Achieving Equity in Diagnostic Excellence to Reduce Health Disparities

WHAT WE LEARNED AND WHERE WE ARE GOING

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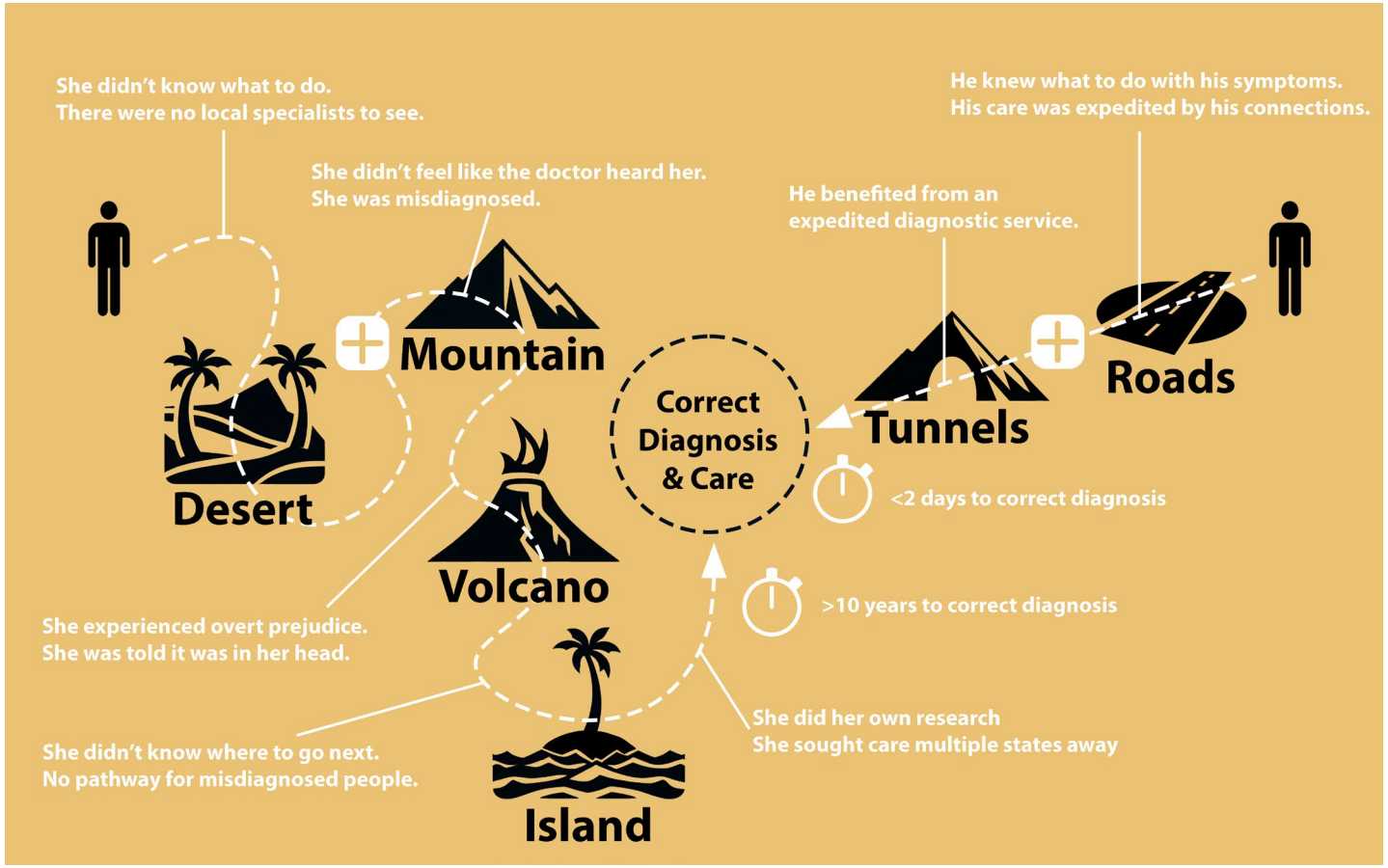
Conceptualizing Equity



