CMS 2024 Quality Conference

Resilient and Ready Together

Creating an Optimal Environment for Quality Healthcare for Individuals, Families, and Communities

From Awareness to Action

Using a Structurally Competent Approach to Overcome Biases, Disparities in Involuntary Discharges, and Inequities in Kidney Care

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

CMS 2024 Quality Conference

Resilient and Ready Together

Creating an Optimal Environment for Quality Healthcare for Individuals, Families, and Communities

Keith C. Norris, MD, PhD

Distinguished Professor and Executive Vice-Chair

Dept. of Medicine for Equity, Diversity & Inclusion

David Geffen School of Medicine - UCLA

Dawn Edwards

Chair, Forum of ESRD Networks Patient Advisory Council (KPAC)

ESRD Patient Subject Matter Expert

COMMUNITIES

FAMILIES

INDIVIDUALS

RESILIENT

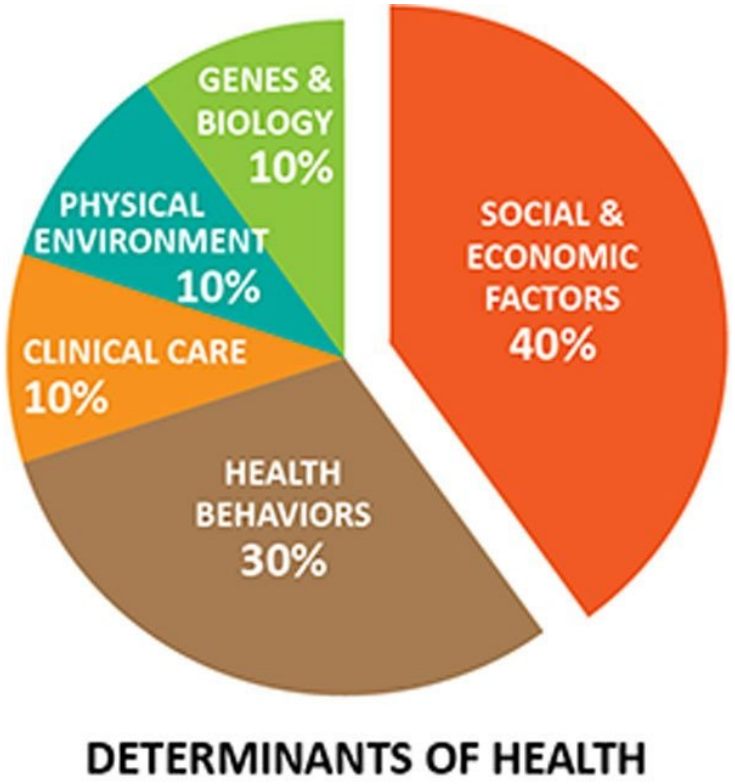
READY

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Learning Objectives

- The Problem: State of Chronic Kidney Disease (CKD)/End Stage Kidney Disease (ESKD) disparities
- From Implicit Bias to Discrimination
- Racial Inequity, Social Determinants of Health & Structural Competency,
- How might understanding these issues help us to advance equitable care for patients with CKD/ESKD

What are the Major Factors that Drive Health?



