

Stigmatizing Language in the Electronic Health Record

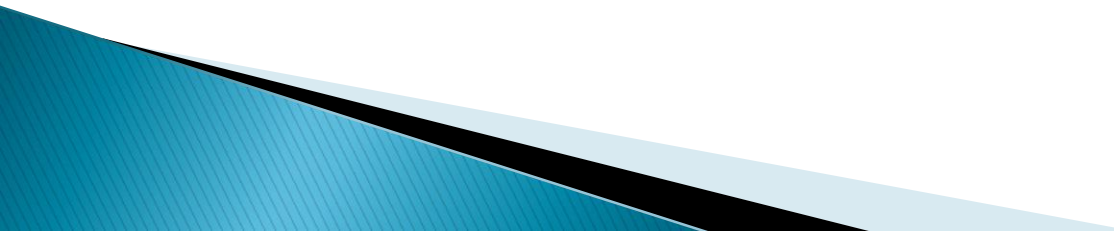
Reducing Unconscious Bias

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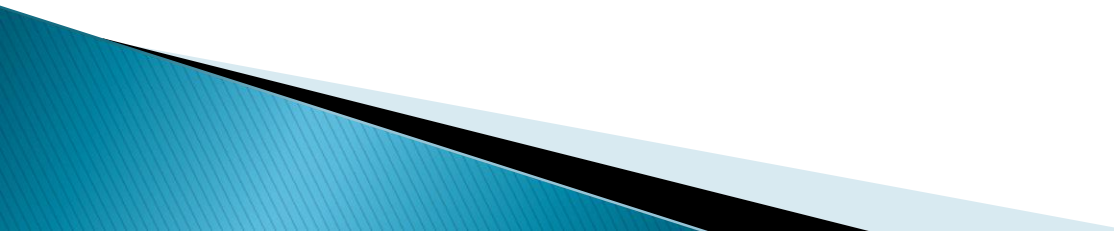
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Objectives

- ▶ Discuss implicit bias and impact on healthcare
 - ▶ Discuss language in EHR that can negatively or positively impact patient care
 - ▶ Discuss why and how to incorporate patient voice into the electronic health record (EHR)
 - ▶ Discuss best practices in connecting and learning about the patient as a person not as a disease
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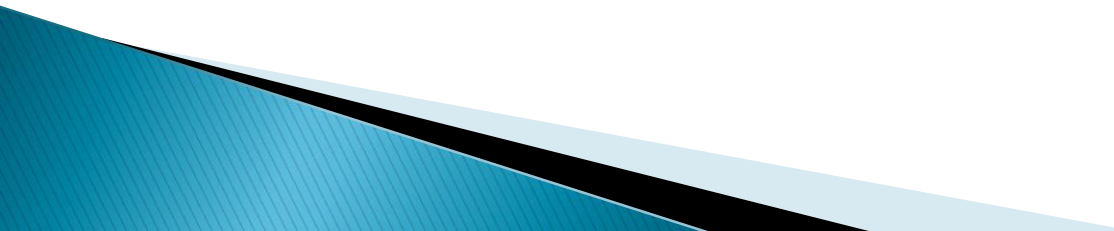
Definitions

- ▶ Implicit bias–unconscious mental processes that lead to associations and reactions that are automatic
 - ▶
 - ▶ Explicit bias (prejudice)–consciously endorsed preferences, beliefs and attitudes
 - ▶ Structural racism–ways societies foster racial discrimination through systems (ie education, housing, judicial, healthcare)
- 


Assumptions

- ▶ We are human beings
 - ▶ We want to take good care of our patients
 - ▶ We all have possible biases
 - ▶ That does not make us inherently “good” or inherently “bad”
 - ▶ This talk is to help us be aware of stigmatizing language that could lead to bias
 - ▶ And how that might show up in clinic documentation
 - ▶ Growth mindset can teach us to look for improvement
- 

Personal Role Play

- ▶ Think of yourself in a medical record note.
 - ▶ Did the note capture your concerns?
 - ▶ Did the note have any potential for bias?
 - ▶ What language (words) were helpful? Or problematic?
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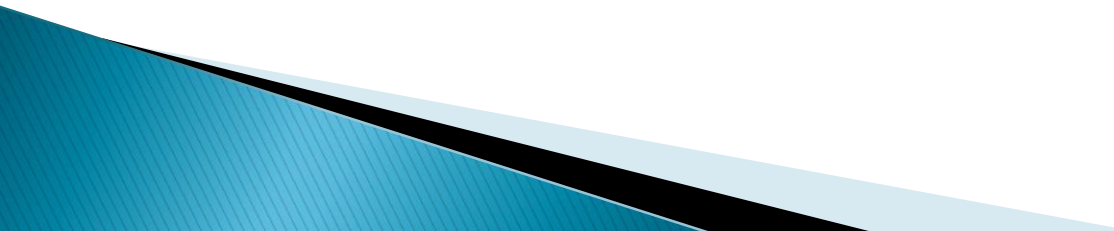
Potential Areas for Bias in Healthcare

