The (Un)conscious Bias in Delivering Care

National Alliance of Healthcare Purchaser Coalitions
Driving Innovation, Health and Value

Moderators & participating panelists

Michael Thompson
President & CEO
National Alliance of Healthcare Purchaser Coalitions

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President & CEO
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Panelists

- **Arnie Joseph**
  ChromaHealth
- **Jamila Pleas**
  Her Birth Right
- **George Robinson, II**
  UPMC
- **Beth Ross**
  Highmark Health
- **Jill Wener, MD**
  TransforMD Mastery Retreat for Women Physicians

Healthcare History - From Overt Racism to Structural Racism

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Medical Misconceptions

1850's

- Black people experienced less pain than white people
- Black people possessed thicker skin
- Less sensitive nervous system
- Lower lung capacity (forced labor was remedy to vitalize and correct the problem)

1920's

- African-Americans are less likely to seek care for STDs even if treatment was available

Today

2016 Medical Student Survey

- **25% agree blacks have thicker skin than whites***
- **50% endorsed false beliefs about biological differences between black and white patients***
- **12% agree nerve endings were less sensitive***
- **Same 50% showed a racial bias in the accuracy of their treatment recommendations***

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*Hoffman, K.H, Trawalter, S., Axt, J.R., Oliver, M.N. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites, Epub 2016 Apr 4

Healthcare History - From Overt Racism to Structural Racism – Gynecology

1808

U.S. Congress issued a Federal ban on importing slaves America became dependent on domestic slave births.

Gynecological examination of black women influenced slavery, medicine, and medical publishing forming synergistic partnership – incentivizing inhumane practices

1845-1849

- **Dr. J. Marion Sims begins to conduct repeatedly invasive experiments** on women's genitalia without anesthesia (although anesthesia had been introduced) or consent
- **Sims experiments** on 14 slaves with vesicovaginal fistula VVF including 30 experiments on a single woman named Anarcha

1894

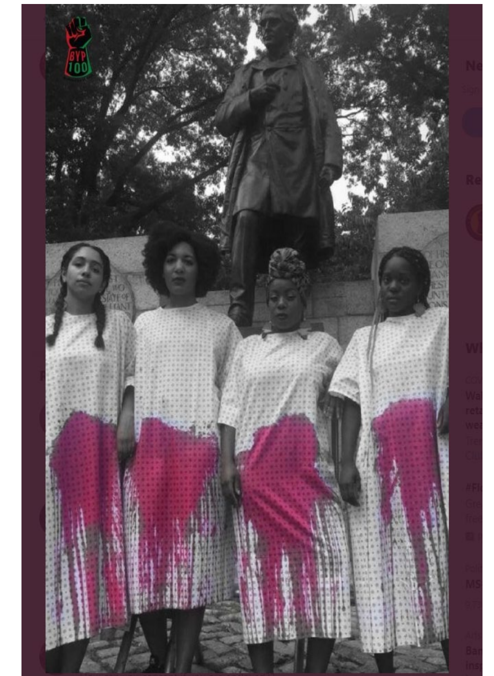
- **Journal of the American Medical Association** announced J. Marion Sims public statue for his "brilliant achievements carried the fame of American surgery throughout the civilized world"
- **American Medical Association** dubbed Sims the "father of modern gynecology"

