



University of California
San Francisco



ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

Patient-Clinician Communication & Equity in Diagnosis

Urmimala Sarkar, MD, MPH

Professor of Medicine, UCSF

Associate Chair for Faculty Experience, Department of Medicine

Associate Director, Center for Vulnerable Populations

@UrmimalaSarkar



Roadmap

- Implicit bias as a global issue
- NAM conceptual model and how communication fits in
- Challenges and next steps



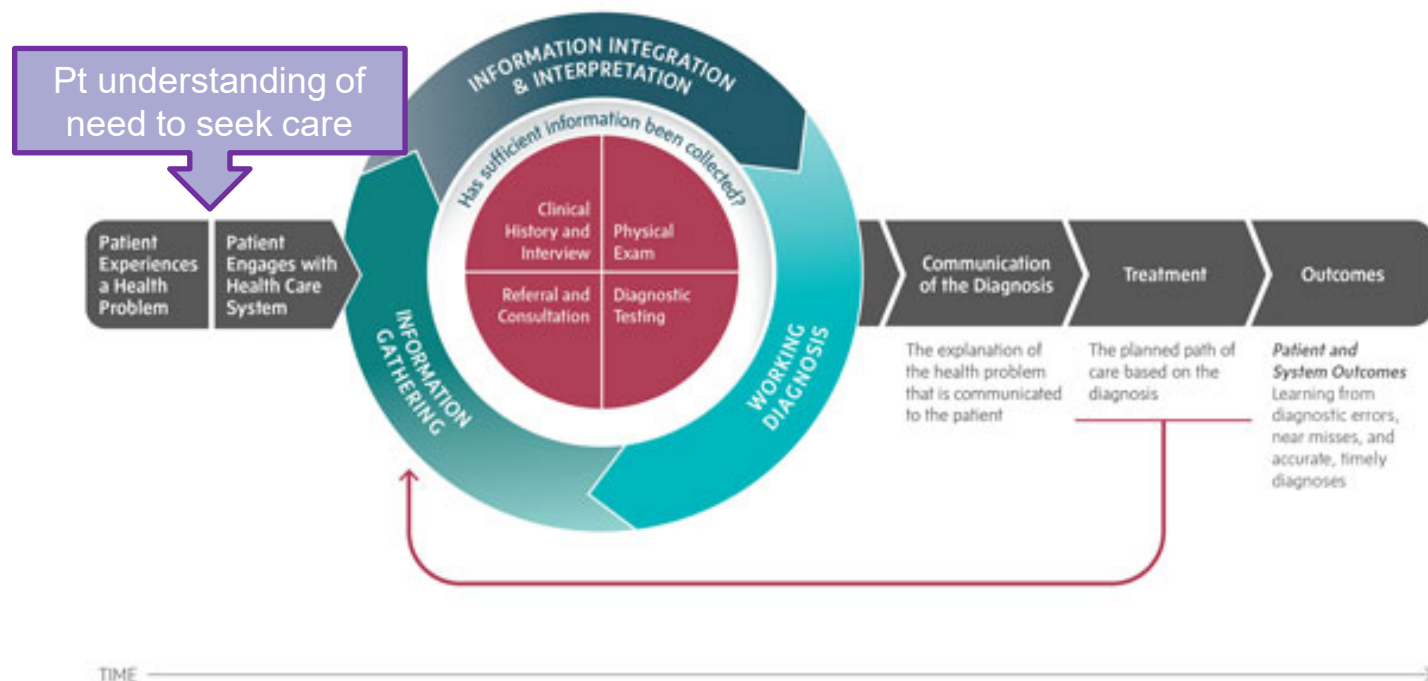
Implicit bias

- Actors portraying patients using standardized script
- Physicians (n=720) provided recs for managing chest pain
- Respondents less likely to refer women (OR, 0.60; 95% CI, 0.4 to 0.9; P=0.02) and Black patients (OR, 0.60; 95% CI, 0.4 to 0.9; P=0.02) for cardiac catheterization than men and White patients, respectively



Figure 1. Patients Portrayed by Actors in the Video Component of the Survey.