- Healthcare delivery
 - Restrictions in SNF for certain conditions
 - Language in the EHR
 - Himmelstein et al. JAMA Open 2022
 - Fernandez et al. JGenInternMed 2021 36(9)
 - Treatment decisions
 - Pain management, algorithms
 - Health policy
 - Work expectations for insurance
 - Workplace and learning environments
 - Overheard comments
 - Hidden curriculum
 - Workforce and trainee diversity
 - Flexner report
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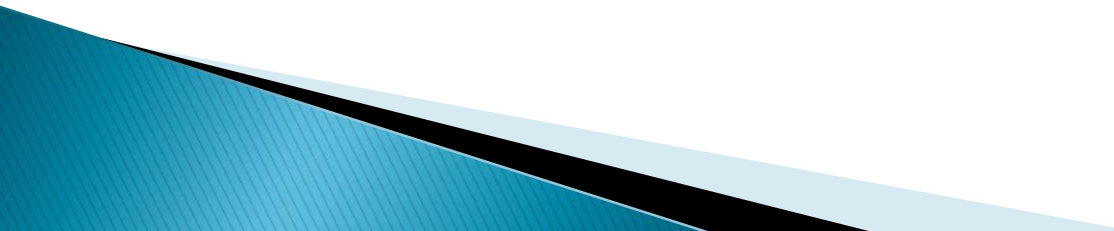
- ▶ “Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

Racism and bias in Healthcare

- ▶ Multiple studies have shown that implicit bias and racism adversely affects patients
 - ▶ Bias and racism takes many forms
 - Language in the EHR
 - Overheard comments from healthcare staff
 - Bias disguised as “humor”
 - Hidden curriculum
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Bias in Pain Management

Hoffman et al. PNAS 2016;113:4296-4301

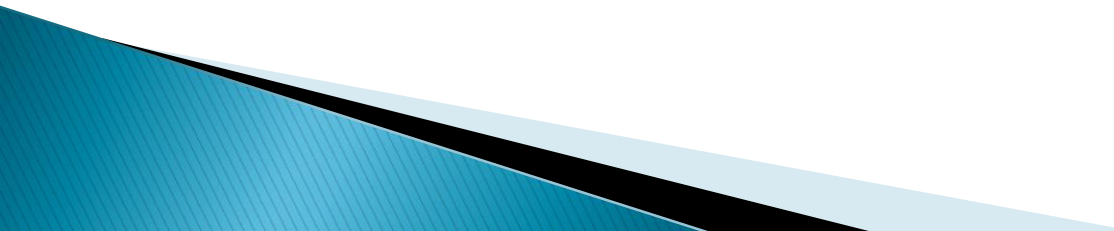
- ▶ “Black people’s nerve endings are less sensitive than White people’s”
 - ▶ “Black people’s skin is thicker than White people’s”
 - ▶ “Black people’s blood coagulates more quickly than White people’s”
- 

Pain Management

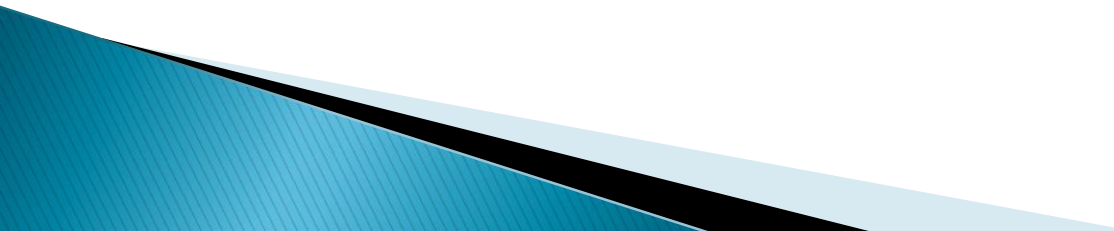
- ▶ Racial bias in pain assessment and treatment and false beliefs about biological differences between Black pts and white pts
 - Hoffman et al. PNAS 2016;113:4296–4301
- ▶ Racial and ethnic disparities in management of acute pain in US emergency departments: Meta-analysis and systemic review
 - Lee et al Am J Emer Med, 2019;37: 1770–1777
- ▶ Black patients are systematically undertreated for pain relative to White patients
- ▶ Black pts were 40% less likely to receive meds for acute pain and 34% less likely to be prescribed opioids

Clinical documentation

Source: ACP policy paper–Clinical documentation in 21st century, 2015

- ▶ Primary purpose is to support patient care and improve clinical outcomes
 - ▶ Enhance communication
 - ▶ Physicians should participate in setting professional standards regarding clinical documentation
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Documentation and Training

- ▶ Many clinicians taught to present a patient in certain way.
 - ▶ Think of the One-liner: what should it convey for purposes of taking care of the patient for that visit, hospital stay etc..
 - ▶ Think how you would like to be portrayed in a clinic note or presentation
- 

Electronic Health Record Issues

How do these relate to inherent inequities in our health care system?