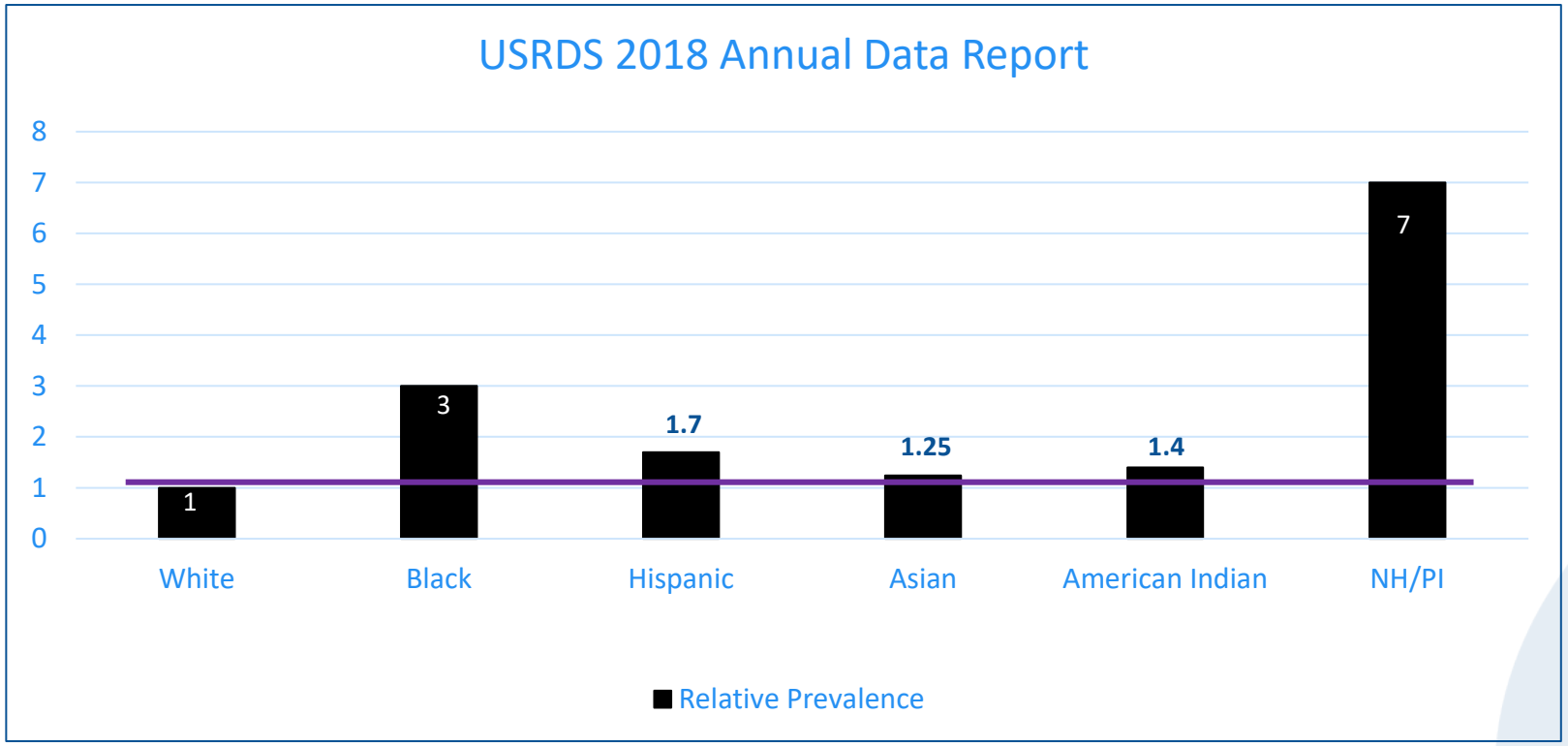
DETERMINANTS OF HEALTH

- Social and economic, health behaviors, clinical care, physical environment and much of biology are driven by "structured systems woven into the fabric of our society."
- And these are often not equitably allocated for all groups of patients.

Group Level Disparities in Health occur when there are Group Level Inequities in the distribution of Health affirming resources & opportunities

Source: Tarlow, AR, Public Policy Frameworks for Improving Population Health

CKD – A major public health problem and one of the most striking examples of health disparities in the United States



CKD is Common, Harmful, Treatable

Major risk factors – diabetes mellitus (DM), hypertension (HTN)

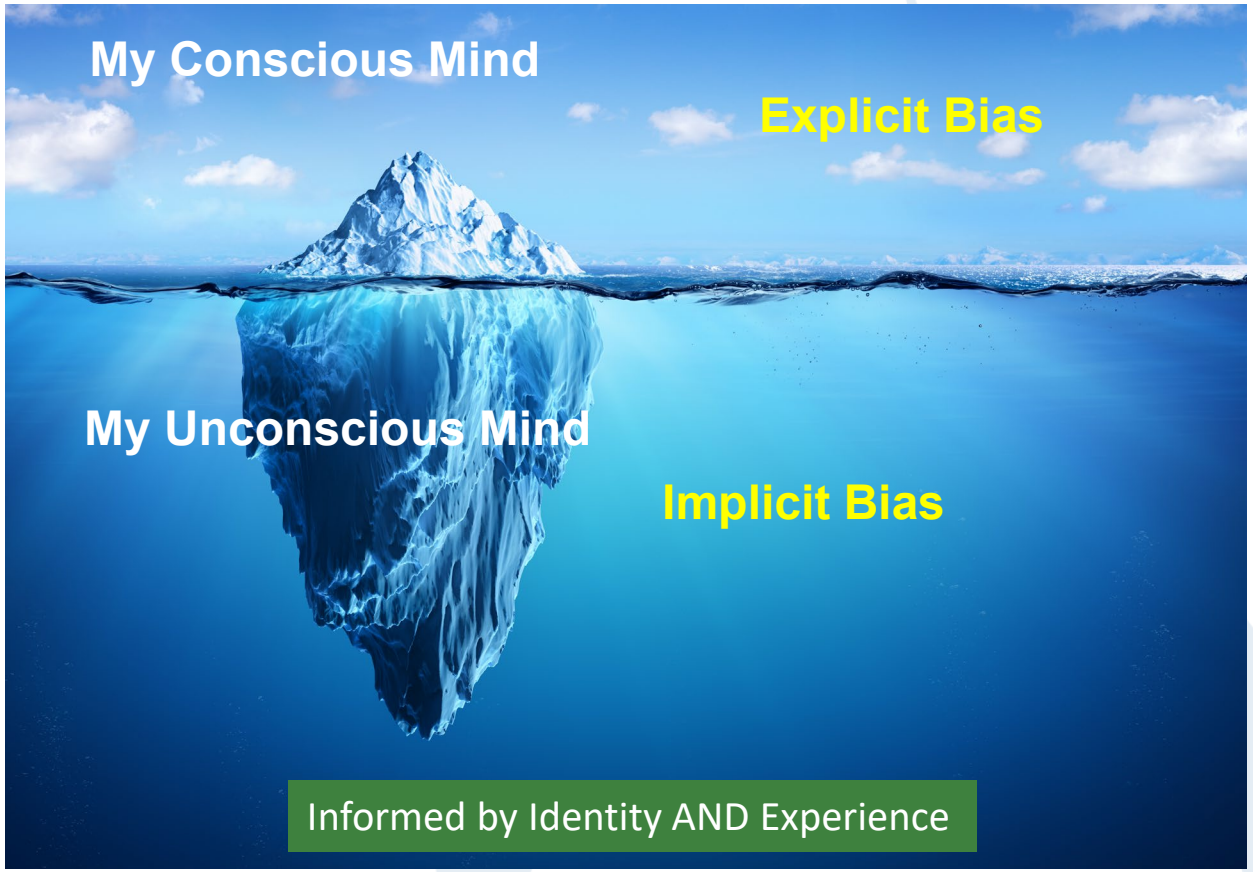
CMS 2024 Quality Conference
Resilient and Ready Together

A billionaire has donated a million dollars to the End-Stage Renal Disease National Coordinating Center

- It helps to provide staff support, training & more. What are your thoughts about this billionaire?
- Two months later you get a call from CMS. A request for a favor has been made - the billionaire's son wants to be the Coordinating Center lead administrator but has just finished college. They want you to help get the son this job.
- What do you do?
- What are your thoughts about this billionaire now?