1950

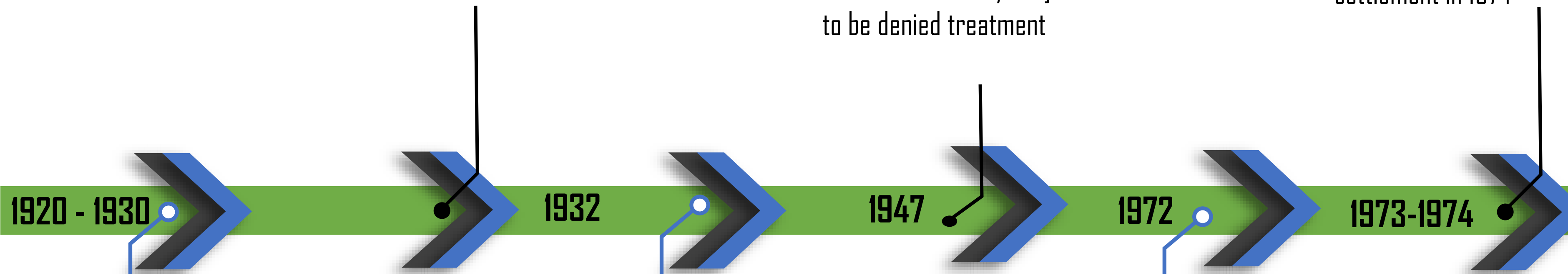
Sims biography suggest slave women endured VVF experiments with amazing patience and fortitude

2018

City of New York removes sculpture of J Marion Sims stating to hail Sims as a hero was inappropriate and out of bounds



Healthcare History - From Overt Racism to Structural Racism – Syphilis (Tuskegee Experiment)



Scientific and Public health officials claimed larger genitals and high sex drive caused African-Americans to be prone to contracting sexually transmitted diseases, like syphilis.

Penicillin treatment for syphilis became available but study subjects were continued to be denied treatment

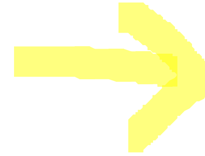
Congress holds hearings and a class-action lawsuit is filed on behalf of the study participants resulting in a $10M out of court settlement in 1974

- **U.S. Public Health and scientist were presenting** a series of pseudoscientific theories regarding the African-American population and their sexual health.
- **Scientists also believed** that African-American men would not seek out or accept treatment for STIs even if they were available

- **U.S. Public Health Service, launched an experiment to study the course of untreated syphilis on Black men.**
- **Recruitment was under the guise** of offering "free medical treatment" or for treating "bad blood"

Trials Ends after 40 years. Almost 40% of the black Tuskegee population had syphilis

Present Day – 2020s



COVID-19 Addendum: Allocation of Scarce Resources in Acute Care Facilities
Recommended for Approval by State Disaster Medical Advisory Committee (SDMAC) – 6/12/2020

Be honest, 'crisis care standards' are code for COVID-19 death panels

Opinion: It didn't have to come to this. The health care professionals who asked for the standards recognize Arizona reopened too early.

EJ Montini Arizona Republic
Published 2:44 p.m. MT Jun. 30, 2020 | Updated 2:59 p.m. MT Jun. 30, 2020

What you need to know about COVID-19 health care rationing

Published: July 16, 2020 at 11:39 a.m. ET

By Dr. Jan Gurley

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A policy called Crisis Standards of Care can be used when a health care system is overwhelmed, how this can affect you and your loved ones, and what you can do

Summary Table 1: Multi-principle Strategy for Determining Triage Priority Score for an Individual Patient; Based on Pittsburgh, California and Maryland Frameworks

	0 POINTS	1 POINT	2 POINTS	3 POINTS	4 POINTS
SOFA score (Table 1-A) Or PELOD-2 score (Table 1-P)		ADULT SOFA SCORE (<6) OR PEDIATRIC PELOD-2 SCORE <12	ADULT SOFA SCORE (6-8) OR PEDIATRIC PELOD-2 SCORE 12-13	ADULT SOFA SCORE (9-11) OR PEDIATRIC PELOD-2 SCORE 14-16	ADULT SOFA SCORE (≥12) OR PEDIATRIC PELOD-2 SCORE ≥ 17
---------------------------------PLUS---------------------------------					
	ADD 0 POINTS		ADD 2 POINTS		ADD 4 POINTS
Additional considerations	Expected to live more than 5 years if patient survives the acute illness		Death expected within 5 years despite successful treatment of acute illness		Death expected within 1 year despite successful treatment of acute illness

