

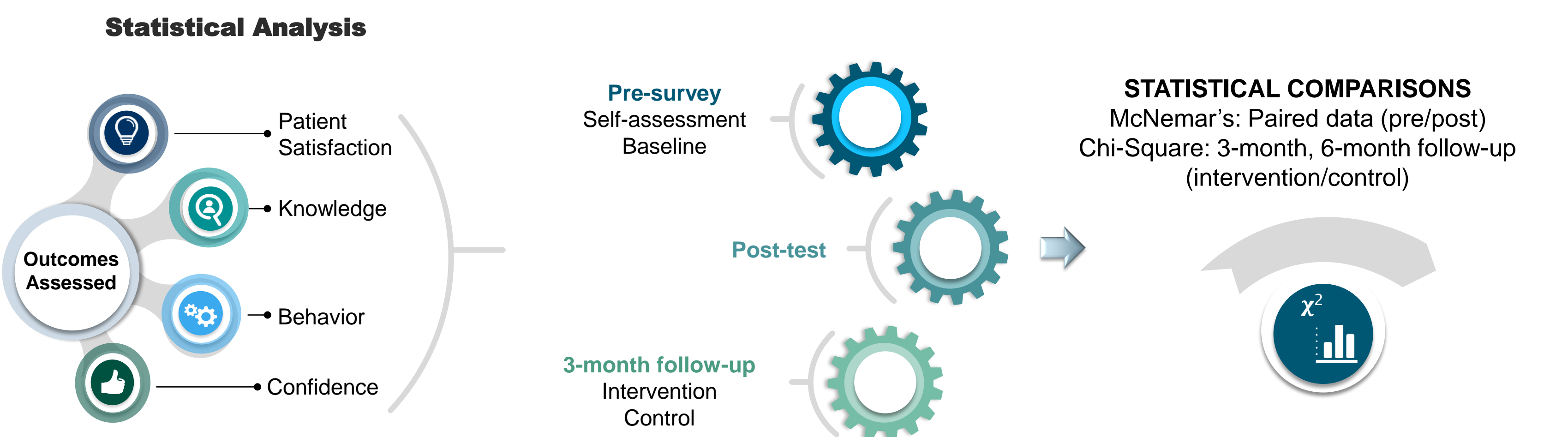
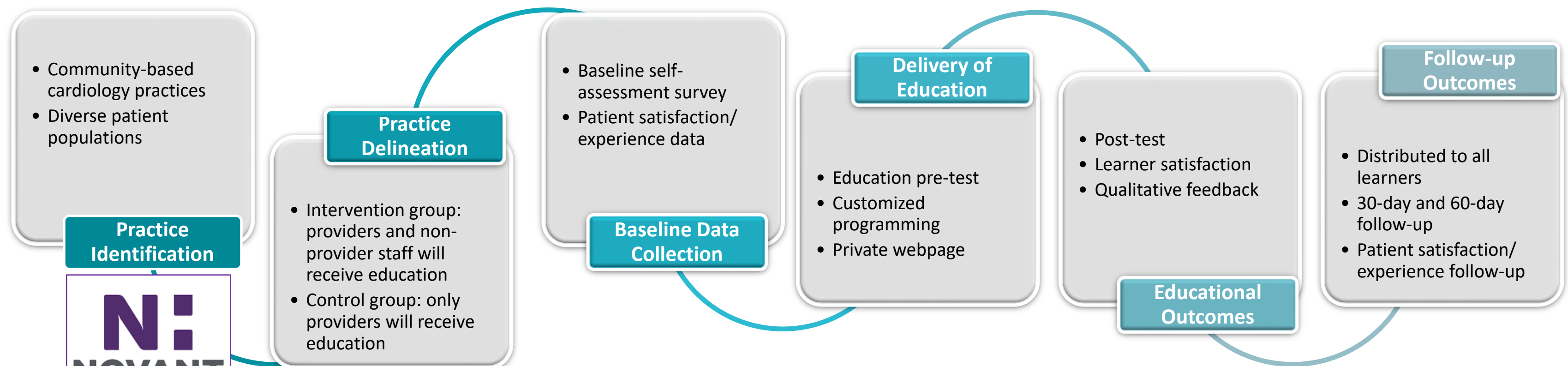
BACKGROUND

Front office staff and non-HCPs are often left out of education that is aimed at improving knowledge, competence, and behavior related to implicit bias, equity, and disparities in health care. Front office staff are the first point of contact for patients whether it be scheduling an appointment, answering general questions, or checking in patients. Patient satisfaction and trust impact care, and the first interaction at a practice is often the most influential in their ongoing care journey.

