2022 NCCRT Annual Meeting

IMPLICIT BIAS IN HEALTH CARE & THE IMPACT ON SURVIVORSHIP

American Cancer Society | National Colorectal Cancer Roundtable | 80% In Every Community

Implicit Bias in Health Care & the Impact Survivorship

Steven Itzkowitz
MD, FACP, FACG, AGAF
Professor of Medicine
Icahn School of Medicine at Mount Sinai

Shana O. Ntiri
MD, MPH
Assistant Professor of Medicine
University of Maryland School of Medicine

Paula Chambers Raney
FightCRC.org
Colorectal Cancer
Hope Coordinator

Implicit Bias in Health Care and the Impact on Survivorship

Thursday, November 17, 1:15 PM

American Cancer Society | National Colorectal Cancer Roundtable | 80% in every community

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Implicit Bias in Health Care and the Impact on Survivorship

2022 NCCRT Annual Meeting

November 17, 2022

Shana O. Ntiri, MD, MPH
Assistant Professor
Department of Family & Community Medicine
University of Maryland School of Medicine
Medical Director, Baltimore City Cancer Program
Senior Medical Advisor, Office of Community Outreach & Engagement
Marlene and Stewart Greenebaum Comprehensive Cancer Center

NATIONAL Colorectal Cancer ROUNDTABLE

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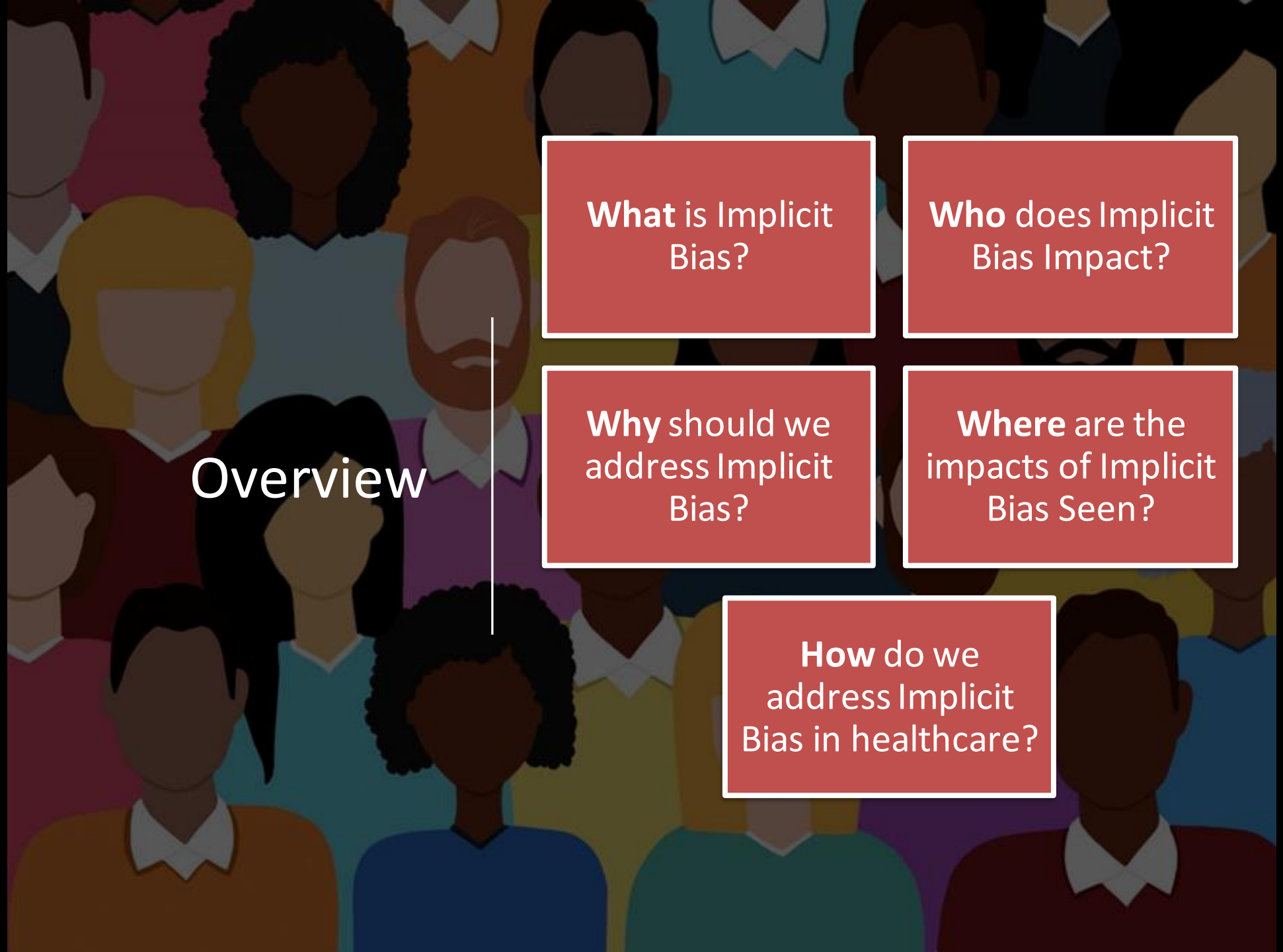
MARLENE AND STEWART GREENEBAUM
COMPREHENSIVE CANCER CENTER



