



Health Equity Community Project ECHO Medical Mistrust in Relation to Colorectal Cancer Screening

Friday, July 14, 2023





Before we begin..

Please put your name, health center, organization, and location in the chat!



Welcome to the July Health Equity Community Project ECHO Session



Each ECHO session will be recorded and will be posted to echo.cancer.org





Type your name and organization in the chat box



This ECHO session takes place on the Zoom platform.

To review Zoom's privacy policy, please visit zoom.us/privacy



Remember: Do NOT share any personal information about any patient

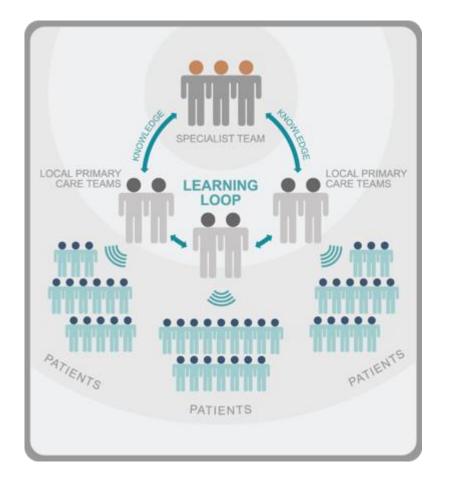


Questions about Zoom? Type them in the chat box to: Allison Rosen

What does Project ECHO do?

What does ECHO do?

- ECHO effectively and efficiently disseminates evidence-based strategies to improve cancer outcomes
- ECHO allows to convene for best practice sharing across health centers, institutions, and other silos
- For more information, please refer to your guidebook or visit <u>www.echo.unm.edu</u>





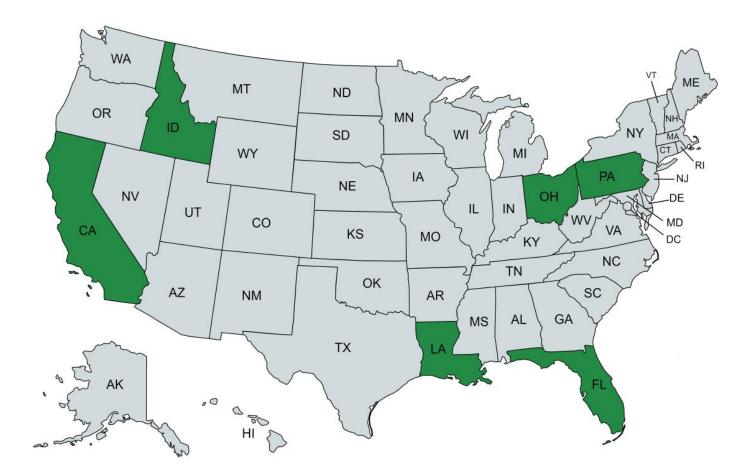


Health Equity Community Project ECHO Series

Purpose

- To share relevant health equity, medical mistrust, and colorectal cancer screening information with participants to enhance their community projects
- To provide participants with an opportunity to build their networks within their cohort and expert faculty
- To offer an opportunity for participants to share project-related challenges or questions; seeking feedback from expert faculty and cohort colleagues

Health Equity Community Project Sites (Cohort 1)



Philadelphia, PA

- Delaware Valley Community Health
- Self Help Movement, Inc.

Mountain Home, ID

- Desert Sage Health Center
- Mountain Home Parks & Rec

Whitehall, OH

- Heart of Ohio Family Health Centers
- The African American Male Wellness Agency