▶ Time for documentation

- Time allocation: 27% face to face vs 49% EHR/desk Sinsky AnnInternMed 2016
- Higher burnout w/EHR and CPOE Shanafelt Mayo Clin Proc 2016

▶ Patient safety

- Cut and paste
- "texting while doctoring" Sinsky Ann Intern Med 2013
- "e-iatrogenesis" Weiner JAmMedInform 2007
 - Multitasking can increase errors
 - EHR alert fatigue

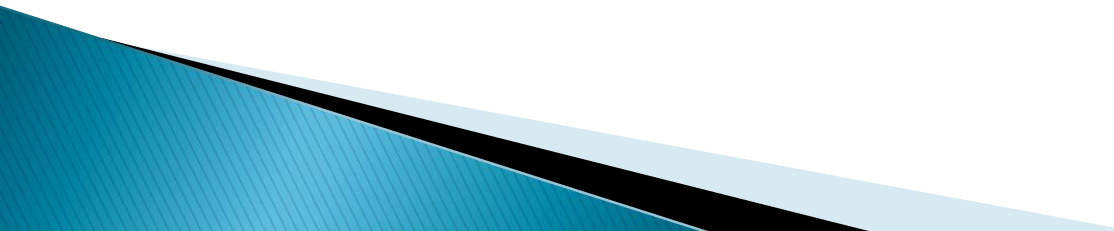
▶ Confidentiality

- Patient portal
- Access to information from clinic staff

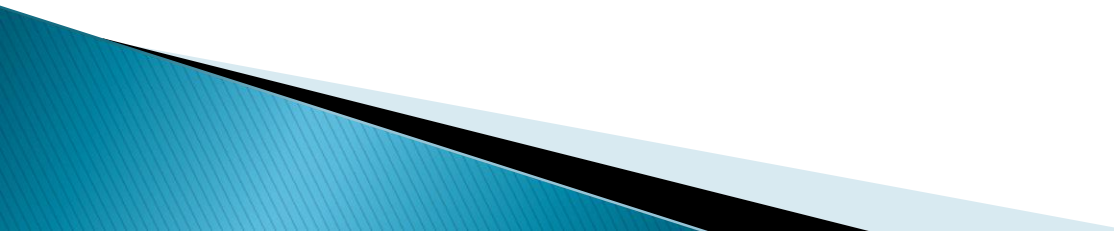
▶ Billing/regulatory vs clinical care demands

- Meaningful use criteria
- Reimbursement criteria
- Concern for decline of professionalism McAlearney et al JAmBoardFamMed 2015