Implicit Bias

Everyone has it…..
Attitudes, thoughts or stereotypes that affect our understanding, actions and decisions in an *unconscious* manner;
are involuntarily formed and are typically unknown to us



Bias ⟹ Discrimination

Bias (conscious or unconscious)
Tendency or inclination toward or against something or someone

Stereotype
Widely held beliefs, unconscious associations about members of certain groups that are presumed to be true of all members

Prejudice
Pre-judgement or unjustifiable negative attitude against a group & its members

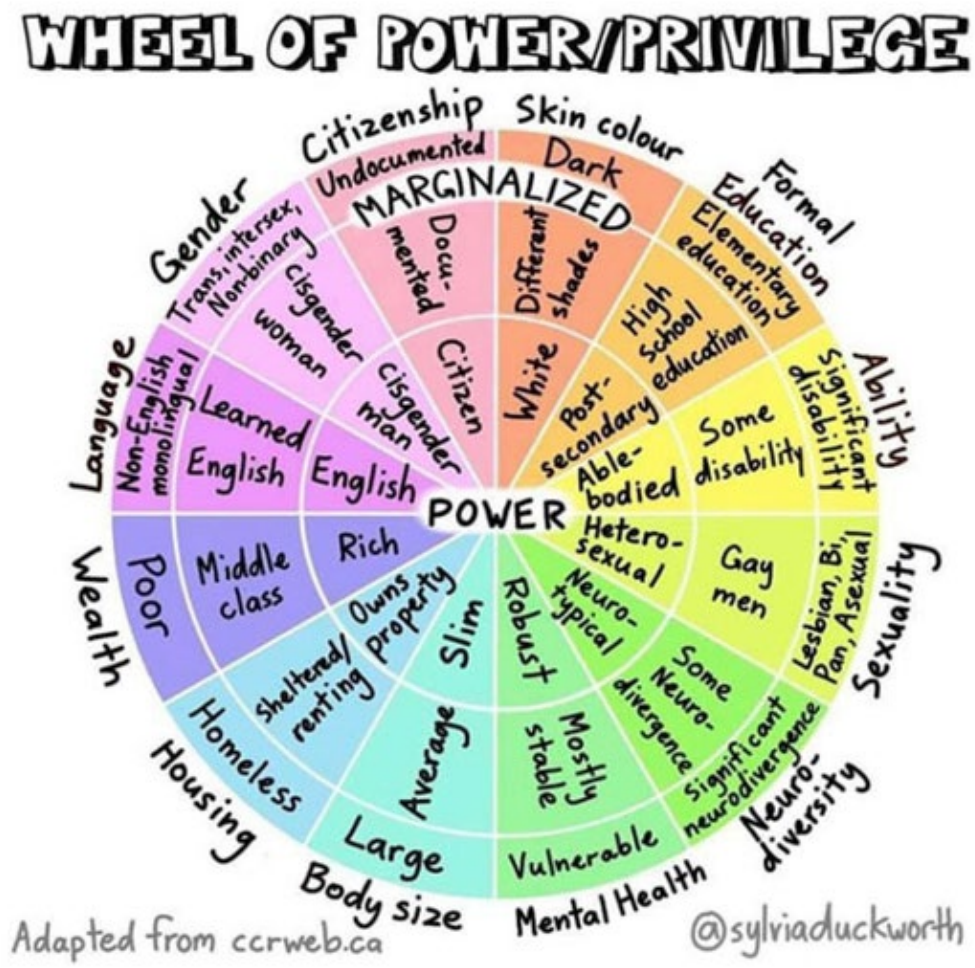
BELIEFS

Microaggressions
Subtle verbal and non-verbal insults often done automatically & unconsciously

Discrimination
Unequal treatment of members of groups based on identity (race, ethnicity, sexual orientation, religion, physical appearance)

ACTIONS

Wheel of Power/Privilege



Duckworth, S. Wheel of Power. Used with artist's permission.

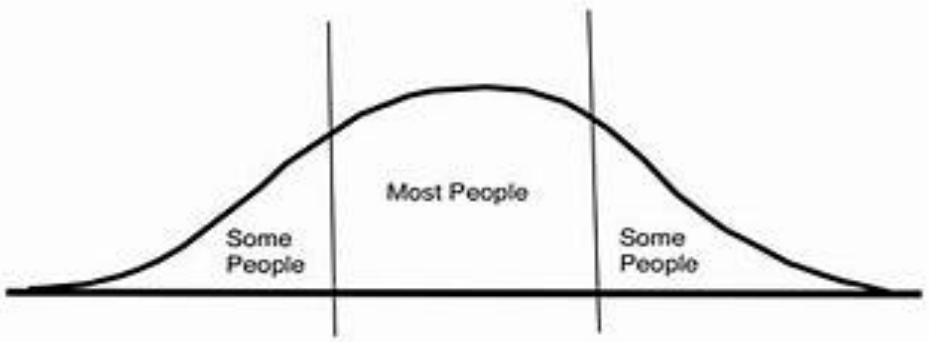
CMS 2024 Quality Conference
Resilient and Ready Together

Ongoing Biased Narratives around EDI & Workforce

She was confident, assertive, ambitious - she lacks social skills
He was confident, assertive, ambitious - he's a natural leader

We want diversity, but we also want qualified people - implies some identities cannot be qualified

Bias: WWII (and still today) Black people aren't smart enough to fly as pilots
Data: Tuskegee airmen with suboptimal training conditions and less preparation were 1.4 times less likely to lose a bomber than peers.



Aptitude in a given discipline

Narrative: We want the Best & Brightest

Do we want the top 10% with aptitude and talent in health sciences (Best & Brightest) and develop them or do we want the top 10% resourced people able to score top 10% of a test but may be in the top 20-50 percentile of aptitude/skills/potential ?

Fiona White, MD

Dr. White can only be described as **motherly**. *You know that if you're going to be on call with her there you won't be hungry because she will bring lots of snacks. She is a very* **kind**, **caring** *person and it is reflected in how she treats her patients as well as her coworkers.*

- Keith Riggs, MD

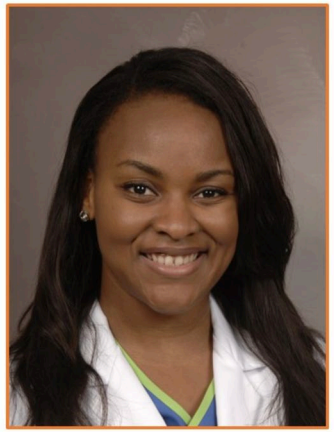
UTHealth The University of Texas Health Science Center at Houston | McGovern Medical School #Classof2020 @UTHealthObGyn

Susan Nasab, MD

I learned so much from Dr. Nasab. She is so **cool** *to be with in the OR, always with a new technique or trick. I appreciated the time she took to teach us and make us better. She is a very* **caring** *person. Susan is also super* **funny**, *and has amazing stories. She is going to be an amazing REI!*