The Diagnostic Process



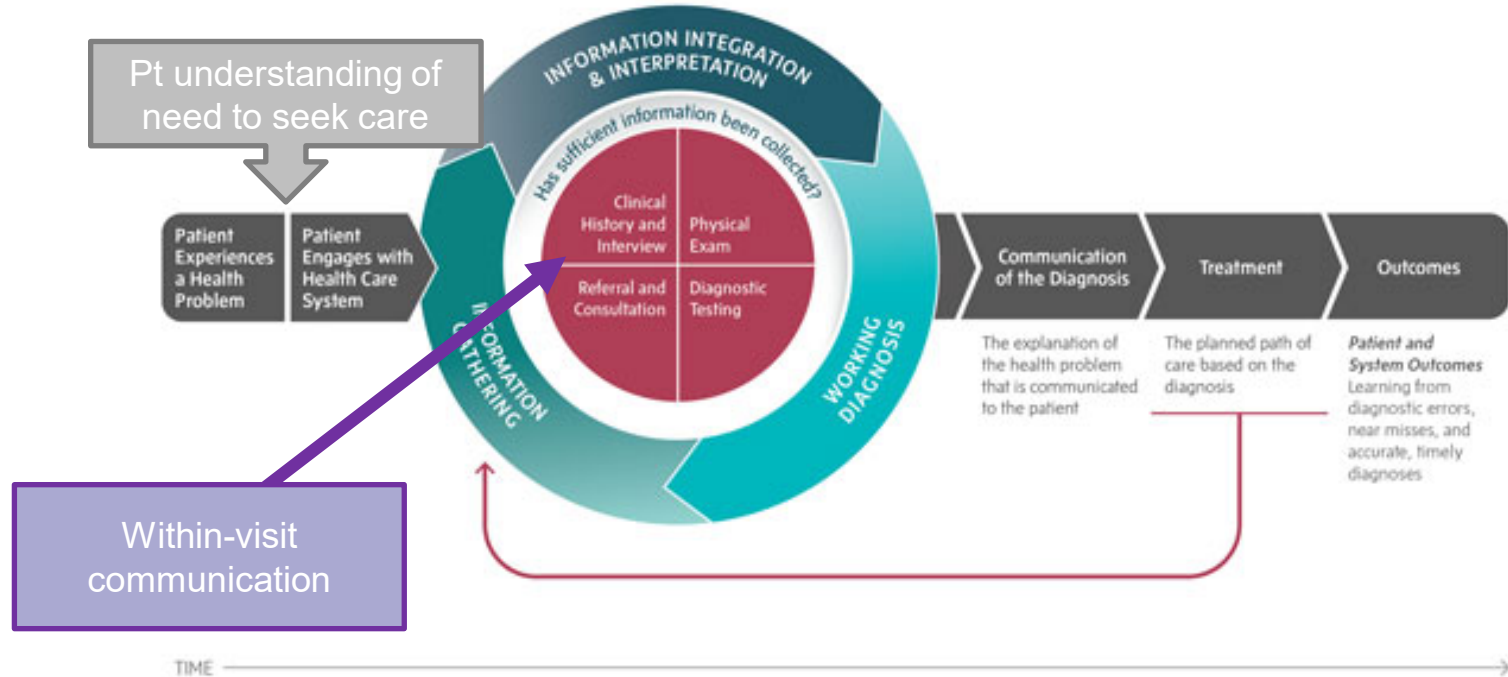
The National Academies of
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SOURCE: National Academies of Sciences, Engineering, and Medicine. 2015.
Improving Diagnosis in Health Care. Washington, DC: The National Academies Press.