Avondale, LA

- InclusivCare Inc.
- Litton Zion Missionary Baptist Church

Clearwater, FL

- Evara Community Health Center of Pinellas
- Cross and Anvil Human Services

Bakersfield, CA

- Clinica Sierra Vista
- SROA

Project ECHO Planned Topics



Session Date	Didactic Topics
April 19, 2022	Understanding and Addressing Medical Mistrust: Introduction to the Group Based Medical Mistrust Scale
May 25, 2022	Understanding Medical Mistrust Through the Colorectal Cancer Screening Lens
July 14, 2022	Measuring Mistrust using the Group Based Medical Mistrust Scale: Best Practices from a Community
Sept 22, 2022	Patient Engagement Series: Fundamentals of Elevating Patient Voices Through the Use of Patient Advisory Councils and Governing Boards
Nov 15, 2022	Patient Engagement Series: Using Patient Voices to Improve Policies and Practices to Address Medical Mistrust in Relation to Colorectal Cancer Screening
February 10, 2023	Patient Engagement Series: Strategies for Sustaining a Highly Effective Patient Advisory Council and Governing Board
March 22, 2023	Effective Strategies for Addressing Medical Mistrust: Support from Healthcare Providers
May 17, 2023	Effective Strategies for Addressing Medical Mistrust: Patients Perspectives of Discrimination and Group Based Disparities
July 14, 2023	Effective Strategies for Addressing Medical Mistrust: Patients Suspicion of Healthcare Providers

About Our Project ECHO Facilitator





Carolyn Rhee, FACHE ACS CAN Ambassador and Former ACS Inc. Board Member ACS West Region – California Division



July Agenda

Welcome and Introductions ECHO Hub Introductions and Icebreaker	10 minutes
Didactic Presentation Effective Strategies for Addressing Medical Mistrust: Patients Suspicion of Healthcare Providers Shana O. Ntiri, MD, MPH University of Maryland, School of Medicine	25 minutes
Didactic Q/A	5 minutes
Case Study Presentation Steven Hutchins, MBA Quality Improvement Manager Clinica Sierra Vista Inc. (Bakersfield, CA)	10 minutes
Case Study Q&A	5 minutes
Wrap-up	5 minutes



ECHO Hub Introductions and Icebreaker



Project ECHO Introductions

ACS ECHO HUB Staff

- Cecily Blackwater, MPH
- Tracy Wiedt, MPH
- Allison Rosen, MS

ECHO Faculty

- Wayne B. Tuckson, MD, FACS, FASCRS
- Mark Manning, PhD
- Shana O. Ntiri, MD, MPH

For attendance purposes, please type your location, name, and organization in the chat box!



Icebreaker



It's getting hot outside! What is your favorite Season?

This question applies to everyone (Community Project sites, ACS staff, and our ECHO Faculty)! Feel free to come off mute or type your answers into the chat box!

About Our Didactic Presenter:





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



Understanding Medical Mistrust Through the Colorectal Cancer Screening Lens

Health Equity Community Project ECHO Series July 14, 2023

Shana O. Ntiri, MD, MPH

Associate 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









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



Medical Mistrust & Implicit Bias

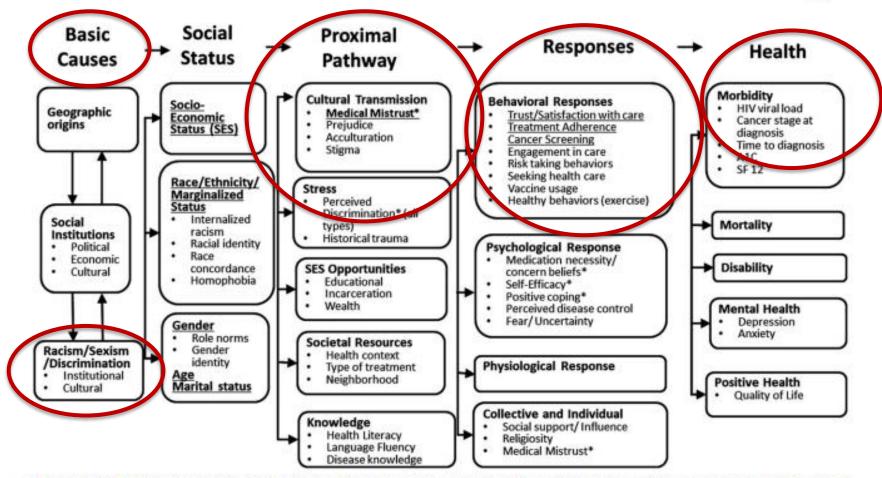


Figure 3. Summary of variables found in the literature using an adapted version of the Williams and Mohammed framework, 2013.

