

What We Bring into the Room: Reflecting on the Impact of Bias in Care

April 20, 2021 | 11AM-12PM

The IPRO QIN-QIO: Where We Are



- Healthcentric
Advisors
- Qlarant

The IPRO QIN-QIO Region

IPRO:

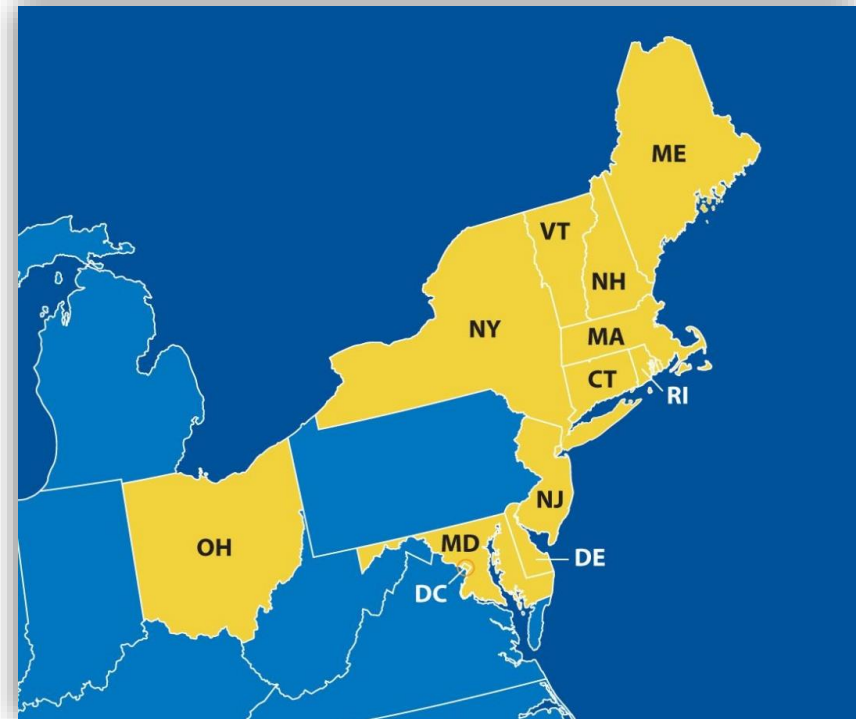
New York, New Jersey, and Ohio

Healthcentric Advisors:

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Qlarant:

Maryland, Delaware, and the District
of Columbia



Working to ensure high-quality, safe healthcare for
20% of the nation's Medicare FFS beneficiaries

About This SWEEP



- Healthcentric Advisors
- Qlarant

Addressing Health Disparities to Reduce Opioid Use Harm

- Identify, prioritize, monitor, and eliminate health disparities
- Improve patient and organizational health literacy
- Promote culturally & linguistically appropriate services
- Discuss perceptions of addiction, stigma, implicit bias
- Screen & address social determinants of health



Our Presenter



**Quality Improvement
Organizations**
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES



- Healthcentric
Advisors
- Qlarant

Lee Westgate, MBA, MSW, LCSW-C
Clinical Instructor
University of Maryland, School of Social Work



[Biography](#)

What We Bring into the Room: Reflecting on the Impact of Bias in Care

PRESENTED BY

LEE WESTGATE, MBA, MSW, LCSW-C

PRONOUNS: HE/ HIM/ HIS

Learning Objectives

- Increase knowledge of implicit bias by defining it, and how it contributes to a system of inequity and affects clinical decision making
- Encourage participants to consider how implicit bias is showing up in their practices
- Discuss strategies for promoting bias literacy
- Consider what processes participants can change to address implicit bias



Learning Objectives

“We can at least try to understand our own motives, passions, and prejudices, so as to be conscious of what we are doing when we appeal to those of others. *This is very difficult, because our own prejudice and emotional bias always seems to us so rational.*”

T. S. ELIOT

Implicit Bias

The unconscious attribution of particular qualities to a member of a certain social group. Implicit stereotypes are shaped by experience and based on learned associations between particular qualities and social categories, including race and/or gender.

Explicit Bias

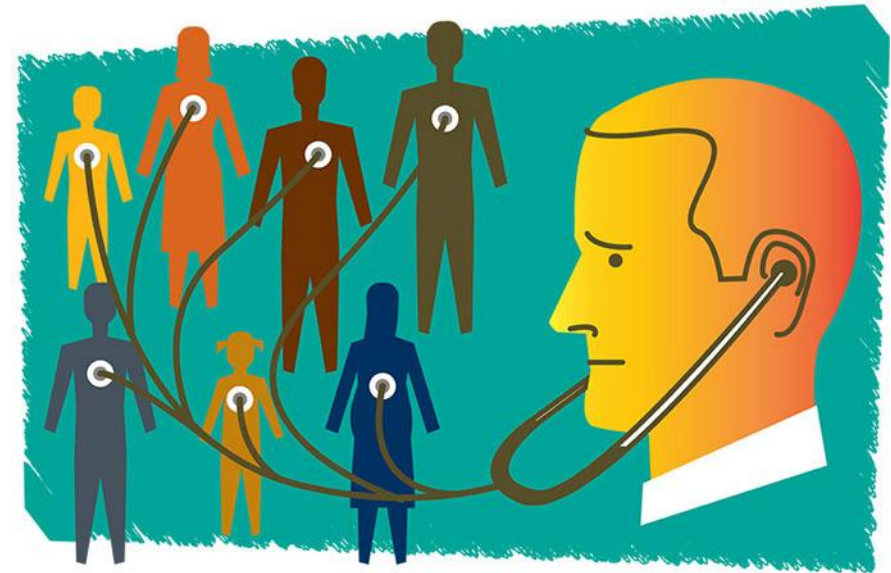
The attitudes and beliefs we have about a person or group on a conscious level. Much of the time, these biases and their expression arise as the direct result of a perceived threat.