Roads Diverge: Mapping the Journey Towards Diagnostic Health Equity [under review]

L. Krishnan, Y. Commodore-Mensah, K. Gleason, D. Rastall, D. Newman-Toker, K. McDonald

Lessons from Prior Workshops in the Series

- Education
- Access
- Anti-racist care
- Inclusive research and policy

Diverse Patient, Caregiver, and Community Perspectives

Ms. Henley started our conversation with a powerful reminder that we have been talking about missed diagnosis for many years

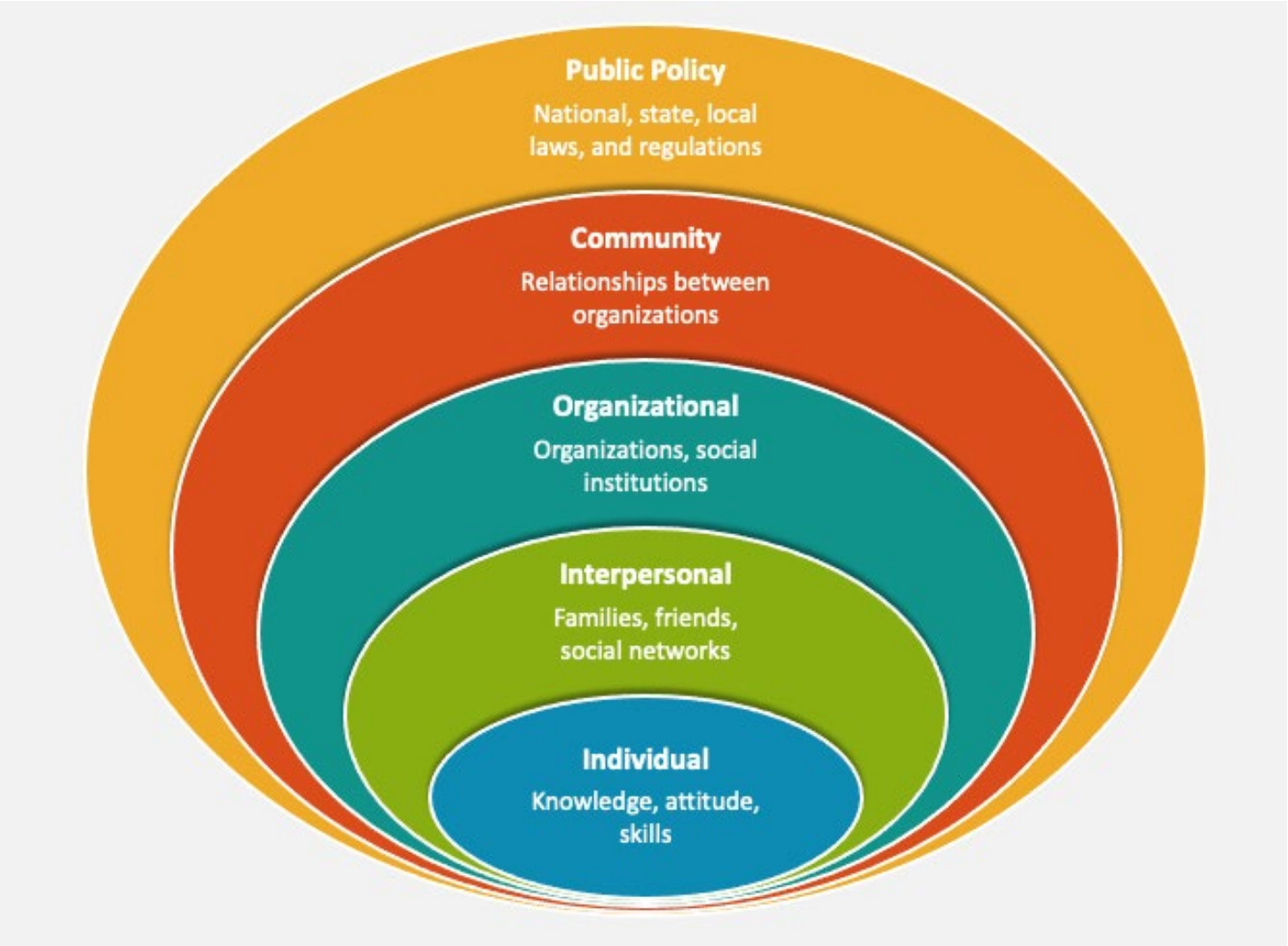
- "Talk to patients in a way that they can understand"
  - Communication is a cornerstone of health equity
- "Our healthcare system was not designed to be equitable"
  - Intersectionality/ woman of color

