

Health Equity Prototypes

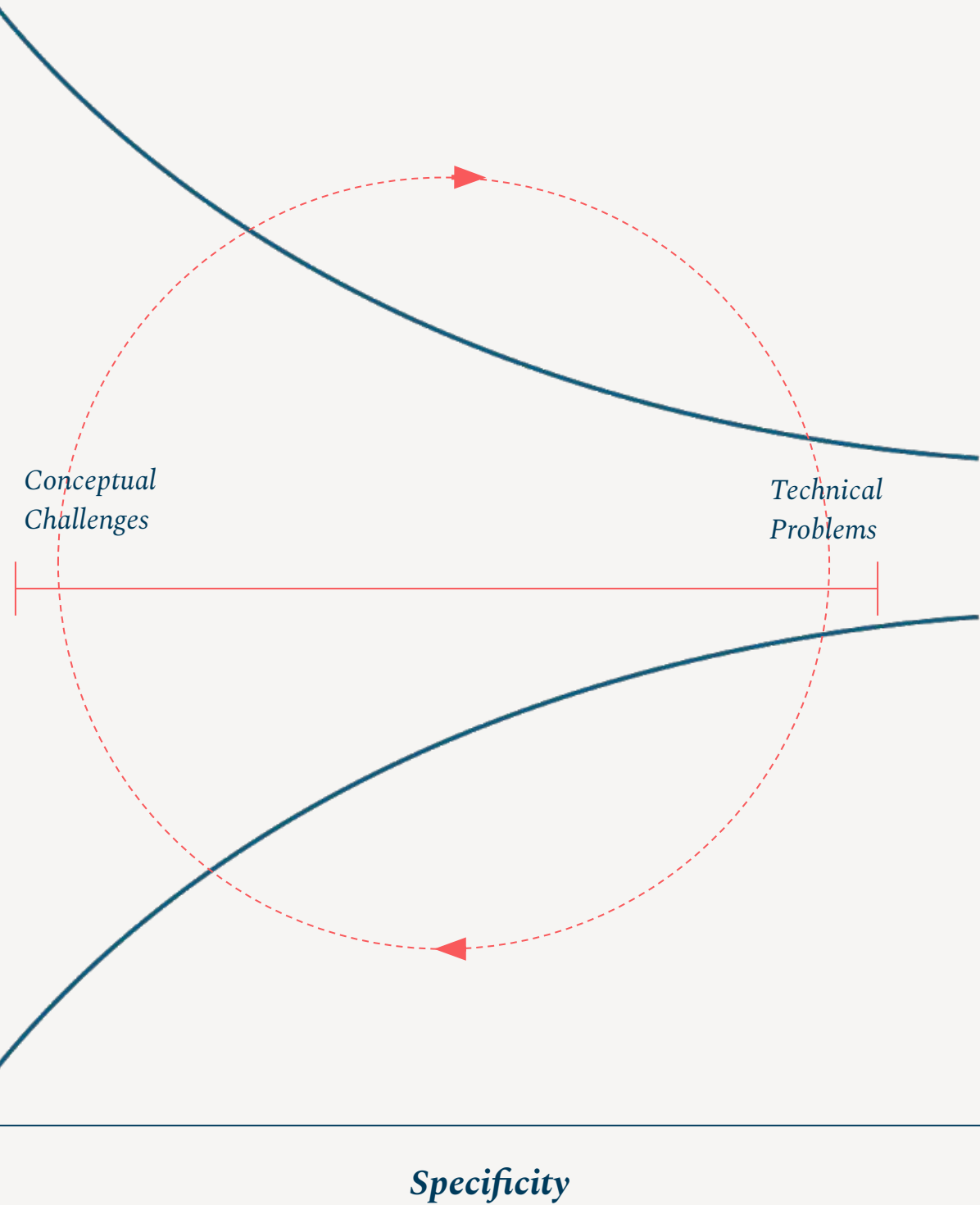
Ideo.org + RWJF

RISD Center for Complexity

About CfC

Our ambition is to apply creative practice to create change within complex systems -- where everything around us that's not natural law stems from human decisions, choices

All possibilities



An **epistemological error** is a flawed belief system. It arises when systems, groups, or individuals accept as fact the rules, beliefs, assumptions, norms, boundaries of scope, and behaviors rooted in outdated, or insufficiently interrogated principles. Epistemological errors of thought, if held too dearly or left uninterrogated for too long, delay new insights, can cause harm, and entrench ideologies.

Some examples from human history:

- Inequity
- There's such a thing as normal
- Earth is the center of the universe
- John Locke's theory of Tabula Rasa
- Caste systems
- Gender as a binary

Our team



Julie Woods



Sahib Singh



Toban Shadlyn



Justin W. Cook



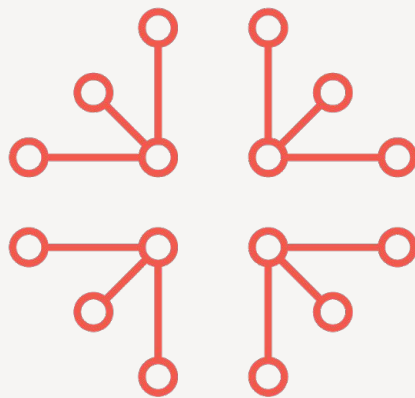
Tim Maly

Organizing Schema for our Work

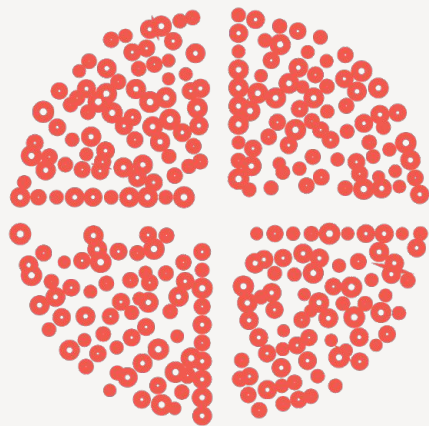
Global Security



Systems of Care



Design & Public Policy Studios



We set out to design a set of interventions with the power
to *reveal the unseen and unseeable in the American healthcare system. We aim to catalyze a collective reckoning with the inequities, policies, and practices that drive poor health outcomes for BIPOC communities.*

Our focus is an important site of cultural transmission and learning within the medical community; the Morbidity and Mortality Conference (MMC). We believe redesigning the MMC offers a model and pathway for society to achieve health equity.



Reveal

the hidden biases, systems dynamics, and epistemological errors that perpetuate inequity and lead to adverse outcomes



