A Q&A with Dr. Maria Hernandez, President and COO, Impact4Health

Oncology Issues recently interviewed Maria Hernandez, PhD, president and chief operating officer of Impact4Health. Dr. Hernandez is a thought leader in health equity and pay-for-success initiatives designed to address upstream social determinants of health among vulnerable populations. She has led diversity and inclusion initiatives and executive education trainings aimed at creating a culture of inclusion for Sutter Health. Impact4Health provides trainings in areas like inclusive leadership, unconscious bias, mitigation of unconscious bias, and health equity.

Dr. Maria Hernandez

OI. How did you first become involved in this work?

Dr. Hernandez. It came from a personal experience in my family. I had been working in diversity, equity, and inclusion in the corporate sector, and I had done training with executives around inclusion and diversity.

Then my dad, we're sitting with him—during his first battle with cancer—as he is getting prepared for surgery. My brothers, my mom, and me, and we're speaking Spanish to him. All of a sudden, he puts up his hand and says stop, don't speak Spanish. They are going to think I'm stupid, and they're not going to help me. And I was floored and saddened by that comment.

I took the moment then to really look at what health inequities were all about, and I thought what I had just witnessed is an example of where health inequity begins. It can begin just by the perception of a patient that they are not welcome, or that they don't fit in, or that they might not be treated well. You can imagine how frightening that would be for a patient. And my dad was not in a position where there wasn't anyone there to advocate for him. On the contrary, he had me and he had my brothers, one of whom is a physician. So, I really took that moment to heart.

That was almost 10 years ago. [My involvement] also comes from the data that we know has been around for almost 100 years or more; there are inequities, and we need to do something about it and not just study it—actually get in there and do something.

My initial work at Sutter was to facilitate training for leaders on inclusive leadership. I developed the in-person and online training around inclusive leadership, around unconscious bias, and how to mitigate the impact of unconscious bias in patient care. That last piece was done in concert with Dr. Stephen Lockhart, the former chief medical officer. Dr. Lockhart is someone who really began the formative work at Sutter for its Institute for Advancing Health Equity.

The program we worked on focused on understanding what unconscious bias is, the different ways it shows up in a clinical encounter, and what can be done to mitigate it. We developed an internal mental heuristic about what anybody should do as they encounter someone who is different from them. We actually piloted this at the Physicians' Symposium in 2019.

OI. Were case studies a part of this program?

Dr. Hernandez. Yes—for example, a person coming to the hospital with pain or to give birth or a child that might have an ear infection. The case studies were designed to spark a conversation about bias in areas of clinical practice where known inequities exist.

And we introduced everyone to the **Three Rs: Recognize, Review, Replace. Recognize** the ability to form a bias or a stereotype. **Review** the individual context to seek to understand what is going on. And then, **Replace** those stereotyped assumptions or biased assumptions with new and more accurate perspectives.

The Three Rs are a quick internal process check—one of our participants called it a "time out"—for physicians, nurses, or other members of the care team. When they encounter someone from a different background than their own (a patient or even a colleague), the Three Rs are a way to think through: *Am I being biased? Am I in some way making an assumption about this person that is going to influence what I am going to do?* And then, *what can I do with the new information that I get by slowing down and really asking key questions to understand what the patient may need?* That has been really powerful.

OI. Were these workshops on inclusive leadership and unconscious bias conducted in person?

Dr. Hernandez. The first courses, going back to 2017 and 2018, were in person. Then we designed some online courses. The physician courses were held during the Physician Symposium, and then COVID-19 hit. So, we've actually been doing physician training live and virtually.

Sutter is so committed to this work. The fact that physicians have been able to come to a Zoom class, that we've been able to make this possible for them has been wonderful. I think it's an example of what you can do when you really want to do something. You don't let the training mechanism be an obstacle. It's been terrific, and we get wonderful participation, great conversations, and a lot of insight.

The fact is every person on the planet has unconscious bias. It's just how the human brain is wired. There is so much that people assume in those first few seconds of meeting a person. And physicians are human, and they do it, too. To have that honest conversation with people who are really committed to caring for all and taking care of all—it's very powerful. I think Sutter is an example of a system that is really trying to do it right. And there's more work to be done, but this is a starting point.

OI. How is Sutter Health able to get physician buy-in for this training?

Dr. Hernandez. It's part of the culture within Sutter to continuously develop staff and physicians and, I think, it is also the commitment to health equity. Another way that we've [gotten buy-in] is by making it easy for people to participate. Sometimes we hold the class at 7 o'clock in the morning before the workday begins. Sometimes it's at the end of the day. The fact that you can watch the class online. You could have it on your tablet or even your phone. I think having all of those options has really facilitated this [training]. But I believe that the bottom line is that physicians want to provide the best care possible, and they recognize in today's conversation about what has happened in this country with the pandemic and the revelation of the inequities that exist—I think they are very concerned. They want to do the right thing. This is an opportunity to empower them, to inform them, and to make it safe to talk about unconscious bias.

That's the other piece behind any of this work, making sure you create a safe environment for staff to talk about something that has been so polarizing in our country. We always say: *Everybody has unconscious bias*. In fact, there are about 100 different kinds of unconscious bias that humans can exhibit. One that we know already exists in healthcare is confirmation bias. The first diagnosis that is made is sometimes the filter through which every other piece of information then gets assigned to the diagnosis. That's why a second opinion is so important. So, if we know that kind of bias already can happen, how can we communicate the fact that unconscious bias about race, about gender, about ethnicity happens? It's important to make it safe to talk about.

OI. In your opinion, what will it take to move the needle on health equity?

Dr. Hernandez. Up until about a year ago, I used to say we need to look at healthcare with the lens of equity, and then I read this great essay online. The writer's point was looking at things through the "lens of equity" feels very temporary—like you put on your glasses and you take them off—when what we need is to have Lasik surgery for equity.

That's the way I say it now. I think equity needs to be embedded in your strategy throughout the entire organization. Whenever we talk about new programs for patients, or new procedures for how we deal with certain issues, each time we have to ask: What is our equity strategy for that new program or protocol? Everybody has to have equity as part of their job description. So, some of the work that we do when we talk about a strategy for health equity is to say exactly that. The only way we're going to achieve this [equity] is if it's something we consider as part of the organization's DNA. That's a lot of work. I want to caution that. Don't think of this is something you can say we're finished with. It [health equity] needs to be something that you constantly look at and look for opportunities to improve.

OI. What is one thing that smaller hospitals and cancer programs could do to advance equity?

Dr. Hernandez. That's a tough one. I know that many are looking for that silver bullet. My suggestion is start by looking at what your patients are saying. What do they say about your services? What do they say about their care experience? Invite them to the table for that conversation. You get a wealth of information about how you're doing with those vulnerable populations when you ask them: *What is it like getting care here? What have you encountered? Do you feel like you are welcome? Do you feel like your doctor understood you? Do you feel like you were heard?* Those conversations are, I think, really critical to get started with whatever program or policy changes you may need to make.

We're super busy. I know that it's hard to do. But if I ask organizations: "What do your patients say about how things are going here?" sometimes you get a blanket answer: "Well, our HCAP [Hospital Consumer Assessment of Healthcare Providers and Systems] scores are great." My second question is: "Do you break down those HCAP scores by race, ethnicity, gender, generation?" The answer is sometimes a blank stare. It goes back to that maxim: "If it isn't being measured, it's not being managed." You have to go one step beyond that: Are you looking for that data that will give you an answer about health equity? OI

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