*Example: SOFA SCORE 14(**4 points**) + EXPECTED TO LIVE MORE THAN 5 YRS IF THEY SURVIVE THE ACUTE ILLNESS(**0 points**)=*
TRIAGE PRIORITY SCORE: 4

*Example: SOFA SCORE 6(**2 points**) + DEATH EXPECTED WITHIN 5 YRS DESPITE SUCCESSFUL TREATMENT OF ACUTE ILLNESS(**4 points**)=*
TRIAGE PRIORITY SCORE: 6

*Example: SOFA 14(**4 points**) + DEATH EXPECTED WITHIN 1 YR DESPITE SUCCESSFUL TREATMENT OF ACUTE ILLNESS(**4 points**)=*
TRIAGE PRIORITY SCORE: 8

Summary Table 2: Determining Triage Color Group for an Individual Patient

Triage Color Group	Triage Priority Score from Summary Table 1
RED HIGHEST PRIORITY FOR CRITICAL CARE RESOURCES	1-3
YELLOW INTERMEDIATE PRIORITY FOR CRITICAL CARE RESOURCES	4-5
BLUE LOWEST PRIORITY FOR CRITICAL CARE RESOURCES	6-8

Example of Biased Care

"For example, one physician noted, "I've had ... a black patient who I think had not been offered a procedure because of either where he was economically or where he was assumed to be economically because of his race. He clearly needed to be catheterized for his presentation and it was suggested that we do medical management. I spoke with the cardiologist and as soon as we started talking, he said, 'Oh well, of course, we'll cath' him.' And so, like that, it changed...[I] certainly have enough anecdotal experience to think that people are probably [being] treated differently based on race." **(Paul, White Male Physician)**

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Plaisime, M.V., Davis, A.L, Malebranche, D., Taylor, J. (2016) Journal of Racial and Ethnic Health Disparities: Healthcare Providers' Formative Experiences with Race and Black Male Patients in Urban Hospital Environment. doi:10.1007/s40615-016-0317-x.

Example of Fear and Discomfort while Seeking Care

"I definitely feel as though for the most part, you don't want to rock the boat. You don't want to draw attention to yourself especially if you are a minority and you feel like, you don't want to come across as being the angry Black woman. You don't want [to come] across as being the scary Black man." **(Lisa, Black Female Medical Student)**

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EEH White Coats
for Black Lives
WHITE SUPREMACY
IS A
PUBLIC HEALTH CRISIS

Open Panel Discussion

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Upcoming Events

- Future Race, Health & Equity Town Halls | 5:00 PM ET
  - August 6
  - August 27
  - Potential topics - Ties to Social Determinants, Employee Wellbeing Strategy, etc.

- Mental Health Index – U.S. Worker Edition Webinar Series | 12:00 PM ET
  - July 17
  - August 21
  - September 18
  - October 26
- Employee Perspectives on their Mental Health During COVID-19 Results of June 2020 Nationwide Survey
  - July 24 @ 1:30 PM ET

Prior Race, Health & Equity Employer Town Hall recordings and related resources can be found here:

https://www.nationalalliancehealth.org/resources-new/resources-new-race-health-equity

Appendix

- Washington, H. (2016). Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present
- Hoffman, K.H, Trawalter, S., Axt, J.R., Oliver, M.N. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites, Epub 2016 Apr 4
- Plaisime, M.V., Davis, A.L, Malebranche, D., Taylor, J. (2016) Journal of Racial and Ethnic Health Disparities: Healthcare Providers' Formative Experiences with Race and Black Male Patients in Urban Hospital Environment. doi:10.1007/s40615-016-0317-x.
- https://www.marketwatch.com/story/what-you-need-to-know-about-covid-19-health-care-rationing-2020-07-15
- https://azdhs.gov/documents/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/novel-coronavirus/sdmac/covid-19-addendum.pdf