



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



You will be muted with your video turned off when you join the call.

Use the buttons in the black menu bar to unmute your line

and to turn on your video.

If you do not wish to have



your image recorded, please turn OFF the video option.

Today's materials will be made available on 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

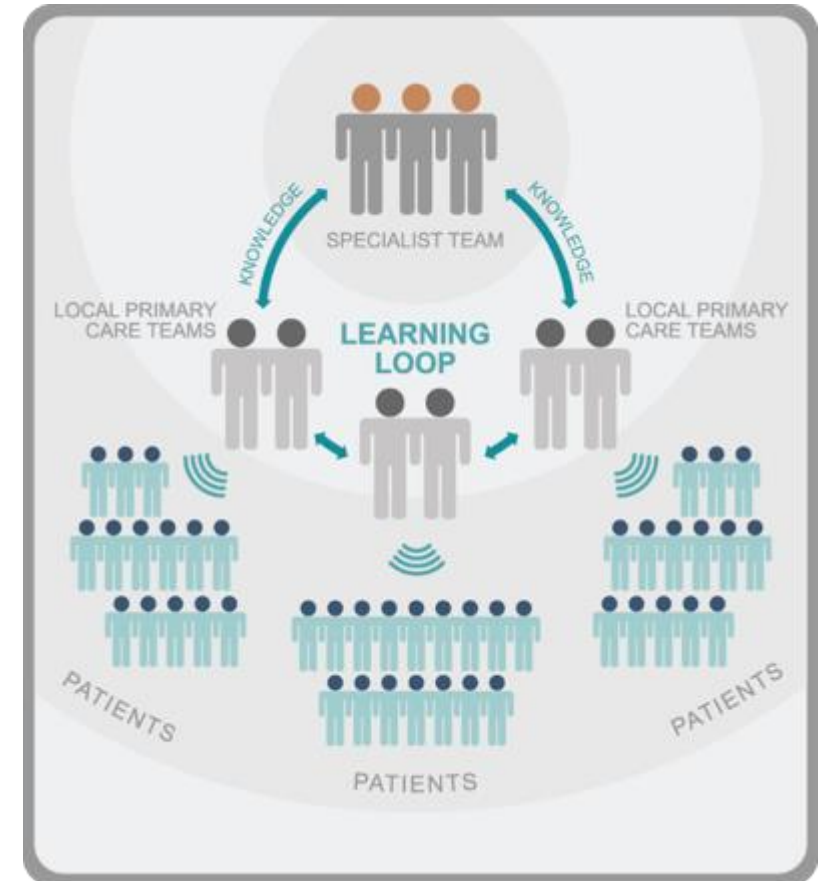


Questions about Zoom? Type them in the chat box to: Allison Rosen

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 www.echo.unm.edu

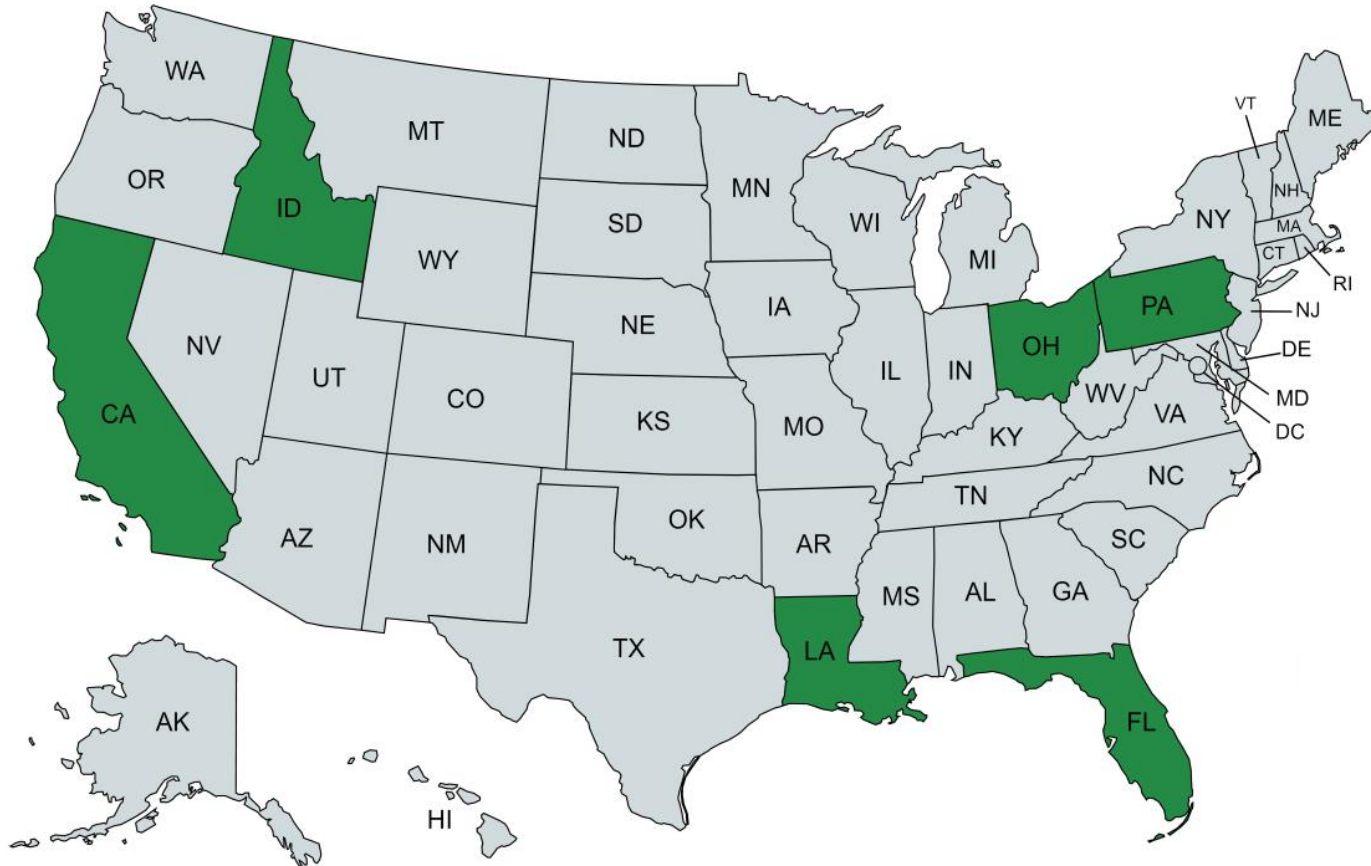


Health Equity Community Project ECHO Series

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



UNIVERSITY of MARYLAND
SCHOOL OF MEDICINE

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





Overview

**Medical Mistrust
& Implicit Bias**

**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?



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 includes 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