- Adekorewale (Wale) Odulate-Williams, MD

UTHealth The University of Texas Health Science Center at Houston | McGovern Medical School #Classof2020 @UTHealthObGyn

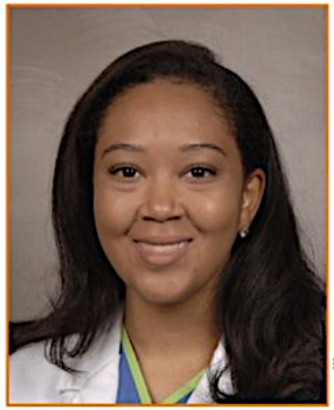


Chizaram Nwogwugwu, MD

Dr. Nwogwugwu makes her team feel loved by how she helps us and brings **joy** *to a stressful day. Her* **small acts of kindness** *show that she cares and is there for us. She is* **direct** *and* **honest**. *Not only is she tactful when giving feedback, but she also provides practical solutions and really* **helps you to believe in yourself**. *I wish I had more time to learn from her.*

- Kelcie Alexander, MD

UTHealth The University of Texas Health Science Center at Houston | McGovern Medical School #Classof2020 @UTHealthObGyn



Ivana Simpson, MD

Dr. Simpson not only is a **rockstar** *in the OR, but also in the workplace where she jams to music. She is a* **loveable** *chief; her* **easy-going** *attitude makes her a great person to work with. She is also approachable. Her composure is one of the many qualities I hope to gain. Wish her all the best!*

- Aneesh Kothare, DO

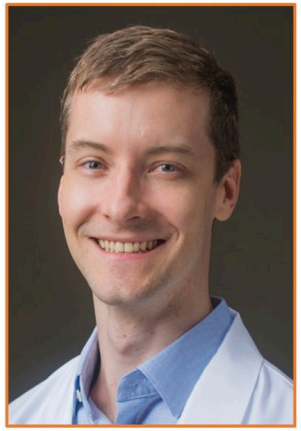
UTHealth The University of Texas Health Science Center at Houston | McGovern Medical School #Classof2020 @UTHealthObGyn

Clifton O. Brock, MD

Dr. Brock is **smart, friendly,** *and* **caring**. *He is also* **efficient** *and* **analytical**. *His work has laid the foundation for large prospective studies that may answer critical questions to predict and prevent complications of monochorionic twins, including death or severe long term disability. He is an* **exceptional talent** *with* **great potential** *ahead. We are excited to have him join our Fetal Intervention family!*

- Dr. Ramesh Papanna , MD, MPH

UTHealth The University of Texas Health Science Center at Houston | McGovern Medical School #MFM #Classof2020 @UTHealthObGyn



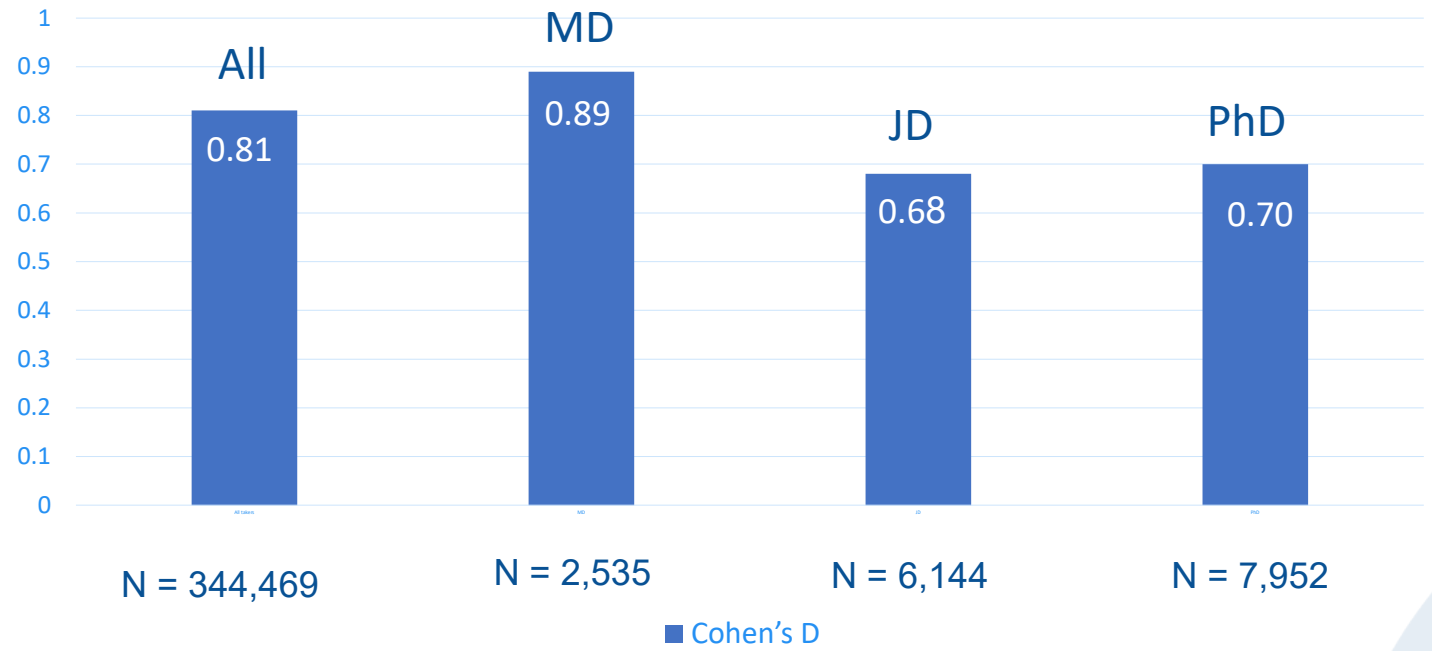
Eric Bergh, MD

Dr. Bergh is a **compassionate and brilliant person** *with a* **passion for information technology**. *During his Fetal Intervention fellowship, he has performed >250 procedures, guided by the best - Drs. Ken Moise & Tony Johnson. He has developed multiple novel studies, and continues to do research which will lay the foundation for developmental outcome studies in fetal disease. We are all proud of his accomplishments and thrilled to have him join the Fetal Center team as faculty.*

