Healthcare Risk Professionals Impact, Influence, Innovate

Bias? Be(A)ware

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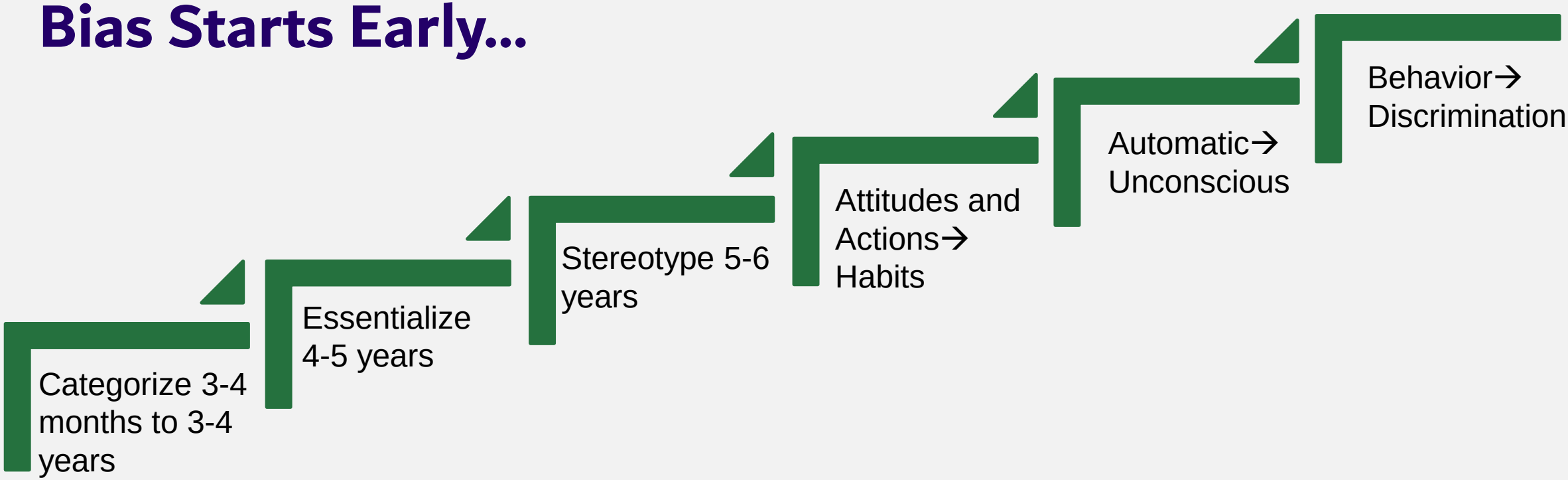
Objectives

- Describe the impact of implicit/unconscious bias in health care, focusing on specific enterprise risk management domains
- Identify types of implicit bias and potential responses through discussion of real-life healthcare experiences
- Demonstrate risk management strategies and protocols to effectively identify and manage bias in health care delivery and with a diverse workforce

What and Why Implicit Bias?

- Definition –
  - Refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner
- Why we have bias?
  - Automatic cognitive function
  - We continually and rapidly find patterns in small bites of information – developing positive or negative attitudes, stereotypes
  - We learn to associate certain attributes with certain social groupings and develop preferential rankings of those groupings
  - Unconscious grouping and ranking influenced by outside factors, such as organizational policies, media messages, family beliefs

Bias Starts Early…



- Overestimate differences between groups
- Underestimate variation within a group

Types of Implicit Bias in Healthcare

- **Affinity** – Preference for people who share qualities with you or with someone you like (e.g., someone who looks like you)
- **Anchoring** – Tendency to rely too heavily on the first piece of information offered when you are making decisions (e.g., considering the appearance of the individual as the most critical element when listening to a patient's chief complaint)
- **Cisnormativity** – The assumption that all individuals are cisgender (and that anything else is abnormal)
- **Conformation** – Selective focus on information that supports your initial opinion (e.g., all patients with multiple tattoos are drug seekers)
- **Horn Effect** - Focus on a negative feature of a person that clouds professional judgement (e.g., focus on the homelessness versus the physical complaints of an ED patient)

Why Addressing Bias in Healthcare Is Important? Data

- Mortality rate for Black women 4x higher than for non-Hispanic White women
- Diabetes rates are > 30% higher among Native Americans and Latinos than among Whites
- Individuals with limited English proficiency (LEP) experience longer hospital stays leading to greater risk on IV line infections, surgical infections, falls, pressure ulcers compared to English- speaking patients
- Language barriers negatively affect LEP patients to comprehend diagnosis, understand medical instructions, comply with post-discharge regimens when delivered in English. This gap in understanding can lead to serious safety events, poorer outcomes and experience, and increased readmissions.