Shift

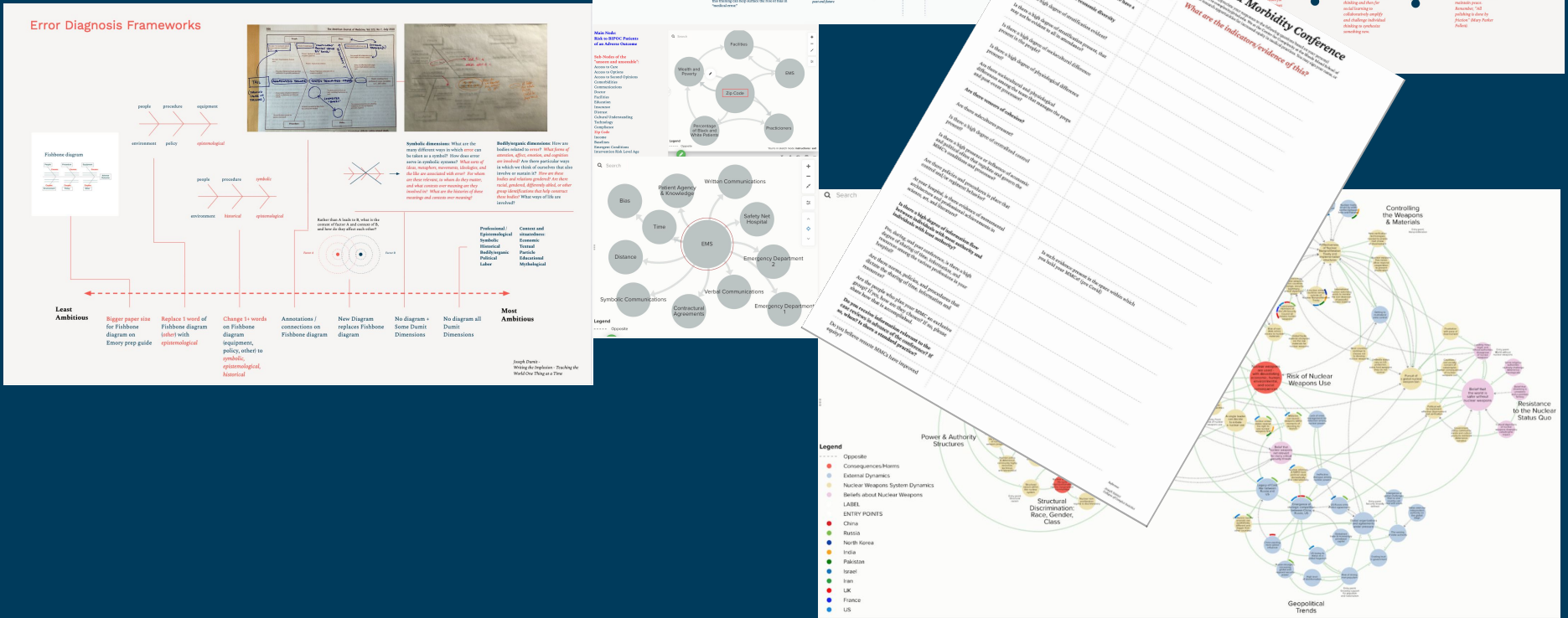
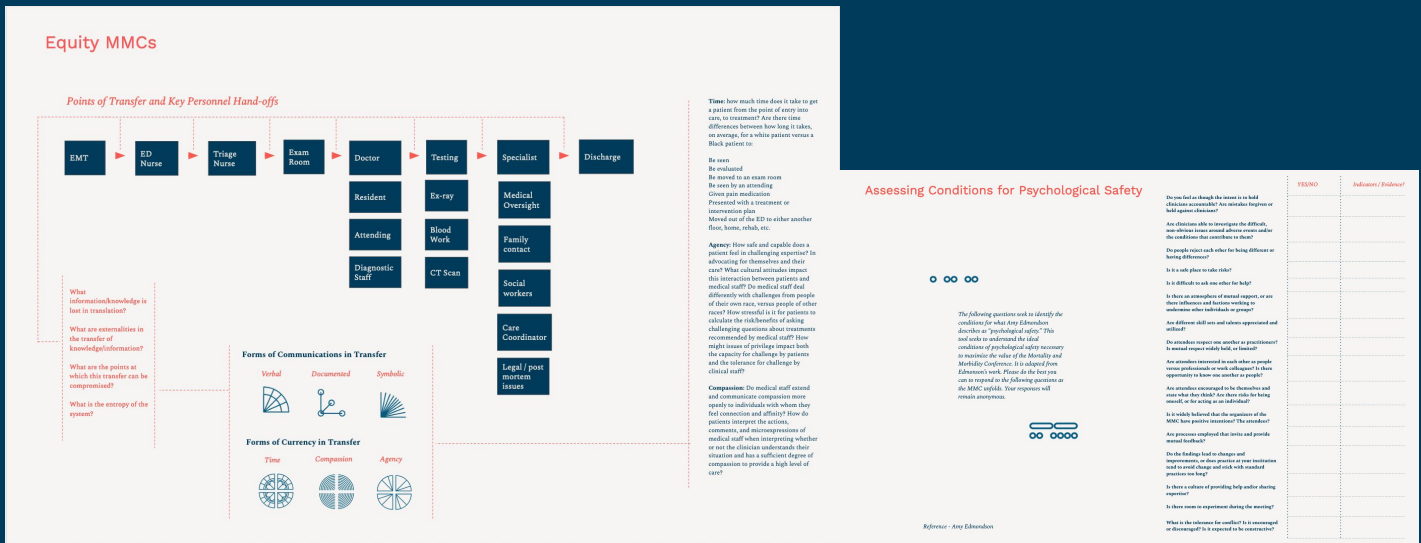
the mindsets, cultural conditions, and modes of operating within healthcare systems at different scales that perpetuate inequities



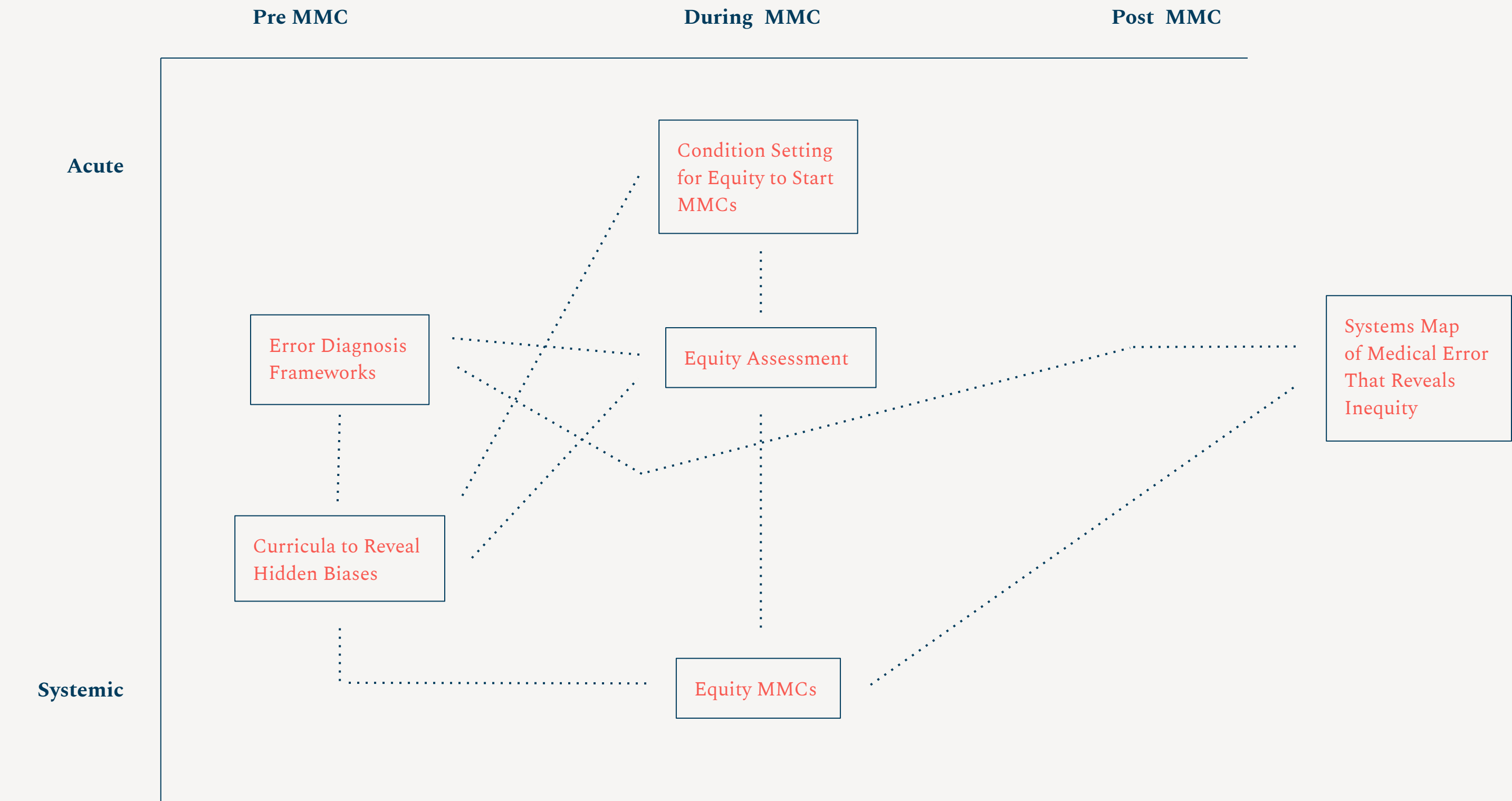
Reimagine

the principles and practices of the healthcare system to realize a more humane ethos and achieve healthcare equity

