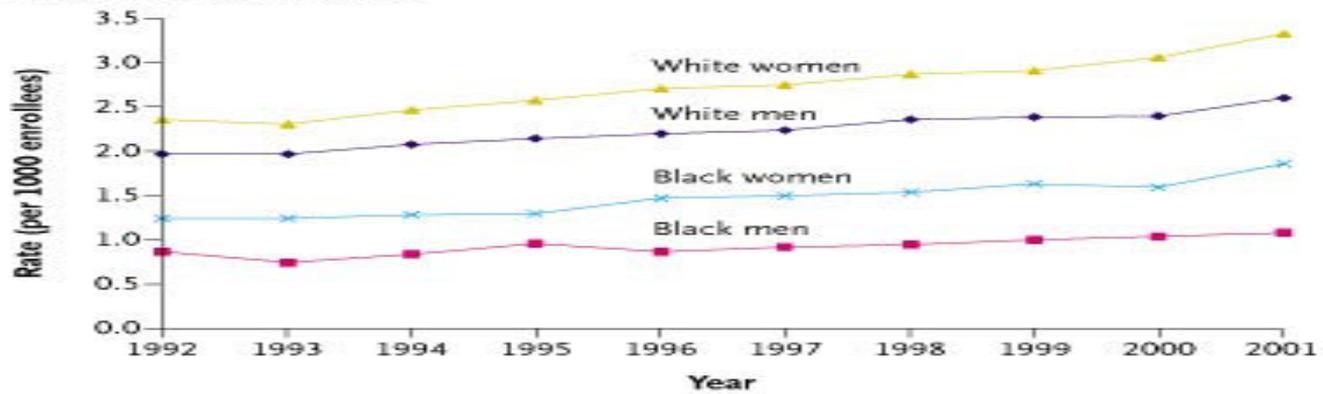


Racial Concordance In the Doctor Patient Relationship

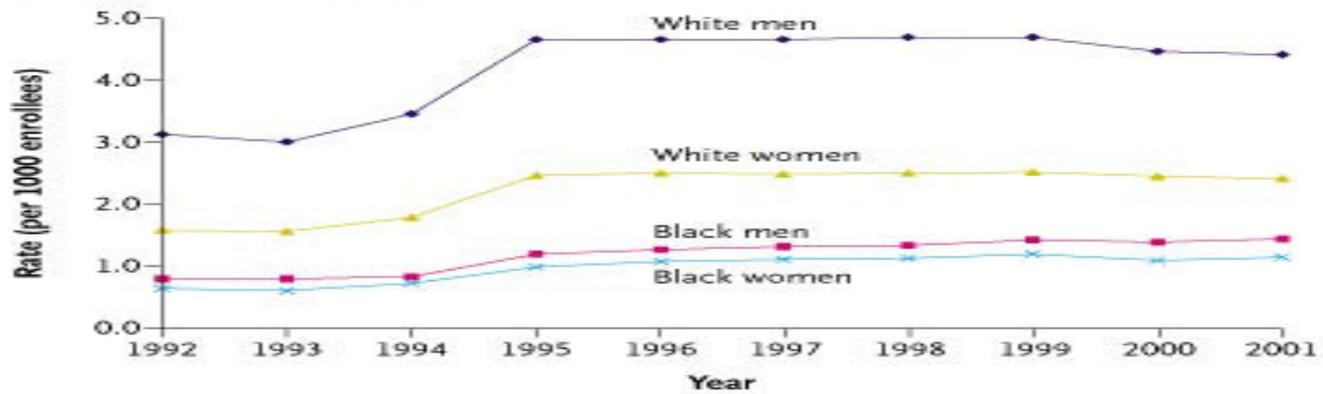
Samuel Cykert, MD

Clinical Director, NC Regional Extension

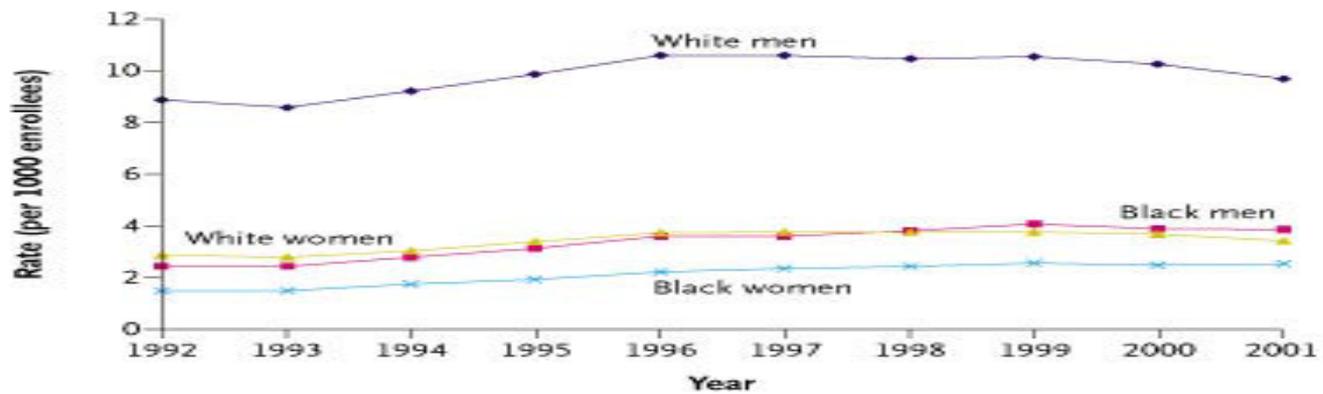
A Total Hip Replacement



B Carotid Endarterectomy

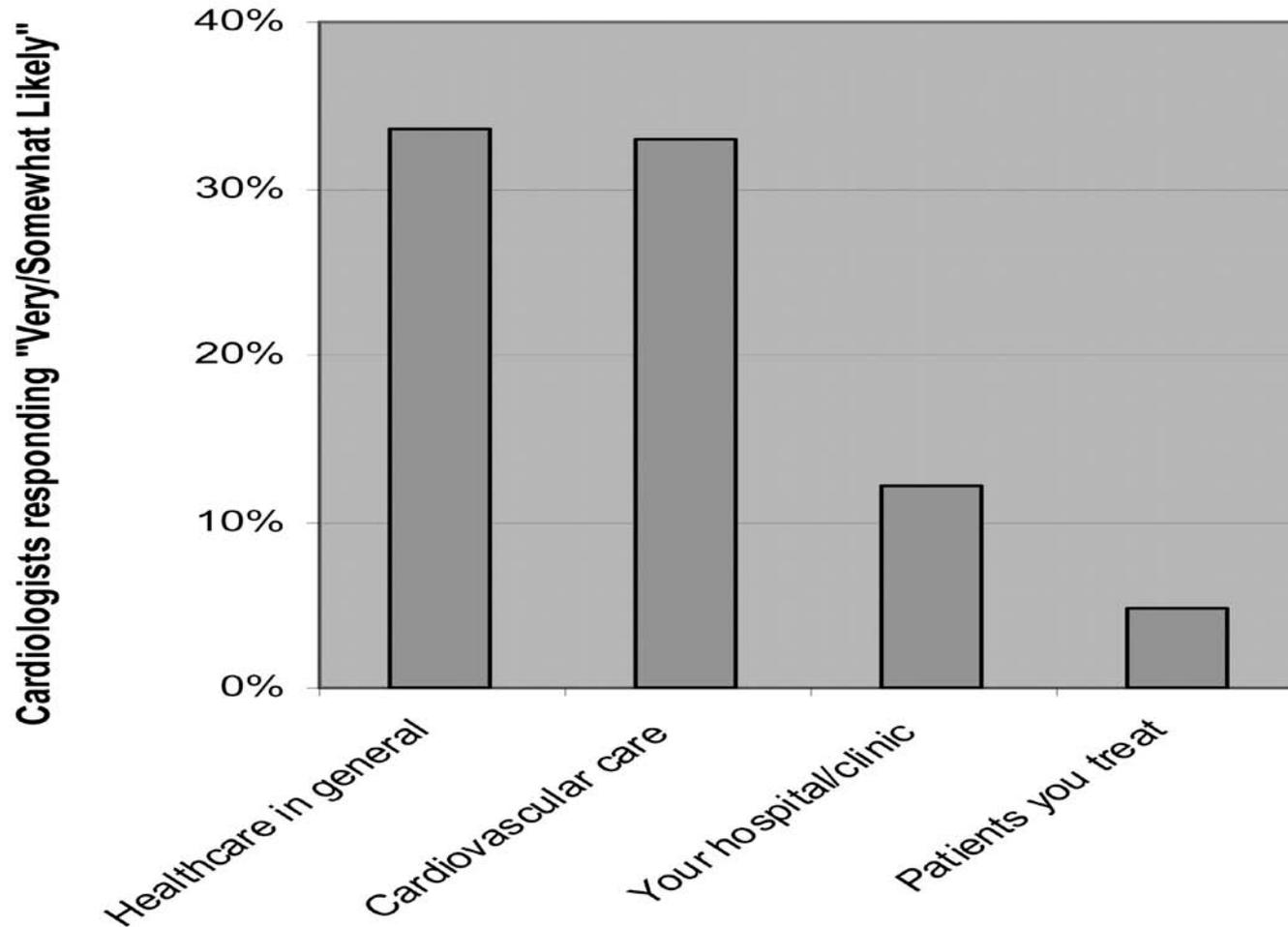


C CABG



Proportion responding that they believe that clinically similar patients receive different care on the basis of race/ethnicity by proximity to practice (n=344)

