significant impact on health outcomes.
- For example, a comprehensive look at the patient's SDOH can help providers deliver better person-centered healthcare:
  - Exacerbated respiratory issues may occur in patients who live in polluted environments
  - Limited access to health care could result from living in rural areas

The good physician treats the disease; the great physician treats the patient who has the disease.

William Osler

CLOSING THE GAP

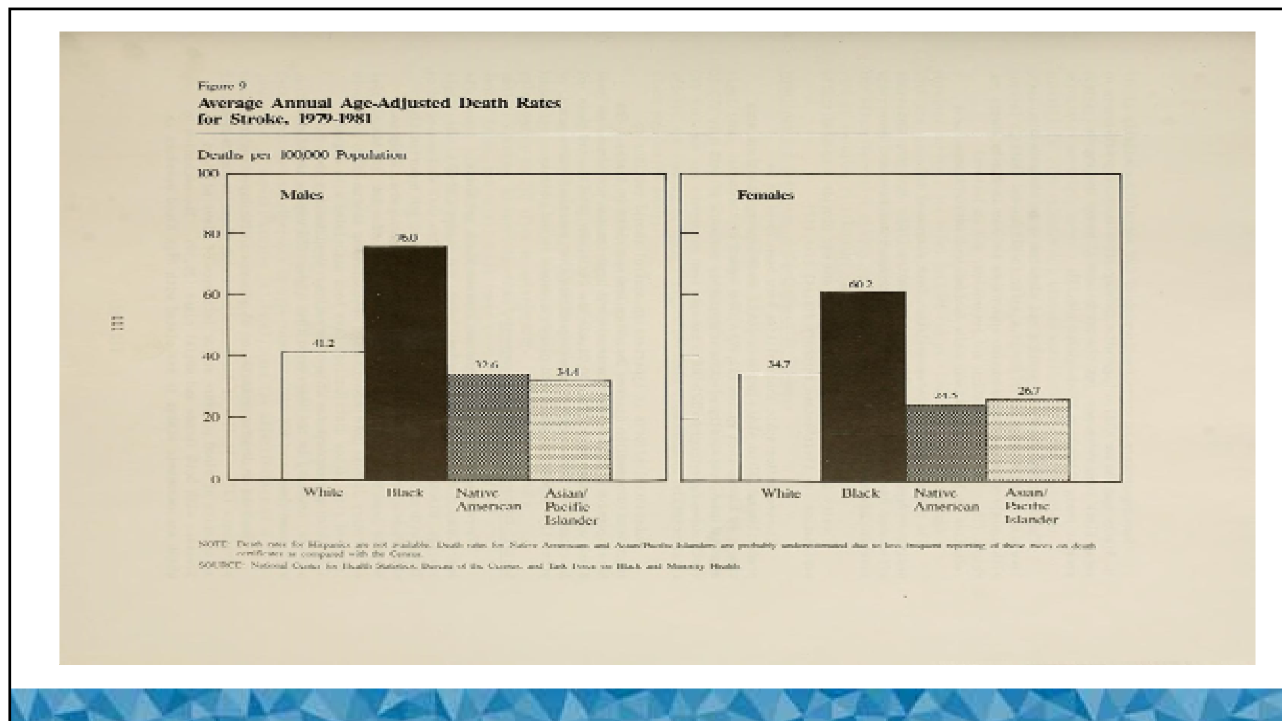
As we move forward to close the gap of health disparities in minority and ethnic populations, a historical perspective is important.



HISTORICAL PERSPECTIVE

- First effort by the US government to investigate health inequality among racial and ethnic minorities
- Discovered that 60,000 deaths occurred in the US each year due to health disparities
- Six major areas accounted for > 80% of mortality among ethnic and racial minorities compared with Whites:
  - cancer, cardiovascular disease and stroke, infant mortality, chemical dependency, diabetes and homicide, suicide and unintentional injuries.

www.minorityhealth.hhs.gov



1985 Report of the Secretary's Task Force on Black and Minority Health

"Despite the unprecedented explosion in scientific knowledge and the phenomenal capacity of medicine to diagnose, treat and cure disease, Blacks, Hispanics, Native American Indians and those of Asian/ Pacific Islander Heritage have not benefited fully or equitably from the fruits of science or from those systems responsible for translating and using health sciences technology"