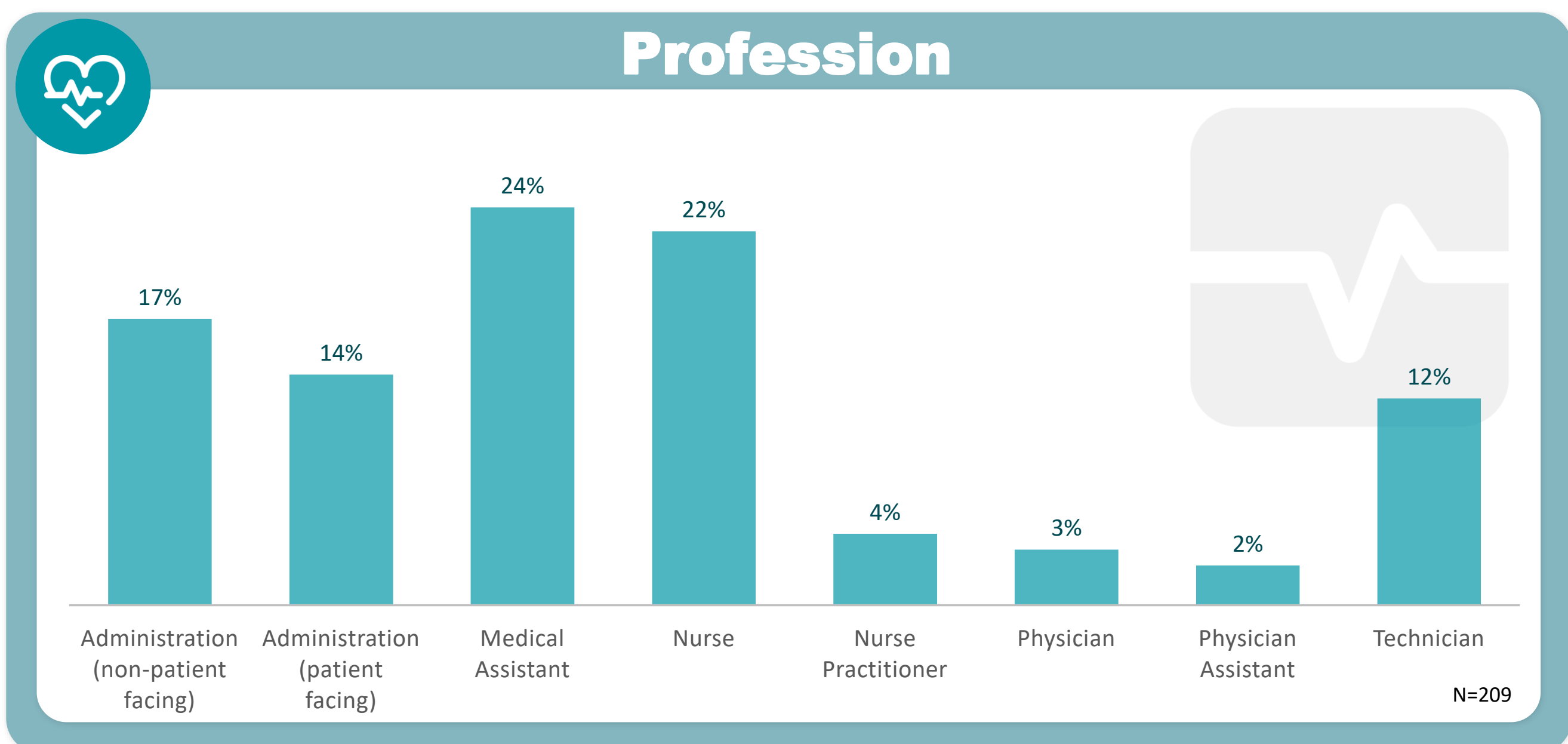
To measure the effects of education to front office staff and non-HCPs on patient satisfaction, our group developed medical education presented to eight cardiology clinics within a single health network, Novant Health. At six of those clinics, all staff are required to complete the education, clinicians as well as front office staff. Acting as a comparator group, at two clinics, only clinicians will complete the education. Traditional pretest and posttest scores are collected from learners. Additionally, clinics provide de-identified patient satisfaction/experience data that are collected as part of the medical health record and patient surveys before the education was deployed and will be re-assessed 3 months post-education. Lastly, follow-up surveys will be disseminated at 30- and 60-day intervals to determine the long-term effects of the provided education for the staff and HCPs.

Preliminary data demonstrates the effect of education to front office staff on implicit bias, equity, and disparities in health care compared to a control group within the same system. Results of the current initiative can help inform the feasibility of instituting educational interventions to front office staff at other health systems, in cardiology as well as other clinics where disparities in care persist.