Ramona Benkert, Adolfo Cuevas, Hayley S. Thompson, Emily Dove-Medows & Donulae Knuckles (2019) Ubiquitous Yet Unclear: A Systematic Review of Medical Mistrust, Behavioral Medicine, 45:2, 86-101, DOI: <u>10.1080/08964289.2019.1588220</u>



Implicit Bias in Health Care is defined as . . .

- 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**



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



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



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



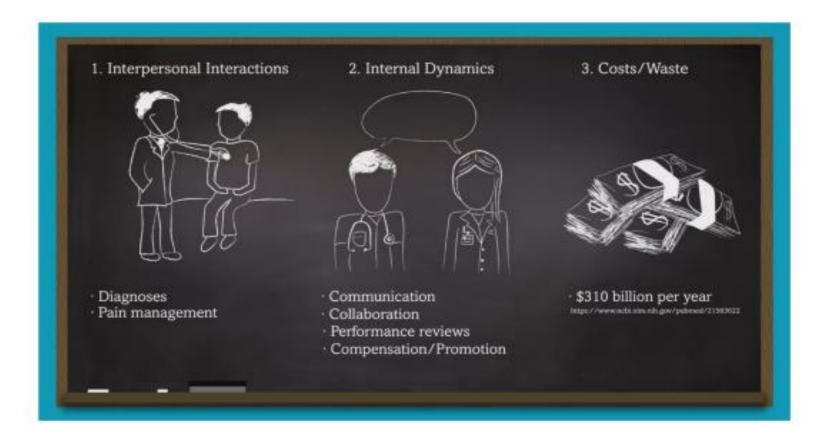


Why Address Implicit Bias?

- 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 increased mistrust in providers and healthcare
 - 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**



Where are the Impacts of Implicit Bias in Healthcare Seen?





Implicit Bias: Trainees & Patient Interactions

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

https://pubmed.ncbi.nlm.nih.gov/24375989/





Implicit Bias: Patient Interactions

- Patient & Provider Barriers to CRC Screening
- Study examined barriers to CRC screening in low-income, uninsured African American adults
- Barriers include:
 - Lower rates of provider recommendation
 - Historical mistrust of healthcare system
 - Perceived bias in care delivery
 - Provider anticipation of poor patient compliance