What about cut and paste

- ▶ Cut and paste can perpetuate stigmatizing language and potential bias
 - ▶ Using anothers perception of a patient could impact healthcare and empathy
 - ▶ Unprofessional
 - ▶ Potential legal ramifications
 - ▶ Cut and paste adds to note bloat
 - ▶ Can perpetuate misinformation
 - ▶ Cut and paste should rarely be used
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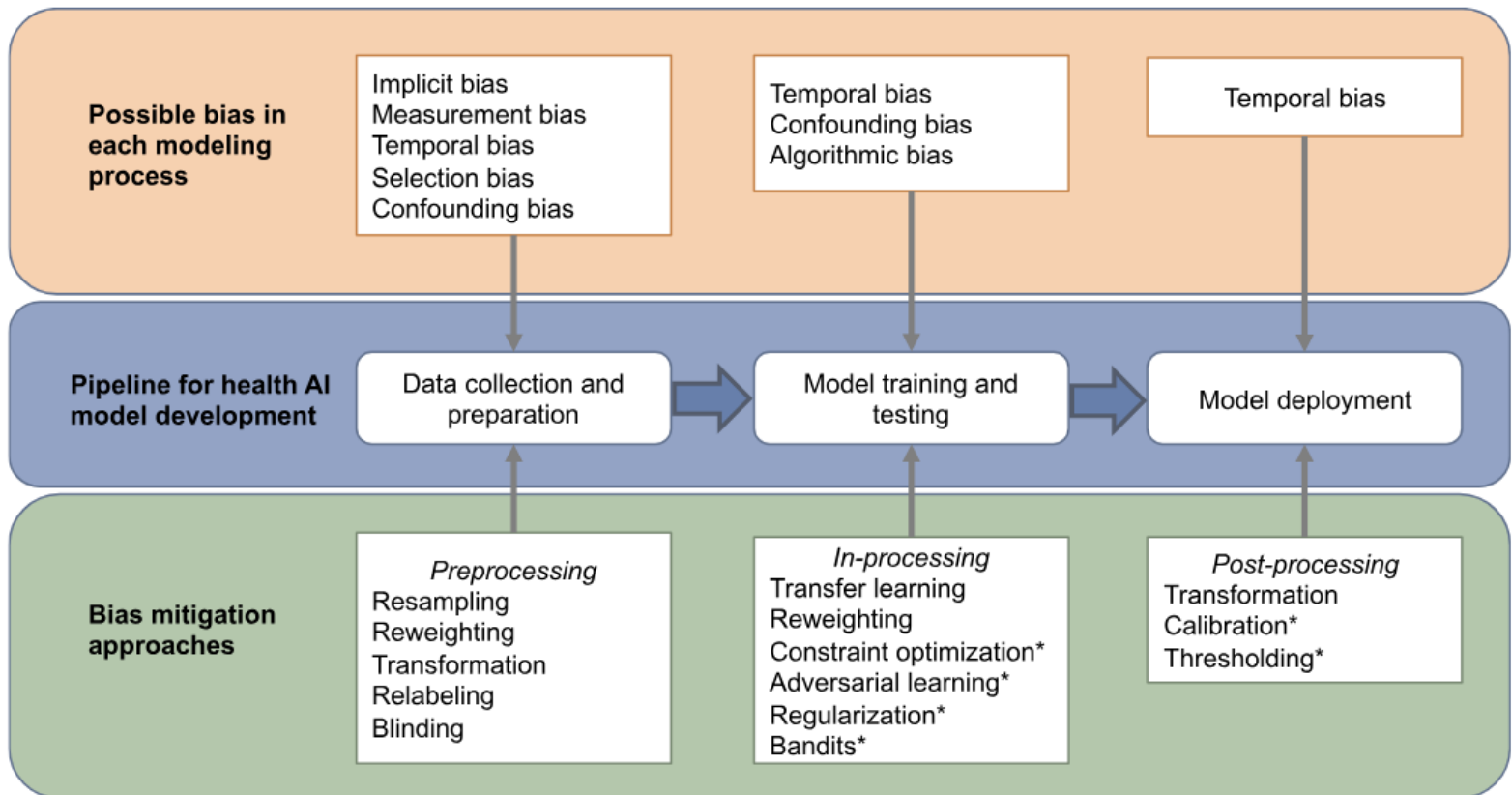
Ideas for reducing cut and paste

- ▶ **Should be the exception not the norm!!
 - ▶ Model best behavior—esp attendings
 - ▶ Teach professional use of cut/paste
 - ▶ Shorten notes—only relevant new info each day and revise assessment and plan
 - ▶ Separate billing from clinical documentation
 - ▶ Put relevant past history in problem list
 - ▶ Need best practices for use
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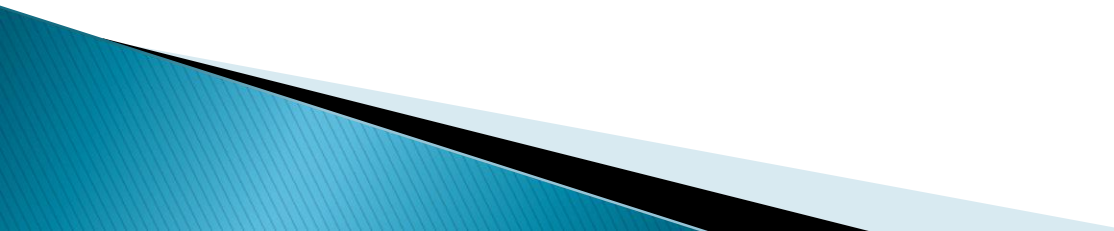
AI and the EHR

<https://pmc.ncbi.nlm.nih.gov/articles/PMC11031231/pdf/ocae060.pdf>

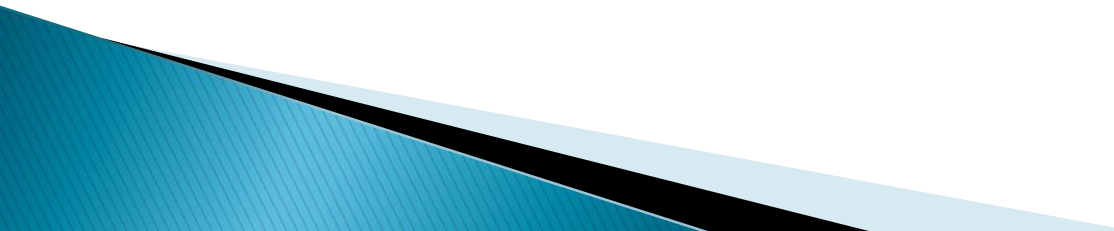
Journal of the American Medical Informatics Association, 2024, Vol. 31, No. 5