- Dr. Ramesh Papanna , MD, MPH

UTHealth The University of Texas Health Science Center at Houston | McGovern Medical School #Classof2020 @UTHealthObGyn

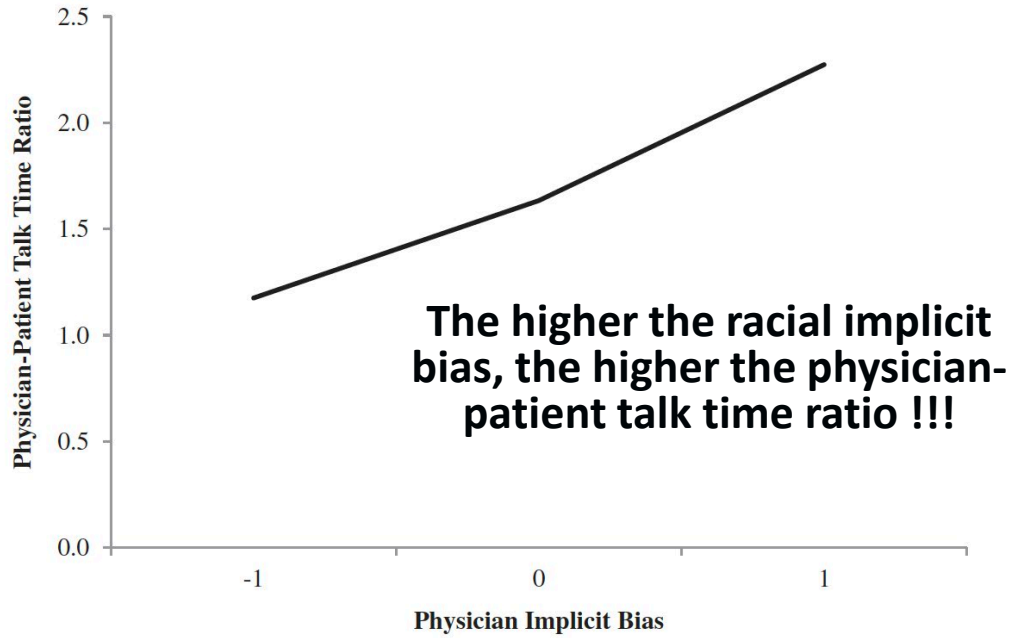
Race Implicit Association Test (IAT) – Doctors, Researchers and Lawyers



Cohen's D: standardized effect size, comparing the mean to M=0 (no bias),
D of 0.2 = small effect, D of 0.5 = medium effect, and D of 0.8 = large effect

Sabin J, et al. Physicians' implicit and explicit attitudes about race by MD race, ethnicity, and gender. *J Health Care Poor Underserved*. 2009;20(3):896–913.
Data from *Project Implicit*®, operated at Harvard University (https://implicit.harvard.edu/)

Racial attitudes, physician-patient talk time ratio, and adherence in racially discordant medical interactions



Impact

- More verbal dominance
- Less answering questions
- Lower patient positive affect
- Poor ratings of interpersonal care

Hagiwara N, et al. Racial attitudes, physician-patient talk time ratio, and adherence in racially discordant medical interactions. Soc Sci Med. 2013 Jun;87:123-31.

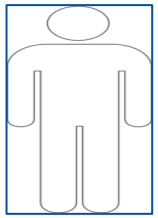
CMS 2024 Quality Conference
Resilient and Ready Together

2 legal memos were drafted by 3rd year NYU law associates – went to 60 partners at 22 law firms who agreed to review

The Pipeline/Affirmative Action Problem & Myth of Meritocracy

- **Memo 1** was rated **4.1 out of 5**
  - Associate was **noted to be generally a good writer but could work on….**
  - **Praised for his potential & good analytical skills**
  - Reviewers found an average of **2.9 of 7 spelling and grammar errors** in the memo

Thomas Meyer



However, memos 1 and 2 were identical with identical names

- **Memo 2** was rated **3.2 out of 5**
  - Associate was **criticized as average at best and needing a lot of work**
  - **Can't believe he went to NYU, average at best**
  - Reviewers found an average of **5.8 of 7 spelling and grammar errors** in the memo

Thomas Meyer

Even though they both got to NYU law, Student 2 (Black) was described not performing as well as Student 1 (White)
Narrative: we can't compromise quality for diversity

We can and do compromise quality for Bias every day

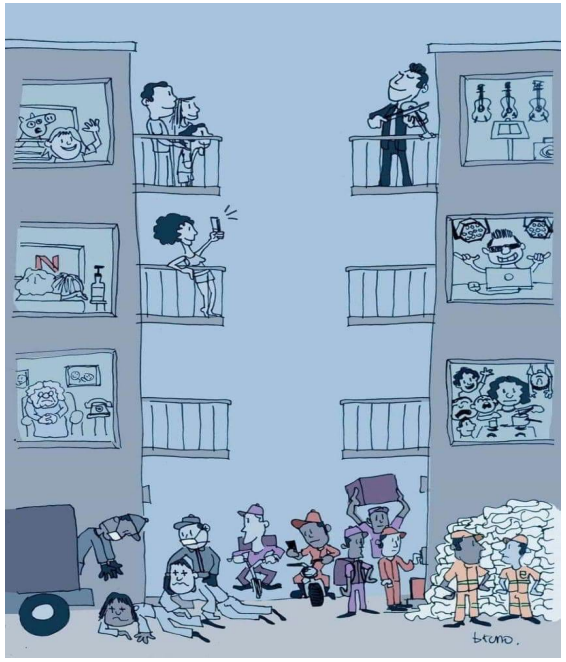
Nextions Study 2014. https://www.vault.com/blogs/vaults-law-blog-legal-careers-and-industry-news/new-study-confirms-what-everyone-already-knew-law-firm-partners-are-racist

What about CKD ?