Key Point: Implicit bias is also bias that runs contrary to our declared beliefs.

What We Bring into the Room

Healthcare providers are highly susceptible to implicit bias due to:

- Under-representation of diversity within healthcare leadership
- Inadequate training on bias-related topics to include health disparities, structural oppression etc.
- Routine exposure to stress and toxic stress (i.e. burnout, trauma, vicarious trauma etc.)
- Lack of adequate time to devote to patient care
- Reliance upon mental short-cuts to enable “efficiency of care”



Among active physicians, 56.2% identified as White, 17.1% identified as Asian, 5.8% identified as Hispanic, and 5.0% identified as Black or African American. (American Association of Medical Colleges, 2018).

What We Bring into the Room

Research on bias has routinely shown its adverse and detrimental effects including:

- Unequal access to pain medications
- Disproportionate reports to CPS for parents of color in healthcare settings
- Abandonment of standards of care for LGBTQIA+ populations regarding routine screenings and preventative medicine
- High new parent mortality rates for racial minorities post delivery
- Assumptions of poor prognosis and/or perceptions of poor quality of life for individuals with neuro/ physical diversity





MICROCOSM

*Healthcare is a microcosm for the society
that we collectively inhabit.*

A Question Every Healthcare Provider Should Ask ...

*How does bias show up
in my own practice, my
own clinic, my own
hospital, and in my own
care setting?*

“We are concerned that whether the discussion is framed around health disparities, health equity, or SDoH, there is a supposition that social issues exist outside of health care or are hoisted onto the health care delivery system. *Often missing from today’s discourse is the fact that individuals and communities interacting with the health care system are subjected to disparate treatment at the hands of clinicians*” (Health Affairs, 2020).





“...if you are not like everybody else, then you are abnormal, if you are abnormal , then you are sick. These three categories, not being like everybody else, not being normal and being sick are in fact very different but have been reduced to the same thing”

MICHEL FOUCAULT

disparities in outcomes

The subject of bias in healthcare is made even more relevant in the era of COVID. In this moment we are bearing witness to the direct effects of inequity in care.



Health Affairs

What We Bring into the Room

“Entrenched systemic racism — and the deliberate omission of the word in patient safety circles — is the cause of an astonishing level of preventable harm and death among communities of color that have been devalued and discounted for more than 400 years.

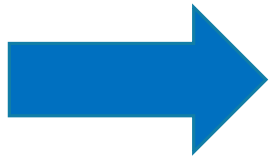
The covid-19 pandemic has laid bare the racial inequities of the U.S. health-care system. Too many healthcare executives still perpetuate the historic perspective that our country’s model provides safe and equal care for all. ***Yet the disproportionate number of deaths to COVID-19 among racial and ethnic minority groups exposes the systemic and lethal barriers to care***” (Wyatt, 2021).



The Psychological Impact of COVID-19

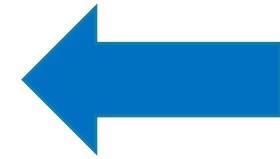
The Intangible & Existential Stuff

Fear
Uncertainty
Isolation
Mental Health
Need for Connection
Lack of Control




The Material & Tangible Stuff

Health
Finances
Legal Concerns
Household
Planning
Technology
Access to Care



This psychological landscape is all inclusive of the factors and “triggers” for the infusion of bias in care.



The dramatic intersection of a call for social justice and a pandemic make for a perfect inflection point in the evolution of our healthcare system. The call for accountability, equity, countering entrenched bias, and compassion in care are all essential.



where

do we go

from

here?

Recommendations

Solutions

Maybe even more questions ...

We also have to ask ourselves some “hard questions”

In an article on overcoming bias in OB/GYN care, doctors Vanessa Rogers and Shawna Nesbitt discuss the importance of posing these self-reflective questions regarding one's own practice.

- ✓ How many people think that provider bias is a driver of poor outcomes?
- ✓ How many people think that *their own bias* is driving poor outcomes?

How could implicit biases affect the way you treat your patients?