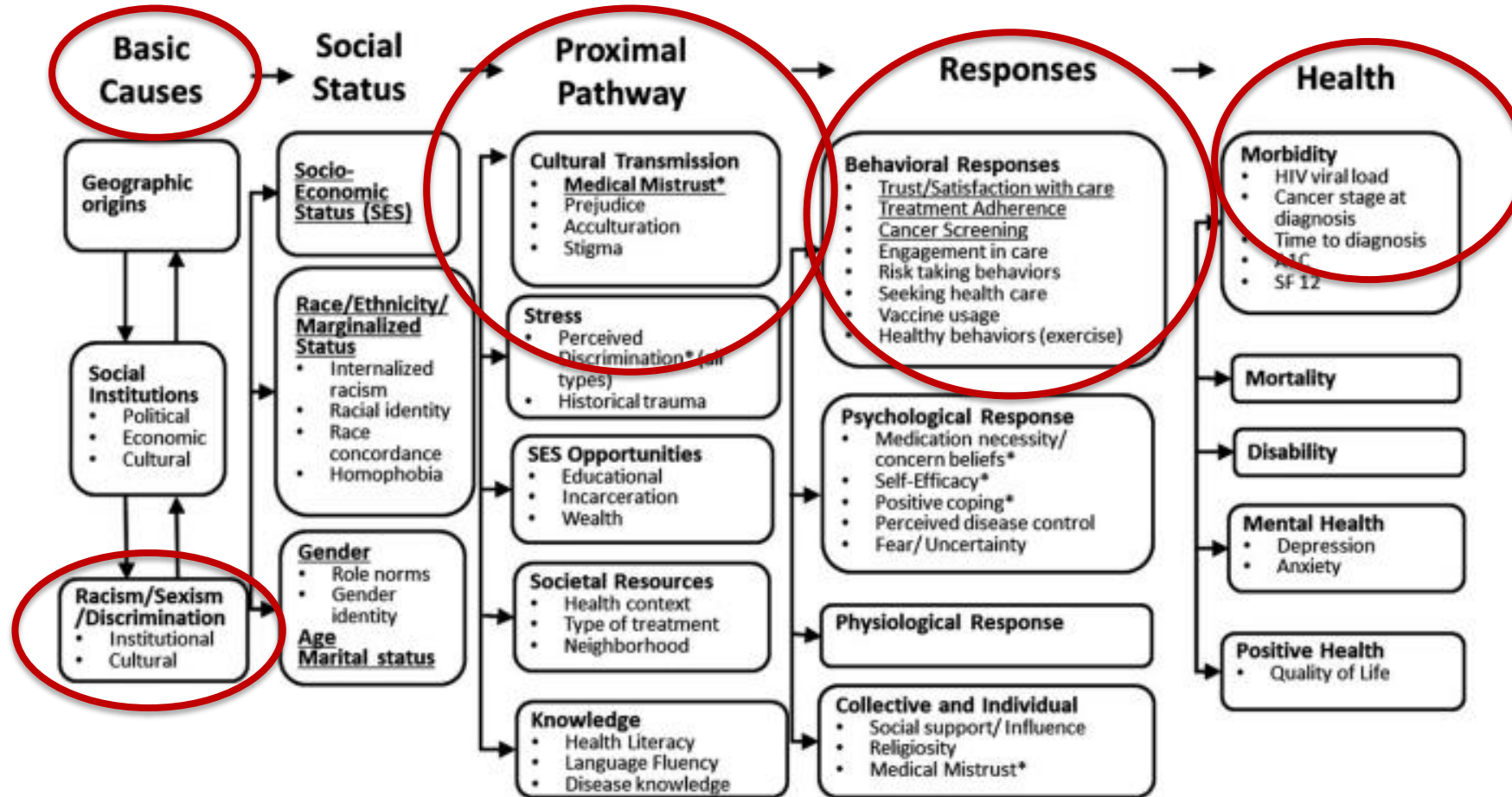


Figure 3. Summary of variables found in the literature using an adapted version of the Williams and Mohammed framework, 2013.



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.