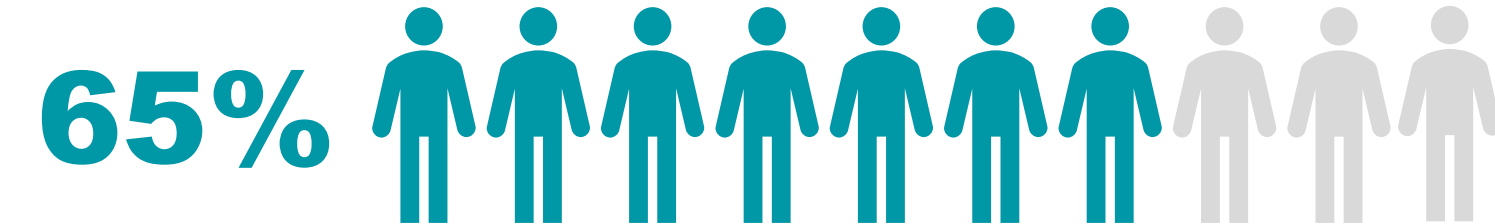
Methods



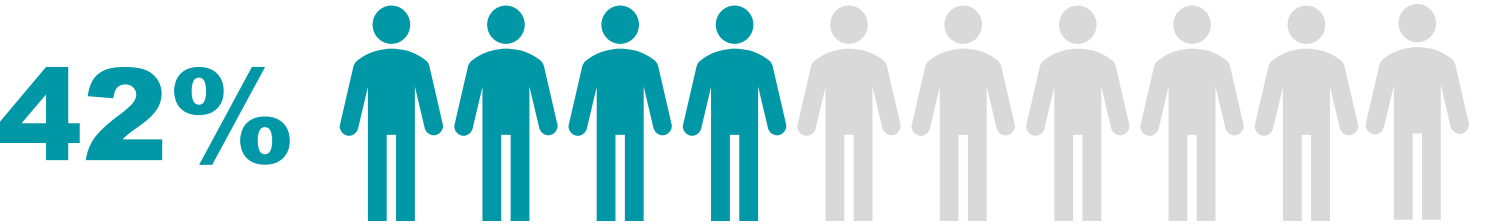
Outcomes – Baseline Demographics



Participated in bias training/education as part of professional career