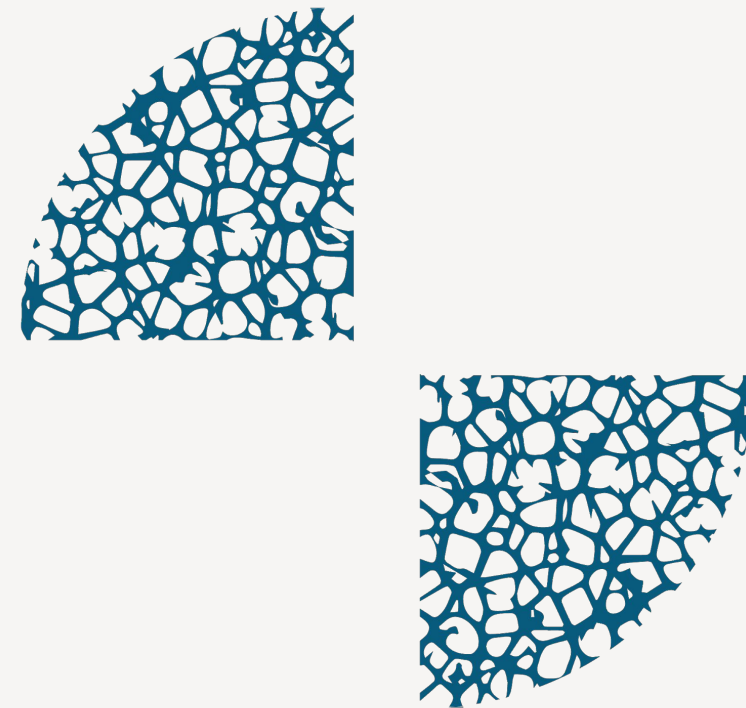
And to achieve
that, we **designed**
some prototypes...