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



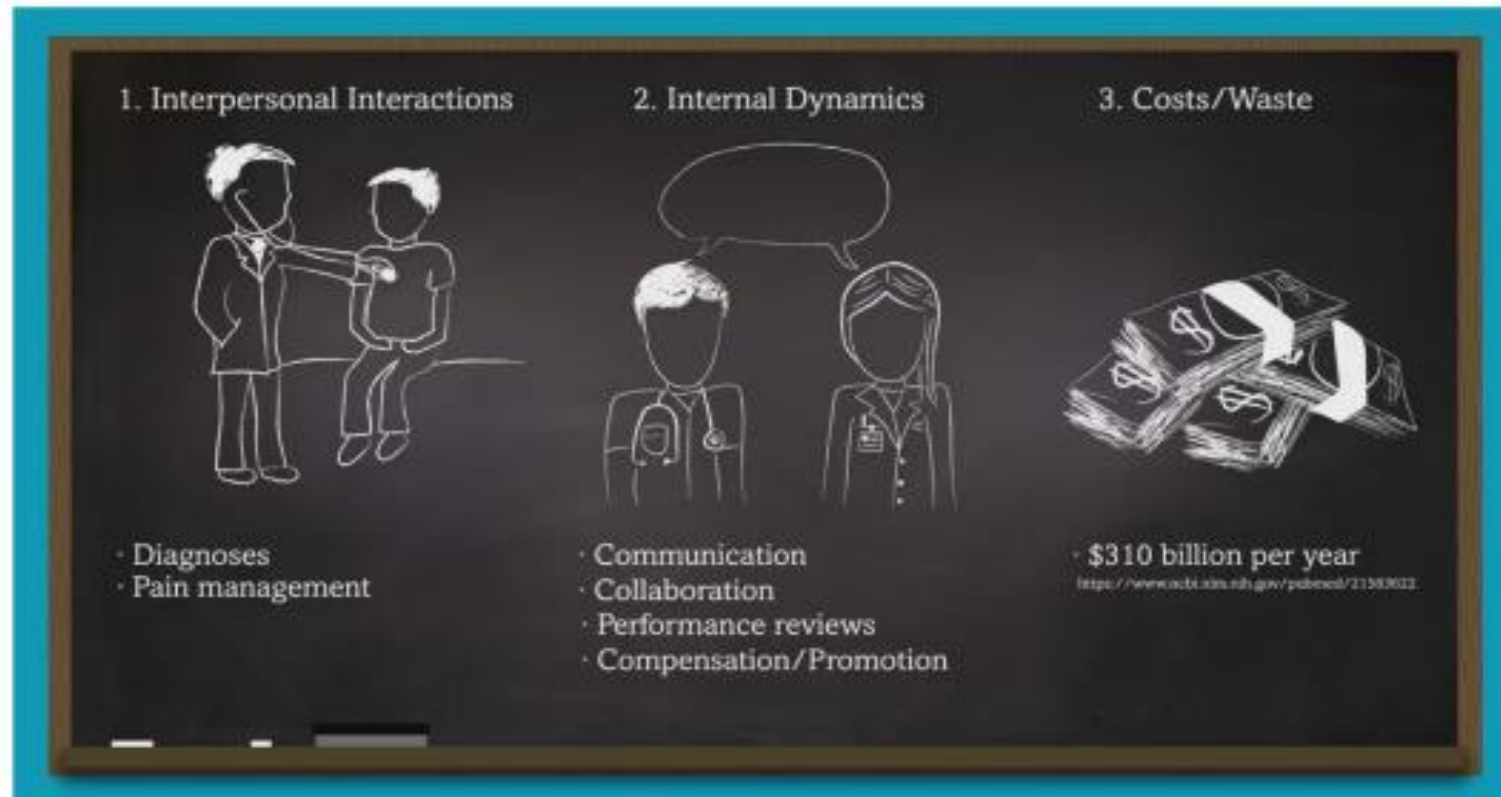


Why Address Implicit Bias?

- 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:**
<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/>





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



Susan Moore, MD



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

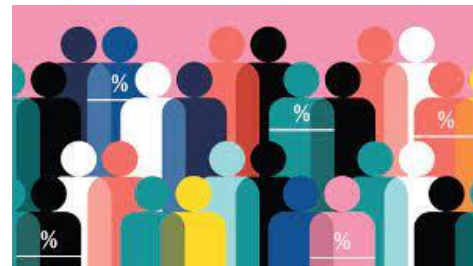


Race-based calculators in Cancer Treatment

Rectal Cancer
Survival Calculator

NCI Breast Cancer
Risk Assessment
Tool

Breast Cancer
Surveillance
Consortium Risk
Calculator





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 non-therapeutic



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



“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 patient-centered 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: 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 creatinine and body surface area – 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 African Americans have a higher muscle mass than people of other races.

The use of this race-based eGFR calculation often overestimates kidney function, leading to unnecessary dialysis and transplant.

Effective tomorrow, February 1, our laboratory is changing the eGFR calculation. The Nephrology's Task Force on Reassessing the Inclusion of Race in the eGFR calculation.

The New eGFR calculation accommodates Unknown and Unspecified race. The new eGFR equation has similar overall performance characteristics, however, for some, the values may differ by more than 10%, particularly for those with a high eGFR. eGFR Reference Ranges will now have the linear high of 60 remainder. Correction to that most recent accession.

References

Delgado C, Baweja M, Crews DC, et al. A Unifying Approach for GFR Estimation. *Journal of the American Society of Nephrology*. 2019;30(12):2103-2111.
