Changing the Focus of Research on Provider Contributions to Healthcare Disparities: Advances through Four Generations

John B. McKinlay, Ph.D.

New England Research Institutes

Supported by a grant from the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)

NIH Grant No. DK066425

Background

There are currently two dominant explanations for health inequalities:

- **Individual risk factors** focusing on behavior (attempts to change these are generally not successful).
- **Genetic explanations (which are non modifiable)**.

We have been conducting research on provider decision making as an additional cause of health disparities.

Provider decision making is potentially modifiable.

Major Objectives

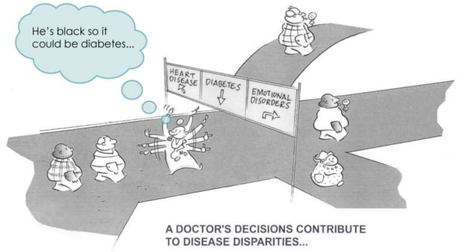
Our research aims to **identify what it is about providers** (whose goal it is to eliminate or reduce disparities) **that may be contributing to widening disparities**. Variations are worrisome and extensively documented, and are of concern (why different patients with the same symptoms get different diagnoses and treatment). Moving from what decisions are made, to why they are being made will provide cues to how best to intervene.

Methods

This body of work uses existing methods (factorial experiments) with deep theoretical roots, and focuses on physician decision making.

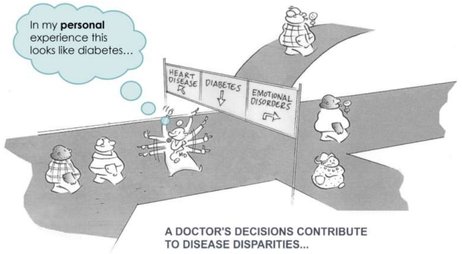
- Factorial experiment producing unconfounded estimates
- N=192 doctors (gender, experience)
- In person interviews
- Focused on diabetes: widely reported inequalities
- Two vignettes: diagnosis and management

Findings



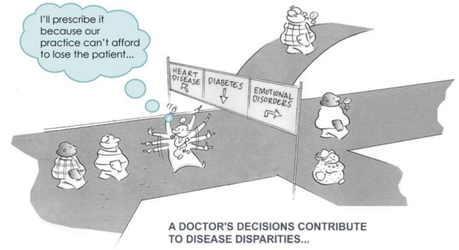
Patient Attributes

- Minority patients were diagnosed more often than whites (p=.009), controlling for other patient characteristics (age, SES, gender)
- Saw exactly same case presentation.



Physician Factors

- Female doctors and experienced doctors more likely to diagnose.
- Female doctors more likely to do essential foot exams.
- Results consistent but not statistically significant.
- Physician factors contribute little to disparities.

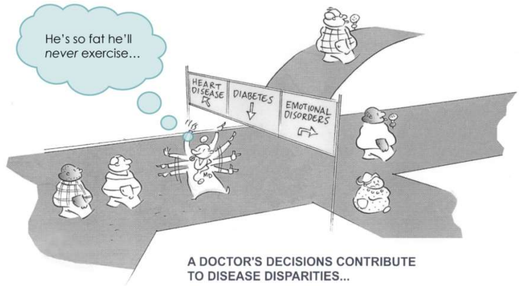


Organizational Characteristics

- Practice culture contributed to appropriate management:
  - Collegiality
  - Management style
  - Organizational trust
  - Profit maximization
- Organizational factors explain 17.6%
- Taken together, organization explains 3/4 of explained variation.

Conclusions: Next Generation

Inside the Doctors Head (Unconscious Bias)



- Current research remains focused on: which doctors make what decisions with whom (which patients).
- Need to shift from **what** causes disparities in diagnosis and management to **why** different decisions are made.
- 'Think Aloud' methods are a first step to understanding *why*, but are limited because doctors can't reveal what is unconscious.
- Implicit Association Tests (IAT) are a recommended next step because they identify what doctors are unwilling or unable (unconscious) to reveal.

Implications

- Demonstrates progress from level to level and is methodologically innovative.
- Why doctors decisions are influenced by some factors more than others requires multidisciplinary research, especially understanding of reasoning processes.
- Must understand the reasons why, or else it is impossible to develop interventions that have any chance of being effective.

Contact: Dr. John McKinlay | Telephone: 617-972-3012 | Email: jmckinlay@neriscience.com