Need to seek care- patient recognition

Example: between-visit self-management support often uncovers concerning symptoms	Learnings
<ul style="list-style-type: none">• A 69-year old man w/ diabetes worsening diabetes control• PCP doubles the dose of his current metformin, adds glyburide & pioglitazone, & schedules f/u in 4 mos• Enrolls in telephone self-mgmt. support intervention 2 mos -> requests a call-back from the study nurse• since his last visit, frequent episodes of feeling sweaty & shaky, w/ blood sugar of 50s, 2-3x per week<ul style="list-style-type: none">• had not informed anyone of these symptoms• did not know that they were related to his diabetes medicines	<ul style="list-style-type: none">• Patients & caregivers do not always know when to seek care• Extent of this patient safety challenge unclear

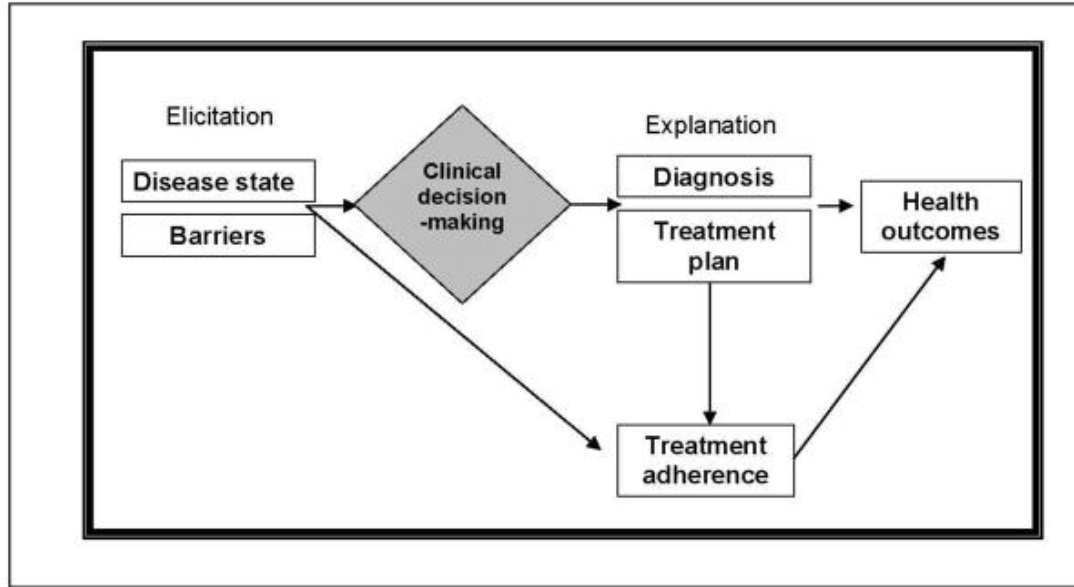
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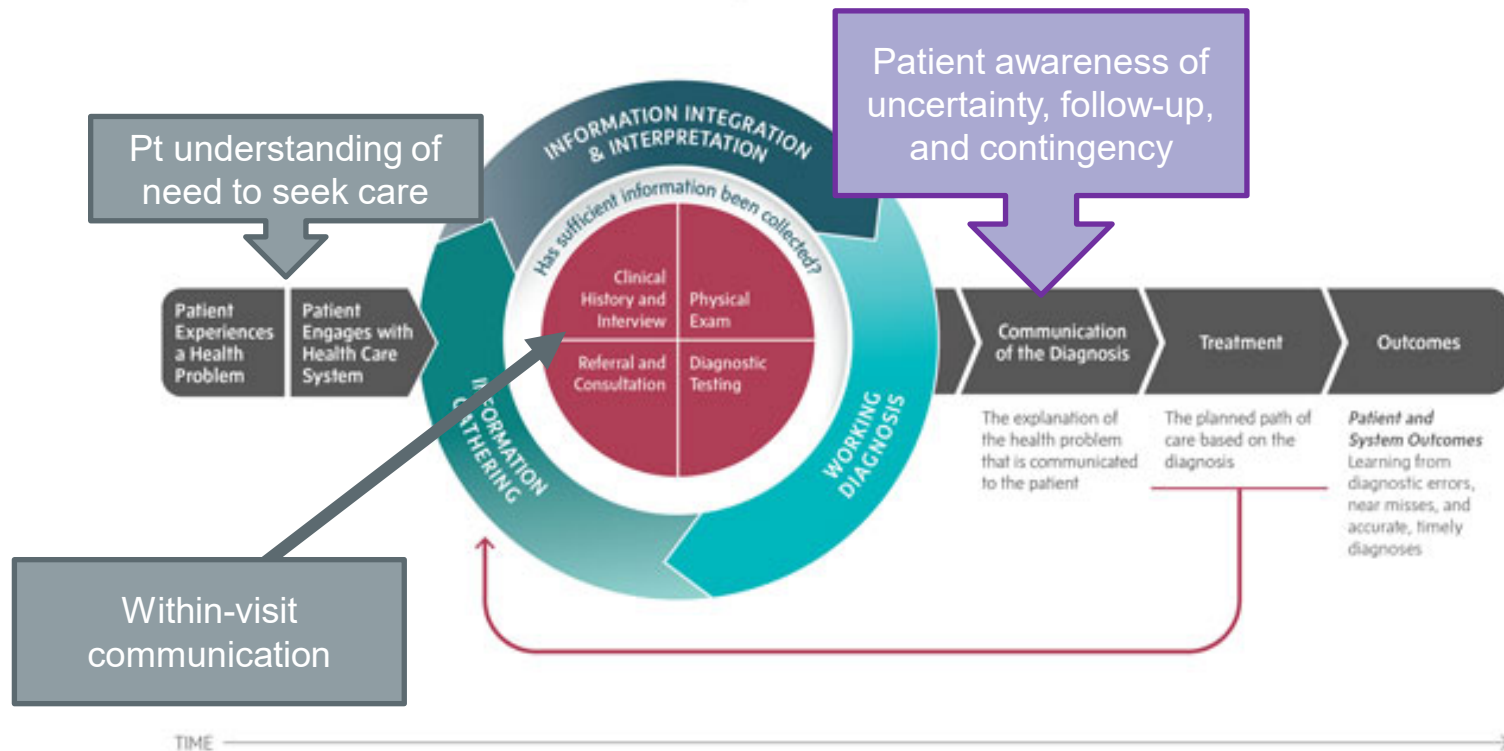
SOURCE: National Academies of Sciences, Engineering, and Medicine. 2015.
Improving Diagnosis in Health Care. Washington, DC: The National Academies Press.