Ms. Montoya reminds us that any discussion about health care must include caregiving

- Disparities in who is doing caregiving

Mr. Chacón reminded us that when it comes to diagnosis, it is "not just the message, but the messenger and the setting matter"

- Health care systems need to make their contracting systems work for community-based non-profit organizations



Looking Across Clinical Conditions

- Socio-ecological model
- Dr. Deonna Farr: importance of multi-level studies
  - Community, facility, and patient characteristics all matter, and these effects are not independent

Context Matters

Mental Health: Dr. Cristiane Duarte

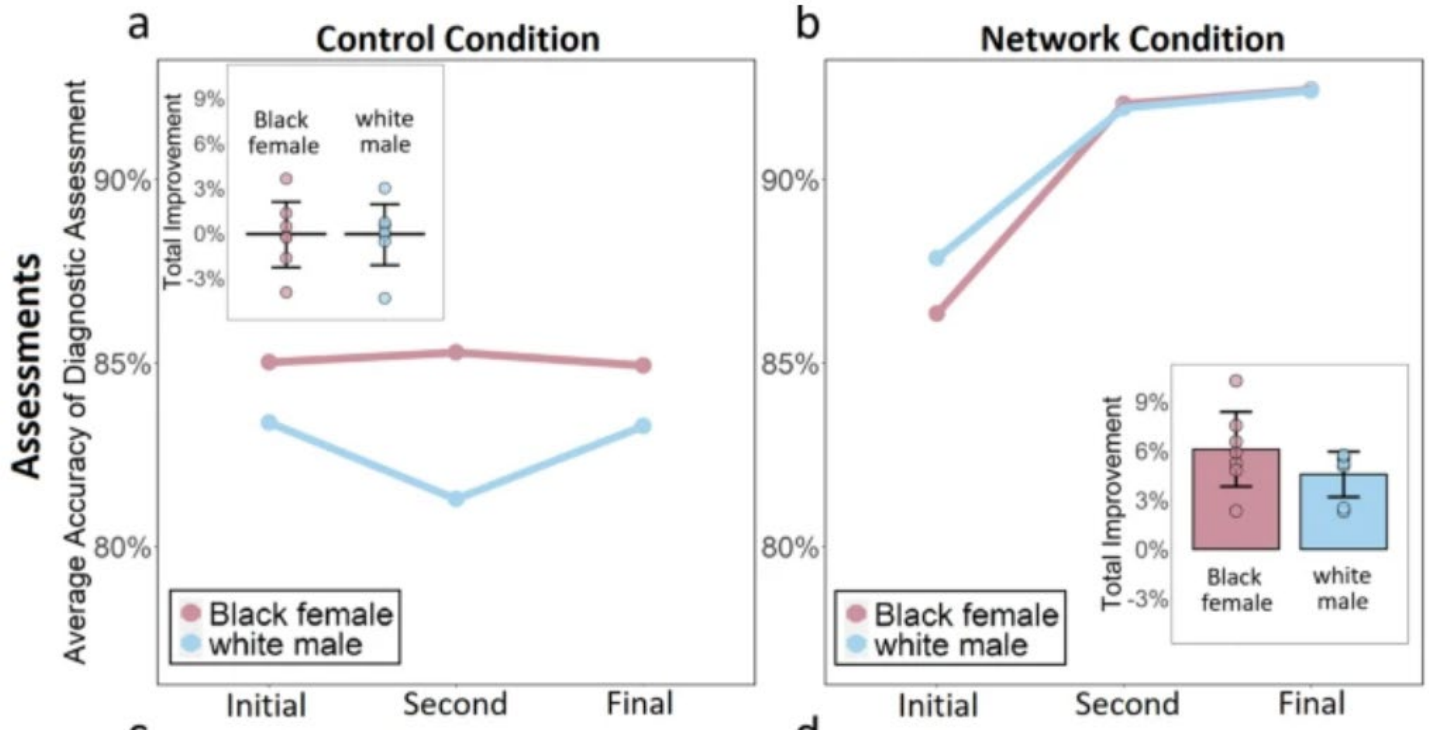
- Disparities in prevalence
- Disparities in access to care
- Disparities influenced by place
  - Puerto Rico versus NYC
  - ACES