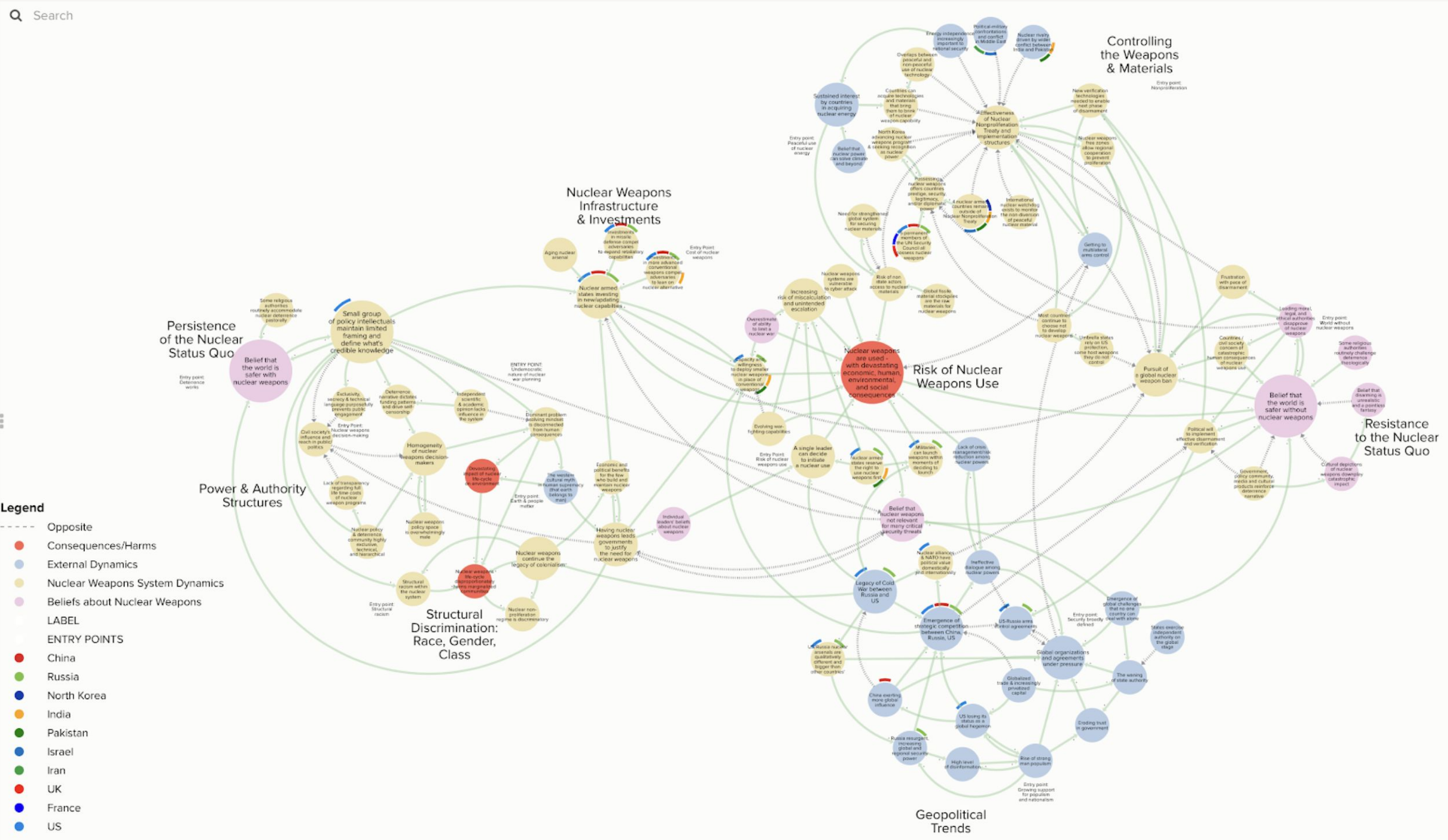
Cluster of 6 Interventions



Systems Map of Medical Error That Reveals Inequity



Systems Mapping: Adapting from our Work on Risk of Nuclear Weapons Use

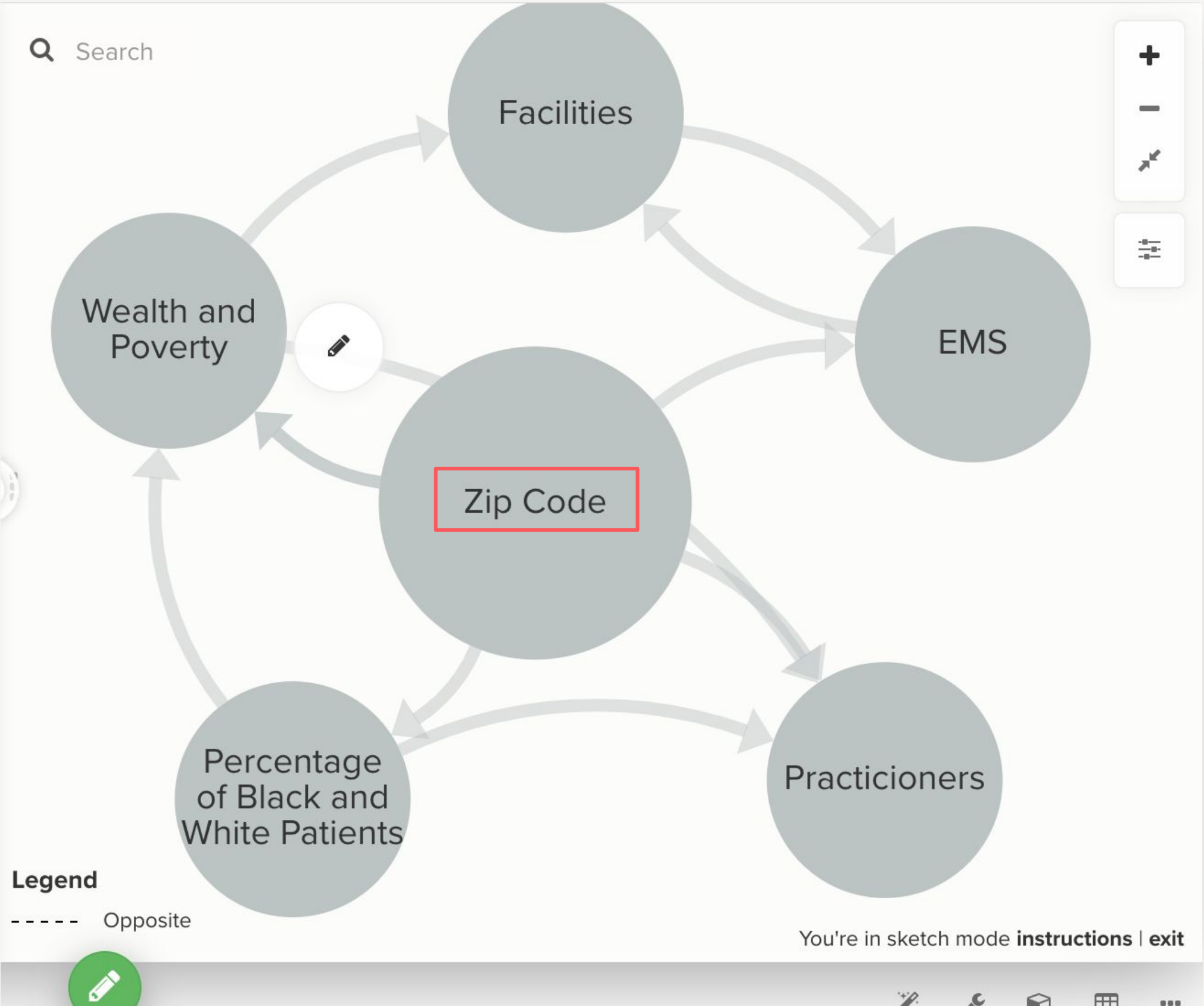


From Where to Look to Scales of Unseen & Unseeable Dynamics

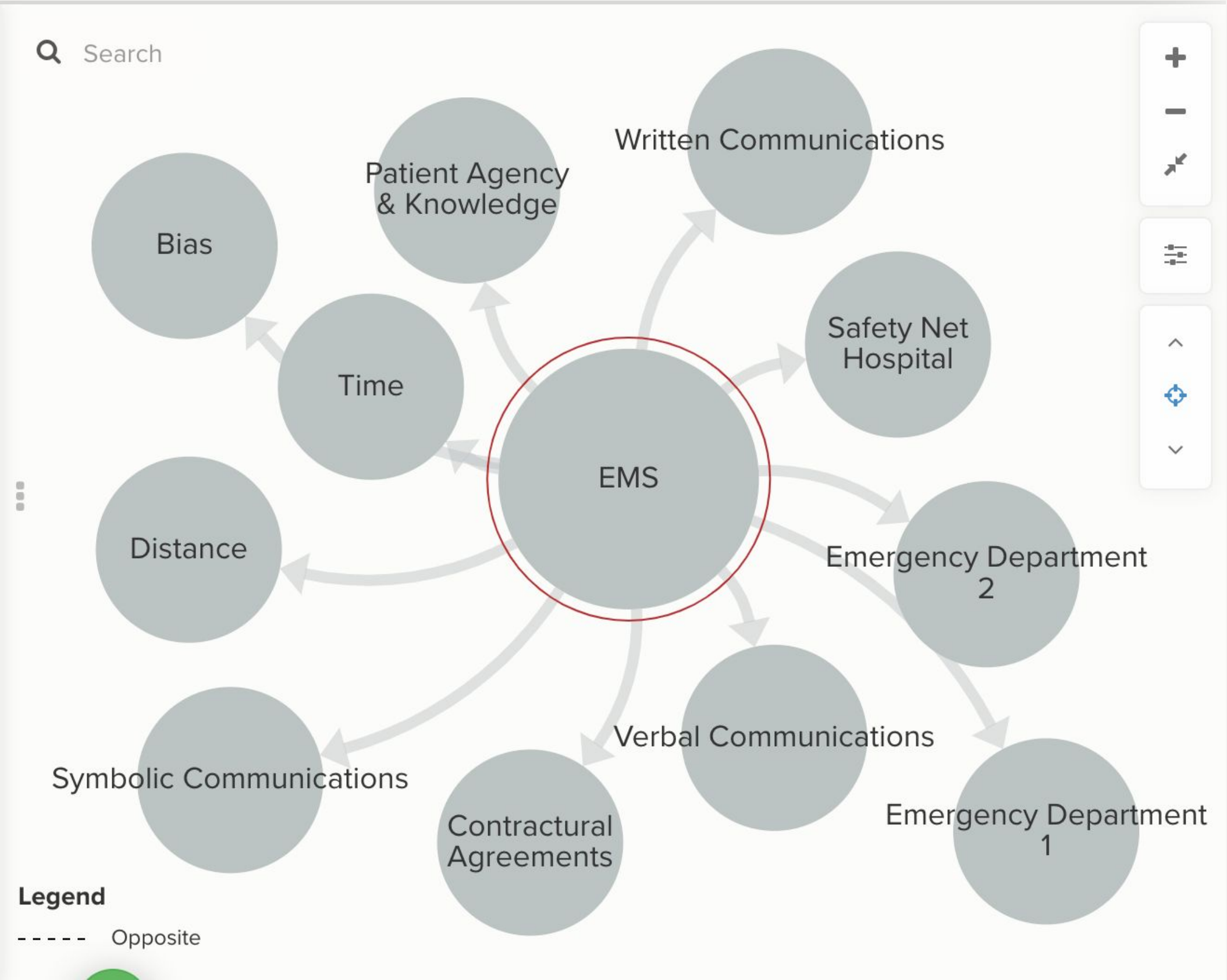
Main Node:
**Risk to BIPOC Patients
of an Adverse Outcome**

**Sub-Nodes of the
“unseen and unseeable”:**

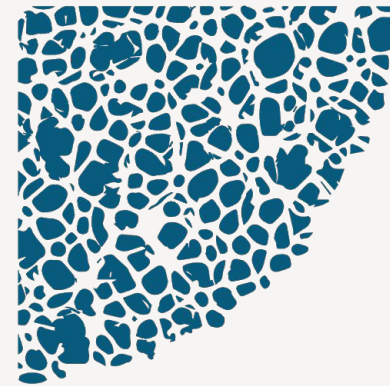
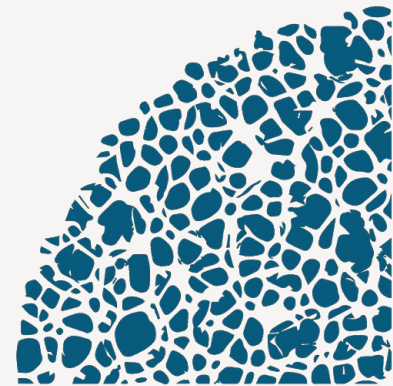
- Access to Care
- Access to Options
- Access to Second Opinions
- Comorbidities
- Communications
- Doctor
- Facilities
- Education
- Insurance
- Distrust
- Cultural Understanding
- Technology
- Compliance
- Zip Code**
- Income
- Baselines
- Emergent Conditions
- Intervention Risk Level Age