Implicit Bias: Patient Interactions





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



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

Tool and Clinical Utility	Imput Variables	Use of Race	Equity Concern	
Cardislagy				
The Annuclean Fleater Resolutions's Cark with the Gandel mean Heart Fleater (Voltas), (Jonean miticals: correlgentg-heart Failure-tale scores) Predetation in locatival meetafolity of gatalement with scale heart (Johan, Chronicals: ser advised to out drive in the standfloretion or galdet demains segmenting robubility conducing theorymy.	Systolic blood presisae Blood unis mitingen Sodiam Age Hastrolik History of COPO Race bleck or northlack	Adds 3 points to the risk score if the patient is identified as non-block. This addition is creases the extincted probability of death (higher scores predict higher mortality).	patients as lower risk and may raise the thorsheld for units efforted resources for	
Cardiac surgery				
The Society of Theracic Surgeons Short Term Bink Calculater ¹⁰ (http://wkwalc.ats.org/ streawbrinks.alc/calculated) Calculates a patient's roles of complexitions and death welk the meet connection surgeoirs. Canadian of a sentidom, name of which are hand	Operation type Age and sea Race black (African American, Asian, American Indian/Mashan Native, Nation Huwaitan/MashaCit Islander, or "Hispanic, Kalimo on Spenich ethnic, all', white sean in the default setting, all of the setting of the default setting.	The sub-science for operative meetably and major complications to creases (in some cases, by 2004). If a patient is identified as block, addretification as another stee- white case or athricity beat in deep the risk score for death, but in deep sharing the risk score for angles sample cations such as senial failers, stroke, and produced westfation.	When used presperatively to access a patie risk, these calculations could aber mini- patients, deered higher risk, away four these procedures.	
Acer.	BMI	cations such as reval failure, stroke, and prelonged ventilation.		
Nephrology				
 Internet generative Environments [pc/08]] MDEE source (http://www.internet.com/ widelex.com/neg/environments/pressources.prg/ widelex.com/neg/environments/pressources.prg/ widelex.com/neg/environments/ environments/pressources.com/ documents/ documents/	Server creatinee Age and an Hace: Mack vs. white or other	The MDFD equation reports a higher of GPB birth for the set of the	8-oft reputsives report higher eG FR white given the same non-third in measurements for patients identified as black, suggest better kinden factors. There higher a G or based of the same same same same or listing for kinden translation.	
Organ Processment and Transplantation Network Kalney Dense Bisk Index (NDRI)* (Https:// optn.transplant.krss.gov/resoarces.ja/kocation -calculators./fidpi-calculator/)	Age Hypertension, diabetes Serum creativies losd Cause of death (e.g., cerebrosanular	failure if the patential dance is alreating as African American (coefficient, 0,17%), a risk adjustment intermediate between	American Kalney datasets in the United States, Since African-American patients many liteds to research Kitheau from Afric	
Extension produced rak of descriptions (slow) graft just- on, which is used to product stability of patiential indexy denses (ecolere) Denation a ther cardiac death Hepotatis C Height and weight HLA maching Cardi techerena En blac transplantation Double kelmey transplantation Rose: African Arenican	these for hypertersion (0.126) and diabetes (0.130) and that for elevated creativise (0.259-0.220).	American denois- to reducing the paid or available kettings, the VDBI could exact- bate this social requirts in access to hidre for transplantation.	
Obstatrics				
Vaginal Birth after Cesarian (VBAC) Bak Gaka kitat ¹²⁴ (Bitgs://wfera.setacok.bsc.pss .edu/WakisBSC/WFWU//vGBirth/Cakpagbirth .keet)	Age BMI Prior saginal delivery Prior VBAC Recenting indication for caseman sec-	The African American and Hispanic correc- tion factors subtract from the estimated success rate for any person identified as black or Hispanic. The decrement for black [0.871) or Hispanic [0.880] is almost as large as the benefit from prior almost as large as the benefit from prior for black [0.871].	The VBAC score predicts a lower chance of cess if the person is identified as black or Hispanic. These lower entireates may di saide clinic and from offering trials of the te people of color.	
Estimate the probability of accordial reginal derive of the prior contents are been. Clinicities con- ater this anteriate to content propile and know to decide solutions to othercept a trust of labour online them undergo a repeat content action. Unslogy	tion African-American nace Hispanic ethnicity	amost as large as the benefit from pro- signal delivery (3.888) or prior VBAC (1.003).		
STONE Score 44	See	Produces a score on a 13-point scale, with	To control and the second on the second state of the	
Paulizs the risk of a anternal state in patients who periors with flash poin	See Accer orset of pain Race: black or romblack Marces or someting Harmaturia	a higher score indicating a higher risk of a untersit store; 3 points are added for norblack cace. This adjustment is the same magnitude as for hereaters.	By systematically reporting lower risk for bi- patients than for all nonblack patients, s- calculator may steer cliticians away fra- aggressive evaluations of black patients	