*Enterprise Risk Management for Health Care, Fourth Edition. American Health Law Association/ASHRM. 2024

Why Addressing Bias in Healthcare Is Important? Enterprise Risk Domains

- Clinical/Patient Safety: Historic algorithmic bias, such as kidney function equations based on race; unmitigated language barriers leading to safety events and litigation.
- Human Capital: Implicit bias of reporters affecting patient safety reporting systems (physician, gender, race, ethnicity, faculty rank), burnout, and workforce turnover.
- Operational: Acceptance of AI models without monitoring for bias
- Legal and Regulatory: Failure to comply with updated regulatory and accreditation standards

Why Addressing Bias in Healthcare Is Important? Enterprise Risk Domains

- Financial: Lack of current, accurate collection of population health data
- Strategic: Failure to accurately identify health disparities in community served
- Technology: Equipment, such as pulse oximeters, leading to inaccurate measurements and inequitable treatment decisions
- Hazard/Environmental: Lack of attention to infrastructure causing environmental risks, such as “sick building” syndrome

Why Addressing Bias in Healthcare Is Important? Patient Experience

- Risk Events
- Occurrence Reports
- Serious Safety Events
- Complaints and Grievances

Role of Physicians

- Understanding:
  - Own biases
  - Awareness and naming of common manifestations of bias and discrimination in healthcare
- Engagement
  - Promoting Civility and Belonging
  - “Leaning in” to discomfort, rather than way from it
  - Addressing power disparities
- Buy-In
  - Demonstrating inclusive leadership
  - Creating psychological safety
  - Improving Communication
  - Taking active steps to mitigate bias

Real-Life Example

A Muslim neurosurgery resident, wearing a hijab, walked into the patient's room with the attending physician and several other residents. Before she could be introduced, the patient asked why she was there and continued with "Don't you deliver the meals?" Even though the resident was attired in scrubs as were the other members of the neurosurgery team, the patient apparently assumed she could not possibly be part of the medical team. The resident admitted that while she was tempted to respond, "I am not here to serve you lunch but to save your life," she hesitated. The older attending just laughed it off and did not respond to the patient but continued with the patient assessment. The other residents stood by awkwardly. No one spoke up.

What are your thoughts? What should we Be(A)Ware of?

Discussion

- Common manifestation of bias: incivility vis a vis microaggression
- Several key missed opportunities for the physician as team leader to prepare for and respond to bias; instead, we see the damaging effects of the leader being a bystander.
- Opportunity for the physician to partner with Risk Management and the leadership team:
  - Patient behavior policy
  - Contract guidance for engagement of biased patients
  - Support of impacted team members
- Tools include a standard debriefing process designed to name and validate the team affected member's experience and create safe space.

Real-Life Example

- Nurse who was overweight yelled at by colleague that she was "lazy, undisciplined, and not very smart" when she was late relieving that colleague for lunch break.

- *What are your thoughts? What should we Be(A)Ware of?*

Discussion

- This is another version of bias showing up as incivility, more overt than microaggression but no less damaging.