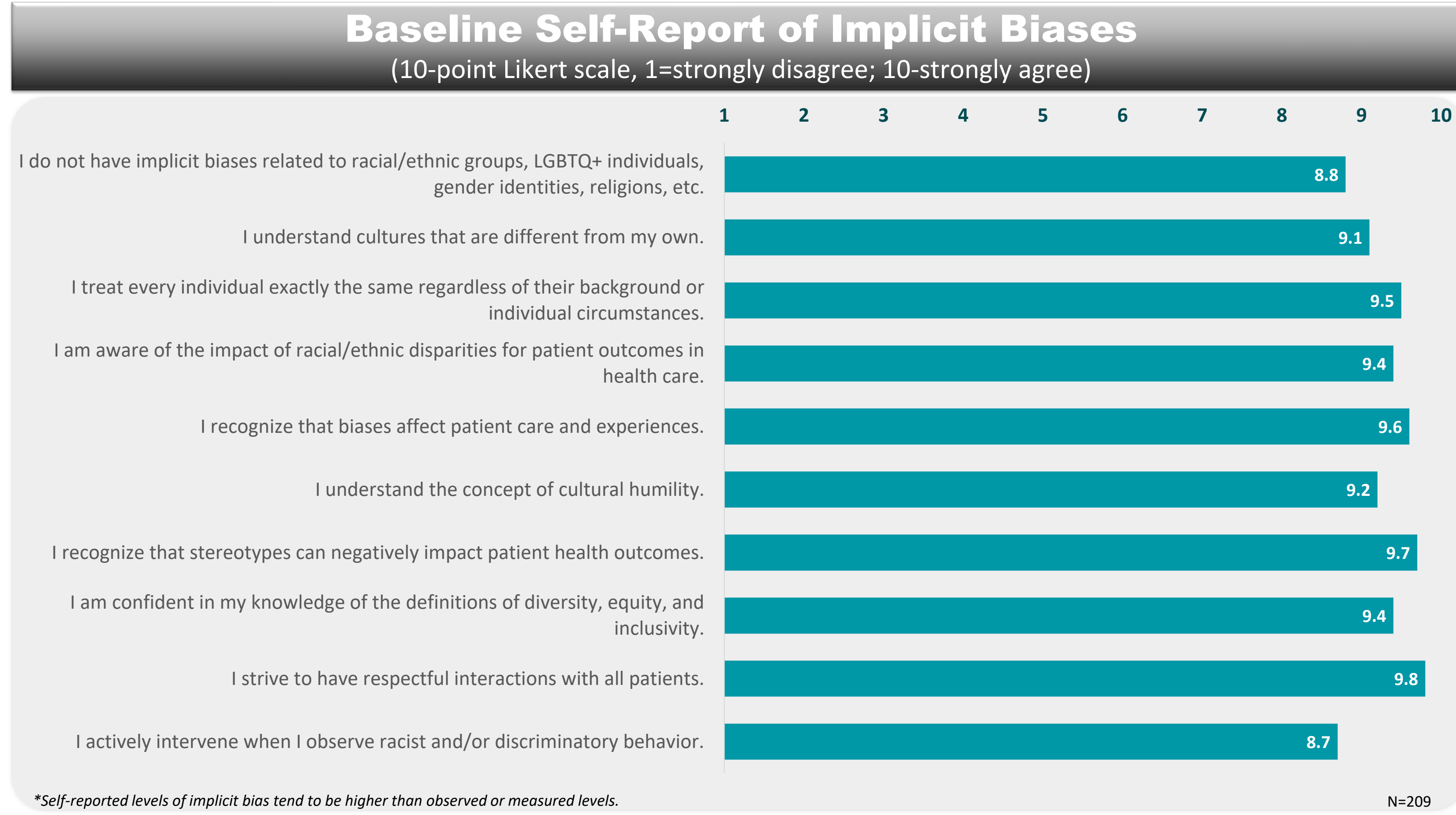


Participated in bias training/education in the past 12 months

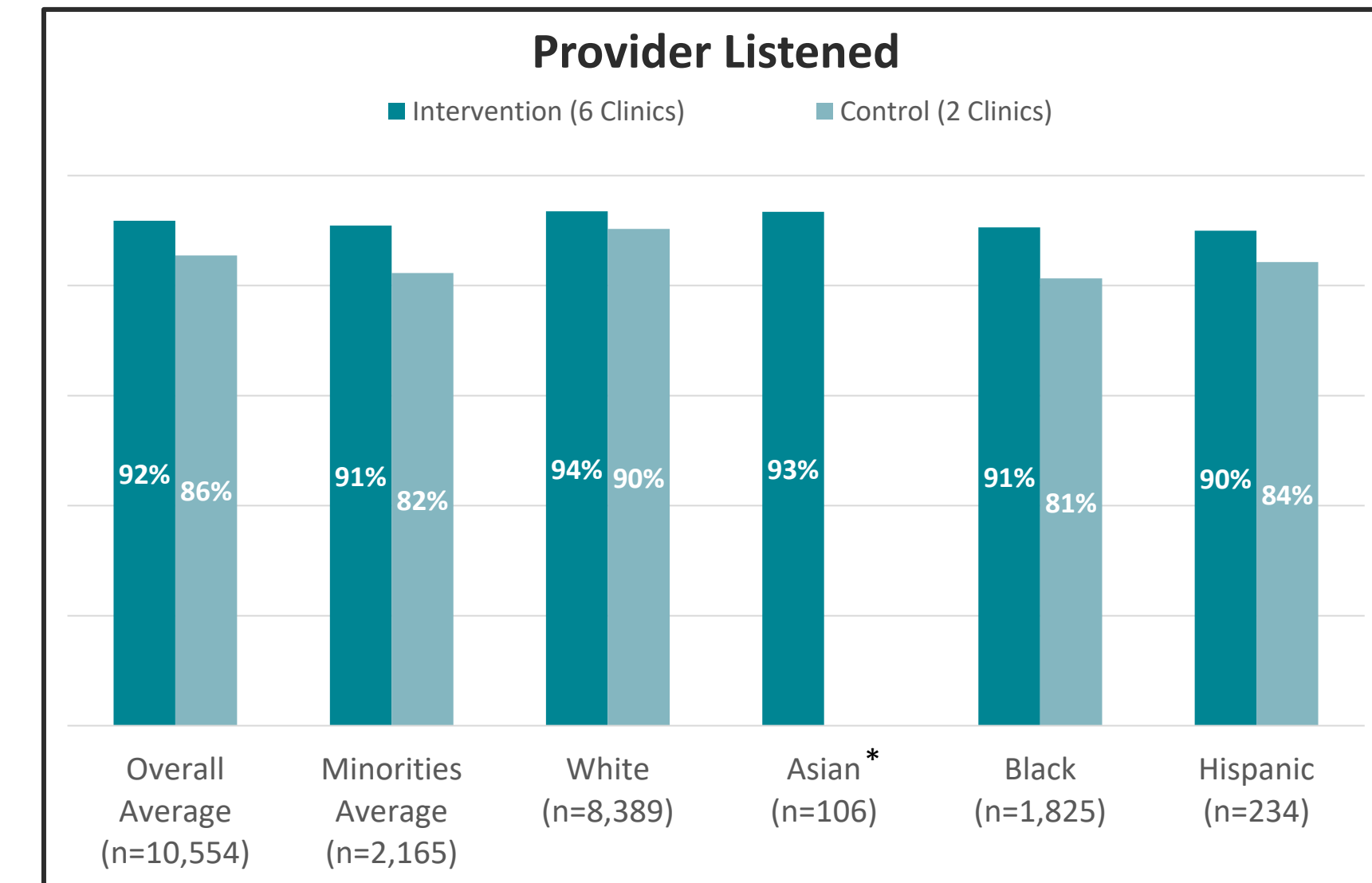


Baseline demographics includes participants from the intervention and control clinics.