Inker LA, Eneanya ND, McCorsh J, et al. New Creatinine- and Cystatin C-Based Equations to Estimate GFR. *Journal of the American Society of Nephrology*. 2019;30(12):2112-2121.

University of Maryland Medicine Eliminates Race in Birthing Decisions



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 disease. This change is a 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 Hispanic American women who had a previous 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 who had a previous C-section.

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 across all of our locations and 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 Obstetricians and Gynecologists](#) and the [American College of Obstetricians and Gynecologists](#) regarding the use of race in clinical decision-making for women with 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 health.

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 of care are often based on race. UM 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 in the way we care for our patients.

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

- **Implicit Bias contributes to medical mistrust**
- **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

- **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/>
- **Implicit Association Test:**
<https://implicit.harvard.edu/implicit/takeatest.html>
- **Practising social accountability: From theory to action:**
<https://www.semanticscholar.org/paper/Practising-social-accountability%3A-From-theory-to-Buchman-Woollard/8a7d636b2acf60cfb7a0d854b6d6d7bbb59b1261/figure/2>



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



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



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Didactic Questions?

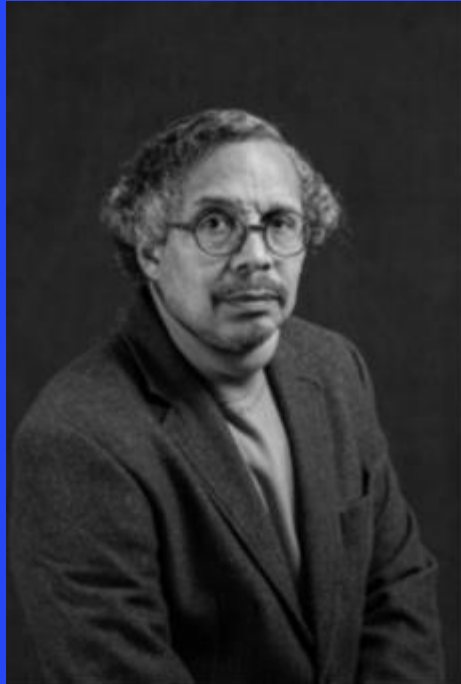
About Our Case Study Presenter



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

Next Steps

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:

- Post Project ECHO Survey



Thank You