Cardiovascular Disease: Dr. Sadiya Khan

- Multiple intersecting structures
- Schulman 1999 – clinician implicit bias

Progress and Lack Thereof

Fig. 1: Changes in clinicians' diagnostic assessments and treatment recommendations in the control and the network condition.



Centola D et al, Nature Communications, 2021

Systemic Barriers to Diagnostic Equity

Dr. Jason Deen emphasized ongoing effects of both present and historical injustices

- Boarding schools-> ACES
- Systematic underfunding of Indian Health Services

Dr. Veronica Gillespie-Bell reminded us that race is a social construct

- Look outside the healthcare system to get to equity
- As we innovate, center health equity
  - AI
  - Telehealth
  - Broadband as a social determinant of health

Dr. Karen Fredriksen-Goldsen highlighted disparities in older sexual and gender minority communities- theme of distinct subgroups

Systemic Barriers to Diagnostic Equity

Rural health care: Dr. Crouch

- Multiple intersecting challenges: lack of healthcare access, un and underinsurance, broadband and other infrastructure, lack of data

Language proficiency: Dr. Canales

- Case of misunderstanding with family interpreter interpreted as “non-compliance”
- Not just real-time language access- also our tools, like cognitive assessments, are encoded in language

Technologic and Diagnostic Innovations

Digital literacy is not binary: Dr. Sheon

- Usability is key
- Provider voice matters

Telehealth enables timely and accurate diagnosis: Dr. Abbott

- Team-based care leads to diffusion of learning

Remote monitoring can lower access barriers: Dr. Mann

- Tudor-Hart Inverse Care Law (Lancet 1973)- Minoritized populations are most likely to lag in terms of technology adoption
- Equity from conceptualization to implementation
- Unprocessed data is not usable
  - ➢This is where AI can help
  - ➢The right information in front of the right person at the right time

Cross-Cutting Themes

Communication is a cornerstone of equitable diagnosis

Diversity within: Latine communities, SGM communities, Asian communities

- Need for inclusion and data about all communities
- Know how to ask the questions- SGM, patient registration recording race/ethnicity

Need for multi-level interventions

- Q and A in the first two sessions asked, “what is most important?”
- Data shows relationship among different “levels”

Structural inequities-race/ability/gender/etc.- exist and matter for health

A workforce that represents our diverse communities

Technology can be both a problem and a solution

- If we do not build in equity, disparities will widen
- If we center equity, technology can provide solutions

Questions for the Group

What are we missing as we focus on individual-level interventions and individual-level outcomes?

How can we incorporate what we have learned about multi-directional influences from health system to community to family to individual?

How can we re-design our healthcare system that is inherently inequitable to achieve healthcare, if not health equity?

How can we include and partner with patients and caregivers while remembering, as Dr. Deen said, that the onus is on healthcare systems and providers to meet patients where they are?

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