University tract infections (UTI) calculator ¹⁰ (https:// scicale.pitt.edu/) Estimates the role of UTI is collidere 2-23 we of age to goald decisions about when to person active calculation of agence's	Age <12 months Mail main temperature >89°C Race: Describes self-as black (fally or partially) Female or uncocurrosed male Other four sacro	Assigns a lower likelihood of UTI if the child is black (i.e., reports a roughly 2.5-times increased risk in patients who do not describe themselves as black).	By systematically reporting lower risk for bl children than for all nonthlack children; calculator may deter clinicans from pa- ing definitive diagnostic secting for blac	
	Other fever scores		Contraction of the state of the	
Oncology Rectal Cancer Servival Calculator® Pritos //				
www.fundanderson.org/upp/medcalc/index cfm/pagename-recturncancer/ Estimates conditional service11-5 or after diag-	Age and ass Roce: white, black, other Grade Stage Surgical Instory	White patients are assigned a regression coefficient of L, with higher coefficients (depending on stage) assigned to black patients (1.38-1.72).	The calculator predicts that black patients on have shorter cancer specific survival for metal cancer than white patients. Clinic might be more or less fields to offer inte vertices to patients with lower predicto	
mosis with motol aprese				
National Garoor Institute Breast Center Role Assessment Tool (https://bunktool.center- gos/taksalater.html) Estimates Syr and Ajitime risk of doctoping breast cancer, for avoran adheast prior Ashey of Institutesen, DOS, and LDS.	Current age, age at menanche, and age an first line both Pinst-degree relatives with breast cancer Pinst beings linepsics, suppical inequics Race Jerbrucht, white, African American, American Indian/Alasia Native, schores	The calculator returns lower risk extinuities for women who are African American Hispanic/Latins, or Asian American (e.g., Chinese).	Though the model is intended to help conc trailer risk and golds screening decision it may inappropriately discovering more greative screening among some groups normble women.	
Breast Canter Surveillance Consortium Rick	has	The coefficients cank the cace tethnicity	Returns lower risk estimates for all normhil	
Calculator ¹⁰ (https://look.html.sec.org/ BCSparef5.ik/carlandator.htm) Etalences 5- and 15-pr nik (r/ dovelaping loward cancer in sevents addr no previous diagnosis of doward cancer, DC/5, prior loward augmentation.	Race (informative, white, black, Asian, Nation American, other (multiple races, unknown BRADS breast density score First-degree relative with breast cancer Pathology results from prior biopsies	categories in the following descending order of risk white, American Indian, black, Hispanic, Asian	Network to all normality to all normality succeptions by comparison, potentially nor- ing the likelihood of does normalized in these patients.	
or prior maskelsony Endocrimology				
Osteoposiosis Risk SCORE (Sireple Calculated Osteoporonis Risk Externation) ²⁶ (Hitgs://www. redapp.co/osteoporosis-risk-score-calculator 318()	Rhesensatoid arthritis History of Factare Age Estrogen ase Weight Heart black or not black	Assigns 5 additional paints (maximum score of 55, indicating highest risk) if the patient is identified as nonliked:	By systematically lowering the estimated vi of outerportonic to black patients, SCO0 may discussing clinicians from parami- further englastice (e.g., DRA scar) in bi- potents, potentially delaying diagnosis	
Determines whether a woman is at law, reade- ate, or high risk for her base density is order to gooke desistent advant screening with DXI scre- Fracture Risk Assessment Tool (RIAK) ⁺ (Attps:/)		The U.S. calculate entress a longe frequence	memerian.	
Fractiser into Academic Total (PRAV) (2014) www.obfefield.ac.uk/(PRAV)(2014) app) Estimates 2Dep raik of a hip fracture or other em- just orangeestic fracture an the horiz of patient demographics and risk factor profile. Calculation are soverlapped [1]: 2	Age and see Weight and beight Previous factors Parent Allo had a top fracture Carenet streaking Glacocertiesed unit Rhearmated arthrops	The U.S. calculator returns a lower flacture rink F a formale patient is identified as block (by a fortice of 0.43), Asian (D.50), or Hispanic (D.53), Ealimates are not provided for Natice Ancericas patients or for multimatial patients.	The calculator imparts 10 yr risk of reapor or teoporotic fracture fire black women as than haft that for obtain women with ale cal risk factors. For Action and Hisparic women, risk is estimated at about half for white women. This lower risk region for somethic women risky falling interver-	
an contraction	Rheumatoid arthritic Secondary cotexporosis Alcohol use, ad drinks per day Ferneral neck boxe mineral density		for narwhite women may delay interver with ostroporces's therapy.	
Pulmonology				
Pulmonary Tunction tests ¹⁰ Dist spinowstry to revealer long volume and the net of flow through always in order to diagnose and member advectory discourt	Age and ses Height Race/ethnicity	In the U.S., spinometers use correction factors for persons labeled as black (10-1596) or feam (4-696).	Inaccarate estimates of kerg function may result in the misclassification of disease sewrity and impairment for tocal settin minorities (e.g., in asthma and COPD).	
	Height Rice/ethnicity		minorities (e.g., in addition and Co	



