What We Chart Matters!

Carolyn Warner-Greer MD
Bowen Center

BOWEN CENTER

21st Century Cures Act

- 2016
- Final rule-patients right to
  - Immediate
  - Free
  - Complete
  - Access to EHR
- Generally online patient portals
- 2020-60% of patients viewed their EHR at least once

BOWEN CENTER

Our Words Matter-EVERYWHERE!

- John Kelly-Addictionary 2016
  - Mainly how we TALK about patients with SU/MI

- Now-what we type matters

BOWEN CENTER

Gaddu, et al. JHU 2017

- “Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record”
- Prior randomized trials demonstrated implicit bias with patients with SU
- Randomized vignettes of stigmatizing vs. neutral language-patient with SCA in ED
- Evaluated attitude towards patient and pain management decisions

BOWEN CENTER

- 413 medical students/residents
- EM/IM programs
- Read two vignettes
  - Stigmatizing Language-more negative attitudes
  - Neutral Language-more aggressive pain management
- Conclusion
  - Language impacts treatment
  - Language impacts FUTURE treatment (with EPIC, maybe FOREVER!)

BOWEN CENTER

Two Vignettes

- Vignette A
- Vignette B

BOWEN CENTER

How Do We Communicate?

- Example of 1990-2010 (ish)
  - Handwritten notes
  - Phone calls
  - Verbal change over
- Today-EHR
  - Within same practice
  - Within same health care system/hospital
  - Across multiple health care system

BOWEN CENTER

Stigma

- Mark or signal someone as
  - Less worthwhile and therefore,
  - Merits inferior treatment
- Shared social construct communicated through language
- Forms:
  - Marking/labeling
  - Assigning responsibility/blame
  - Questioning credibility
  - Invoking danger/peril

BOWEN CENTER

Examples

- Labeling as disease (diabetic, alcoholic, sickler)
- Non-compliant
- Poor historian
- Refuses vs. chooses
- Convict, prostitute, illegal
- Alleges/claims/reports
- Weaponized quotes-
  - Signal low educational status
  - Signal dishonesty/exaggeration

BOWEN CENTER

Implicit Bias

- Automatic activation of stereotypes derived from common cultural experience
- Overrides deliberate thoughts
- Influence judgement in unintentional and unrecognized ways
- Affects communication behaviors and treatment decisions

BOWEN CENTER

Harvard Implicit Bias Test

- Education (harvard.edu)
- The IAT measures the strength of associations between
  - **Concepts** (e.g., black people, gay people) and
  - **Evaluations** (e.g., good, bad) or **Stereotypes** (e.g., athletic, clumsy).
  - The main idea is that making a response is easier when closely related items share the same response key.

BOWEN CENTER

How Does the EHR Contribute to IB?

- Reading another providers note
- Especially vulnerable-HCP in training “hidden curriculum”
- Again, downstream impact due to the copy and paste phenomena

BOWEN CENTER

The Danger of Copy and Paste

- David Confer
- Narrow/prejudiced thinking is easy to put in a note
- However, it may not be a relevant observation down the road
- Epic, Avatar Flags
- Seinfeld-Elaine
- Diagnostic accuracy plummets when patient is identified as “difficult”

BOWEN CENTER

Where Does IB Show in EHR?

- Harm reduction strategies for stigmatized groups
- Persons of advanced age
- Persons of non-white race
- Persons with limited English proficiency
- Persons living with HIV
- Persons of the LGBTQIA+ Community

BOWEN CENTER

Where Does IB Show in EHR?

- Persons with SUD
- Persons with history of incarceration
- Persons with low SES/homelessness
- Persons with disability
- Persons with mental illness
- Persons with obesity

BOWEN CENTER

Park, et al. “Physician Use of Stigmatizing Language in Patient Medical Records

- JAMA Open Network 2021
- 600 E/M notes, 138 physicians
- Discovered 6 ways **positive** feelings were expressed
- Discovered 5 ways **negative** feelings were expressed

BOWEN CENTER

Patients are NOT treated equally

- Racial/ethnic identity
- Social class
- Older patients
- Low health literacy
- Obesity
- Substance Use

BOWEN CENTER

Negative Feelings

- Questioning patient credibility
- Expressing disapproval of patient reasoning or self care
- Stereotyping by race or social class
- Portraying patient as difficult
- Emphasizing physician authority over patient

BOWEN CENTER

Questioning Patient Credibility

- Lack of competency to remember details
- Question sincerity
- Common areas:
  - Symptoms
  - Adherence to treatment regimen
- “Supposedly” “Claims” “Insists”
- Weaponized quotes-”scare quotes”

BOWEN CENTER

Disapproval

- Poor patient reasoning, decision making, and behavior
- Consider patient health beliefs unorthodox
- Consider patient overreacting
- Consider patient is exhibiting poor judgement
- Nonadherence AND qualified disapproval
- Implied tiresome repetition