Overview

What is Implicit Bias?

Who does Implicit Bias Impact?

Why should we address Implicit Bias?

Where are the impacts of Implicit Bias Seen?

How do we address Implicit Bias in healthcare?

Alertness Poll

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Are you currently awake?

- Yes! I went for a run during lunch and my adrenaline is pumping
- I had my afternoon caffeine & am ready to go
- I am awake in my virtual mind. My in-person self is not so sure
- To be determined ☺

Perspective on Implicit Bias

Implicit bias training *(conversations)* should be used as part of an ongoing individual and organizational commitment to change, not as a "check the box" compliance activity.

The Everyone Project, American Academy of Family Physicians

A Case for Consideration

- DW is a 52 yo AAF with a PMH of DM, HTN and obesity (BMI=37)
- DW arrived 14 minutes late for her appointment today
- The MA reports that DW has not received the COVID-19 vaccine and she refused the vaccine when it was offered during triage

Case Consideration cont'd

- Prior EMR documentation in DW's chart incudes the following:
  - Despite multiple conversations with providers and a family history of two 1st degree relatives with CRC, the PT is resistant to completing CRC screening even after multiple colonoscopy referrals to the local no-cost cancer screening program
  - The PT is up-to-date with breast and cervical cancer screening

Implicit Bias in Health Care is defined as . . .

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- Differences in opportunities to achieve optimal health varied by populations/ communities
- Differences in length of life, quality of life, rates of disease, disability, death and access to health care
- Beliefs and prejudices that reside outside of our conscious awareness and impact health
- All of the Above

What is Implicit Bias?

- **Beliefs and prejudices that reside outside of an individual's conscious awareness**
- **Stereotypes** enable us to **process large amounts of information** more **efficiently** by **grouping** individuals by gender, race/ethnicity, sexual orientation, weight, religion, etc.
- Can result in **inaccurate information** about individuals based on **categorization**

Accessed from AHRQ at: https://psnet.ahrq.gov/sites/default/files/2020-04/final_april-spotlight-implicit_biases_04.02.2020.pdf

Who does Implicit Bias Impact?

- **Patients & Caregivers**
- **Health Care Providers & support staff**
- **Employers—health systems, hospitals, groups, insurers**
- **Administrators—CMOs, CFOS, Med Directors, IT**
- **Policy makers**
- **Everyone**

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Implicit Bias

Research shows that all people have implicit bias, and that an individual's biases are based on their individual experiences and perceptions.

https://www.hss.edu/conditions_role-implicit-bias-culture-managing-navigating-healthcare.asp

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Why Address Implicit Bias?