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



Implicit Bias: Cancer Care Continuum

- 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 nontherapeutic

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



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





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



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 → Mistrust → Compromised care



Health Equity Language...Reconsidering Language

- Advancing Health Equity: A Guide to Language, Narrative and Concepts
 - <u>https://www.ama-assn.org/about/ama-center-health-equity/advancing-health-equity-guide-language-narrative-and-concepts-0</u>
- Presenting complaint: use of language that disempowers patients. BMJ. 2022
 - <u>https://www.bmj.com/content/377/bmj-2021-066720</u>
- FPM: Practice Pearls
 - <u>https://www.aafp.org/pubs/fpm/issues/2023/0500/practice-pearls.html?cid=DM87302&bid=245165425</u>



"Hidden" Disparities

How do we address Implicit Bias in Health care?

Patient-centered interventions

- Treat patients as unique individuals
- Screening for/addressing social determinants of health
- Utilize patient expertise e.g. patient-advisory boards

Provider-centered interventions

- Implicit Bias Training
- Mindfulness-based practices (via decreased burnout!)
- Adoption of patientcentered language

System-level interventions

- 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)



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



UMMS Corporate Communications <UMMS_Corporate_Communications@umm.edu> To O 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 creation of the diagnosis of Chronic Kidney Disease. metabolism - to assess kidney function. This calculation includes a factor based on whether a nation tis "African American or non-African American" that assigns a multiplier that increases the eGER based in part on a discredited notion that Af University of Maryland Medicine Eliminates Race in Birthing Decisions mass than people of other races.

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



UMMS Corporate Communications <UMMS_Corporate_Communications@umm.edu> O UMMS Corporate Communications

continues UM Medicine's efforts to eliminate race-based clinical norms across its more than 150 UMMS locations.

Effective tomorrow, February 1, our laboratory is changing the following message has been sent to all UMMS team members and medical staff.

Nephrology's Task Force on Reassessing the Inclusion of Race in Dear Colleagues:

The New eGFR calculation accommodates Unknown and Unspec

commitment to reduce health disparities in the communities we serve, we are officially eliminating race as a factor in birthing decisions. The new eGFR equation has similar overall performance character however, for some, the values may differ by more than 10%, parti

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

References

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

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

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

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

Summary: Medical Mistrust & Implicit Bias in Healthcare . . . For DW and Beyond

- Implicit Bias contributes to medical mistrust
- **WHAT**—is implicit bias in healthcare?
- <u>WHO</u>— is impacted by and can address the impact of implicit bias in health care?
- <u>WHY</u>—do we need to address implicit bias in health care?
- WHERE—is the impact of implicit bias in healthcare seen?
- <u>HOW</u>—do we address implicit bias in OURSELVES and OUR WORK to improve health outcomes?



Resources

• The Everyone Project (AAFP):

https://www.aafp.org/family-physician/patient-care/the-everyoneproject.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/

• Implicit Association Test:

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

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



What action(s) do <u>YOU</u> commit to put into practice to address implicit bias?



Contact: Shana O. Ntiri sntiri@som.umaryland.edu



doc.so.ntiri



Didactic Questions?

About Our Case Study Presenter





Steven Hutchins, MBA Quality Improvement Manager Clinica Sierra Vista Inc. Bakersfield, California



Case Study Questions?

THANK YOU TO OUR ECHO FACULTY!



Wayne B. Tuckson, MD, FACS, FASCRS



Mark Manning, PhD



Shana O. Ntiri, MD, MPH

THANK YOU TO OUR ECHO FACILITATOR!



Carolyn Rhee, FACHE



Project ECHO Session Survey





Group Based Medical Mistrust Scale Baseline Data:

Share results with Patient Advisory Council, Governing Board, and/or QI Committee
 Post data collection begins August 1, 2023 and ends September 30, 2023

Bi-monthly Check-in Calls:

□ Bi-monthly Check-in Call – August and September

Project ECHO:

Dest Project ECHO Survey



Thank You