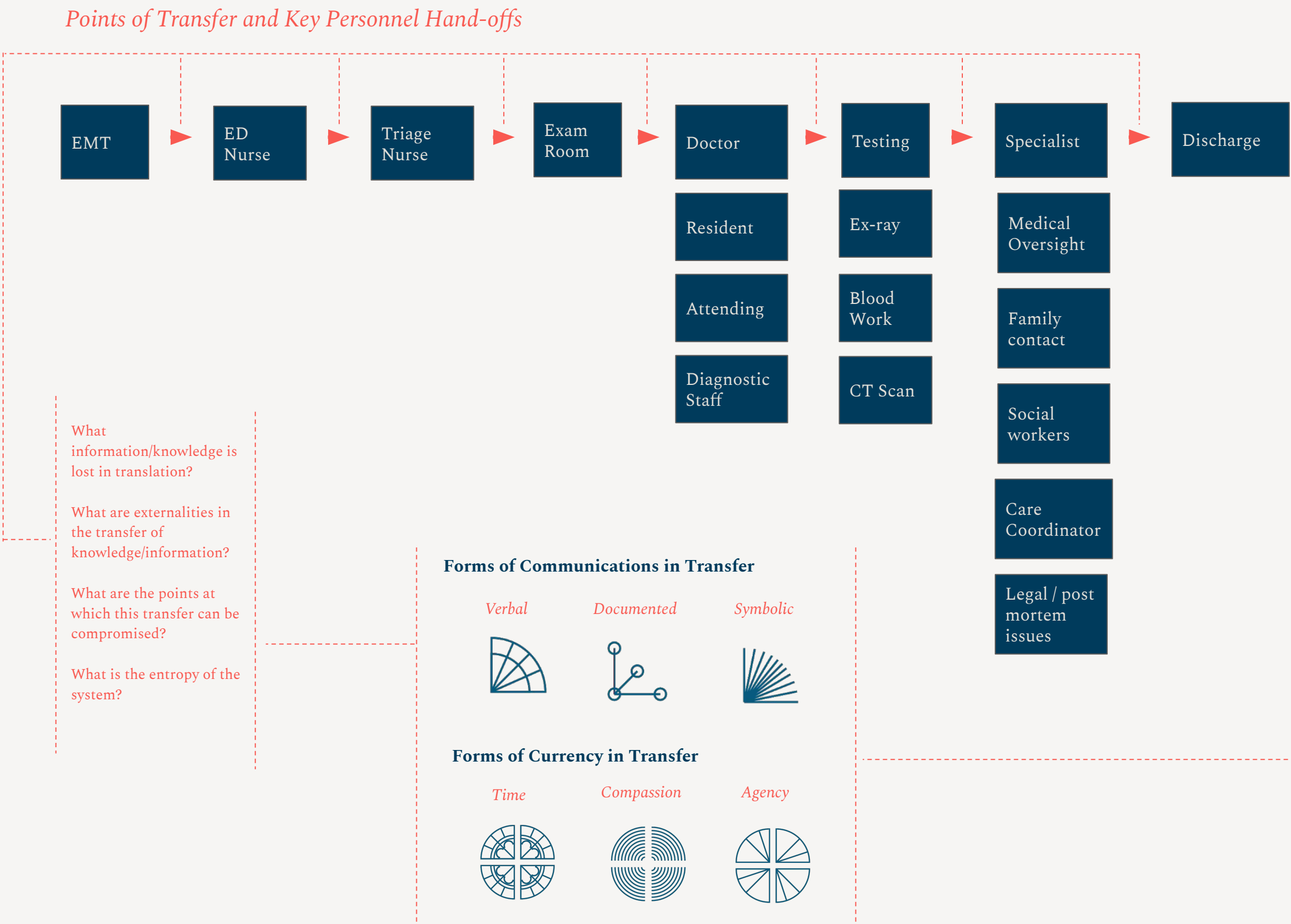
Zooming in on Dynamics Impacting Emergency Medical Services



Equity MMCs



Equity MMCs



Time: how much time does it take to get a patient from the point of entry into care, to treatment? Are there time differences between how long it takes, on average, for a white patient versus a Black patient to:

- Be seen
- Be evaluated
- Be moved to an exam room
- Be seen by an attending
- Given pain medication
- Presented with a treatment or intervention plan
- Moved out of the ED to either another floor, home, rehab, etc.

Agency: How safe and capable does a patient feel in challenging expertise? In advocating for themselves and their care? What cultural attitudes impact this interaction between patients and medical staff? Do medical staff deal differently with challenges from people of their own race, versus people of other races? How stressful is it for patients to calculate the risk/benefits of asking challenging questions about treatments recommended by medical staff? How might issues of privilege impact both the capacity for challenge by patients and the tolerance for challenge by clinical staff?

Compassion: Do medical staff extend and communicate compassion more openly to individuals with whom they feel connection and affinity? How do patients interpret the actions, comments, and microexpressions of medical staff when interpreting whether or not the clinician understands their situation and has a sufficient degree of compassion to provide a high level of care?

Extractive vs Cooperative Models

The Traditional MMC



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Equity MMC



Courtesy of the Center of Ecoliteracy

The Equity MMC would question the hierarchical and extractive practices of the standard MMC by prototyping an equitable model of review, tapping the expertise of medical professionals from the ambulance and waiting room to discharge. Like the Three Sisters of Native American farming, it recognizes the interrelations that are key to good outcomes.

Equity Assessment



Equity
Assessment

Equity Assessment for the Mortality & Morbidity Conference

In order for us to test this Assessment tool for its potential to understand equity in medical practice, we appreciate your responses to the following questions based on your personal experience with the in-person MMC prior to the pandemic. When complete, please return this form to complexity@risd.edu. We at the Center for Complexity at the Rhode Island School of Design are engaged in a project between IDEO.org and the Robert Wood Johnson Foundation to research opportunities for increased equity in medical practices. You may sign your name, or maintain your anonymity. Thank you very much for your support. CfC

	Y/N	What are the indicators/evidence of this?
Do all or most of the people in attendance have a high degree of occupational specialization?		
Do all or most of the people in attendance have a high degree of expertise?		
Is there a high degree of economic diversity present?		
Is there a high degree of stratification evident?		
Is there a high degree of stratification present, that may not be evident to all in attendance?		
Is there a high degree of sociocultural difference present in the people?		
Is there a high degree of physiological difference present?		
Are there sociocultural and physiological differences among the team that manages the preps and post-event processes?		
Are there veneers of cohesion?		
Are there subcultures present?		
Is there a high degree of centralized control present?		
Is there a high presence or influence of economic and political elites that regulate and govern the MMC's conditions and processes?		
Are there policies and procedures in place that control and/or regiment behavior?		
At your hospital, is there evidence of monumental architecture and professional achievements in science, art, and literature?		Is such evidence present in the space within which you hold your MMCs? (pre Covid)
Is there a high degree of information flow between individuals with most authority and individuals with least authority?		
Pre, during, and post conference, is there a high degree of sharing of time, information, and resources among the various professions in your hospital?		
Are there norms, policies, and procedures that dictate the sharing of time, information and resources?		
Are the people who plan your MMC an exclusive group? If yes, how are they chosen? If no, please share how that is accomplished.		
Do you receive information relevant to the case reviews in advance of the conference? If so, when? Is there a standard practice?		
Do you believe remote MMCs have improved equity?		

Do ALL the people in attendance at your MMCs have a high degree of occupational specialization?

Do ALL the people in attendance at your MMCs have a high degree of expertise?

