Screening Question on Discrimination for Inpatient Palliative Care Consults

Submitted by: NYU Langone Health

Bronze Winner

Category: Reaching the Patients in Need

Overview

Systemic discrimination as a problem within the health care system is already known. The role of a palliative care provider is to identify and alleviate distress in patients with serious illness, though discrimination is not a standard part of the palliative care or medical assessments. Spurred by the murder of George Floyd, the NYU Langone Health inpatient Palliative Care team sought to address this gap in understanding and practice. Through several iterations, their workgroup added a mandatory screening question to the initial consult: "During previous medical encounters have you ever felt that you were treated differently from other patients for any reason?" Their goal was to elicit patients' perceptions or experiences of inequalities in any health care system, and provide therapeutic presence and listening. The lack of research in this area makes this quality improvement project necessary for the advancement of our understanding of and improvement in medical inequities.

Impact

Our initiative to screen for and acknowledge distress is the first step in helping to address this systemic problem as the title of the paper "The First Step Is Recognizing, Acknowledging, and Respecting the Inequity, Disrespect, and Disregard Our African American Patients Have Experienced" by Dr. Ronit Elk suggests. The screening question was initially optional for providers; on monthly chart review, it appeared the question was asked 32% of the time in July 2020. It was then made a mandatory part of our initial consult and compliance had increased to 84% by September 2020. We continue to perform monthly chart reviews to assess provider compliance and build a repository of patient answers with particular attention to the descriptions when patients answer in the affirmative (i.e., they have been treated differently). Acknowledging that one person or team cannot change the system on its own, we plan to take this repository of answers and work with the Department of Medicine and ultimately the hospital administration to develop a systems-based way to address this distress. While our initiative initially is focused on a vulnerable population of those with serious illness, it may help produce significant system wide changes when incorporated into the framework of an academic medical center. The initiative also was an opportunity for members of the Palliative Care team to take action towards inequities. The team felt a need to do more than report on the problem; the problem is known and the literature supports there are inequities. The team wanted to take action even if there were times when it felt uncomfortable. This initiative has resulted in the personal development, growth, and bonding among the Palliative Care team members.

Evidence-Base

The Palliative Care workgroup was developed in July 2020 shortly after the murder of George Floyd and the initiative started with a literature review researching how to ask patients about their experience with discrimination and racism in healthcare. The literature review found evidence of the widespread prevalence of discrimination, racism, and micro aggressions in healthcare, but unfortunately did not reveal many evidence-based guidelines how to directly discuss discrimination with patients. As a result, we developed and refined a screening question using collaborative input from providers, experts in the field, and administration. Our first iteration of the question was "We realize that some patients may have experienced racism/bias/discrimination in medical care, making it hard for some to trust the system. Do you feel it has impacted you or your health care?" and our current question reads, "During previous medical encounters have you ever felt that you were treated differently from other patients for any reason?"

Feasibility

The project's primary goal was to create space for patients to voice their perceptions and experiences with discrimination. We continued to engage with hospital leadership to have 'buy in' and support as well as with leaders in the Diversity and Inclusion Office at our institution and those from other institutions to ensure we're having appropriate conversations about this delicate topic. We rely on a workgroup of volunteer members from our inpatient Palliative Care team. Initially we met every other week but have scaled back to monthly as our initiative has progressed; this is also important to prevent provider burnout, reduce time spent by clinicians in meetings, and increase the time clinicians can interact with patients. As part of the quality improvement initiation of the project, our goal was to increase provider compliance in asking the screening question to 75% by January 2021. We successfully met that goal several months in advance - by September 2020. We are due to meet again to modify our aim statement and create a new SMART goal.

Scalability

We are hopeful for widespread distribution and use of the screening question in Palliative Care. However, given the sensitive and potentially traumatic feelings that can be evoked, further training and research needs to be completed before widespread distribution. This intervention should be paired with appropriate provider education to those asking the question and the availability of patient support resources training. Now that we have embedded this question as a standard part of our consultation, we are adding educational components to our initiative in several ways. First, we presented our project and preliminary findings at CAPC 2x4, which provided an interested and motivated audience to help "get the word out." Second, we are incorporating discussion about systemic discrimination in our teaching rounds with rotating students, interns, and residents. With our Hospice/Palliative Medicine fellows, we are adding a layer of responsibility to the education by asking them to engage in this conversation with patients themselves. Some of our future goals include distributing and evaluating implementation of the screening question at other campuses within our institution, where there are different patient demographics, as well as creating learning modules and platforms for continued education on a large scale.

Sustainability

The quality improvement component of the initiative relies on the Palliative Care team incorporating the screening question into their consult and team members dedicating time for various aspects of the project: chart review and data analysis, providing education, and academic write-ups. No additional staffing is required for implementation of this project. There is a minimal budget, mostly for printed materials and handouts. While the recognition and acknowledgement of distress due to discrimination is a short term gain, we hope to leverage the information gleaned from patient interviews to build a framework for system-wide solutions to improve healthcare equity. Our interdisciplinary team has the skills, capacity, and relationships with hospital-wide colleagues to build a sustainable framework. Institutional leadership has historically been supportive of positive change and leadership was involved from the inception of this initiative. The recently established Office of Diversity and Inclusion has been supportive and created leadership-led seminars and sessions on diversity and equity.

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About the Challenge

The John A. Hartford Foundation Tipping Point Challenge is a national competition to catalyze the spread of skills, ideas, and solutions that will improve health care delivery for all people living with a serious illness. It is sponsored by the Center to Advance Palliative Care and The John A. Hartford Foundation.

For more information, visit tippingpointchallenge.capc.org.