Behind the Numbers

Growing base of research on *what we can do*:

- Re-conceptualize *access to care*
- Use our *interprofessional framework*
- Expand our understanding of *communication*
- Attend to the endemic effects of *vicarious trauma*
- Accept that *this is a real issue* deserving of concern
- Engage in *self-examination* (power, privilege, access)
- Rethink the structure of *education*, *mentorship* and *preceptorship*

We can also incorporate key principles from trauma-informed practice.

How We Communicate

Verbal

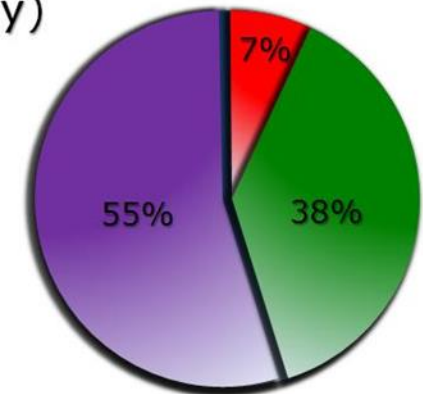
Words – (What we say)

Para-verbal

Tone (How we say it)

Non-verbal

Our Expressions and actions



“Better is possible. It does not take genius. It takes diligence. It takes moral clarity. It takes ingenuity. And above all, it takes a willingness to try.”

ATUL GAWANDE, BETTER: A SURGEON'S NOTES ON PERFORMANCE

Q&A

Let's discuss your thoughts and questions!



*Thank you for
your time and
attention!*

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Resources

- [Association of American Medical Colleges](#)
- [Harvard Implicit Bias Test](#)
- [Kirwan Institute](#)

Resources



References

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Discussion

**We welcome
your questions
and comments
in the Chat.**



The Social Determinants of Opioid Use Disorder

Tuesday, May 25, 2021

11AM – 12PM

REGISTER

Have a question? Contact us!

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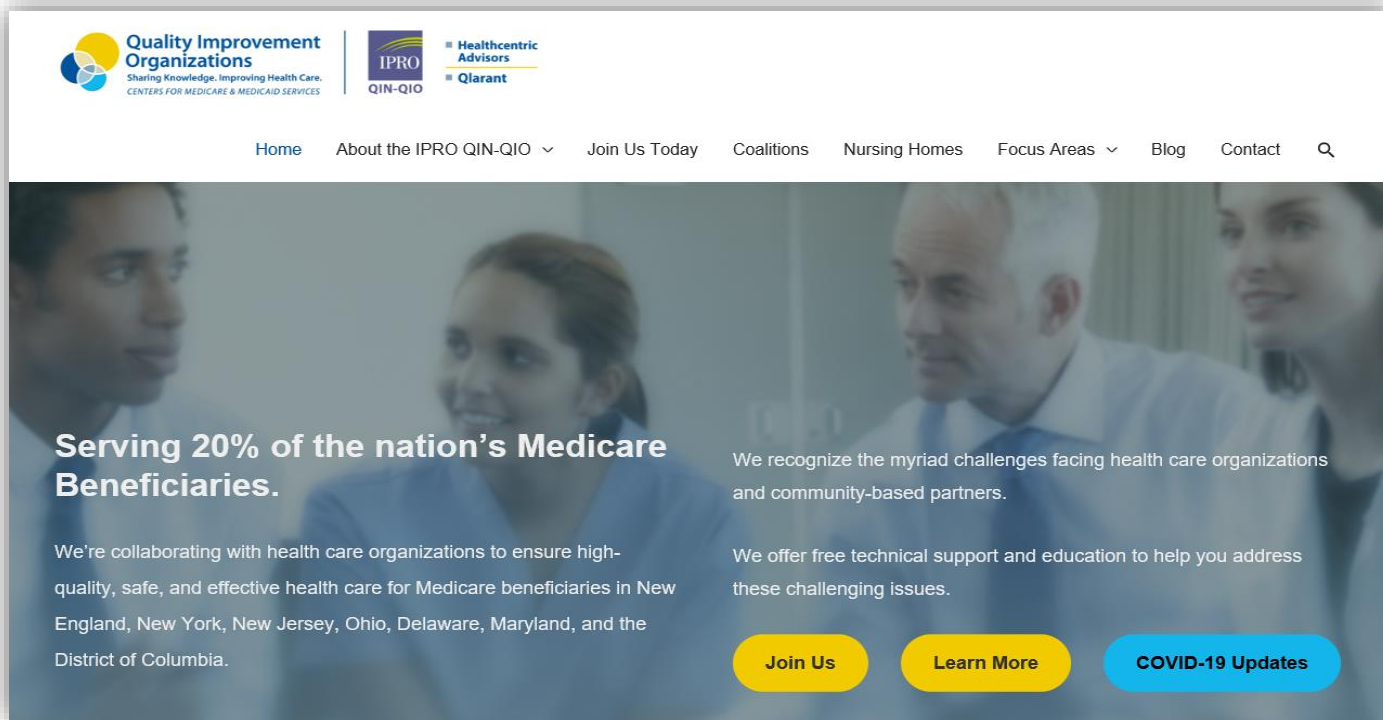
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<https://qi.ipro.org>

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