Let’s look at Discrimination

COVID-19, SDoH & Health Disparities

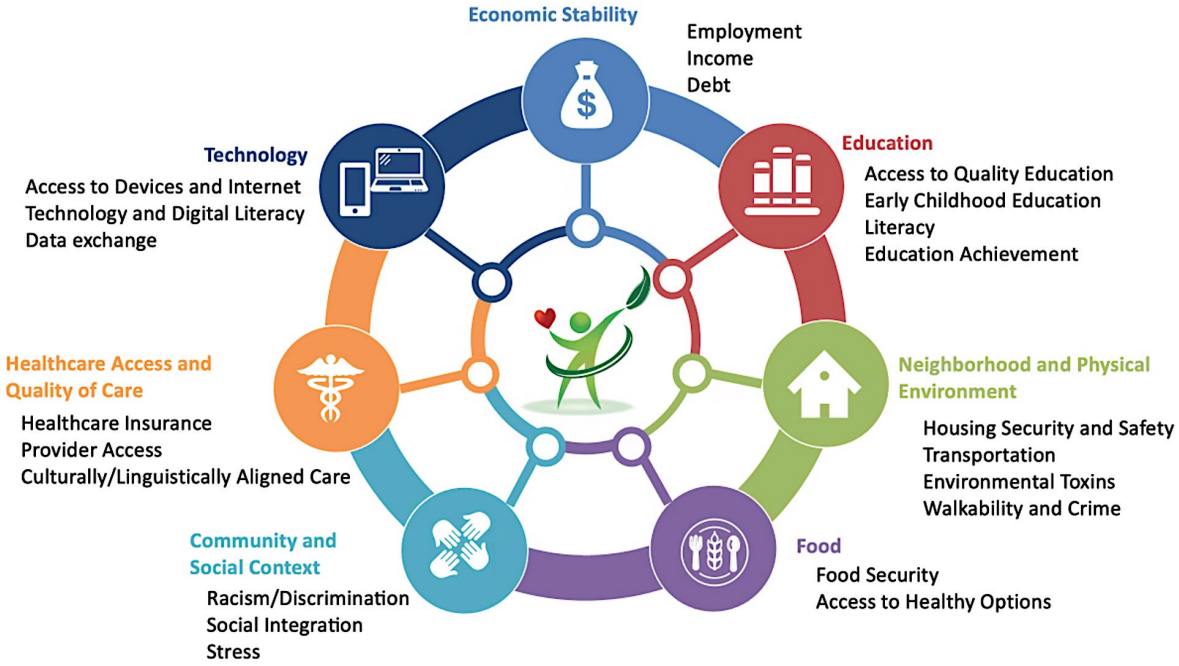
Minoritized Groups, Dialysis Patients > infections, hospitalizations & deaths



Narrative to keep the status quo:
People at the bottom don't work hard and/or are genetically inferior

Residential segregation, underfunded school systems, poverty, chronic discrimination

- Increase Risk of Exposure
- High Chronic Disease Burden
- Lack of Access to Quality Care



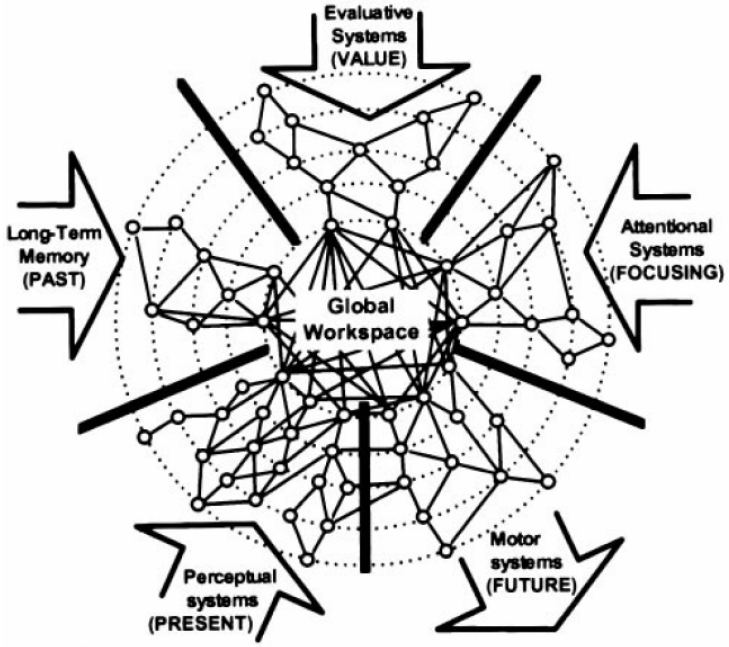
Neither minoritized Groups or Dialysis Patients were born with inherent risk for COVID
Their risk was due to what happened to them !!!

CMS 2024 Quality Conference
Resilient and Ready Together

Poverty/Discrimination/Microaggressions/More ⟹ Psycho-Bio-Social Stress (distress) ⟹ Poor Cognitive & Biologic Processing

The addition of racism, sexism, classism, homophobia & other discriminatory systems

Even stress of Dialysis or impending Dialysis



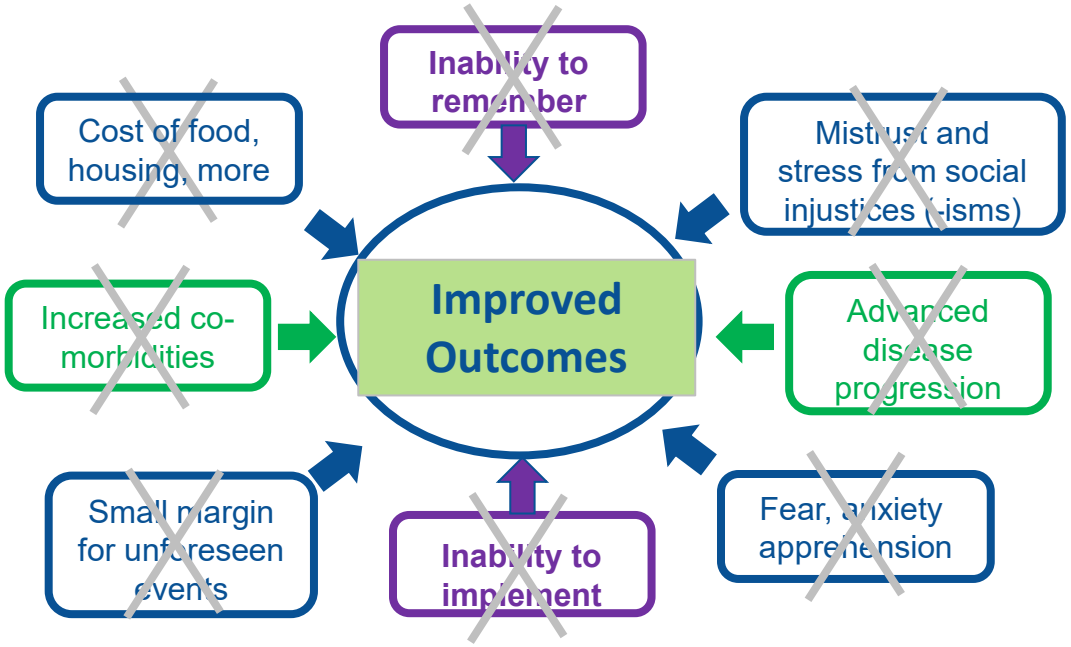
Stressors Lead to:

1) Realignment of workspaces that impedes **cognitive processing** & **core executive functions**
2) Maladaptive biologic processing - (to survive)

Biologic Processing: Chronic Inflammation, Oxidative Stress, Immune Dysregulation, Neuro-hormonal activation, Epigenetic changes

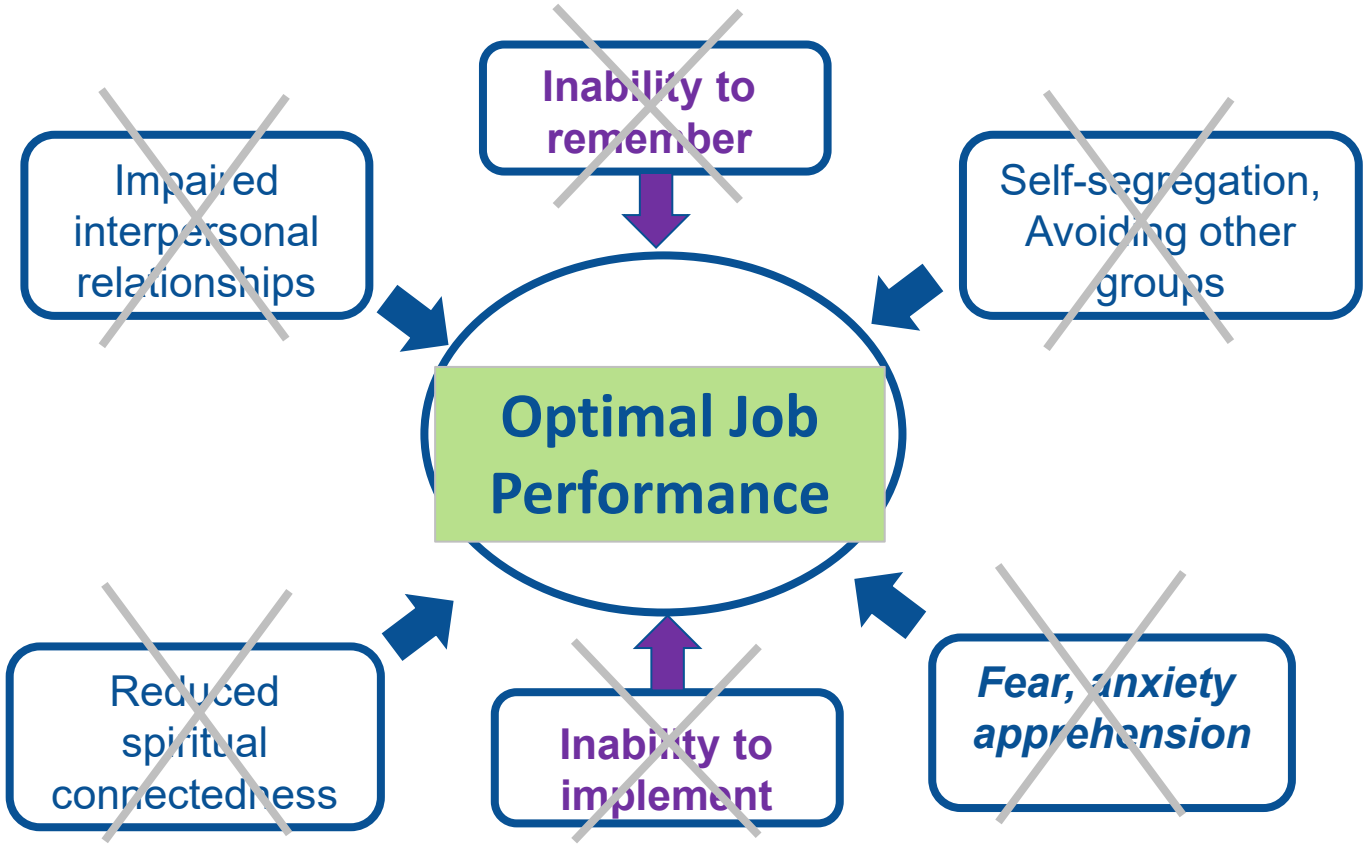
Dehaene S, et al. PNAS. 1998 24;95(24):14529-34.
Simons RL, et al. Social Science & Medicine. 2021 Aug 1;282:113169.

Patients: What might happen if/when an “under-resourced/ marginalized” CKD/ESKD patient makes it to their visit/Rx & then goes home?



Which ball(s) are your under-resourced/marginalized and disproportionately minority patients likely to drop
-Rent, food, electricity, childcare, elder care or
-Provider recommendations, f/u visit, meds/other?

Workforce: What might happen if CKD staff/trainees/providers have the usual work/life stress & the additive stress of work/life discrimination/isolation?



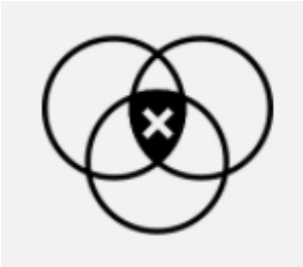
Which ball(s) are your staff, students, trainees, faculty likely to drop if your institution is not a safe space?

