

Treating A Profession: Medical Training & Racial Disparities In Patient Care

Brian Rubineau

Yoon Kang

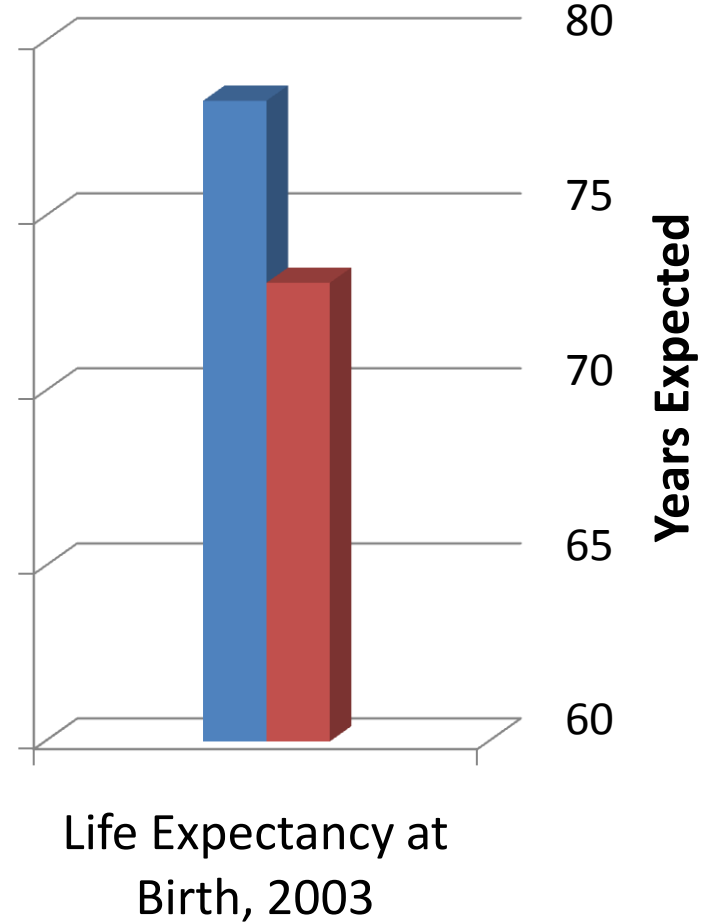
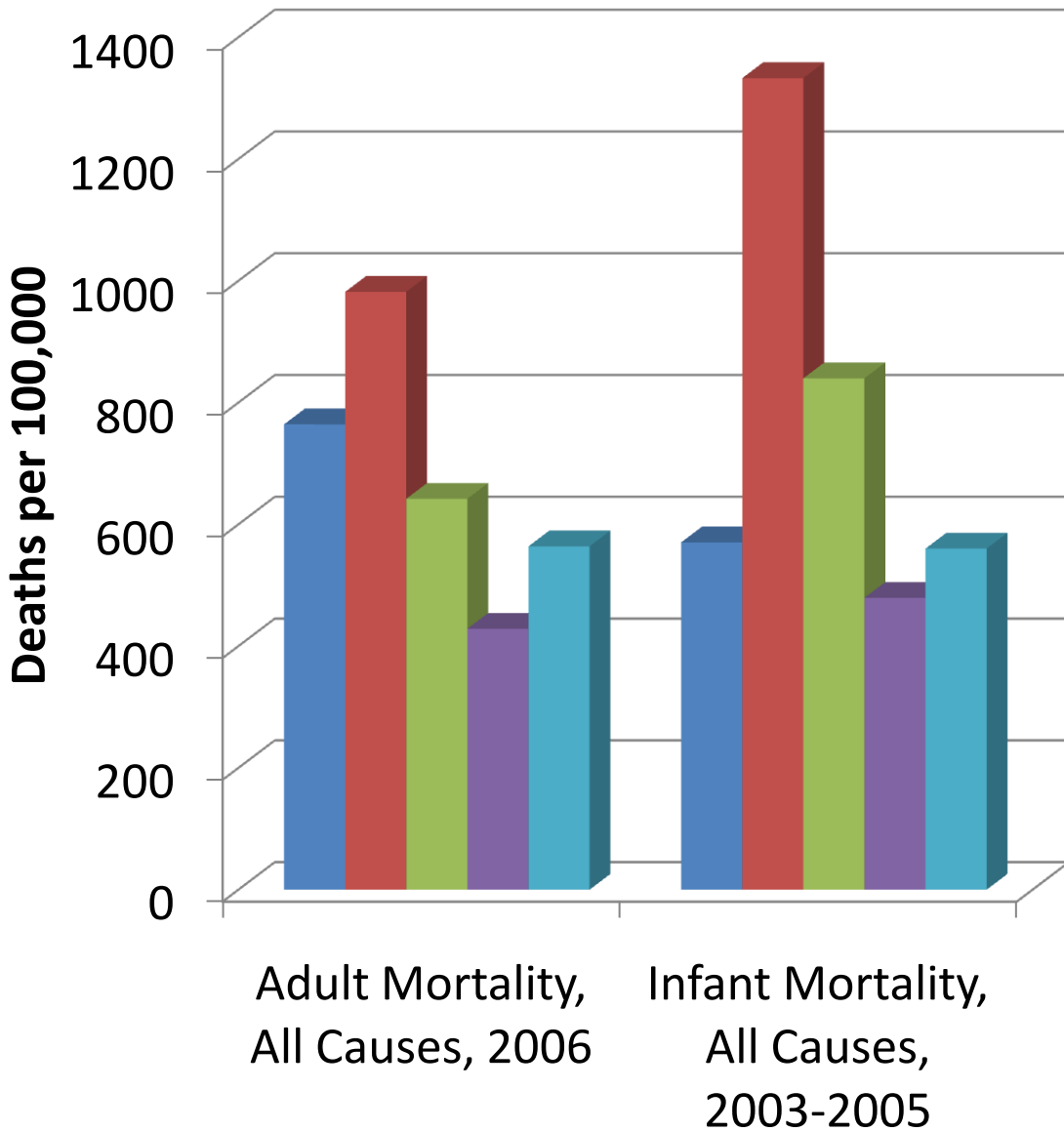
Cornell University's International Health Care Conference