Consider these statements:

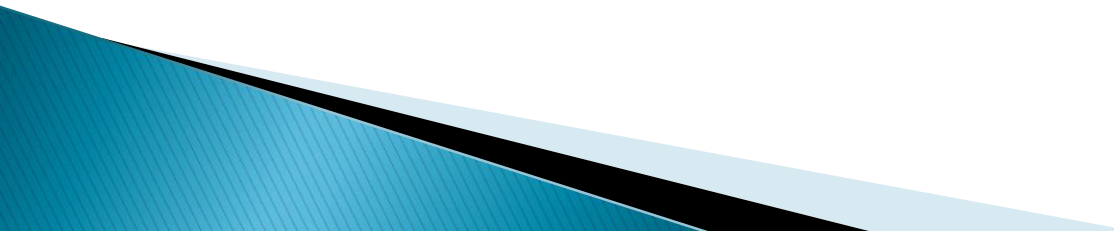
- ▶ Joe is a homeless 45 yo with DM, PAD, tobacco abuse who complains of..
 - ▶ Tina is a white 36 yo Russian speaking female who is angry about waiting...
 - ▶ Mr K is a black male frequent flyer in the ER with h/o ESRD, COPD, IVDU....
- 

What is the purpose of the first line?

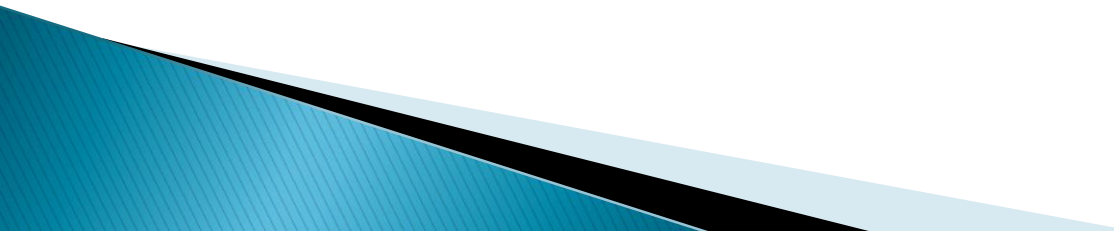
- ▶ Clinical documentation is necessary to support high quality patient care.
 - ▶ Should be clear/legible, accurate, professional and readily available
 - ▶ Structured documentation versus Narrative documentation
 - ▶ Person-centered: how can we reduce bias in the first line?
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Consider these statements:

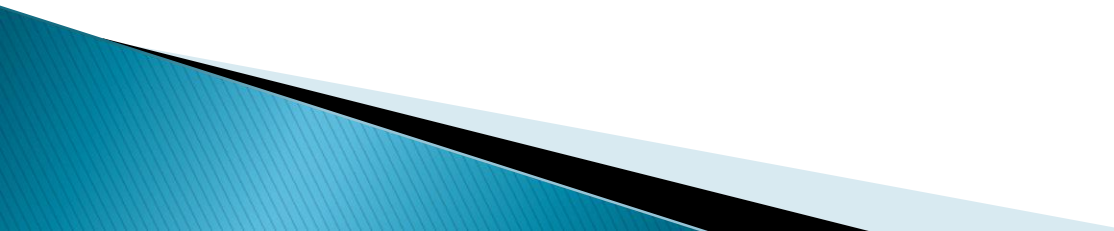
Are there issues? How might you rewrite them?

- ▶ Joe is a homeless 45 yo with DM, PAD, tobacco abuse who complains of..
 - ▶ Tina is a white 36 yo Russian speaking female who is angry about waiting..
 - ▶ Mr K is a black male frequent flyer in the ER with h/o ESRD, COPD, IVDU....
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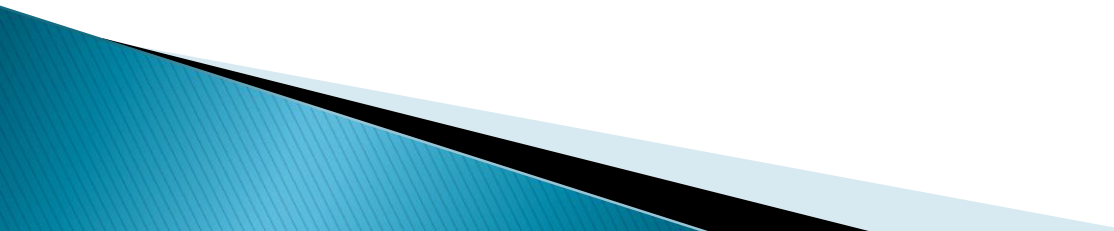
Considerations

