THE 2022 PSPS ANNUAL CONFERENCE

Pain, Spine, Psychology, Synergy

ARIA HOTEL
LAS VEGAS

SEPTEMBER 15-18

PACIFIC SPINE PAIN SOCIETY

Striving for Better: Are We Addressing Inequities?

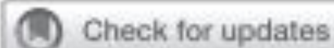
Natalie H. Strand, MD

- Objectives:

- Discuss Racism in the Pain Medicine Community
- Discuss an “inside-out” approach to antiracism to include training programs, practice settings, industry, and professional organizations

No Relevant Disclosures

COMMENTARY



Racism in Pain Medicine: We Can and Should Do More

Natalie H. Strand, MD; Edward R. Mariano, MD, MAS; Johnathan H. Goree, MD; Samer Narouze, MD, PhD; Tina L. Doshi, MD, MHS; John A. Freeman, DO; and Amy C.S. Pearson, MD

An Inside Out Approach

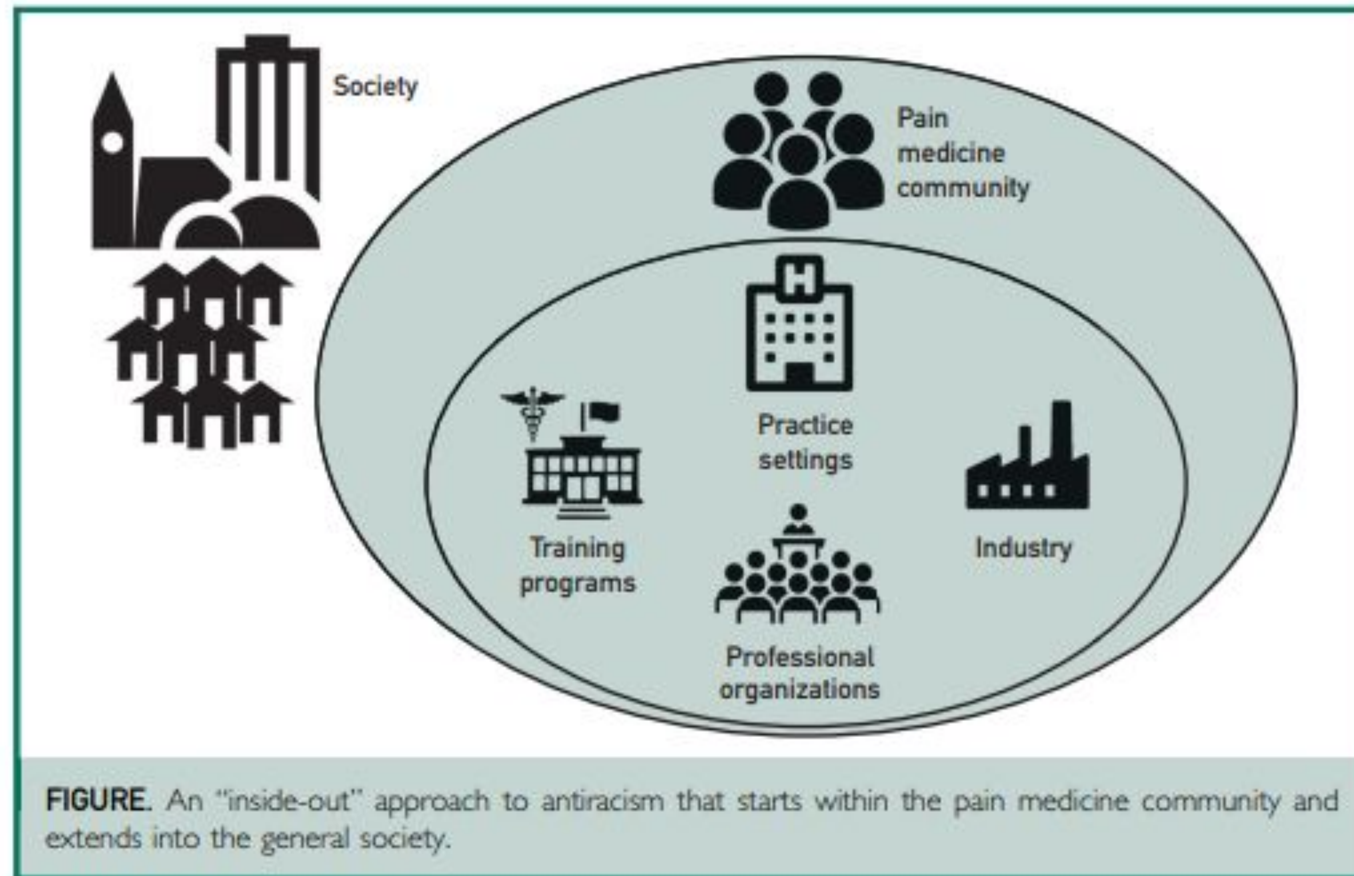


FIGURE. An "inside-out" approach to antiracism that starts within the pain medicine community and extends into the general society.