May 12, 2010

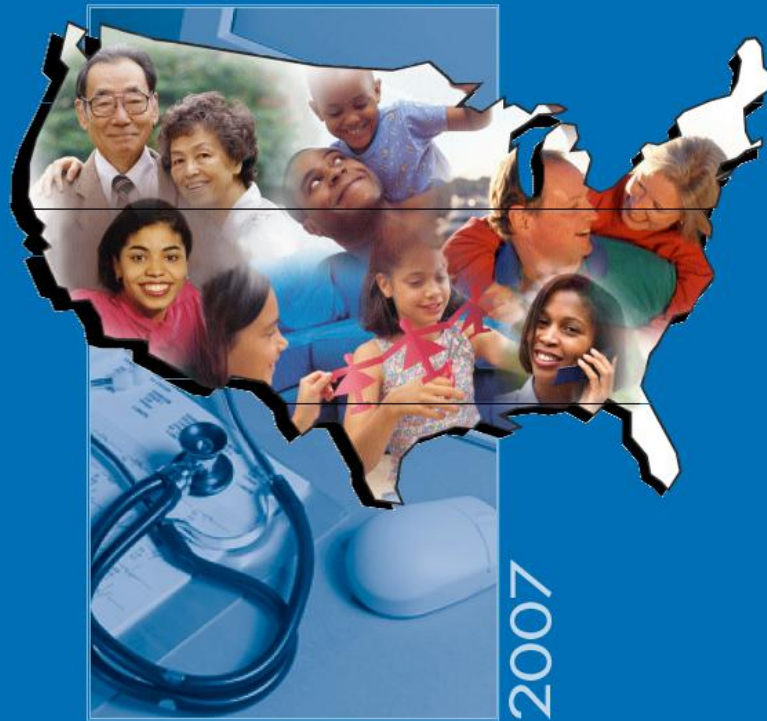


Some Racial Health Disparities

- White
- Black
- American Indian / Alaska Native
- Asian or Pacific Islander
- Hispanic