Is there a high degree of economic diversity present at your MMCs?

Are there veneers of cohesion?

Is there a high degree of information flow between individuals with the most authority and individuals with the least authority?

Do you receive information relevant to the case reviews in advance of the conference? If so, when? Is there a standard practice?

Curricula to Reveal Hidden Biases



Curricula to Reveal Hidden Biases



A Selection of Questions:

What are the 3 main/most prominent characters?

What are the 3 main colors?

How would you describe the facial expressions of the people in the painting?

Who are the visitors?

What happened before the visitors arrived?

What are 5 inferences you can draw from this image /
What are 5 clues for each inference?

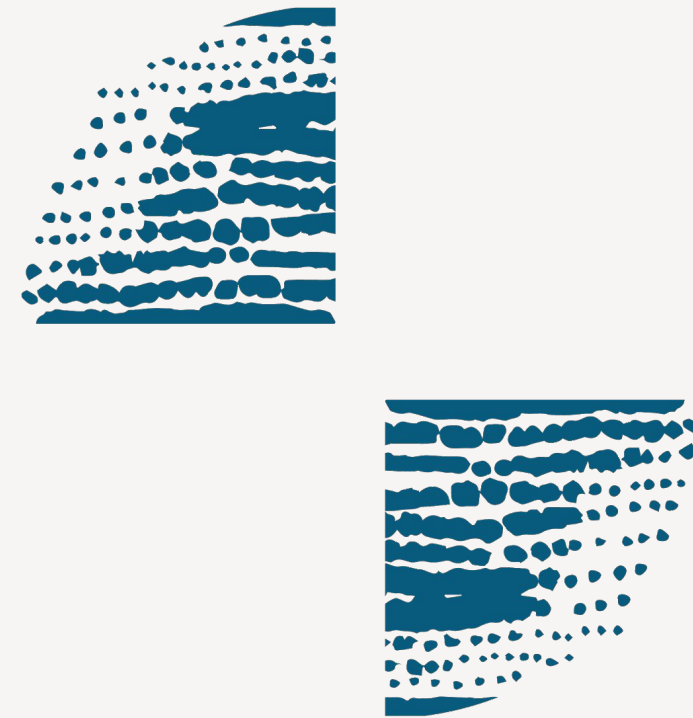
MMC BIAS CODEX

	Agree / Disagree / Other	How Could These Biases Play Out In Good and Bad Ways in an MMC?		Agree / Disagree / Other	How Could These Biases Play Out In Good and Bad Ways in an MMC?
Fill in the following table with as much specificity as you can.			Fill in the following table with as much specificity as you can.		
We store memories differently based on how they were experienced			Bizarre, funny, visually striking, or anthropomorphic things stick out more than non-bizarre/unfunny things		
We reduce events and lists to their key elements			We notice when something has changed		
We discard specifics to form generalities			We are drawn to details that confirm our own existing beliefs		
We edit and reinforce some memories after the fact			We notice flaws in others more easily than we notice flaws in ourselves		
We favor simple-looking options and complete information over complex, ambiguous options			We tend to find stories and patterns even when looking at sparse data		
To avoid mistakes, we aim to preserve autonomy and group status, and avoid irreversible decisions			We fill in characteristics from stereotypes, generalities, and prior histories		
To get things done, we tend to complete things we've invested time and energy in			We imagine things and people we're familiar with or fond of as better		
To stay focused, we favor the immediate, relatable thing in front of us			We simplify possibilities and numbers to make them easier to think about		
To act, we must be confident we can make an impact and feel what we do is important			We think we know what other people are thinking		
We notice things already primed in memory or repeated often			We project our current mindset and assumptions onto the past and future		

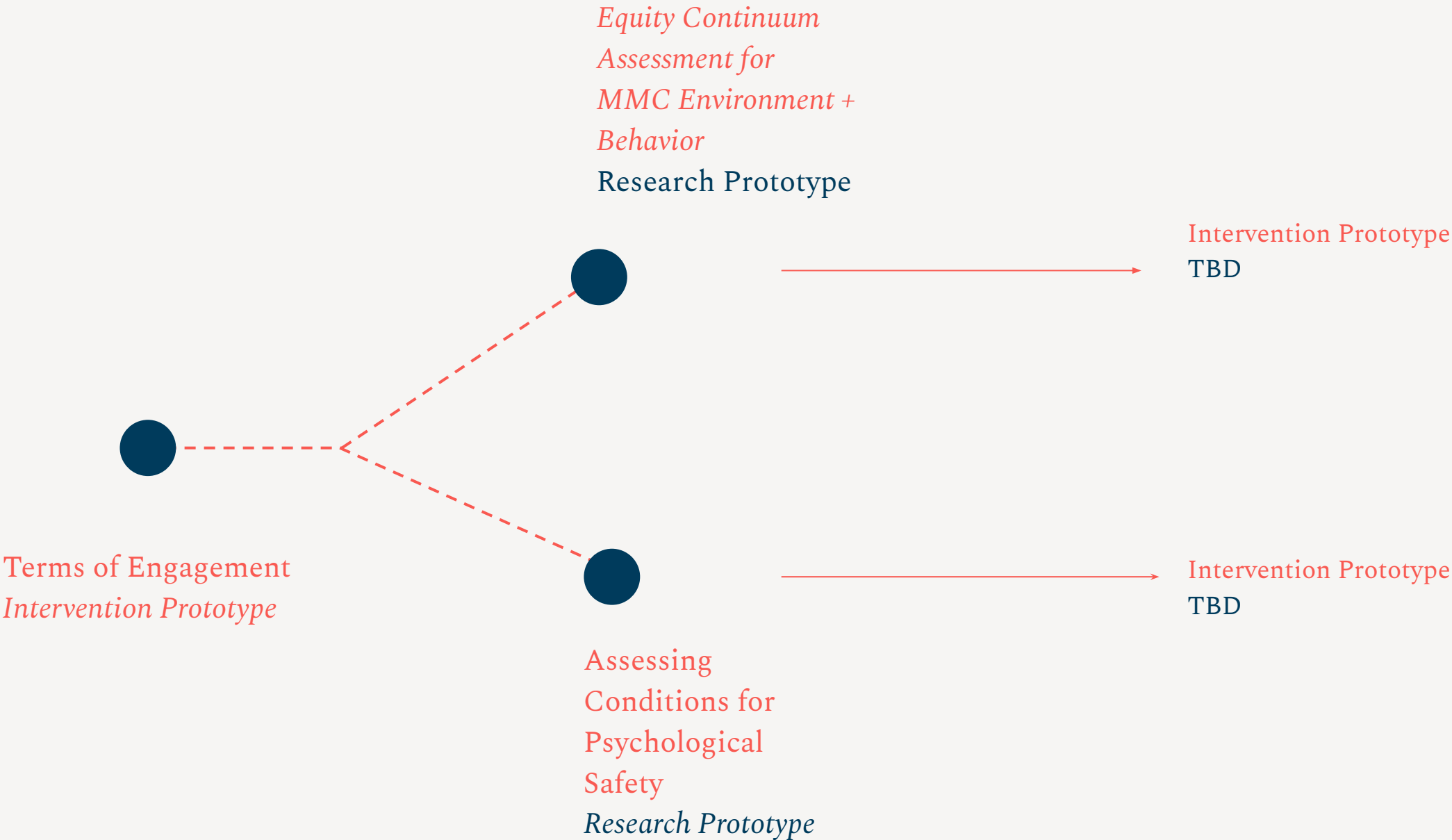
Adverse Event as Painting



Condition Setting for Equity to Start MMCs (3)



Situating 3 Interventions



Terms of Engagement

Terms of engagement set expectations (hard and soft) for the kinds of behaviors/norms that will be tolerated in a given setting/context. A clearly defined and articulated set of terms of engagement would be co-developed but based on some basic principles in service of equity. All voices would be honored, space would be made for a diversity of speakers and opinions, and cross conversation would be focused on the subject and not the personalities or individuals in the group. Such terms make certain that there is equal access to the rules so that no participant in the group has an advantage of knowledge over other participants. The terms are a way for the specific people in a setting to offer feedback, propose revisions and additions, acknowledging the voices present which would change from conference to conference. Finally, the clear articulation of the rules should be posted as a constant reminder that all members of the group have agreed to these shared principles of behavior.