Within-visit communication is complex



- Language access/ English proficiency
- Health literacy -written and oral communication
- Patients perceive poor communication as causing harm

The Diagnostic Process



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SOURCE: National Academies of Sciences, Engineering, and Medicine. 2015.
Improving Diagnosis in Health Care. Washington, DC: The National Academies Press.

Awareness of Follow-up

- “Return precautions”
- Patients follow-up non-adherence
 - >1/5 closed claims
- Delayed breast cancer diagnosis
 - Non-white ethnicity= risk factor (IRR 2.8, 95% CI 1.4 to 5.7)
- Delayed follow-up (BIRADS 0)
 - 67% English speakers had a follow-up exam compared with 50% of all non-English speakers ($p<.0001$)
- Qualitative findings
 - dissatisfaction with communication of results
 - perceived disrespect on the part of providers and clinic staff
 - a lack of information about breast cancer screening and symptoms

Gandhi T et al, Annals IM, 2006

Weingart S et al, JGIM, 2009

Karliner LS et al, Med Care 2012

Allen JD et al, Pat Educ Cous 2008

Challenges

- Evidence-based communication practices not implemented
 - Patients discharged from ED not counseled with teach-back (Vashi et al, Annals of EM, 2011)
- Safety literature and practice needs to attend to health equity
 - Report demographics
 - Measure language proficiency and literacy
 - Include diverse patients



Next steps

- Be anti-racist
- Do what we know works!
- Literacy-appropriate communication
 - Providing simplified information card led to increased patient awareness of diagnosis and follow-up compared to discharge summary (Leamy et al, Australasian Emergency Care, 2019)
- Health-literacy appropriate systems
 - Digital access in multiple languages, with appropriate literacy, and usable options for those with communication challenges

Thank you



Center for Vulnerable Populations Mural: Precita Eyes Muralists