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## LETTER TO THE EDITOR:

# The Impact of Health Disparities in Patient Safety

by Lilibeth Fermín, MD, MBA; Luis E. Tollinche, MD, FASA; Judith L. P. Handley, MD; and Amy Lu, MD, MPH

The recent COVID-19 pandemic has highlighted the health disadvantage of the most vulnerable members of the society.<sup>1</sup> The literature about health disparities in the perioperative setting and their impact in patient safety is growing. Different authorities, like the executive branch of government and physicians’ organizations, have raised concern about the negative environment fostered by health disparities in patient experience and outcomes.<sup>2-4</sup>

The latest National Healthcare Quality and Disparities Report shows that health care disparities are present in the US population, mainly among the poor and uninsured. The report stated, “Blacks and American Indians and Alaska Natives received lower quality care than Whites for 40% of quality measures.” The patient safety measures in which Black adults received worse care than Whites during the 2016–2018 period included postoperative physiologic and metabolic derangements per 1,000 elective surgical hospital discharges, sepsis diagnoses per 1,000 elective-surgery admissions, postoperative pulmonary embolism per 1,000 surgical hospital discharges, and postoperative acute kidney injury requiring dialysis per 1,000 elective surgical hospital discharges.<sup>5</sup>

While we cannot change the socioeconomic conditions of our individual patients, as members of the anesthesia care team we are charged with delivering equal treatment to our patients.

Health disparities place the vulnerable population at risk during health care interactions. Delayed or inadequate diagnosis, inappropriate coordination of care, fragmented communication, and lack of a safety culture that embraces patient individuality and promotes family engagement fosters an unsafe environment.<sup>6</sup>



Global equity in health delivery should be our goal, and we want to provide possible solutions to the problem in the perioperative environment. Some researchers believe that unequal health treatment can be attributed to the hospital in which the patient receives care while others favor individual-provider factors as the source of disparities.<sup>7,8</sup> The American Society of Anesthesiologists, the American Association of Nurse Anesthesiology, the American Academy of Anesthesiologist Assistants, and the American Board of Anesthesiology have published statements acknowledging racial and ethnic disparities in anesthesia care and promoting health equity.<sup>9,10</sup> Health care providers do not exist in isolation. Clinicians are part of a com-

munity and some of their behaviors are products of cultural imprinting. As members of the wider population, providers can unconsciously display the same implicit bias reflected in members of their community.<sup>11,12</sup> Bias, implicit bias, and stereotyping are some of the attitudes that need to be mitigated and abolished in order to prevent disparities in health care. Implicit bias is an unconscious, unjustified, negative attitude or feeling towards an individual of a certain group, while explicit bias is a conscious prejudicial evaluation.<sup>7,13,14</sup>

The latest National Healthcare Quality and Disparities Report advocates for a more diverse workforce in order to promote better access, improve communication, and meet the underserved community needs.<sup>5</sup> Researchers have seen higher participation in preventive screenings with physician-patient gender concordance, and enhanced patient experience with patient-physician racial concordance.<sup>15,16</sup> Diversity is also needed in the anesthesiology field, where 74% of active anesthesiologists are male, and 65% of residents and fellows are male.<sup>17</sup> A change in recruitment and promotion practices could create a more diverse and inclusive workforce in anesthesiology departments.<sup>18</sup>

**Table 1: Suggestions to Mitigate Health Disparities**

Clinician Level	System Level
Recognize personal bias	Create a culture of equity
Encourage intrinsic motivation to change behavior	Provide health equity training
Participate in continuing education about health disparities	Encourage health equity initiatives in research, and clinical field
Engage in community outreach initiatives	Provide financial incentives for measures that are linked to health equity
Advocate for health equity at a legislative level	Promote governance that supports health equity and patient safety

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## Health Disparities in the Perioperative Space

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It is imperative for anesthesia professionals to be aware of the impact of structural inequities and social determinants of health on clinical outcomes and in patient care. This includes training in cultural competency and cultural humility and supporting promotion of health literacy efforts for our patients. It is also important to promote continuing education about health disparities, inclusion of minorities in research, increase health workers’ diversity, enforce diversity training in medical and nursing schools, and mitigate clinicians’ implicit bias (Table 1).<sup>19,20</sup> Perioperative clinicians will be at the forefront of improving care and patient outcomes by expanding our knowledge of health disparities. But the change of behaviors ingrained in society and the aftermath of unequal policies require interventions at individual, health systems, and legislative levels. The behavioral modifications required in the fight against health disparities can be facilitated by applying existing models like the behavioral change wheel and the transtheoretical model of change.<sup>21,22</sup> The behavioral change wheel includes education, training, and environmental restructuring among useful interventions.<sup>21</sup>

A silver lining from the COVID pandemic has been the renewed emphases on health equity, one of the six aims of quality as defined by the Institute of Medicine.<sup>23</sup> Health disparities are inherently a public health emergency and a patient safety issue. The discipline of anesthesiology has led the field of patient safety in health care for decades. As such, it is appropriate for our specialty to take on health disparities as a clarion call for our patients in order to continue to safeguard care throughout the perioperative continuum.

*Lilibeth Fermín, MD, MPH, is a clinical associate professor of anesthesiology at Cleveland Clinic Lerner College of Medicine of Case Western Reserve University, Cleveland Clinic, Weston, Florida.*

*Luis E. Tollinche, MD, FASA, is chair of anesthesiology, MetroHealth Medical Center, Cleveland, OH.*

*Judith L. P. Handley, MD, is a clinical associate professor, Department of Anesthesiology and Perioperative Medicine, Medical College of Georgia/Augusta University.*

*Amy Lu, MD, MPH, is a clinical associate professor, vice chair Quality, Safety and Improvement, Department of Anesthesiology, Perioperative and Pain Medicine, Stanford School of Medicine.*

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