Some *terms of engagement* to begin an MMC in service of **equity, psychological safety, and leveling professional hierarchy and expertise:**

Keep in mind that our interpretations of what others say and do can be deeply biased based on our life experiences and other factors. Our interpretations can be wrong. Whenever possible assume positive intent, but speak up with compassion.

Keep in mind that we sometimes do not intend to do harm, but cause harm all the same. Pointing this out helps us learn. Our goal is growth and not punishment.

Pursue insight and not perfection. Perfection implies completion. What are the things to get to better things?

Actively foster psychological safety. Don't shut down and dismiss ideas, but look for what can be opened up, built upon, discovered

Surface insights on what's most important/relevant means making room for plurality of perspectives on specific issues.

Strong opinions, loosely held. (Paul Saffo). Nothing (idea, sketch, tool) is precious.

Create space for uninterrupted individual thinking and then for social learning to collaboratively amplify and challenge individual thinking to synthesize something new.

When someone says something, and it evokes something in you, ask yourself why are you having that association, why is that coming to mind for you?

Approach disagreement with curiosity directly, rather than acquiesce to maintain peace. Remember, "All polishing is done by friction" (Mary Parker Follett).

Assessing Conditions for Psychological Safety



The following questions seek to identify the conditions for what Amy Edmondson describes as “psychological safety.” This tool seeks to understand the ideal conditions of psychological safety necessary to maximize the value of the Mortality and Morbidity Conference. It is adapted from Edmondson’s work. Please do the best you can to respond to the following questions as the MMC unfolds. Your responses will remain anonymous.



Reference - Amy Edmondson

Do you feel as though the intent is to hold clinicians accountable? Are mistakes forgiven or held against clinicians?

Are clinicians able to investigate the difficult, non-obvious issues around adverse events and/or the conditions that contribute to them?

Do people reject each other for being different or having differences?

Is it a safe place to take risks?

Is it difficult to ask one other for help?

Is there an atmosphere of mutual support, or are there influences and factions working to undermine other individuals or groups?

Are different skill sets and talents appreciated and utilized?

**Do attendees respect one another as practitioners?
Is mutual respect widely held, or limited?**

Are attendees interested in each other as people versus professionals or work colleagues? Is there opportunity to know one another as people?

Are attendees encouraged to be themselves and state what they think? Are there risks for being oneself, or for acting as an individual?

Is it widely believed that the organizers of the MMC have positive intentions? The attendees?

Are processes employed that invite and provide mutual feedback?

Do the findings lead to changes and improvements, or does practice at your institution tend to avoid change and stick with standard practices too long?

Is there a culture of providing help and/or sharing expertise?

Is there room to experiment during the meeting?

What is the tolerance for conflict? Is it encouraged or discouraged? Is it expected to be constructive?

Equity Continuum Assessment for MMC Environment + Behavior



	<div>HARMFUL</div> <div>Do you see any evidence of things that reinforce or protect people, systems, and structures during an MMC?</div>	<div>PASSIVE</div> <div>Do you see evidence of anything that maintains the status quo during an MMC?</div>	<div>PERFORMATIVE</div> <div>Do you see evidence of anything that supports power and privilege, or indicators that people’s behavior is shaped by social obligation?</div>	<div>TRANSFORMATIVE</div> <div>Do you see evidence of things that can actively challenge and transform traditional power dynamics and structures?</div>	<div>LIBERATING</div> <div>Do you see evidence of things that support a fully inclusive environment and actively work toward equity in the MMC?</div>
YES/NO					
EVIDENCE / INDICATORS?					

The continuum below presents a range of possibilities where Harmful would be used to describe an environment with very little or no equity and Liberated as an environment with the highest degree of equity. This is a tool that seeks to identify the structures that create and perpetuate inequality and oppression or support and foster equality.

For our purposes, we are adopting the definitions of the Annie E Casey Foundation:

Equity is defined as “the state, quality or ideal of being just, impartial and fair.” The concept of equity is synonymous with fairness and justice. It is helpful to think of equity as not simply a desired state of affairs or a lofty value. To be achieved and sustained, equity needs to be thought of as a structural and systemic concept.

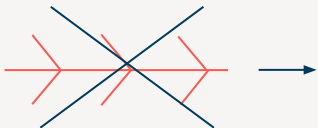
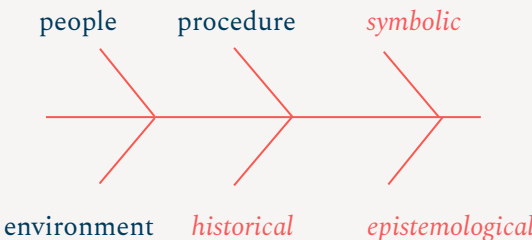
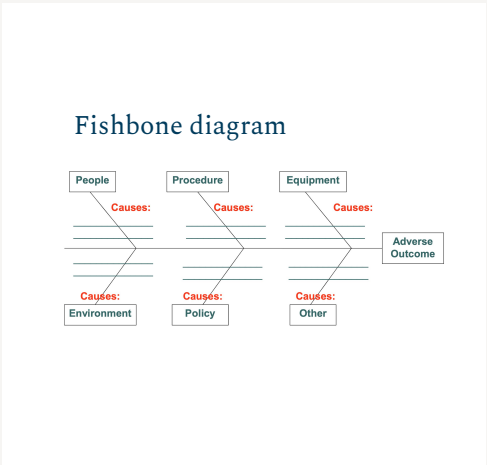
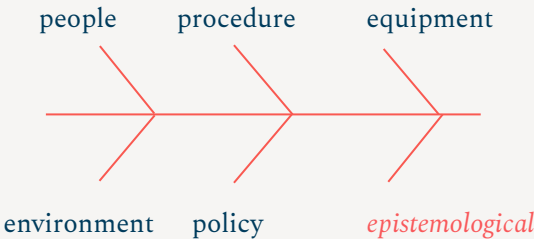
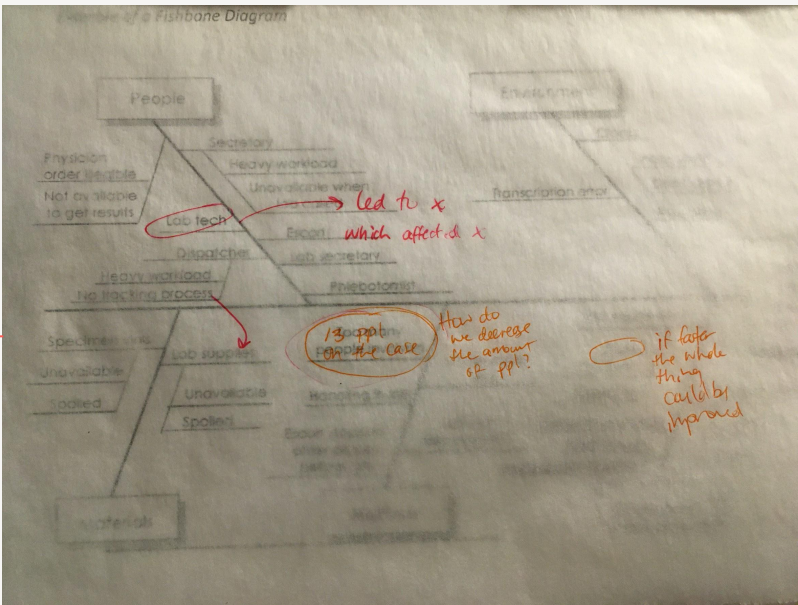
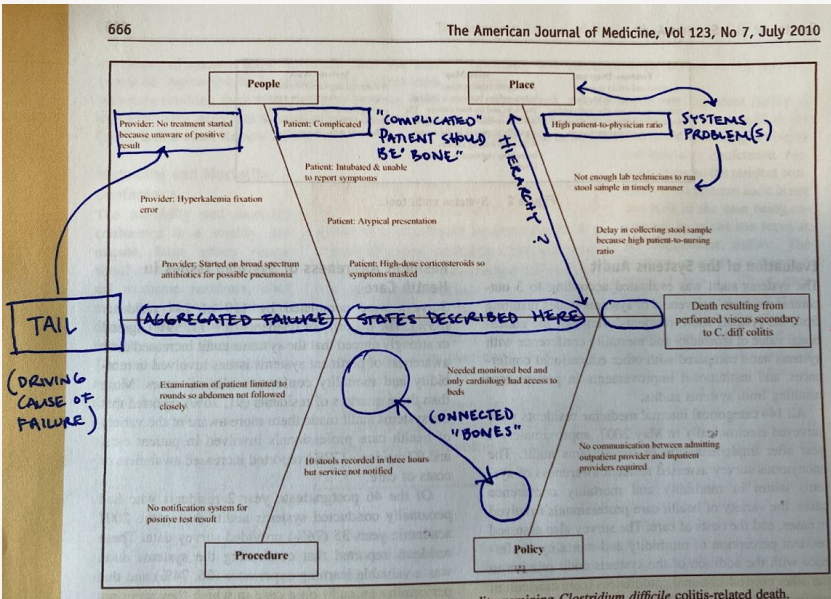
Continuum on Becoming an Anti-Racist, Multicultural Institution: Crossroads Ministry, Chicago, IL: Adapted from original concept by Bailey Jackson and Rita Hardiman, and further developed by Andrea Avazian and Ronice Branding; further adapted by Melia LaCour, PSESD.