- Implicit bias contributes to health disparities and poorer patient outcomes:
  - Increased provider bias correlates with poorer patient-provider interactions
  - Implicit bias impacts clinical decision making—influences diagnosis and treatment decisions

Maina et al.: https://www.sciencedirect.com/science/article/pii/S0277953617303039; Chapman et al: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3797360/

Why Address Implicit Bias?

- Implicit bias contributes to health disparities and poorer patient outcomes:
  - Implicit bias is associated with **lower levels of patient adherence** to treatment and plans and **lower trust** in providers
  - Patients who perceive bias or racial discrimination are more likely to **delay care**, not adhere to chronic disease screening recommendations and **less likely to follow physician recommendations**

Blair et al: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4638275/pdf/AJPH.2015.302903.pdf; Blanchard et al: https://pubmed.ncbi.nlm.nih.gov/15353162/

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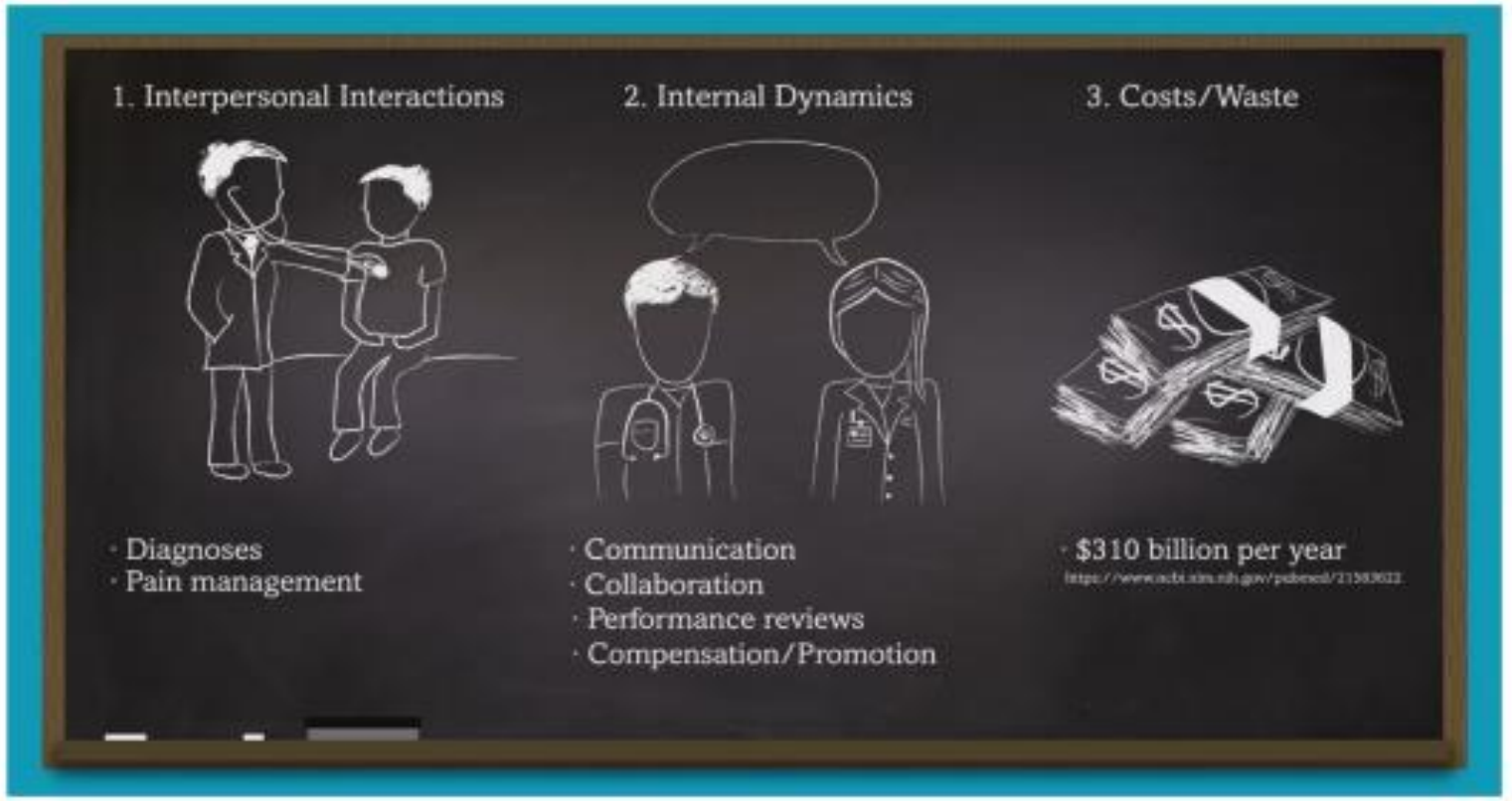
Where are the Impacts of Implicit Bias in Healthcare Seen?