- ▶ Is age/sex/race/ethnicity needed in the first line or in the HPI?
 - ▶ Does stating a language help us understand or is this an assumption?
 - Is that the language of choice for medical appointments?
 - ▶ Think about labeling (ie frequent flyer) or assuming an emotion (ie angry)? Could this impact clinicians attitude/care?
 - ▶ Think about what is important in the patient story (ie the History/what are the concerns). What is in the history should be additive to understanding not biasing
- 

Possible Rephrasing

- ▶ Joe is here with the following concerns... He is currently unhoused. His relevant medical history is...
 - ▶ Tina is here with the following concerns. Her preferred language is Russian and interpreter has been obtained for this visit. She is worried about being late to work due to her wait for appointment,
 - ▶ Mr K is here with the following concerns.. He is worried and has been seen a few times but not getting better.
- 

Can you see any bias in this note?

- ▶ 42 yo AA female with SLE, Raynauds and other comorbid conditions presents to ER with ongoing chest pain. She was just discharged from hospital yesterday
 - ▶ She looks older than stated age
 - ▶ Has chronic findings of SLE including digital ulcers, calcinosis, and joint abnormalities
 - ▶ Compliant with medications
 - ▶ She is angry that she was discharged too soon
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Potential Bias in history

“Older than stated age”

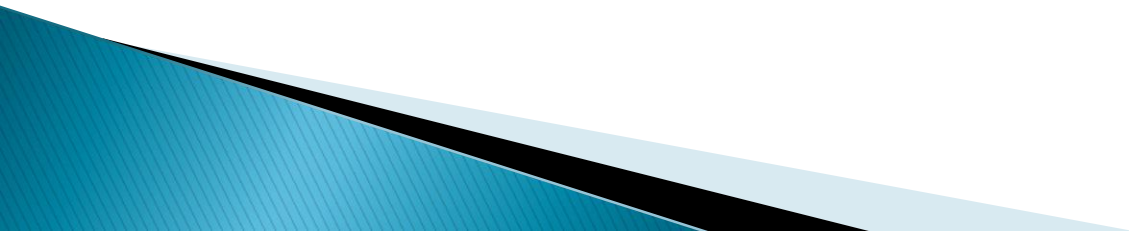
Is this a proxy for something else?

Does this introduce bias into the history?

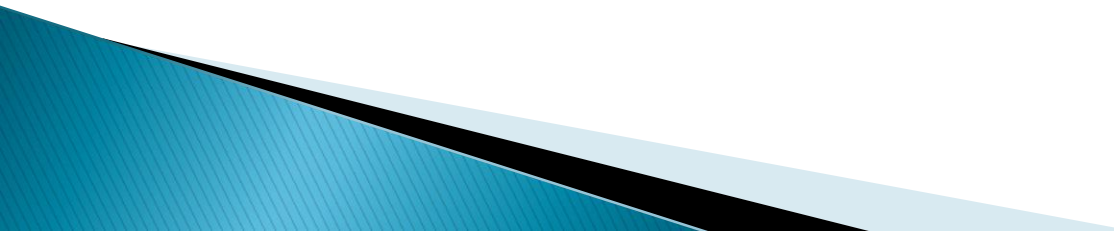
What are we trying to convey by stating this?

Whose interpretation is this?

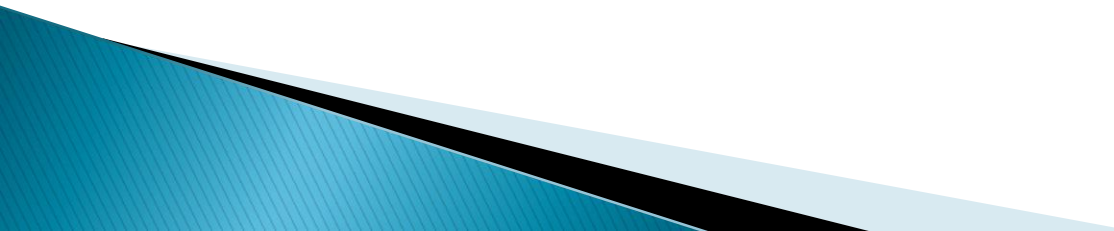
What is a “stated age”?