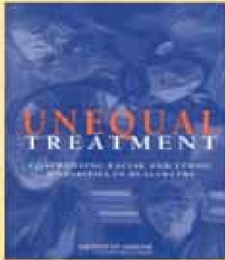
IMPACT OF THE HECKLER REPORT

- The US Department of Health and Human services created the Office of Minority Health in 1986.
- Offices of Minority Health were additionally established in the CDC, NIH, Health Resources and Services Administration.
- Healthy People 2000 and 2010 set goals of reducing or eliminating health disparities.
- Healthy People 2020 further expanded the goal to achieve health equity and eliminate health disparities

IMPACT OF THE HECKLER REPORT

- Improvements have been made in rates of childhood immunizations and overall access to care.
- Improvements have been made in our ability to measure and understand the disparities in health outcomes:
  - A strong correlation between social determinants and racial and ethnic disparities was demonstrated by researchers and has assisted in the improvement and organization of health policy outcomes.

Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care



- Released: March 20, 2002
- Congress, in 1999, requested an IOM study to assess the extent of disparities in the types and quality of health services received by U.S. racial and ethnic minorities and non-minorities; explore factors that may contribute to inequities in care; and recommend policies and practices to eliminate these inequities. The report from that study, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, found that a consistent body of research demonstrates significant variation in the rates of medical procedures by race, even when insurance status, income, age, and severity of conditions are comparable.
- http://www.iom.edu/Reports/2002/Unequal-Treatment-Confronting-Racial-and-Ethnic-Disparities-in-Health-Care.aspx

UNEQUAL TREATMENT: CONFRONTING RACIAL & ETHNIC DISPARITIES IN HEALTH CARE

- IOM Committee Report:
  - African Americans had strokes 35% more than whites but less likely to get needed diagnostic and therapeutic interventions;
  - Similarly, minorities with HIV were less likely to receive treatments that could delay the onset of AIDS.

UNEQUAL TREATMENT: CONFRONTING RACIAL & ETHNIC DISPARITIES IN HEALTH CARE

- These patterns were observed across a wide array of diseases including cancer, diabetes, cardiovascular disease and mental health services.
- Remained even after accounting for the contribution of income, age, insurance status and co-morbid conditions.

UNEQUAL TREATMENT: CONFRONTING RACIAL & ETHNIC DISPARITIES IN HEALTH CARE

"Although many sources contribute to these disparities, some evidence suggests that bias, prejudice, and stereotyping on the part of healthcare providers may contribute to differences in care"

THE INFLUENCE OF BIAS & INSTITUTIONALIZED RACISM ACROSS THE U.S. HEALTH SYSTEM

BIAS, PREJUDICE & STEREOTYPING DEFINITIONS

- Stereotypes are well-learned sets of association between some trait and a social group.
- Prejudice is an attitude. Attitudes are positive or negative feelings towards a person or thing.
- Implicit bias (unconscious bias) refers to attitudes and beliefs that occur outside of our conscious awareness and control.

J Gen Intern Med 28(11): 1504-10

BIAS, PREJUDICE & STEREOTYPING DEFINITIONS

- Explicit bias occurs when individuals are aware of their prejudices and attitudes towards certain groups.
- Positive or negative preferences for a particular group are conscious.
- Overt racism and racist comments are examples of explicit biases.

Understanding Bias: A Resource Guide. US Department of Justice Community Relations Services.

IS QUALITY OF CARE INFLUENCED BY RACE & ETHNICITY?

- How culturally competent are health care providers?
- How well do they communicate?
- Could bias and stereotyping unconsciously affect the quality of health care?
- Lisa A. Cooper MD, professor of medicine and researcher at John Hopkins University studied interpersonal care between a doctor and patient to answer those questions.

BIAS & QUALITY OF CARE

- Conclusion: unconscious racial bias among doctors were linked to poor communication with patients, and dissatisfaction with care.
  - Dominated conversations with African American patients during routine visits
  - Paid less attention to patients' social and emotional needs
  - Patients felt less involved in health decision making

Am J Public Health. 2012:102(5):979-87

BIAS & QUALITY OF CARE

- Patients expressed reduced trust in their doctors
- Patients expressed less respectful treatment
- Lower likelihood of recommending the biased doctor

Cooper LA, Roter DL, Carson KA et al: The associations of clinicians' implicit attitudes about race with medical visit communication and patient ratings of interpersonal care. Am J Public Health. 2012:102(5):979-87

BIAS and QUALITY OF CARE

"Good patient-centered interactions between doctors and patients facilitate continuity of care, follow up appointments and better control of diseases. This study suggests unconscious racial attitudes may be standing in the way of positive interactions to the detriment of the patient."

