

# On the Road to Health Equity

## Eliminating Race-Based Medicine at NYC H+H

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## **“Medical Eracism” Initiative Aims to Abolish Race-Based Assessments Used for Medical Decisions**

*Public health care system will eliminate common diagnostic tests for kidney disease and pregnancy that are based on biased assumptions and can negatively impact quality of care for patients of color*

*Initiative builds on the health system’s commitment to eliminate implicit bias in health care and provide equitable, quality care to all patients*



# Kotter Model for Change



(Source: Adapted from Kotter 1996)



# #1 - Create Sense of Urgency

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PRESS RELEASES

## New AMA policy recognizes racism as a public health threat



NOV 16, 2020

Live Your Healthiest Life. NYC HEALTH+ HOSPITALS

Friday, December 11, 2020

### Attacking Racism at NYC Health + Hospitals as a Public Health Threat

This past month, the American Medical Association (AMA) declared racism "an urgent public health treat." NYC Health + Hospitals wholeheartedly agrees, and we are glad to see the AMA take this important and necessary step forward in declaring racism a key driver of health inequity.



## #2 - Gather Your Coalition

- Social / Political will to change
  - Office of Quality & Safety, System CQO
  - Equity and Access Council, System CDIO
  - Office of Population Health, System CPHO
  - System CMO, Hospital CMOs / Presidents
  - Clinical Councils - Internal Med, Nephrology, Critical Care, Clinical Laboratories
  - EMR
  - CEO / Board



## #3 - Develop Steps to Eliminate Race-Based GFR

- Identification of the problem
- Framework to review Race-Based Medicine (RBM)
- Provide data of current problem
- Provide patient perspective
- Tailor message for various audiences
- Communication strategy



## #4 - Strategic Clinical Approach

- Comprehensive lit review
  - Researching the origin of the algorithm
  - Rationale for the inclusion of race
  - Effects of race on the algorithm's recommendations.
- Identify clinical and operations subject matter experts to partner with
- Create 1-pagers to provide the rationale for removing race from the algorithm
- Socialize 1-pager infographic and other tailored content broadly and often to patients, clinicians, and staff

# MEDICAL ERACISM: REMOVING RACE-BASED eGFR



## CONTEXT

- When calculating a patient's kidney function (GFR), we often use a set of calculations based on various factors to estimate their glomerular filtration rate or eGFR
- Traditionally, these risk factors include serum creatinine, age, sex and **race (Black vs. non-Black)**
- The equation reports out two values. For Black patients it increases the estimated GFR by 16-21% to account for their "increased muscle mass", though no robust scientific evidence exists to support this claim
- **The unintended consequence is to assert and propagate a biological cause for Black bodies being different from all non-Black bodies, a popular eugenicist view**

## CONTRIBUTING FACTORS



- ❑ African Americans have a **3x** and Hispanics **1.5x higher risk** of developing kidney failure than White Americans<sup>1</sup>
- ❑ By having higher eGFRs, Black patients might have delayed referral to specialty services, dialysis and transplantation



## KEY TAKEAWAYS

- ❑ The inclusion of race is fraught with bias and has lasting deleterious implications for our Black patients. **For a multitude of social and scientific reasons, the Nephrology workgroup feels strongly that the inclusion of subjective race (a social construct) as an objective (biologic) proxy for creatinine generation / clearance in the biomedical environment does not meet the scientific rigor required at NYC Health + Hospitals for our diagnostic screening tools.**

## PLANS FOR CORRECTIVE ACTION



- ❑ Lab Services - Standardize all eGFR calculations to use CKD-EPI eGFR(Cr) where results will be reported without race adjustment based on serum creatinine, age, sex, and is normalized to 1.73m<sup>2</sup> body surface area
- ❑ Epic – Work to ensure raced based eGFR is no longer reported out as 2 different values to our clinicians and patients
- ❑ **Approved by Nephrology Workgroup, IM Council, ICU & OB/GYN leadership, Quality & Safety, Medical & Professional Affairs, Equity & Access Council, Clinical Lab Council, CMO Council**

1. <https://www.kidney.org/news/establishing-task-force-to-reassess-inclusion-race-diagnosing-kidney-diseases>



## #5 - Overcoming Challenges

- There's no biological basis for race, remind people of the history of race in medicine
- It limits and corrupts knowledge production as a lazy and shameful crutch/proxy
- It is an ecological fallacy
- Leads to medical bias and healthcare stereotyping as well as racially tailored care.
  - Separate and unequal
- Racializing disease and management forces our providers to determine differential treatments for their patients based on race (a socio-political category) → **racially discriminate in our care**

## #6 - Tailoring Your Message for Buy-In

- Financial – violation of federal Civil Rights law, which may lead to lawsuits and liability
  - (Civil Right Act – Title 6) & (Affordable Care Act – Section 1557)
- Ethical – may be contributing to racial health inequities which are contrary to our moral mission in healthcare
- Clinical – not based in sound science, free of bias, with universally justifiable reasons for its inclusion. Also, hard to actualize in practice without the undue influence of implicit and explicit bias

## #7 - Communicate your vision clearly and often

- Race is not a biological category that produces health disparities due to genetic differences, rather it is a socio-political system based on hierarchical phenotypic categorization used to support and propagate structural racism
- Race is not the risk factor for inequitable disease outcomes, but rather RACISM is, through its explicit and insidious grave biological consequences on human bodies and environmental living conditions



# # 8 - Launch your Campaign!



Medical Eracism - eGFR



Medical Eracism - VBAC

Live Your Healthiest Life. NYC  
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Thursday, February 11, 2021

## **Abolishing Race Based Medicine for Kidney Function, VBAC and More**

NYC Health + Hospitals Office of Quality & Safety, in partnership with the Equity & Access Council, has embarked on an effort to abolish race based medicine from our medical practices across our health system.

NYC Health + Hospitals is proud to be leading the nation in removing race based practices in the delivery of care. We stand resolute in treating our patients as individuals and targeting our treatments and guidance based on their specific biology and unique social and life experiences, not simply their race or ethnicity.