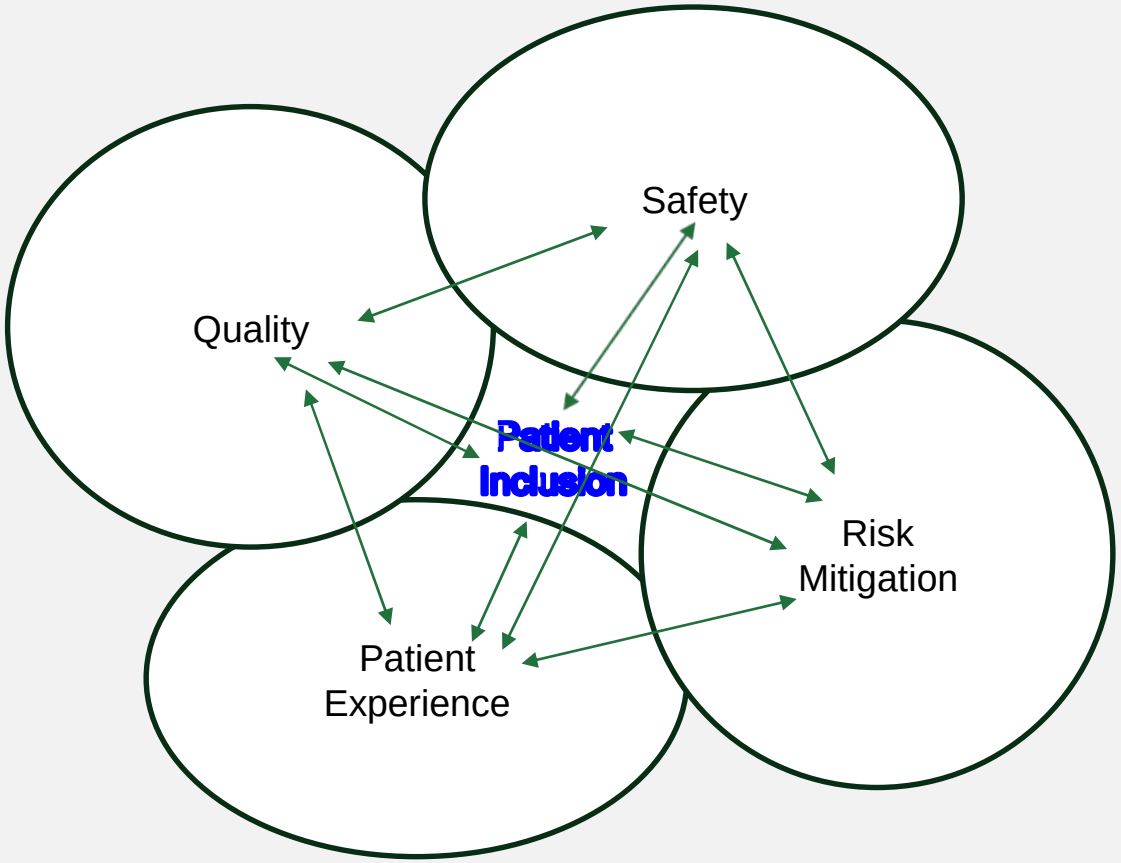
Real-Life Example

- Patricia: 26 yo black patient recently moved to the NYC area. She is 36 weeks pregnant and began to have abdominal pain, fatigue, and nausea. She has been unable to establish care with an OB in her area and presents to the ED for evaluation of her symptoms. She is seen by a triage nurse who documents “drug seeking behavior” in the chart.
- Patricia has a history of SCD since birth and on the day of presentation, began to experience progressive pain that extended to her abdomen. She is well-versed in her pain crises and management and stated that her usual comfort care regimen is not working and that her pain is severe and she needs help urgently. She waited 5 hours before being brought back to a room to see the physician. The physician reviewed her chart and found that this was her 3rd such visit to the ED with similar complaints in the last 2 months. In fact, the ED notes from the last physician who saw her 2 weeks ago state the patient was "seeking IV pain meds, claiming her home meds don't work." The note also reflects that patient became "belligerent and aggressive" and left before treatment was completed on her last visit when she was told to take IV fluids and Tylenol for her pain.
- *What are your thoughts? What should we Be(A)Ware of?*

Real-Life Example

- The doctor dismissed the patient's additional historical information as drug seeking. A medical screening exam was done in the form of a Doppler US which confirmed presence of fetal heart tones. No attempt was made by the physician to obtain any of the patient's clinical history and no additional diagnostic tests were performed.
- *What biases should we Be(A)Ware of here?*
- Patricia was discharged home from the ED and told to follow up with her OB the following week.
- She returned to the ED 2 days later with worsened fatigue and worsened abdominal pain. She stated that she hadn't felt the baby move in 2 days. She has tried to get an appointment with an OB; but as she was new to the area, reliant on public transportation and a job she needs to pay her bills, she had not been able to see anyone.
- The US this time confirmed absence of fetal heart sounds and intrauterine demise. Patricia was induced to deliver a still born baby 5 hours later.

Patient Inclusion



Nuvance Health Initiatives

- **Applying Equity Lens to Quality, Safety, and Patient Experience Frameworks**
  - Risk Events
  - Occurrence Reports
  - Serious Safety Events
  - Complaints and Grievances

Access to healthcare

- ❑ Resources for transportation
- ❑ Resources for childcare
- ❑ Work/school schedule
- ❑ Housing instability
- ❑ Financial insecurity
- ❑ Insurance
- ❑ Incarceration
- ❑ Social support network
- ❑ Immigration status
- ❑ Unemployment/under employment
- ❑ Technology for telehealth

Communication

- ❑ Language barrier
- ❑ Cultural differences
- ❑ Language literacy
- ❑ Health literacy

Psychosocial

- ❑ Mental health condition
- ❑ Substance use disorder
- ❑ Situational fear/anxiety
- ❑ Domestic Violence

Bias

- ❑ Did bias of patient characteristics potentially play a role in the outcome?
  - What was the bias?
  - How did it play a role?
- ❑ Patient experienced mistrust of the healthcare process and/or system?
- ❑ Other:_____.

(Obstet Gynecol 2022;140:667–73) DOI: 10.1097/AOG.0000000000004934

Recommendations

Does what's above the surface match what's underneath?

Recommendations

- Policy
  - Establish a no-retribution policy for those who report disrespectful behavior.
  - Establish an escalation policy
  - Develop an intervention policy **which includes a debriefing tool**
  - Provide language assistance as required by federal law and periodically validate the cultural competence and linguistic fluency within the organization.

- State/Federal Regulations
  - Ensure compliance with state/federal regulations, accreditation standards

Recommendations – Responding to Implicit Bias

- Self-Awareness
  - Implicit Bias Awareness Tests (Project Implicit)
  - Using Implicit Bias and Cultural Humility training to break habits

- Education
  - Appropriate professional behavior and the impact of disrespectful behavior
  - Preparation with scripting: Use real-life of simulated cases to discuss and explore a range of possible responses to uncomfortable situations. This supports planning and preparation for real-life encounters and teaches appropriate escalation of concerns.

Questions/Discussion