–Lisa A. Cooper, MD, MPH

The associations of clinicians' implicit attitudes about race with medical visit communication and patient ratings of interpersonal care. Am J Public Health. 2012:102(5):979-87

IDENTIFYING IMPLICIT BIASES

- The Implicit Association Test (IAT) is a tool designed to measure attitudes and beliefs individuals may be unwilling to report.
- It measures the strength of associations between concepts (gay people, African Americans) and evaluations (good, bad) or stereotypes (athletic, clumsy).

Implicit or Unconscious Bias. Simplypsychology.org July 2020

https://implicit.Harvard.edu/implicit/education.html

IDENTIFYING IMPLICIT BIASES

- The Race IAT requires participants to categorize White faces and Black faces and negative and positive words.
- The relative speed of association of black faces with negative words is used as an indication of the level of anti-black bias.

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mplicit or Unconscious Bias. Simplypsychology.org July 2020

https://implicit.Harvard.edu/implicit/education.html

Research Relevant to Implicit Bias & Clinical Decision-Making

Chapman E, Kaatz A, Carnes M: Physicians and Implicit Bias: How Doctors May Unwittingly Perpetuate Health Care Disparities. JGIM 2013 28(11): 1504-10

	Lead Author, Year	Type of Bias Measured	Stereotyped Group	Results
Studies linking IAT-measured bias with clinical decision-making or patient perceptions	Cooper, 2012	Implicit	Black individuals	Implicit pro-White bias and an association of Whites with compliance. Increased provider implicit bias associated with physician verbal dominance and less positive perceptions of interactions by Black patients
	Green, 2007	Explicit and implicit	Black individuals	No explicit race bias Significant pro-white implicit bias More pro-White bias associated with lower referral rates of Black vignette patient for thrombolysis. Participants aware of study intent more likely to treat patients similarly, regardless of implicit race bias.

Research Relevant to Implicit Bias & Clinical Decision-Making

	Lead Author, Year	Type of Bias Measured	Stereotyped Group	Results
Studies linking IAT-measured bias with clinical decision-making or patient perceptions	Penner, 2010	Explicit and implicit	Black individuals	Physicians with low explicit but high implicit race bias were rated more poorly by Black patients and had lower rates of patient satisfaction than those with low explicit and implicit bias. Physicians with both high explicit and high implicit biases were not rated as poorly as those with low explicit and high implicit biases.
	Sabin, 2012	Explicit and implicit	Black individuals	Pro-White bias present Participants implicitly associated Black patients with non-adherence despite absent explicit biases. Implicit pro-White bias associated with providing opioids less for Black children with post-operative pain.

THE PERSISTENCE OF RACIAL BIAS IN STROKE

"In an analysis of a contemporary cohort of patients presenting to endovascular centers for management of acute ischemic stroke (AIS), we observed less frequent utilization of mechanical thrombectomy (MT) among black/Hispanic patients and patients with Medicaid or uninsured status. Despite the recent widespread acceptance and increased overall utilization of MT for treatment of AIS secondary to large vessel occlusion, racial and ethnic disparities in the access to this treatment may still be present." - Lorenzo Rinaldo, MD, Phd. et al

Racial and Ethnic Disparities in the Utilization of Thrombectomy for Acute Stroke Analysis of Data From 2016 to 2018. www.ahajournals.org

REDUCING IMPLICIT BIAS

- Increase Physician Awareness
  - Develop cultural competency
  - Conceptualize it as a “habit of mind”
  - Provide strategies to engage in new desirable behavior
- Individuation
  - The process of giving individually to persons in a group
  - Specific, individuated patient information