Implicit Bias:
Trainees & Patient Interactions

- **Racial bias in pain assessment and treatment recommendations**: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4843483/
- **Implicit and explicit weight bias in a national sample of 4,732 medical students:** https://pubmed.ncbi.nlm.nih.gov/24375989/

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Implicit Bias: Patient Interactions

Susan Moore, MD

Chaniece Wallace, MD
Pediatric Chief Resident Indiana University School of Medicine

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Implicit Bias: Cancer Survivorship

- Minorities are less likely to receive **specialist referrals**
  - Lymphedema management; fertility preservation
- **Incomplete communication—**shorter interactions, less in-depth explanations, more anxiety-related words
- **Underassessed/Undertreated pain**
  - Less likely to receive opioid analgesics
- Differences in **overall prognosis** relating to diagnostic and treatment differences
  - Fewer referrals to **clinical trials—**therapeutic and non-therapeutic

Kronenfeld, J.P., Graves, K.D., Penedo, F.J. and Yanez, B. (2021), Overcoming Disparities in Cancer: A Need for Meaningful Reform for Hispanic and Latino Cancer Survivors. The Oncol, 26: 443-452. https://doi.org/10.1002/onco.13729; Johnston, F.M., Yeo, H.L., Clark, C. *et al.* Bias Issues in Colorectal Cancer Management: A Review. *Ann Surg Oncol* **29**, 2166–2173 (2022). https://doi.org/10.1245/s10434-021-10232-6; Vo, JB et al. Decision-Making, Decision Bias, Treatment Adverse Effects, Cancer Survivorship CJON 2021, 25(5), 17-24. DOI: 10.1188/21.CJON.S1.17-24

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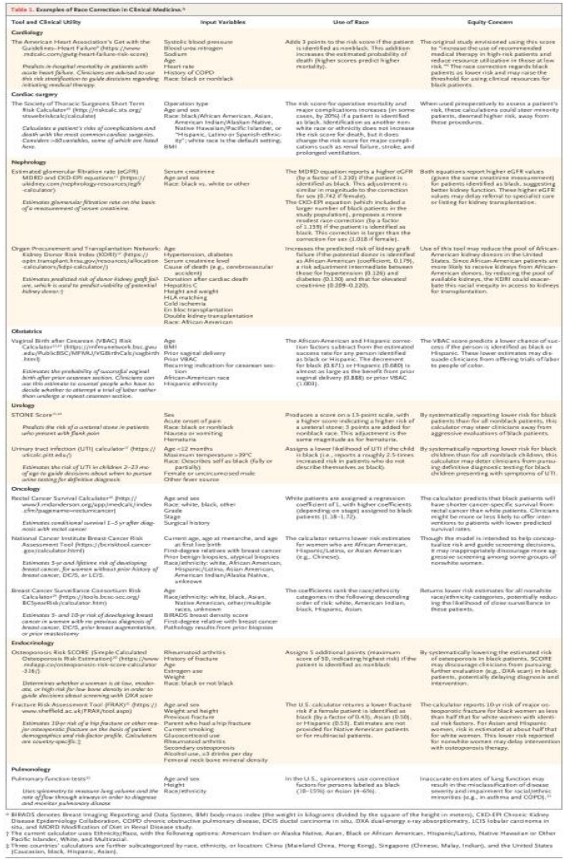
Race-based calculators in medicine