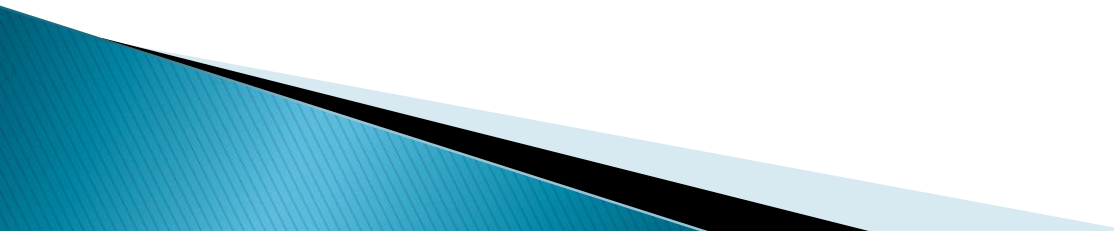
Considerations

- ▶ Is age/ethnicity/race/PMH needed in first line?
 - ▶ The term just discharged—does that have any potential for bias?
 - ▶ How a person looks?—angry, older/younger, disheveled, upset... these are all judgement terms from our perception of the patient.
 - ▶ How might we rephrase this history?
- 

Suggested rephrasing

- ▶ Jamie has the following concerns. She has ongoing unrelenting chest pain. She states she is concerned that the cause and management of the pain was not fully addressed in the recent hospital stay.
 - ▶ At this time her ongoing concerns are the pain, inability to swallow and does not feel she can be at home at this time until further management.
 - ▶ Her PMH is unchanged and she has been able to continue to take her prescribed medication
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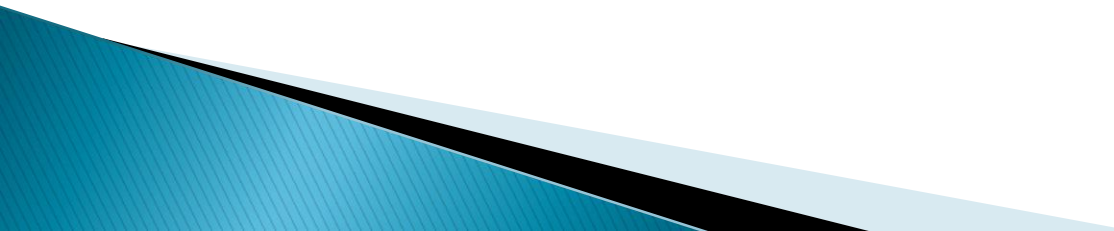
Any issues with note?

- ▶ 55 yo AA male sickler presents for 3rd visit in one month with severe abdominal pain.
 - ▶ He “states the pain medication did not last long enough”. He is here for more pain meds.
 - ▶ He appears combative, writhing in bed
 - ▶ Disheveled looking
 - ▶ He failed to show up for his outpatient appointment
- 

Considerations

- ▶ Is age/ethnicity necessary in first line?
- ▶ Labeling as a verb “sickler” rather than patient with history of Sickle cell anemia
- ▶ Labeling as pain seeking possibly–by using quotation marks “ “
- ▶ Patient “failed”–with no understanding of why he may not have made his appointment.
Blaming patient
- ▶ Commenting on patients hygiene or look
- ▶ Labeling his behavior in negative/fearful term (combative)

Suggested rephrasing

- ▶ John comes to the ER with significant worsening abdominal pain.
 - ▶ He was trying to follow the MD recommendations from prior visit but he is currently unhoused and has difficulty staying adequately hydrated which makes his sickle cell disease worse.
 - ▶ He had no transportation to get to the outpatient appointment and no phone to call.
- 

Reducing Bias in EHR Notes

Casau et al Center for Hlth Care Strategies Oct 2022

- ▶ Trust Pts/Avoid Communicating Disbelief
- ▶ Be Mindful when Using Quotes
 - Are they needed? Or are they implying disbelief?
- ▶ Focus on Positive Themes and Humanizing Details
 - Patient–first language
 - Minimize blame, labeling, judgment
- ▶ Learn to Recognize and Avoid Stigmatizing Language
 - Pt with severe pain requiring opioid meds vs chronic pain pt using narcotics
- ▶ Educate Clinicians and Trainees
 - Anti–bias workshops
 - Teaching moments–Awareness of Hidden curriculum
 - Case based discussions

Use Less Negative Terms

- ▶ Noncompliant
- ▶ Drug seeking
- ▶ Combative
- ▶ Failed
- ▶ Refused
- ▶ Uncontrolled
- ▶ Complains/Claims
- ▶ Difficult
- ▶ Addicted
- ▶ Younger/Older stated age
- ▶ Gay
- ▶ Risky behavior
- ▶ Poor historian
- ▶ Wheelchair bound
- ▶ Primary concern is
- ▶ Patient with substance use disorder
- ▶ Uses a wheelchair/cane
- ▶ Patient chooses ...
- ▶ Has the following barriers to...
- ▶ Has challenges taking medications due to...