OUTCOMES – BASELINE DATA

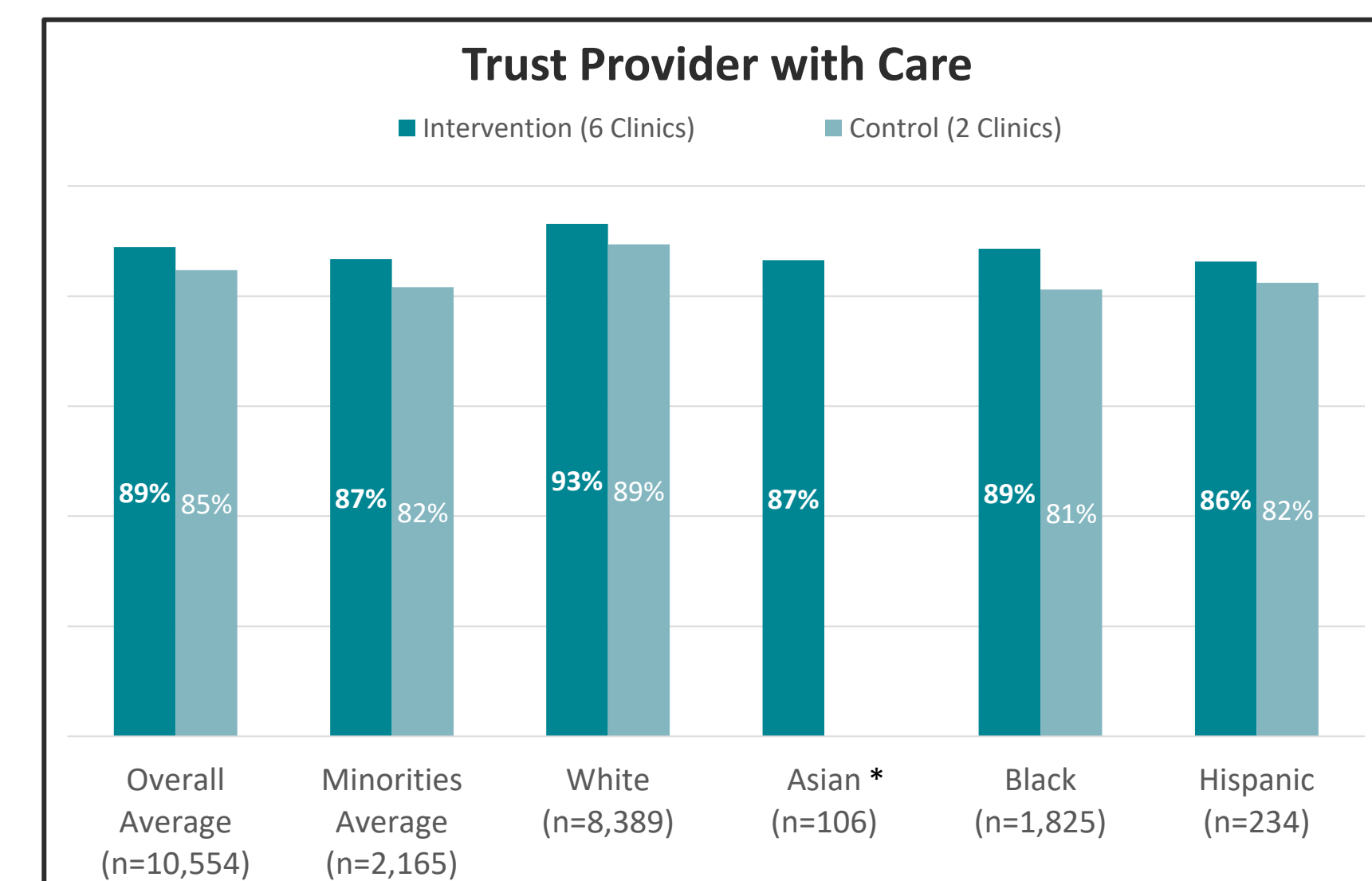


Baseline Patient Experience – January – September 2023



Patient Experience Summary

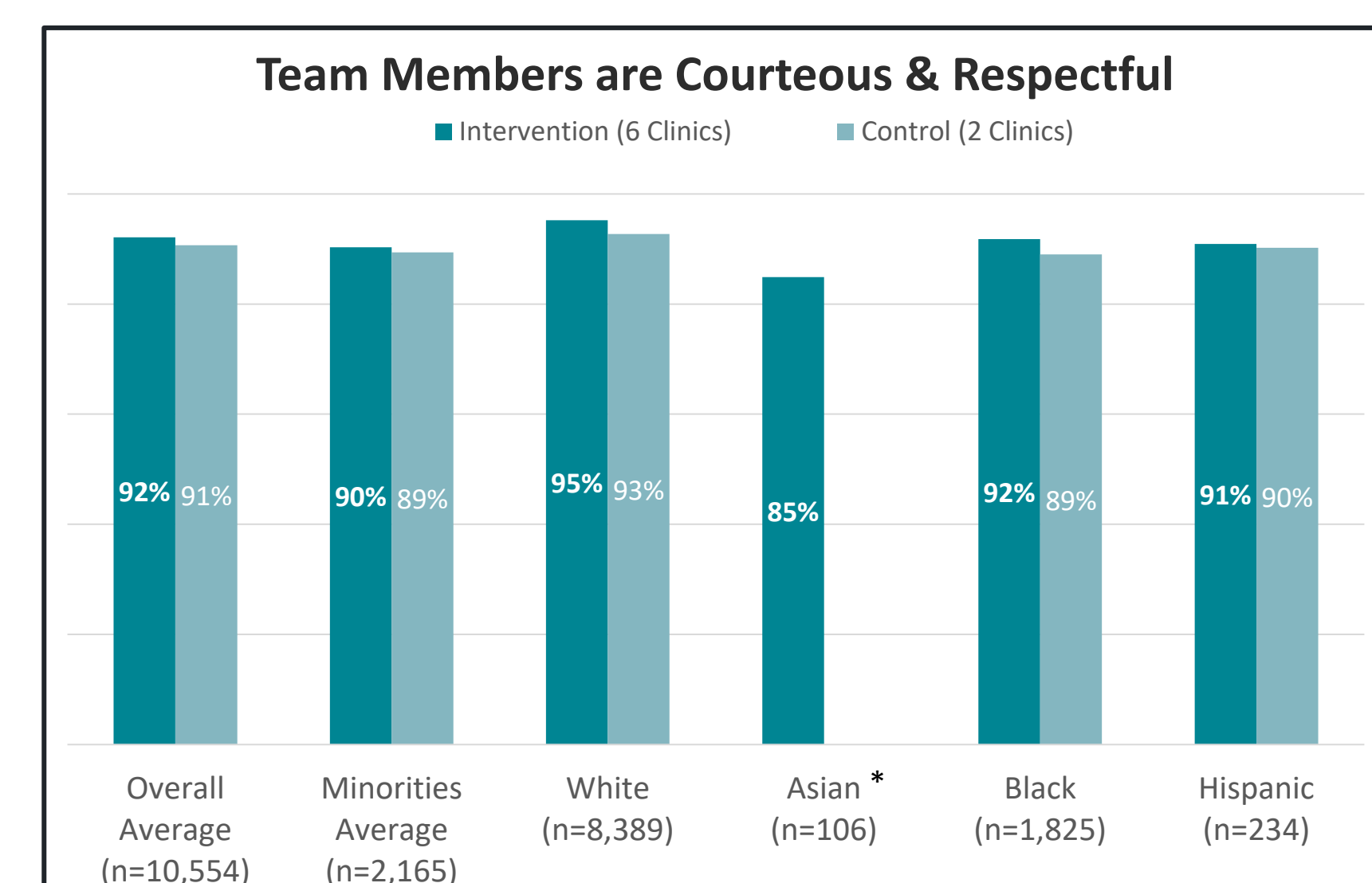
CMEO partnered with Novant Health to analyze patient experience data over a 9-month period to establish a baseline for how patients viewed their providers as well as their overall experience in the eight identified cardiology clinics. Although data is positive across the subgroups, there are differences between White individual and non-White individual groups. This is also evidenced in the language used in qualitative responses, where non-White individuals used stronger terms from their negative interactions. CMEO and Novant Health will re-assess patient experience data from December 2023-February 2024, following the educational module deployment, with the goal of shifting patient experiences when the entire team is educated (intervention group) vs. clinicians only (control group).



Patient Qualitative Examples for Individuals Identifying as White

"The receptionist was a bit bossy and intimidated like she owned the place. Giggling and laughing with her colleagues was totally unprofessional."

"The rude and snappy woman at the front desk I have not seen in several visits, I am so glad I have had no interactions with her."



Patient Qualitative Examples for Individuals Identifying as Black, Asian, or Hispanic/Latino

"The checkout at the front desk was very impersonal & hurried. She did not show interest in accommodating the next needs. Pushed off to another day or someone else to deal with."