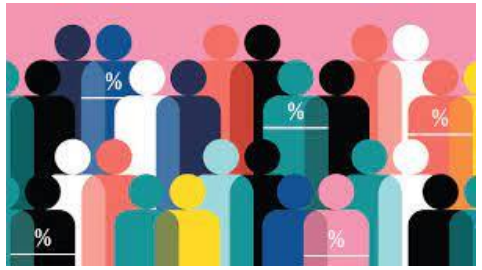
- Race is used in **diagnostic algorithms & practice guidelines** to **adjust/correct** outputs based on a patient's race/ethnicity
- These calculators individualize risk assessment and **guide clinical decisions**
- Race-adjusted algorithms guide decisions and **may direct more attention or resources to white patients** than to members of racial and ethnic minorities



https://www.nejm.org/doi/full/10.1056/NEJMms2004740

Race-based calculators in Cancer Treatment

- Rectal Cancer Survival Calculator
- NCI Breast Cancer Risk Assessment Tool
- Breast Cancer Surveillance Consortium Risk Calculator



https://www.nejm.org/doi/full/10.1056/NEJMms2004740

Internal Dynamics: Negative EHR Descriptors

- Study examined **history/physicals** for **18,459 patients** seen between Jan 2019-Oct 2020
- Looked for **15 negative descriptors** (e.g., refused, non-compliant, challenging or unpleasant) of the patient or patient behavior

Sun et al: https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2021.01423

Internal Dynamics: Negative EHR Descriptors

- Odds of at least 1 negative descriptor in EHR documentation were increased for:
  - **Black** patients a **2.54 increased odds** vs. White patients
  - **Medicaid** patients a **2.66 increased odds** and **Medicare** patients a **2.08 increased odds** vs. patients with private or employer-based insurance
  - **Unmarried patients** a **2.12 increased odds** vs. Unmarried patients

Sun et al: https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2021.01423

Internal Dynamics: Negative EHR Descriptors

- Study highlights potential impact of stigma in the EHR—*as little as 18% of inpatient documentation was original (not copied) from previous records*
- Negative descriptors were found less often in outpatient encounter documentation
- More needs to be understood about the long-term impact of negative descriptors

Negative descriptors➔ Stigma➔ Compromised care

Sun et al: https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2021.01423

How do we address Implicit Bias in Health care?

Patient-centered interventions	Provider-centered interventions	System-level interventions
• Treat patients as unique individuals • Screening for/addressing social determinants of health • Utilize patient expertise e.g. patient-advisory boards	• Implicit Bias Training • **Mindfulness-based practices** (via decreased burnout!) • Adoption of patient-centered language	• Open Notes • Re-evaluate standards of care • Use of race-based algorithms/other embedded tools • Identify and address internal inequities (e.g. salary inequities, promotion/hiring practices)