J Gen Intern Med 2013 doi:10.1007/s11606-013-2441-1

REDUCING IMPLICIT BIAS

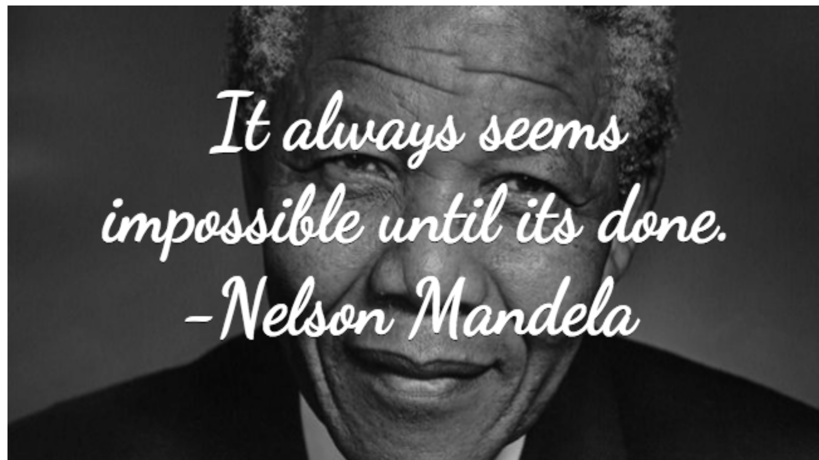
- Individuation, cont’d.
  - ....prevents physicians from filling in partial information with stereotype-based assumptions
- Perspective Taking
  - A conscious attempt to envision another person’s viewpoint
  - Lessens automatic group-based judgements
  - Improves psychological closeness

J Gen Intern Med 2013 doi:10.1007/s11606-013-2441-1

REDUCING IMPLICIT BIAS

- Increase diversity of physicians
  - High level of physician-patient satisfaction when racially concordant
  - Promotes greater understanding of the social, cultural and economic factors
  - Fosters trust and communication
- Increase the number of AA/Black physicians
  - Consistently demonstrate less race bias

J Gen Intern Med 2013 doi:10.1007/s11606-013-2441-1



The Goal Is Equity

"Health Equity is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities."

Healthy People 2020

RWJ FOUNDATION EQUITY ROADMAP

1. Link Quality and Equity
2. Create a Culture of Equity
3. Diagnose the Disparity
4. Design the Intervention
5. Secure the Buy-In
6. Implement and Sustain the Change

STEP 1: LINK QUALITY TO EQUITY

- Implement basic quality improvement infrastructure to include the collection of data stratified by race, ethnicity and language (REL).
- Incorporate equity into routine quality improvement processes.
- Tailor quality improvement efforts to each patient population and target the root cause of inequities

STEP 2: CREATE A CULTURE OF EQUITY

- Equity is reflected in mission and vision statements
- Take responsibility for addressing disparities
- Train staff in cultural and linguistic competency
- Recruit a diverse workforce
- Identify disparities through use of stratified data and training efforts

STEP 2: CREATE A CULTURE OF EQUITY, cont'd

- Motivate all staff and providers to address disparities
- Identify Equity Champions
- Establish and maintain Patient Advisory Board
- Develop and maintain strong consulting relationships with community based groups and organizations.
- Facilitate open discussions about documented disparities and encourage participation

STEP 3: DIAGNOSE THE DISPARITY

- Conduct a root cause analysis
- Apply an equity lens
- Ensure a diverse team, including patients and members of the Patient Advisory Board
- Management protects staff time for team meetings
- Create a priority matrix to target the intervention

STEP 4: DESIGN THE INTERVENTION

- Interventions should target patients, providers, care teams, organizations and health policies
- Evidence based strategies must be examined carefully due to not normed on racial and ethnic populations
- Interventions should consider:
  - Who the equity activity will target
  - What strategy is used to intervene
  - What mode of delivery will be effective

STEP 5: SECURE THE BUY-IN

- Essential component to program results
- Effective messaging
- Needed from various stakeholders:
  - Leadership
  - Staff
  - Patients
  - Community Partners

STEP 6: IMPLEMENT CHANGE

- Start small, measure often, adjust frequently
- Pilot test
- Evaluate process measures, outcome measures, intervention tracking measures
- Sustain the inventions

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"Even as we think of health equity as the outcome, we know that health and well-being are nurtured, protected, and preserved where people live, learn, work, and play."

-Jim Marks
Executive Vice President, Robert Wood Johnson Foundation

100
YEARS
EST. 1921