Emergent strategy: shaping change, changing worlds. Adrienne Maree Brown. AK Press: Chicago, IL (2017).

Error Diagnosis Frameworks



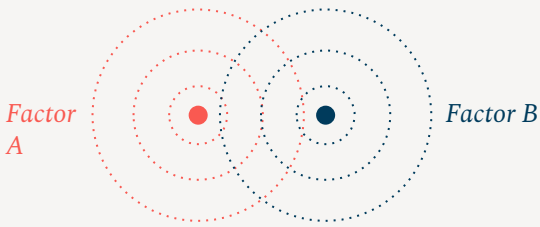
Error Diagnosis Frameworks



Symbolic dimensions: What are the many different ways in which **error** can be taken as a symbol? How does error serve in symbolic systems? What sorts of ideas, metaphors, movements, ideologies, and the like are associated with error? For whom are these relevant, to whom do they matter, and what contests over meaning are they involved in? What are the histories of these meanings and contests over meaning?

Bodily/organic dimensions: How are bodies related to error? What forms of attention, affect, emotion, and cognition are involved? Are there particular ways in which we think of ourselves that also involve or sustain it? How are these bodies and relations gendered? Are there racial, gendered, differently abled, or other group identifications that help construct these bodies?

Rather than A leads to B, what is the context of factor A and context of B, and how do they affect each other?



- Professional / Epistemological

Symbolic

Historical

Bodily/organic

Political

Labor
- Context and situatedness:

Economic

Textual

Particle

Educational

Mythological

Least Ambitious

Most Ambitious

Bigger paper size for Fishbone diagram on Emory prep guide

Replace 1 word of Fishbone diagram (*other*) with *epistemological*

Change 1+ words on Fishbone diagram (equipment, policy, other) to *symbolic*, *epistemological*, *historical*

Annotations / connections on Fishbone diagram

New Diagram replaces Fishbone diagram

No diagram + Some Dumit Dimensions

No diagram all Dumit Dimensions

Error Diagnosis Frameworks

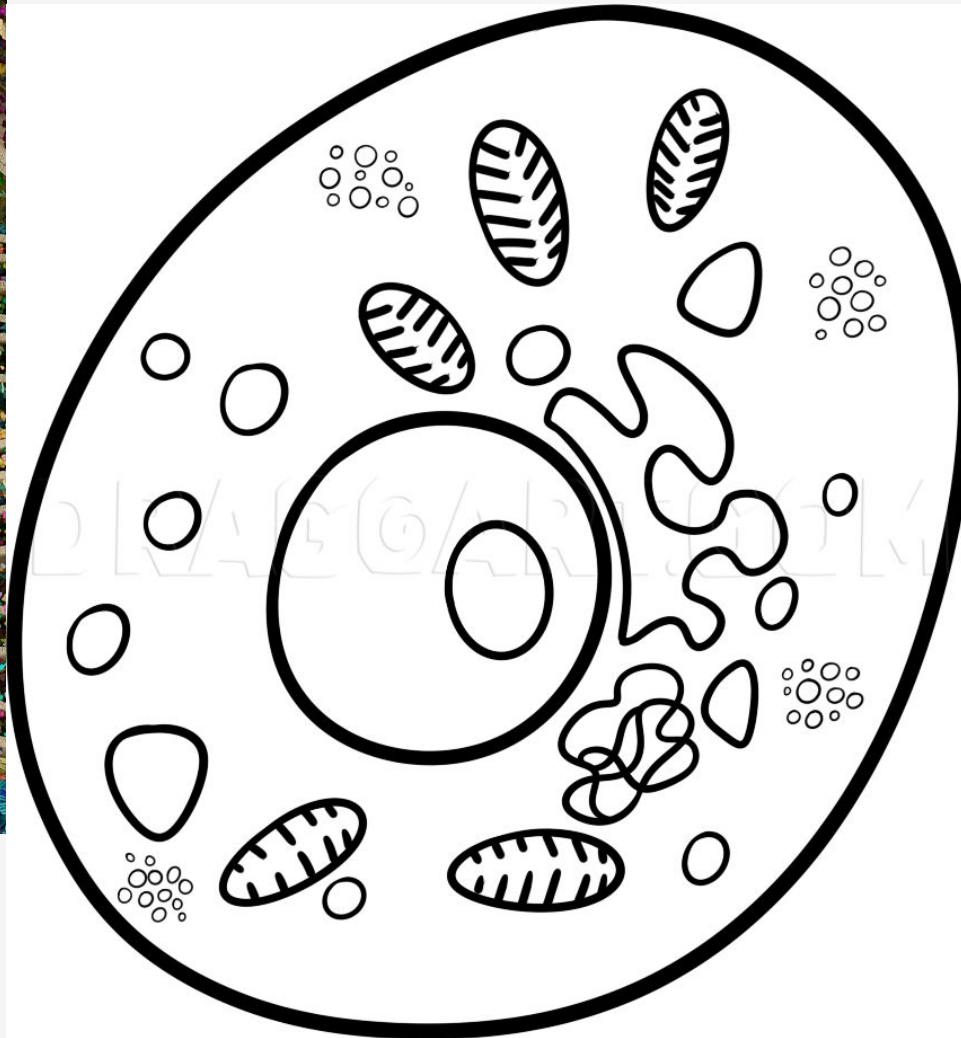


What gets left out?

What we learned along the way...



Complexity



Banality

One thing that surprised us

*Banality of the tools don't
seem appropriate or suitable!?*

*Reductive quality of
information in MMC - little
room for issues of inequity,
tolerance for complexity.*

We look not at the things which
are what you would call seen, but
at the things which are not seen.
For the things which are seen are
temporal. But the things that are
not seen are eternal.

Madeleine L'Engle