BOWEN CENTER

Racial or Social Class Stereotyping

- Quoting patient
  - Racial vernacular
  - Incorrect grammar
  - Nonstandard oversimplified medical terms

BOWEN CENTER

Difficult Patient

- Details to portray patient as
  - Ignorant
  - Temperamental
  - Frustrated with patient
- Condescending or Emotional Language
- More weaponized quotes

BOWEN CENTER

Unilateral Decision Making

- Paternalistic tone
- Upholds the image of a power dynamic
  - Physician presumes authority
  - Patient is ignorant

BOWEN CENTER

Positive Feelings

- Direct compliments
- Expressions of approval
- Self-disclosure of physician’s own feeling towards patient
- Minimization of blame
- Personalization
- Highlighting patient authority for their own decisions

BOWEN CENTER

Compliments and Self-Disclosure

- Explicit descriptions of patients with positive adjectives
- Can be viewed as negative as well
- Physician shares their personal positive emotions about patient
- Personal happiness
- Satisfaction
- Encouragement

BOWEN CENTER

Approval and Minimizing Blame

- Positive patient behavior
- Patient active in care
- Patient achieved something difficult
- Positive tone despite lack of adherence
- Minimizing patient role

BOWEN CENTER

Personalization and Collaborative Decision Making

- Details about patient life that they shared
  - “They enjoy their new job”
- Contrast to unilateral decision making
  - “We discussed”
  - “He would rather”
  - “She will consider”

BOWEN CENTER

Fallout

- Patient perceives negative emotions→ confirms with EHR note
- More likely to self fulfill prophesy
- Distrust care
- Disengage with care all together

BOWEN CENTER

Why do we do this?

- Time pressure
- Emotional frustration
- Burnout
- Easy to “vent” in the EHR

BOWEN CENTER

Examination of Stigmatizing Language in EHR

- Himmelstein, et al
- JAMA Open Network 2022
- Examined how stigmatizing language is used in admission notes for patients with:
  - Diabetes
  - SUD
  - Obesity
- 2.5% of 48K notes had stigmatizing language

BOWEN CENTER

Examples

- Argumentative
- Belligerent
- Difficult patient
- Combative
- User
- Secondary gain
- Failed
- Fake
- Habit
- Abuser
- Refuses
- In denial
- Unwilling
- Uncontrolled
- Cheat
- Drug Seeking
- Compliance
- Been clean
- Claims

BOWEN CENTER

Examples

- “Patient failed to follow up in endocrine clinic”
- “Patient is noncompliant with insulin regimen”
- “Patient refused diabetic diet”
- “Started opioids for pain control and admits to becoming addicted to them.”
- “Avoid narcotics due to history of abuse”
- “He is a habitual cocaine user”

BOWEN CENTER

Examples

- “Questionable if hyperalgesia or drug seeking behavior”
- “Patient has multiple psychiatric diagnoses including malingering”
- “Concern for secondary gain with narcotic seeking behavior”

BOWEN CENTER

Specific Situations-Obesity

- Despite knowledge that BMI is more related to
  - Biology
  - Underlying disease
  - Genetics
  - Socioeconomic status
- Health Care focuses on the individual as the loci for change
  - “Exercise more and eat less”
  - “Boot strap mentality”

BOWEN CENTER

Specific Situations-Obesity

- Classes of obesity: Person with obesity vs Obese person
  - Class I BMI 30-35
  - Class II BMI 35-40
  - Class III BMI >40
- Body size should not be included in identifying information

BOWEN CENTER

Specific Situation-Substance Use

- Avoid labeling a patient with SUD unless they meet DSM 5 criteria
- HPI-patient report
- Assessment/Plan-review objective data
- Positive drug tests only show what they show
- “Share truth in love”- practice how to work with colleagues to change language
- “Struggles, suffers”

BOWEN CENTER

Specific Situation-Diabetes

- Labeling patient as a disease
- “Failed treatment”
- “In denial”
- “Test”
- Using scare tactics
- “Controlled”
- “Compliant, adherent”

BOWEN CENTER

Specific Situation-Patient Identifiers

- UW Medical School 2021
- Patient identifiers can reinforce or dismantle implicit and explicit biases
- Guidelines
  - Include: age, preferred gender identity
  - Do not include: race, ethnicity, body size, ability/disability (PMH), sexual preference/behaviors (sexual history)

BOWEN CENTER

How Can We Do Better? (now that patients will read our notes!)

- Be clear and succinct
- Directly and respectfully address concerns
- Use supportive language
- Include patients in the note taking process
- Encourage patients to read their notes
- Ask for and utilize feedback
- Use amendments

BOWEN CENTER