Lurie, N. et al. *Circulation* 2005;111:1264-1269



Timeline of Findings

- Cooper et al. JAMA 1999;282:583.
 - White MD-AA Pt with less participatory conversation; lower patient satisfaction (pt survey)
- Cooper et al. Annals IM 2003
 - Race concordant visits longer; higher patient satisfaction (audiotapes + surveys)

Timeline of Findings

- Johnson et al. Am J Public Health 2004;94:2084.
 - verbal dominance White MD – AA pt
 - reduced patient centeredness
 - negative affect
- Gordon et al. J Clin Oncol 2006;24:904
 - previsit trust OK; post visit reduced
 - communication less partnering, less informative, less supportive with AA lung cancer patients

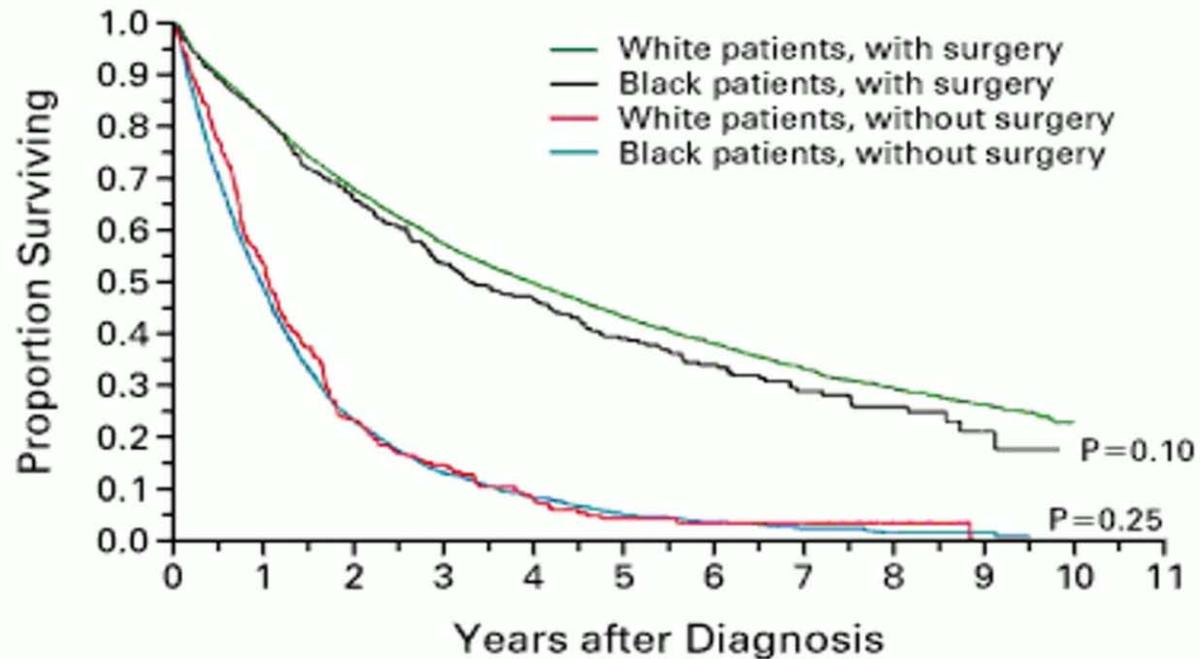
? Outcomes

- Beach et al. Ann Fam Med 2005;3: 331.
 - Patients treated with dignity and improved adherence to preventive care
- Clever et al. Med Care 2006;44:398.
 - improved shared decision-making leads to improvements in depression
- Bolen et al. Diabetes Care 2009;32:25.
 - Intensification of glycemic rx only about half as likely for AA patients

Why Study Early Stage Lung Cancer?