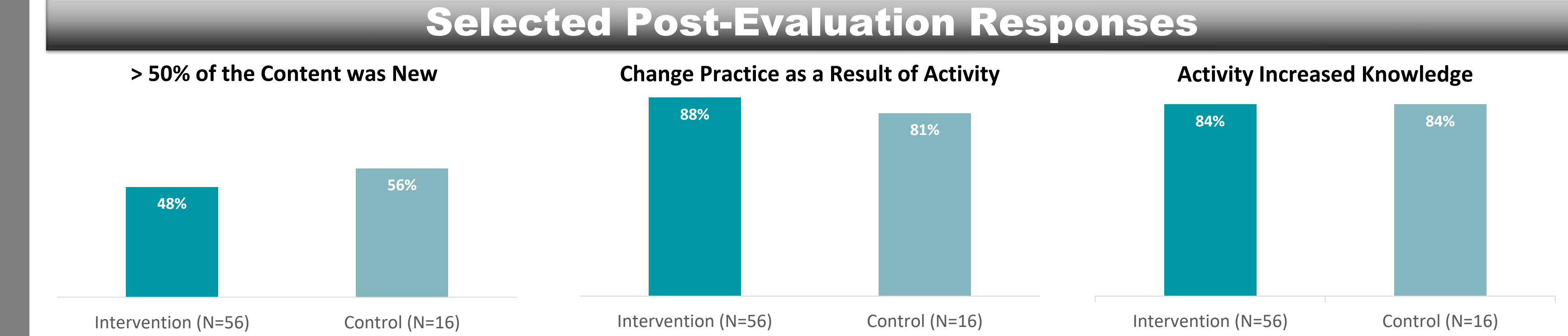
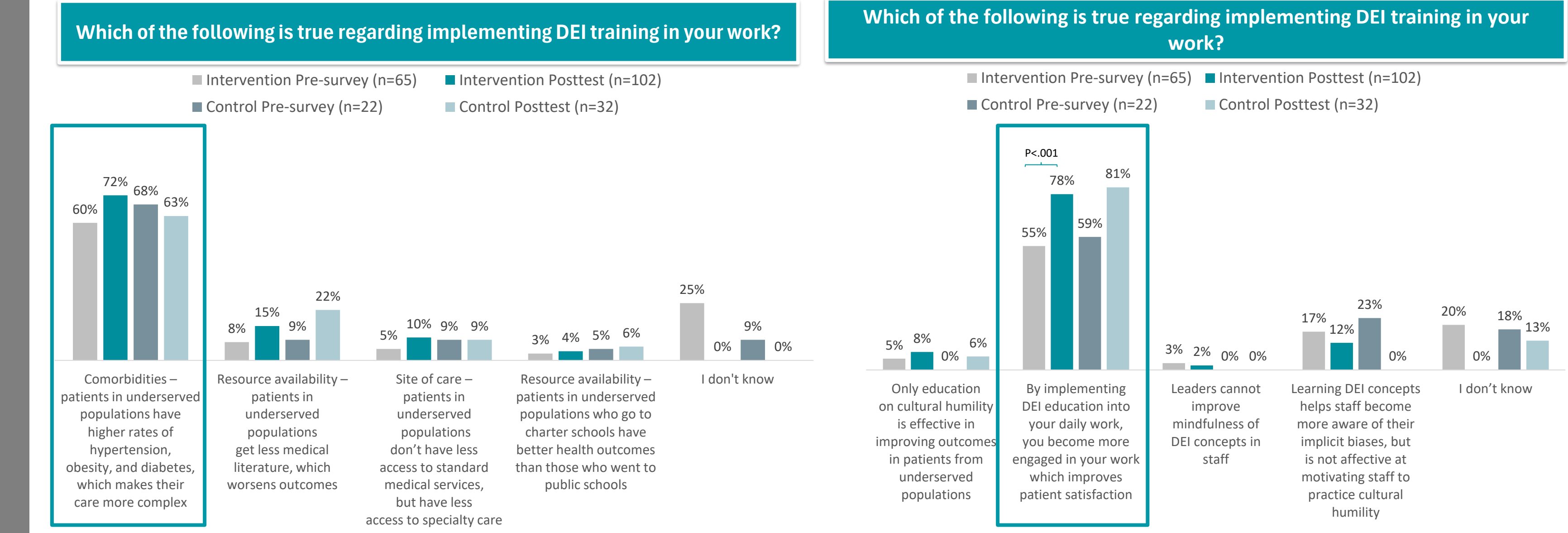
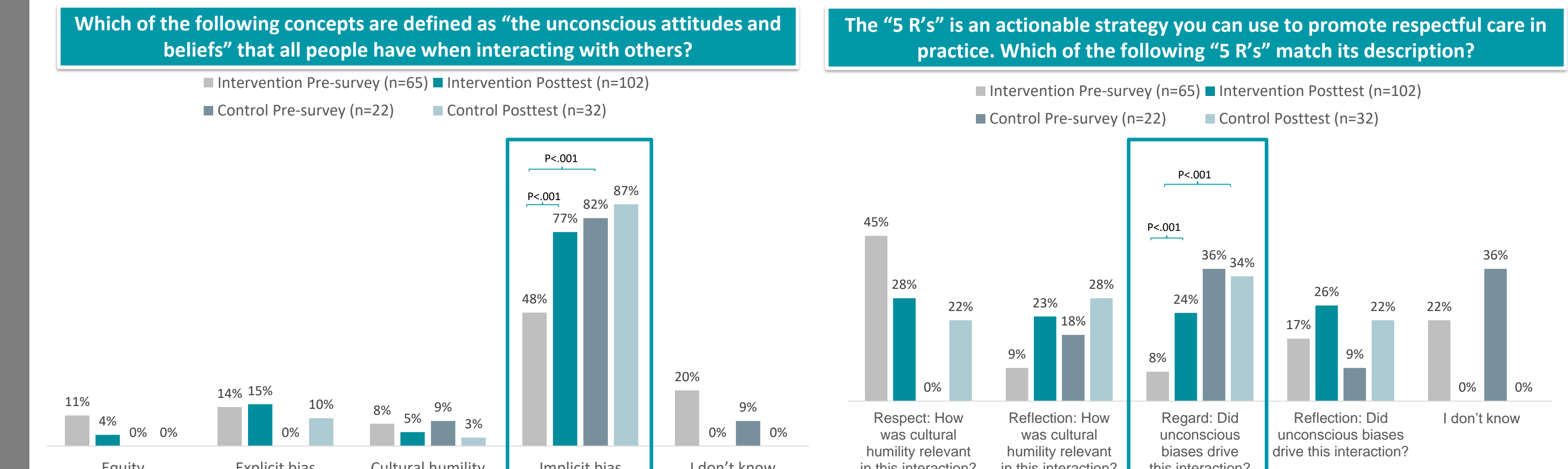
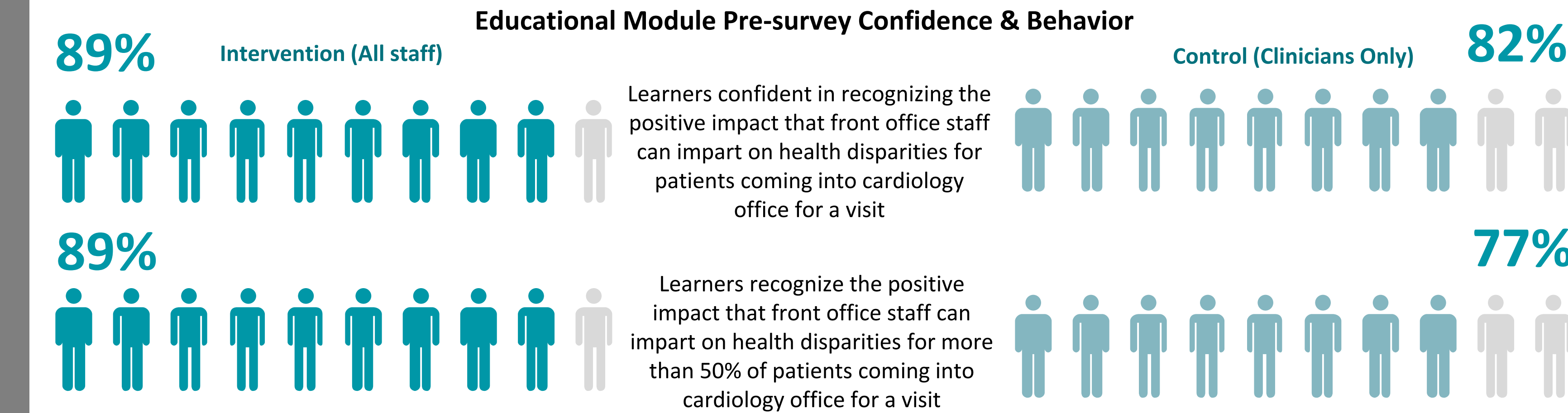
"The staff in the check-out stations are NOT friendly. When I got to the check-out stations, there were at least two reps available, and I was the only patient in the check-out stations. But they acted like they did not want to help me and just let me stand there. When one rep finally called me to his station, his attitude was not courteous at all."