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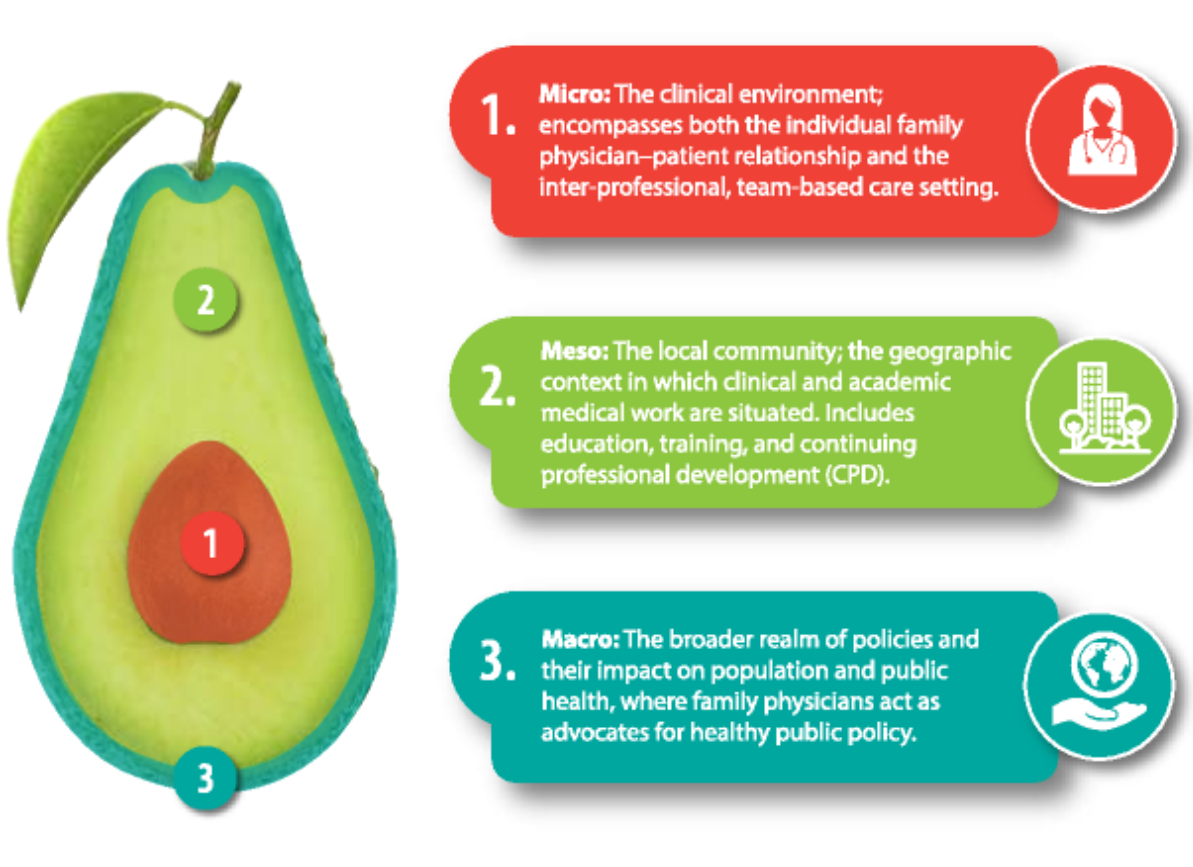
3 Levels of Socially Accountable Care



Practising social accountability: From theory to action: https://www.semanticscholar.org/paper/Practising-social-accountability%3A-From-theory-to-Buchman-Woollard/8a7d636b2acf60cfb7a0d854b6d6d7bbb59b1261/figure/2

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Important Clinical Update: New Race Neutral eGFR Calculation to Go Live Tomorrow, February 1

UC UMMS Corporate Communications <UMMS_Corporate_Communications@umm.edu>
To UMMS Corporate Communications

This message was sent to all UMMS Lab Directors and Medical Staff.

January 31, 2022

Dear Colleagues:

There is a long-standing clinical standard that factors a patient's race into the diagnosis of Chronic Kidney Disease. Since 1999, clinicians have used an equation to estimate glomerular filtration rate (eGFR), which relies on blood levels of crea
metabolism – to assess kidney function. This calculation includes a factor based on whether a patient is "African American or non-African American" that assigns a multiplier that increases the eGFR based in part on a discredited notion that Af
mass than people of other races.