Mayo Clin Proc. ■ June 2021;96(6):1394-1400 ■ https://doi.org/10.1016/j.mayocp.2021.02.030
www.mayoclinicproceedings.org

TABLE 1. Strategies to Reduce Implicit Bias

Strategy	Example
Stereotype replacement	Be aware of and consciously change a stereotype response.
Counterstereotype imaging	Visualize an opposing stereotype.
Individuation	Learn about a person's situation and personal history.
Perspective taking	Temporarily adopt someone else's perspective.
Increasing opportunities for contact with individuals from different groups	Expand one's personal network and go to events with diverse attendees.
Partnership building	Focus on collaboration.

Data from Institute for Healthcare Improvement.[19]

TABLE 2. Strategies for Improving Diversity Within a Practice

Strategies for Improving Diversity Within a Practice
Examine recruiting and hiring practices (eg, résumé review, interview process).
Comprehensively assess workplace culture and attitudes toward race.
Identify factors leading to employee and patient turnover.
Establish positions of authority that are responsible for guiding and tracking progress toward diversity.
Review patient-marketing practices.
The practice should develop programs to foster mentorship and sponsorship of employees.

Data from Wilson.[27]

TABLE 3. Strategies to Establish a Culture of Safety

Strategy	Example
Create a reporting system.	• Empower team members to speak up when they see racism or implicit bias. • Train individuals to be "upstanders" (someone who takes action after witnessing intolerance) instead of bystanders. • Allow nursing and health care staff to report or discuss biases, microaggressions, and inconsistencies in patient care due to racial or ethnic differences, without fear of repercussion.
Involve patients in safety initiatives.	• Patients provide vital knowledge about medical practices that can be gained only from their perspective. • 360° evaluations have been used in operating room environments to improve communication and to improve behaviors that threaten team performance and patient safety.
Designate patient safety officers, event response teams, and diversity officers.	• Create dedicated teams to monitor outcomes and introduce policy based on findings. • Team leaders develop expertise and provide efficient and effective feedback for the entire team. • Ensure that underrepresented minority members are not expected to speak for their entire race and are fairly compensated for their efforts.

Data from Institute for Healthcare Improvement.[28]

TABLE 4. Strategies to Promote Diversity, Equity, and Inclusion in Professional Societies

Promote fellows and junior faculty nationally.
Review pay and workload structures for inconsistencies.
Journal editors should actively recruit URM reviewers and editors.
For continuing education, topics on pain disparities should be prioritized because there is risk of significant harm if disparities are not addressed.
Grant committees should be diverse and welcome URM applicants.
Professional societies should be held accountable if they do not represent all dues-paying members.
Meeting chairs and planning committees should review panel and speaker proposals for URM members and commit to avoiding all-White panels.
Planning committees and support staff must be diverse.

URM, underrepresented minority.
Data from Silver.[31]

Industry

A discussion of factors affecting the delivery

of pain care must include the influence of industry

Medical device companies decide

who is trained to use innovative new technology and who in turn trains others

Pharmaceutical and device companies sponsor major meetings and presentations, and they select which studies to fund and each site investigator

The diversity of industry representatives and industry leaders has not

been studied in detail, and the influence of representative bias on patient care and

physician satisfaction is unclear

Conclusions

Our primary clinical goal as pain physicians is to improve the quality of life of our patients.

Patients should never receive suboptimal care because of their race, and pain medicine can set an example for other specialties

Acknowledging our implicit biases and taking actions to break down institutional barriers are the first steps toward eliminating pervasive racial disparities in health care and improving outcomes for patients disparities in health care and improving outcomes for patients

REFERENCES

- Strand, N. H., Mariano, E. R., Goree, J. H., Narouze, S., Doshi, T. L., Freeman, J. A., & Pearson, A. C. S. (2021). Racism in Pain Medicine: We Can and Should Do More. *Mayo Clinic proceedings*, *96*(6), 1394-1400. https://doi.org/10.1016/j.mayocp.2021.02.030
- I.V. Blair The malleability of automatic stereotypes and prejudice Pers Soc Psychol Rev, 6 (3) (2002), pp. 242-261
- Institute for Healthcare Improvement How to reduce implicit bias (2017) http://www.ihi.org/communities/blogs/how-to-reduce-implicit-bias, Accessed 11th May 2021
- B.M. Wilson Engaging diversity: best practices to create an inclusive work environment https://digitalcommons.pepperdine.edu/etd/689, Accessed 11th May 2021
- Institute for Healthcare Improvement Develop a culture of safety http://www.ihi.org/resources/Pages/Changes/DevelopaCultureofSafety.aspx, Accessed 11th May 2021
- J.K. Silver A call to healthcare leaders: ending gender workforce disparities is an ethical imperative http://sheleadshealthcare.com/wp-content/uploads/2018/10/Be_Ethical_Campaign_101418.pdf, Accessed 11th May 2021
- N. Tau, T. Shochat, A. Gafter-Gvili, E. Amir, D. Shepshelovich Undisclosed financial conflicts of interest of authors of clinical drug trials published in influential medical journals: a cohort study Mayo Clin Proc, 94 (11) (2019), pp. 2272-2276