National Healthcare Disparities Report



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Executive Summary Headline

Overall, Disparities in Health Care Are Not Getting Smaller

*The 2007 NHDR finds that, **across all core measures** and **for all priority groups**, the number of measures of quality and access where **disparities** exist **grew larger** between 2000-2001 and 2004-2005.*

AHRQ 2008, p. 2

American Journal of Public Health, 2010

*[P]rogress toward meeting the Healthy People 2010 goal of eliminating health disparities in the United States and in Chicago **remains bleak**. With more than 15 years of time and effort spent at the national and local level to reduce disparities, **the impact remains negligible**.*

Orsi, Margellos-Anast & Whitman, p. 349

Why?

- Yes
- *Murder on the Orient Express*

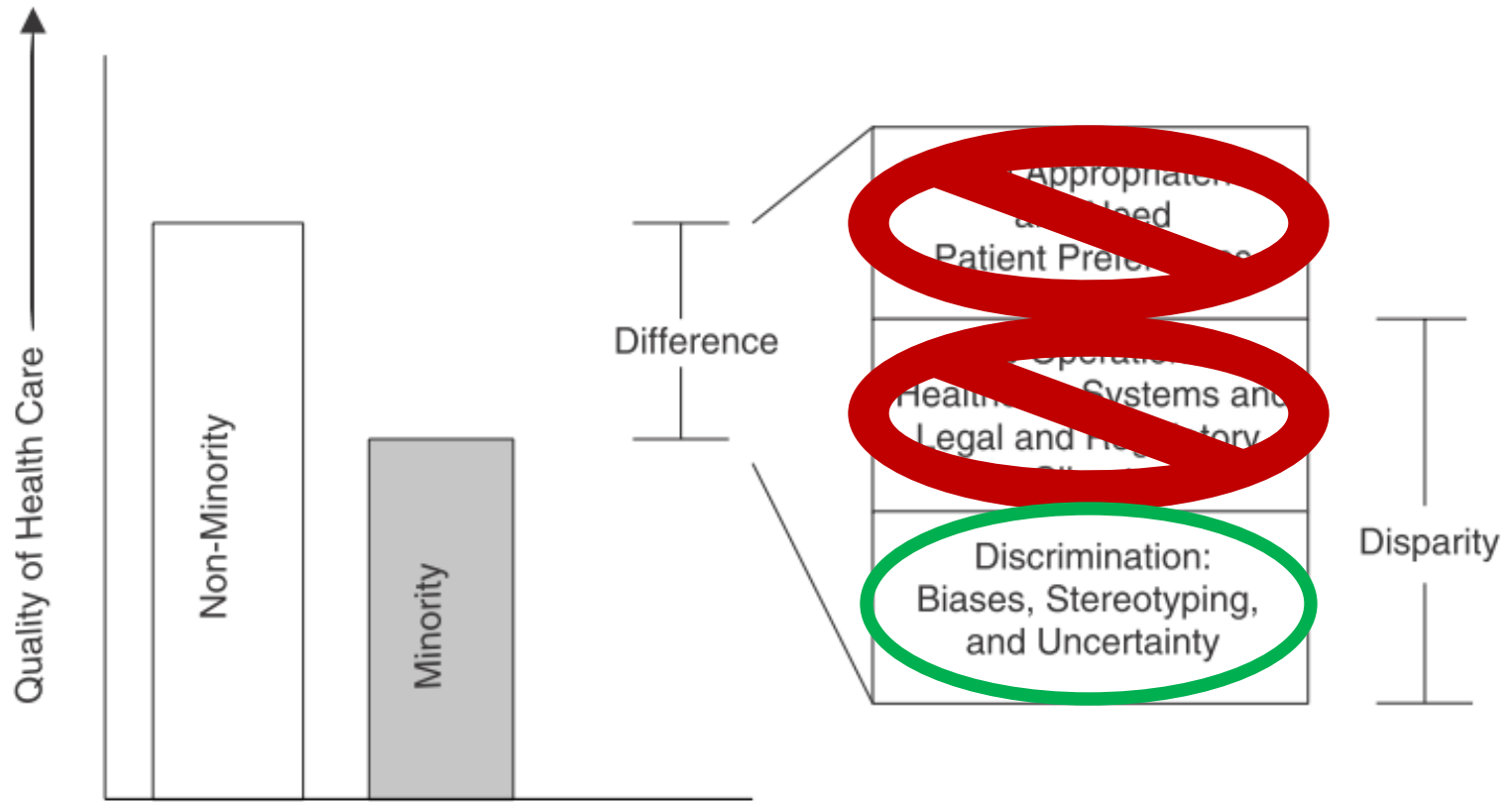
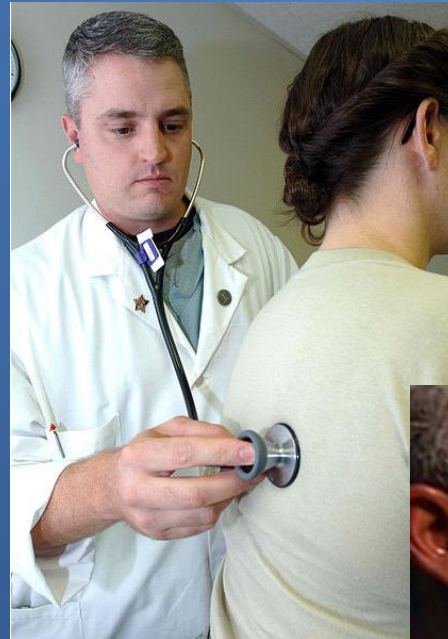
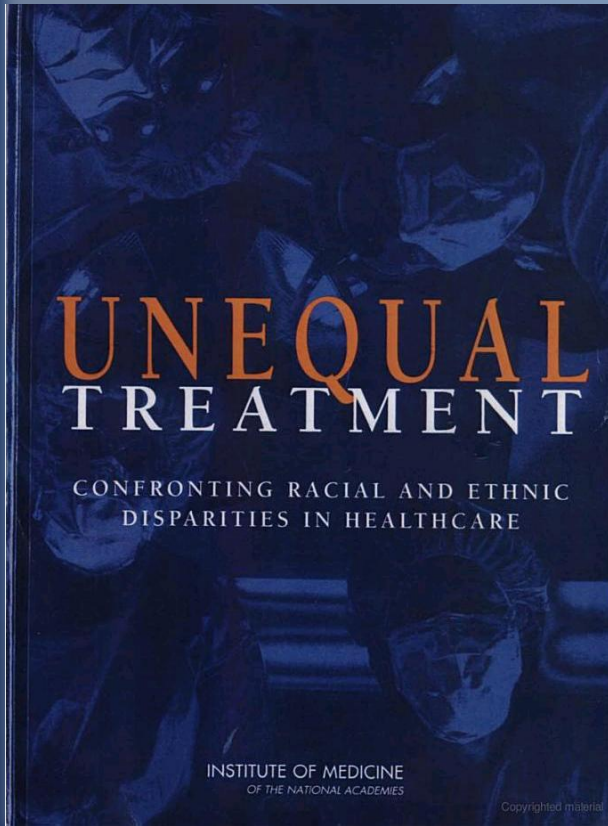


FIGURE S-1 Differences, disparities, and discrimination: Populations with equal access to healthcare. SOURCE: Gomes and McGuire, 2001.

Disparities in Patient Care



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Current Diagnosis: Personal Cultural Bias

U.S. Medical School Accreditation Requirement:

ED-22: Medical students must learn to recognize and appropriately address gender and **cultural biases in themselves and others**, and in the process of health care delivery.