NEGATIVE TERMS

LESS NEGATIVE TERMS

Reducing bias

- ▶ One liner with potential bias
- ▶ Use of quotation marks
- ▶ Use of word alleged
- ▶ State what patient said without quotes or judgment
- ▶ Ask patient how they want to be written in the clinic note (or have them write it..)

More bias

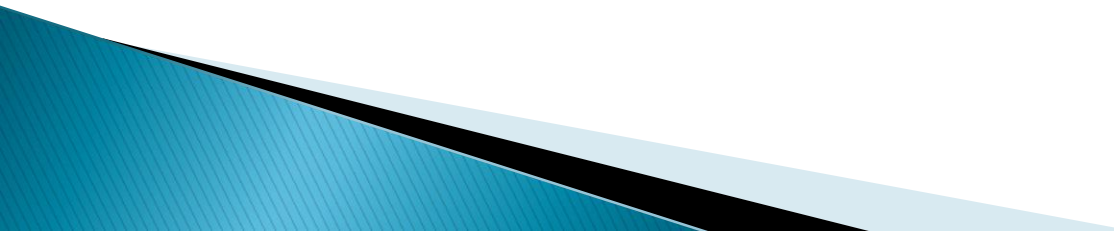
Less bias

Strategies to Combat Implicit Bias

- ▶ Introspection
- ▶ Mindfulness
- ▶ Perspective taking
- ▶ Learn to Slow Down
- ▶ Individuation
- ▶ Check your messaging
- ▶ Institutionalize fairness
- ▶ Take two
 - Edgoose J Fam Pract Manag 2019
- ▶ Bias leading to inaccuracy

Improving cultural competence

<https://www.ihi.org/insights/how-reduce-implicit-bias>

- ▶ **Presume the most positive of the patient**
 - ▶ **Individuation** — See person as individual not stereotype
 - ▶ **Perspective taking** — Putting yourself in the other person's shoes (empathy building)
 - ▶ **Increasing opportunities for contact with individuals from different groups**
 - ▶ **Partnership building**
- 

Seeing Patients: Unconscious Bias in Health Care

Dr Augustus White tips

- ▶ Have basic understanding of patients cultures
 - This could also include situations (ie SDOH)
- ▶ Why do you have stereotypes?...Individuate patients
- ▶ Understand and respect the power/harm of bias.
- ▶ Recognize situations that magnify stereotyping and bias.
- ▶ Know the National Culturally and Linguistically Appropriate Services (CLAS) Standards.
- ▶ Do a Teach Back.
- ▶ Teach Back method to confirm patient understanding of health care instructions that is associated with improved adherence, quality, and patient safety.

Practice Exercise

Write down a first paragraph of the HPI/CC portion of a visit.

Thinking of either a patient you have had recently (or could be your own paragraph)

Think of the following:

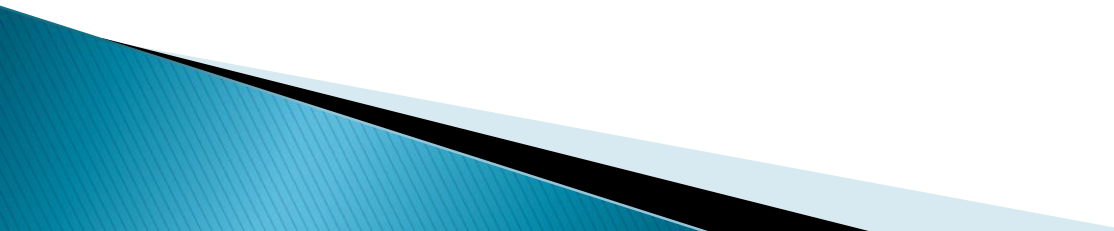
How would you or a patient want to be presented in the EHR?

Am I presenting unconscious bias in what I write?

If a patient is reading this how might they feel?



Take Home Points

- ▶ Stigmatizing language in the EHR has been shown to have negative impact on healthcare
 - ▶ Stigmatizing language can contribute to bias
 - ▶ Spend time to understand culture and concerns of your patients
 - ▶ Reframe language both for presentations and clinical documentation to reduce stigmatizing language
 - ▶ Be mindful of what is put into the EHR—it is there indefinitely!!!
- 

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Do You Know Your Implicit Bias?

- ▶ Harvard Implicit Association Test
- ▶ [Project Implicit \(harvard.edu\)](https://projectimplicit.org/)
- ▶ Has been used in studies and trainings to identify implicit bias about race, gender, sexual orientation and other. Does not address all concerns and issues