- Surgery only reliable chance of cure
- No treatment only 6% five-year survival
- A few absolute contraindications are defined
- Have to have strong reasons to refuse or recommend against

Survival of Medicare Beneficiaries 65 Years of Age or Older Who Were Given a Diagnosis of Stage I or II Non-Small-Cell Lung Cancer between 1985 and 1993, According to Treatment and Race



NO. OF PATIENTS AT RISK

White, surgery	7763	4495	2255	1069	407	12
Black, surgery	550	301	145	69	30	0
White, no surgery	2361	458	110	30	6	0
Black, no surgery	310	60	14	2	1	0

Reference – Prospective Cohort Study

Cykert, Monroe, et al. Factors associated with decisions to undergo surgery among patients with newly diagnosed early stage lung cancer. JAMA 2010; 303:2368-2376.

Regression Analysis - African Americans

Independent Variable	Odds Ratio for Lung Ca Surg	95% Confidence Interval
Comm Score (5 of 25 less)	.27	.15 – .51
Co-morbid illness 2 or more	.04	.01 – 0.25
No Regular Source of Care	.20	.10 - .43

Regression Analysis - African-Americans

Independent Variable	Odds Ratio for Lung Ca Surg	95% Confidence Interval
Belief QOL worse in 12 months with surg	.25	.08 – .79
Trust Scale – 10 point increase*	0.54*	.35 – .85

** The Trust Paradox*

Implicit (Unintended) Bias

- Schulman et al. The effect of race and sex on physicians' recommendations for cardiac catheterization. N Engl J Med 1999;340:618-26.
- Green et al. Implicit Bias among Physicians and its Prediction of Thrombolysis Decisions for Black and White Patients. Journal of General Internal Medicine 2007;22:1231-8.

Does Racial Concordance Improve Outcomes?

- Schneider et al. J Gen Intern Med 2004;19:1096. Better physician-patient relationships are associated with higher reported adherence to antiretroviral therapy in patients with HIV infection.
- Meghani et al. Ethn Health 2009;14:107.
 - Systematic review:
 - 27 studies and 1/3 with better outcomes

- Strumpf. Med Care 2011; 49:496.
 - More cholesterol screening among racially concordant dyads
 - Other preventative procedures a mixed bag

Possible Solutions

- Know that disparities (beyond what is attributable to SES, education, and insurance) exist
- Think in the context of the ideal

Communication

- Paasche-Orlow MK et al. Tailored education may reduce **health literacy** disparities in asthma self-management. Am J Respir Crit Care Med 2005;172:980-6.
- Clever SL, Ford DE, Rubenstein LV, et al. Primary care **patients' involvement in decision-making** is associated with improvement in depression. Med Care 2006;44:398-405.

Real Time Data With Race Specific QI

- Simple data feedback (coupled with cultural competence education) did not work – Sequest et al. *Annals of Internal Medicine* 2010; 152: 40.
- Real time peer review – *JNMA* 2010;102:1231
- Bickell, N.A., et al., A tracking and feedback registry to reduce racial disparities in breast cancer care. *J Natl Cancer Inst* 2008;100:1717-23.

Communication + QI

- Intensify care when appropriate
- Don't accept "non-compliance" as a reason for lack of treatment
- Drill down to perceived barriers

Other Benefits of Diverse Workforce

- Wayne et al. *Academic Medicine* 2010; 85:S13.
 - Minority med school graduates more likely to serve underserved communities
- Rosenblatt et al. *Academic Medicine* 2005; 80:815.
 - Minority students more likely to choose inner-city practices

Conclusions

- Minority providers definitely enjoy enhanced communication and improve the satisfaction of minority patients
- The medical literature suggests better adherence and outcomes if enhanced communication and patient satisfaction are achieved
- No randomized trials of racial concordance and firm outcomes are out there

Conclusions

- A diverse workforce is important especially given the service outcomes cited
- Health disparities are likely to be positively affected by a diverse workforce but other system factors will be needed to narrow racial gaps in care and outcomes