The objectives for clinical instruction should include student understanding of demographic influences on health care quality and effectiveness, such as racial and ethnic disparities in the diagnosis and treatment of diseases. The objectives should also address *the need for self-awareness among students regarding any **personal biases** in their approach to health care delivery.*

Current Rx: Cultural Competency Training

- “education can minimize disparities by integrating cross-cultural education into health professions training” (Betancourt 2006)
- “A core belief of the [National Partnership for Action to End Health Disparities] NPA is that improving cultural and linguistic competency is necessary for improving health outcomes for racial and ethnic minorities and underserved populations.” (NPA 2010)

BUT...

- **Neither:**

Evidence that personal cultural biases among physicians are responsible for racial disparities in patient care

- **Nor:**

Evidence that CC training reduces disparities

Many Mechanisms Can Generate Biased Care

Cognitive Mechanisms:

- Explicit, overt, conscious individual bias
- Implicit, subtle, unconscious individual bias

Informational, Rule-Based Mechanisms:

- Statistical Discrimination
- Institutional Discrimination

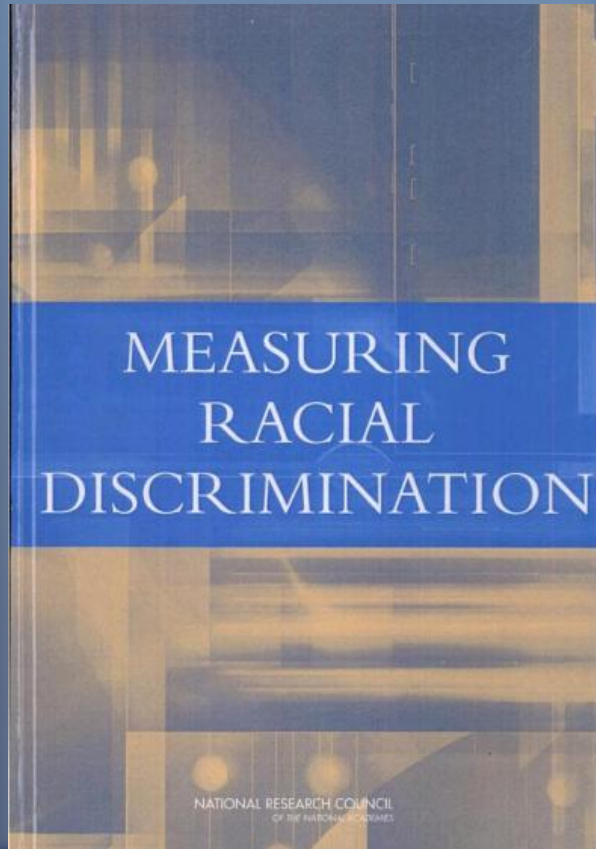
What's Missing: Causal Analysis

Requires data on:

- **changes** in biased care outcomes over time
- Among the **same set of care givers**

*Sufficient diagnostic data has never before
been collected*

Measuring Biased Care Outcomes



Best Method – Audit Study:

- Race-varying actors
- Acting as the same Standardized Patient
- Should be treated the same

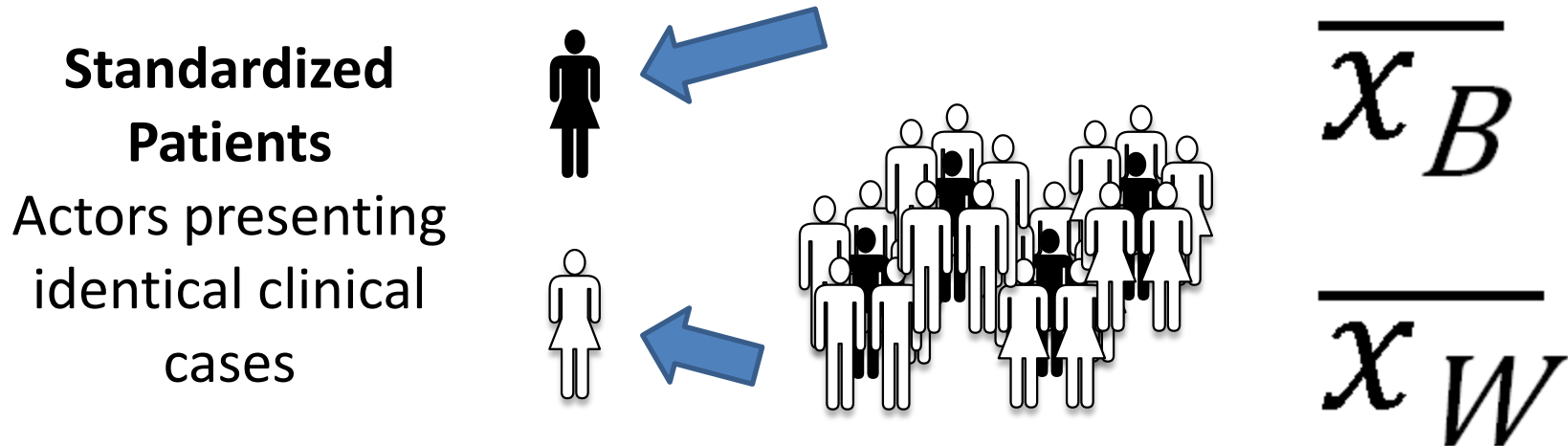
Are they?