CMS 2024 Quality Conference
Resilient and Ready Together

These are some of the reasons why we worry about bias and more – and to address these we need Diversity, Equity and Inclusion Initiatives

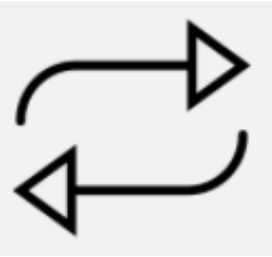
The Way Forward

For Countering Bias & Racism (all isms)



Common Identity Formation:
Inquire about possible common group identities between you and the patient (shared values)

Perspective Taking:
Think first not what's wrong with them, but what did "we" do to them
Recognize it could be you



Consider the Opposite:
Pause and look for evidence for the opposite of a negative image you may have assigned them.

Counter-Stereotypical Exemplars:
Focus on individuals you admire/respect in the same demographic as the patient

Focus on treating patients/peers/staff as individuals and not as a group-level category where bias resides

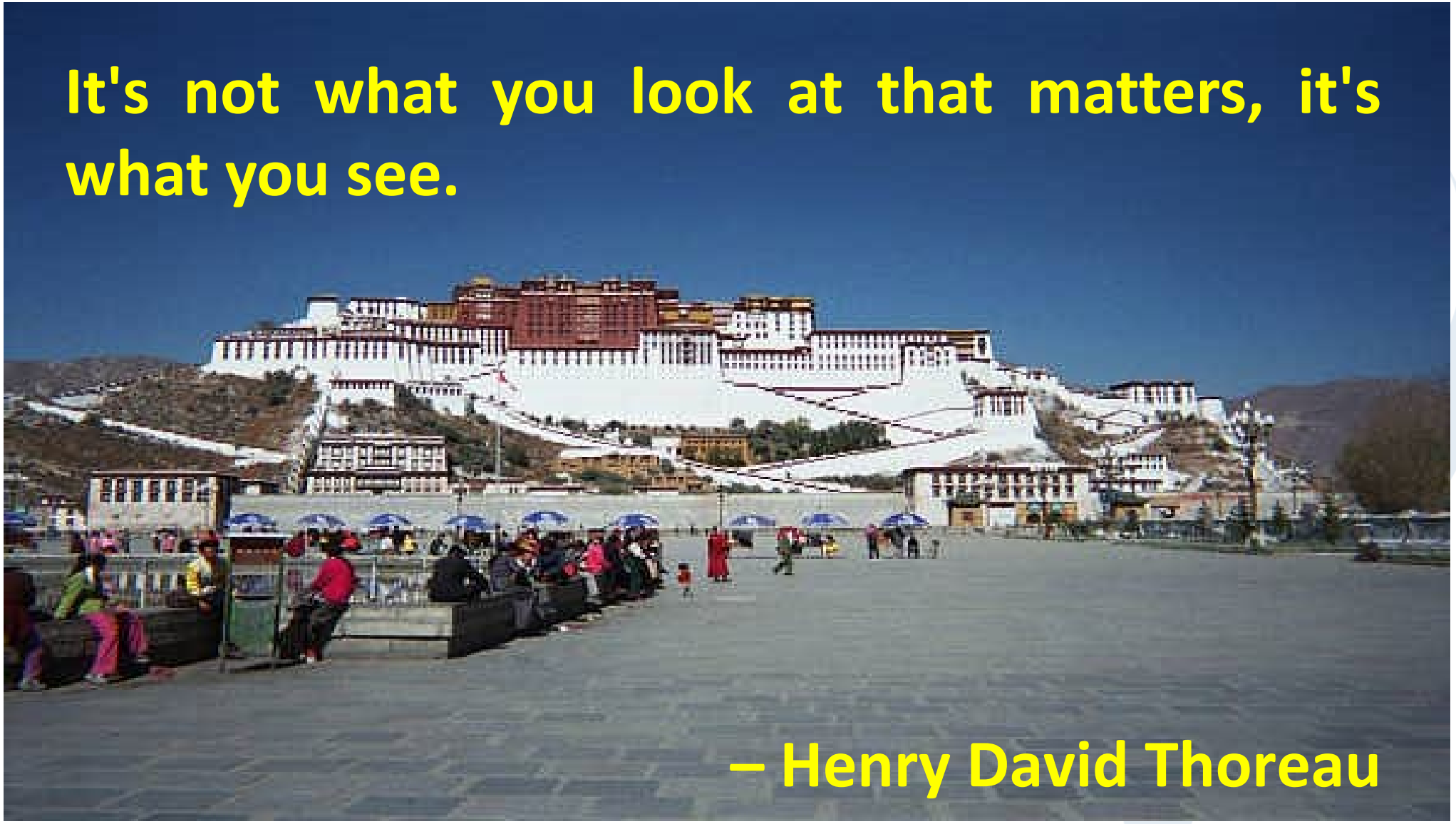
Health Care & Structural Competency: Ability of health care providers & trainees to recognize and respond to health and illness as largely driven by the downstream effects of 'upstream' broad social, political, and economic structures

Benton-Franklin Health District
https://www.bfhd.wa.gov/health_topics/health_equity/social_determinants_of_health

Examples of Structural Competent Approaches: Health Equity-Minded CKD/ESKD Health System Interventions

Low SES	Partner to create solutions: Medical-Financial Partnerships, Medical-Legal Partnerships, behavioral health services and more to help mitigate the impact of low SES on CKD/ESKD outcomes
Poor Nutrition	• EHR alert based on patient address to identify living in a food desert & possible resources • **Dietician trained in structural competency and equity for culturally appropriate foods &** to connect qualified patients to Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants & Children (WIC), or local senior food services • Consider clinic-based food pantries
Limited Green Space	Connecting patients to local CBOs, churches, etc. with walking groups or other structured exercise activities such as the Diabetes Prevention Program

Adapted from Laster M, Kozman D, Norris KC. Addressing Structural Racism in Pediatric Clinical Practice. Pediatric Clinics. 2023
Crews D, Patzer R, Cervantes L, Knight R, Purnell T, Powe N, Edwards D, Norris K. Designing Interventions Addressing Structural Racism to Reduce Kidney Health Disparities: A Report from an NIDDK Workshop. JASN. 2022


It's not what you look at that matters, it's what you see.
– Henry David Thoreau