UNCONSCIOUS BIAS: The Impact on Populations

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My Uber Story
The Myth of Equal Treatment
So, what’s the big deal? Are we really *THAT* diverse?
2010

- Buncombe County: 28 (Asheville, Mission Health)
- Watauga County: 14 (Boone)
- Pitt County: 56 (Greenville)
- Scotland County: 63 (Laurinburg, Scotland Memorial Hospital)
- Moore County: 38 (Pinehurst, First Health of the Carolinas)
- Guilford County: 62 (Greensboro)
- Wake County: 59 (Raleigh)
- Forsyth County: 62 (Winston-Salem, Wake Forest Baptist Medical Center)
- Durham County: 67 (Durham, Duke University Hospital)
- Mecklenburg County: 64 (Charlotte, Atrium Health, Novant Health)
- Orange County: 66 (Chapel Hill, UNC Hospitals)
- New Hanover County: 39 (Wilmington)
- Craven County: 50 (New Bern, Carolina East Health System)
- Pitt County: 56 (Greenville)
- Watauga County: 14 (Boone)
- Buncombe County: 28 (Asheville, Mission Health)
- Pitt County: 58 (Greenville)
- Scotland County: 65 (Laurinburg, Scotland Memorial Hospital)
- Moore County: 42 (Pinehurst, First Health of the Carolinas)
- Guilford County: 62 (Greensboro)
- Wake County: 59 (Raleigh)
- Forsyth County: 62 (Winston-Salem, Wake Forest Baptist Medical Center)
- Durham County: 69 (Durham, Duke University Hospital)
- Mecklenburg County: 66 (Charlotte, Atrium Health, Novant Health)
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- Craven County: 53 (New Bern, Carolina East Health System)
The *Difference* That Differences Make in Health Care

**WHY IS UNCONSCIOUS BIAS A CONCERN FOR HEALTHCARE PROVIDERS?**

- Found *significant variation* in rates of medical procedures by race.
- U.S. racial and ethnic minorities experience a *lower quality* of health services.
- Provider bias was hypothesized to be one of *many factors* contributing to health disparities.
Minorities are less likely to...

- Receive Appropriate Cardiac Medications
- Undergo Cardiac Catheterization
- Undergo Bypass Surgery
- Receive Hemodialysis
- Be Referred For Renal Transplantation
- Receive Pain Medication
- Receive Antiretroviral Therapy
- Undergo Curative Surgery

DISPARITIES AT EVERY TURN


So, what’s the big deal?

*Skyrocketing Costs & Changing Reimbursement*

Joint Center Health Policy Institute

- Found between 2003 & 2006 combined costs of health inequalities and premature death in U.S. were $1.24 trillion

Urban Institute

- Projects $337 billion to be spent 2009-2018 on health care related to disparities

What if a 747 crashed every day in the U.S.?

Unequal Outcomes

Source: The National Institute on Minority Health and Health Disparities (NIMHD)

BUT ARE ALL OF THESE INEQUALITIES INTENTIONAL?
How Many Triangles Do You See?

The “New Science” of Unconscious Bias
What is Unconscious Bias?

Unconscious biases are social stereotypes about certain groups of people that individuals form outside of their own conscious awareness.

Nearly everyone has unconscious biases of some kind.

Test Your Unconscious Biases

Harvard Implicit Association Test (IAT):

www.implicit.harvard.edu
1. Teacher
2. Police Officer
3. CEO
4. Janitor
5. Physician
6. Secretary
7. Gang Member
8. Homeless Person
9. Construction Worker
10. Medicaid Patient
11. Attorney
12. Drug Seeking Patient

WHO gets hired...
Karen
Brian
Lakeisha
Emily

...and WHY?

Source: Steinpreis et al, 1999 Bertrain and Mullainathan, 2004
NBA Referees and Racial Bias


Why is unconscious bias such a big deal in healthcare?
The Effect of Race and Sex on Physicians’ Recommendations for Cardiac Catheterization

STUDY
720 physicians reviewed recorded interviews and data about a hypothetical patient, then made recommendations about that patient’s care.

FINDINGS
Women and blacks were less likely to be referred for cardiac catheterization than men and whites, respectively.

Black women were significantly less likely to be referred for catheterization than white men.

Source: Schulman et al. NEJM 1999;340:618.


Groundbreaking Study on Implicit Bias & Physician Treatment Decisions

Source: Greene et al. / Gen Intern Med. 2007 September; 22(9): 1231–1238.
Physician Anti-Fat Bias


Clinicians’ Implicit Ethnic/Racial Bias & Perceptions of Care

STUDY

Surveyed 2,908 patients, stratified by race/ethnicity; randomly selected from patient panels of 134 clinicians who had completed tests of explicit and implicit ethnic/racial bias.

FINDINGS

• Explicit bias was low among physicians and unrelated to patients’ perceptions.

• Physicians with greater implicit bias were rated lower by their black patients as compared with a reference group of white patients.

• Latino patients gave clinicians lower ratings than other groups and this did not depend on the clinician’s implicit bias.

Providers’ Nonverbal Communication May Differ by Race


Provider’s biases (conscious or unconscious) about patient’s diagnosis/treatment plan

Provider’s biases (conscious or unconscious) about patient’s thoughts and feelings (e.g. acceptance of medical advice, attitude, self-efficacy)

Provider’s interpersonal cues toward patient

Patient’s thoughts and feelings (e.g. acceptance of medical advice, attitude, self-efficacy)

Patient’s bias (conscious or unconscious) about provider

Adherence

Provider interpersonal cues toward patient

Treatment Received

Diagnosis/ Treatment Plan

Interpretation of symptoms
When is Unconscious Bias in Action?

- When there is a need for “cognitive shortcuts” and a lack of full information.
- Physicians, like everyone else, use these “cognitive shortcuts.”

- Situations characterized by:
  - time pressure
  - resource constraints
  - high cognitive demand

Unconscious Biases Multiply to Produce Unequal Outcomes in Populations
Moving From Equal Treatment To Equal Outcomes:

A CALL TO ACTION
Rule #1: Patients First - Ensure High Quality Standardized Demographic Data Collection

Rule #2: Develop a Cadence for Examining Quality Metrics, Population Health & Patient Satisfaction by:

- Race
- Ethnicity
- Language Preference
- Sexual Orientation
- Gender Identity
Rule # 3: Develop Goals & Interventions That Respond to Inequities

GOALS

Specific
Measurable
Achievable
Realistic
Time Based

It’s in your hands....