"Although I was treated in a professional manner... it felt cold and distant. It felt like... a quick conversation which led to comments about several expensive tests to be ordered as well as medication. It felt like I was not seen as an individual person who mattered- but it was like I was patient #1 - now let me get to the next patient #2. It may be the culture of the company to just keep it moving... like a turnstile."

"The staff at the checkout desk are rude, disrespectful and behave in a way that their political views are more important than their patient's health and refused to schedule my follow up appointment. I had to leave and call them to schedule my follow up."

"She was rather rude and spoke to me like a petulant child. It was rather demeaning and very upsetting."

OUTCOMES - IMPACT OF EDUCATION



PRELIMINARY CONCLUSIONS

- Despite a higher percentage (68% vs. 36%, p=.003) of learners with previous training/education related to bias education, intervention learners (all staff) scored lower on the pre-test knowledge and competence questions, than the clinician-only control group. This data demonstrates that learners, despite traditional bias training and high confidence in their knowledge, still need ongoing education that is applicable to daily practice from front office to clinical staff.
- The clinician-only control group agreed more often there is a positive impact that the front office staff can impart on health disparities for more than 50% of patients coming into a cardiology office for a visit.
- The intervention groups' knowledge increased from pre- to post-survey in all items indicating the benefit of the education provided to the team as a whole, when the education is specific to the patient population in the practices.

NOTE: This initiative is ongoing with only one-half of potential learners to date completing the educational module. Patient experience data at follow-up will be assessed to determine whether education to the entire team improves overall patient experience.

MOST IMPORTANT TAKEAWAYS

"Understanding everyone's differences and being able to talk and understand them more, to help them feel more comfortable and understood."

"Understanding my own implicit bias."

"Principles of cultural humility and how it applies to our interactions."