The use of this race-based eGFR calculation often overestimates
transplant.

Effective tomorrow, February 1, our laboratory is changing th
Nephrology's Task Force on Reassessing the Inclusion of Race i

The New eGFR calculation accommodates Unknown and Unspec

The new eGFR equation has similar overall performance characte
however, for some, the values may differ by more than 10%, parti

eGFR Reference Ranges will now have the linear high of 60 remo
Correction to that most recent accession.

References

Delgado C, Baweja M, Crews DC, et al. A Unifying Approach for GFR E

Inker LA, Eneanya ND, MCorsh J, et al. New Creatinine- and Cystatin C

University of Maryland Medicine Eliminates Race in Birthing Decisions

UC UMMS Corporate Communications <UMMS_Corporate_Communications@umm.edu>
To UMMS Corporate Communications

The following message has been sent to all UMMS team members and medical staff.

Dear Colleagues:

In January, UM Medicine transitioned to a race-free algorithm used to evaluate kidney function, increasing access to specialty care or transplantation for thousands of African American people living with advanced kidney
commitment to reduce health disparities in the communities we serve, we are officially eliminating race as a factor in birthing decisions.

As of May 1, UM Medicine has ended use of a tool, called the Vaginal Birth After Cesarean (VBAC) calculator, which included a modifier that assigned a higher risk of a complicated vaginal delivery to African American or
(C-section) compared to other women. This has led doctors, particularly at many community hospitals across the country, to be more likely to recommend a C-section to African American or Hispanic American women wh

Many academic medical centers, including the University of Maryland Medical Center (UMMC), had not previously used this VBAC calculator. However, UM Medicine wanted to ensure the use of a race-free standard amo
continues UM Medicine's efforts to eliminate race-based clinical norms across its more than 150 UMMS locations.

The old VBAC calculator was replaced in EPIC with an updated assessment tool that excludes race or ethnicity as a risk factor. This revised calculator, VBAC 2.0, follows guidance from the American College of Obstetrici
hypertension. The shift, which has been implemented across UMMS, could influence decision-making for thousands of births each year and have significant, sustainable impact toward establishing equity in maternal healt

In recent years, progress has been made through widespread acceptance that the concept of race is a social construct, not based in biology. Leaders in the medical field, however, concede that well-established standards
Medicine is currently undergoing a systematic review of each of the race-corrected clinical algorithms cited in a highly referenced 2020 New England Journal of Medicine article. The process could lead to more changes d

Summary: Implicit Bias in Healthcare . . . For DW and Beyond

- **WHAT**—is implicit bias in healthcare?
- **WHO**— is impacted by and can address the impact of implicit bias in health care?
- **WHY**—do we need to address implicit bias in health care?
- **WHERE**—is the impact of implicit bias in healthcare seen?
- **HOW**—do we address implicit bias in OURSELVES and OUR WORK to improve health outcomes?

Resources

- **Implicit Association Test:**

https://implicit.harvard.edu/implicit/takeatest.html

- **The Everyone Project (AAFP):**

https://www.aafp.org/family-physician/patient-care/the-everyone-project.html

- **Institute of Medicine, Committee on Quality of Health Care in America**. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: National Academy Press. 2001.

https://pubmed.ncbi.nlm.nih.gov/25057539/

- **Institute of Medicine. Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care**. Washington, DC: Institute of Medicine, Brian D. Smedley, Adrienne Y. Stith, and Alan R. Nelson, Editors. 2002.

https://pubmed.ncbi.nlm.nih.gov/25032386/

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Contact: Shana O. Ntiri

sntiri@som.umaryland.edu

doc.so.ntiri

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What action(s) do **YOU** commit to put into practice to address implicit bias?

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Thank You!

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Q&A

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