Longitudinal Audit

- Data from audits performed each of the first 2 years for 3 medical student cohorts.
- Measure *changes* in discrimination between year 1 and year 2 at the cohort level.
- Natural experiment with randomization
- Audit study
- Longitudinal by cohort
- Essentially no attrition

Auditing Discrimination

Medical Student Cohort



$$D = \frac{\overline{x_W} - \overline{x_B}}{S}$$

3 Case Encounter Outcomes

- **History**

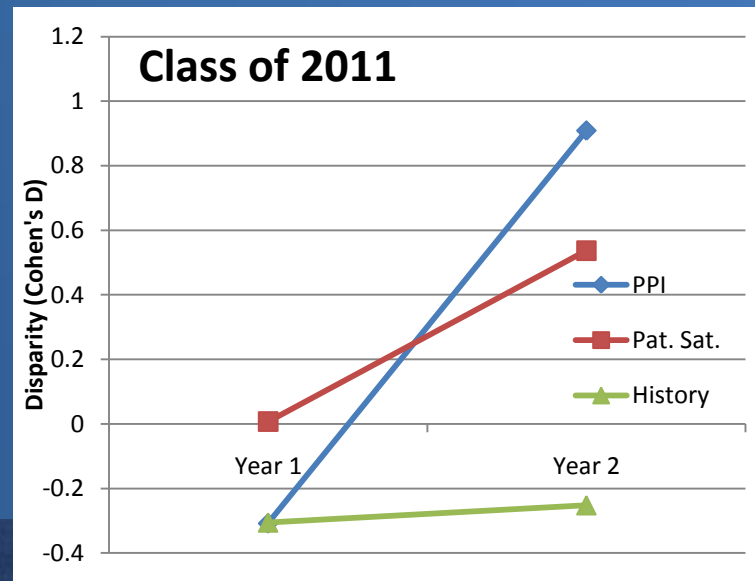
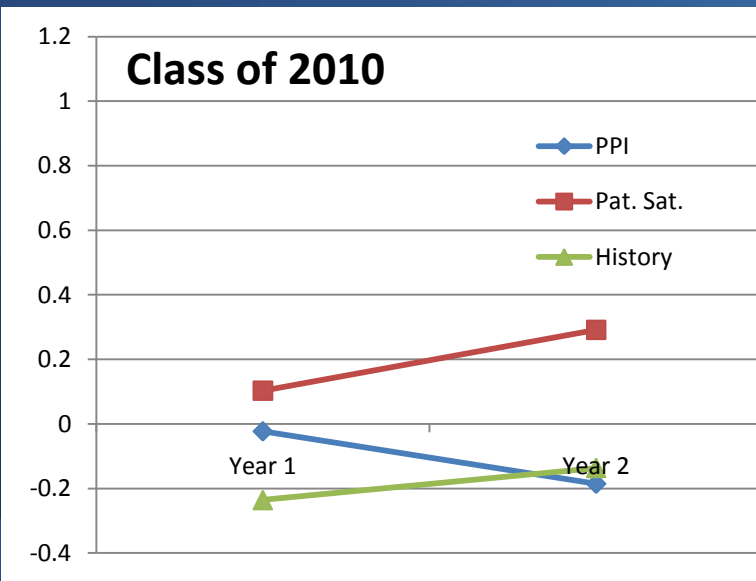
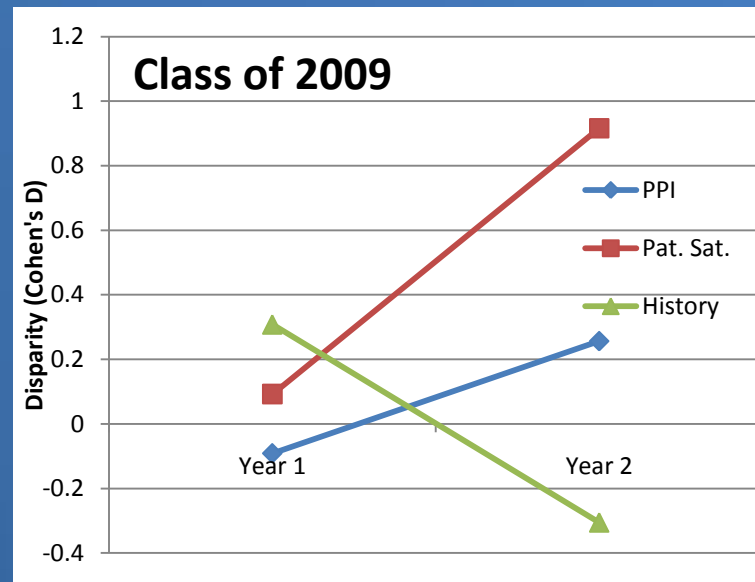
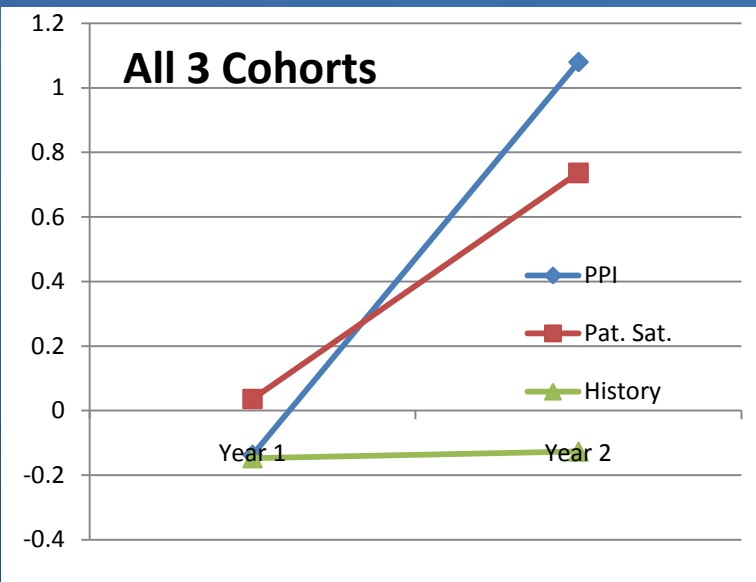
- Checklist of questions asked by the student
- E.g., for any symptom expressed, ask: description, severity, timing, context, modifiers, signs, impact

- **Patient-Physician Interaction**

- Checklist of 14 behaviors exhibited by the student
- E.g., greeted by name, introduced self, eye contact

- **Patient Satisfaction**

- Subjective assessment by standardized patient



Biased Care Mechanisms

Cognitive Mechanisms:

- ✘ Explicit, overt, conscious individual bias
- ✘ Implicit, subtle, unconscious individual bias

Informational, Rule-Based Mechanisms:

- ✘ Statistical Discrimination
- ✔ Institutional Discrimination

Professional Socialization

- Most likely Mechanism
 - Outcomes consistent with physician socialization
 - Evidence consistent with qualitative research
- Implications
 - One-time training insufficient
 - Post-training interventions also needed
 - Goal: re-writing professional norms & stereotypes

Thank you!

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