

Strategies to Reduce Physician Bias and Promote Culturally Competent Care for LGBT Patients: A Systematic Review of Interventions for Health Care Providers

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PURPOSE: Lesbian, gay, bisexual and transgendered (LGBT) individuals experience higher rates of negative health outcomes than their heterosexual counterparts, including anal cancer, substance abuse, cigarette smoking, and cardiovascular diseases. These LGBT health disparities are compounded by health care underutilization, which is driven, in part, by high levels of perceived anti-LGBT discrimination in the health care environment. In the current training regimens, little time is spent on training health care providers to provide culturally competent care to LGBT patients. Despite promising meta-analytic findings showing medium effects for interventions targeting LGBT bias in the general population, to our knowledge no systematic reviews have evaluated the impact of LGBT bias reduction interventions on health care providers. The purpose of the present review was to identify intervention components associated with reductions in physician bias that could be incorporated into medical school curricula.

DESIGN METHODS: To evaluate intervention studies focused on reducing anti-LGBT physician bias, articles were identified through searches of PubMed, Scopus, Ingenta, Science Direct, Google Scholar, PsycINFO and Web of Knowledge databases using a combination of major and minor MeSH terms, which included: LGBT curriculum, physician bias, implicit bias, explicit bias, attention bias, cognitive bias, physician bias education, transgender care, and cultural competence/standards.

RESULTS/EXPECTED RESULTS: Out of a total of 200 publications screened, 14 studies were identified that included an intervention to reduce physician bias against LGBT patients. These interventions targeted knowledge, explicit attitudes, skills, and comfort level using a variety of formats, including lectures, perspective-taking exercises, small group discussion, training in sexual history-taking, and interactive theater. Overall, these interventions were successful at increasing knowledge regarding treatment of LGBT patients (quizzes), increasing comfort treating LGBT patients (self-report questionnaires), and improving attitudes toward LGBT patients (self-report questionnaires). However, none of the interventions assessed changes in implicit bias against LGBT individuals.

DISCUSSION/CONCLUSION: Interventions targeting anti-LGBT bias were successful in increasing knowledge and comfort levels as well as improving LGBT-related explicit attitudes. Despite evidence that implicit biases impact clinical decision-making when health care providers lack time and sufficient cognitive resources, as well as a growing literature on reducing race-related implicit bias, this systematic review did not identify any existing interventions that addressed or assessed changes in anti-LGBT implicit bias. More research is needed to develop interventions targeting implicit bias against LGBT populations in health care providers. Additionally, there is a need to incorporate measures of implicit bias (i.e., Implicit Association Test) in order to gauge intervention effectiveness. One of the key strategies for reducing implicit bias is development of a curriculum that focuses not only on increasing awareness of implicit biases but also allows students to practice bias reduction skills before treating patients in primary care clinics.

Transforming curriculum in primary care training requires an evidence-based intervention approach that must incorporate cultural competence training for health care professionals who train and work in primary clinical care settings with LGBT populations. This approach promotes learning about one's own biases within the context of barriers faced by LGBT patients in urban, rural and inner-city primary care practices. Evidence-based training encourages the acquisition of awareness, knowledge, behaviors, and skills consistent with creating a LGBT-patient-centered medical home (PCMH). This approach has implications for transforming primary care training and clinical practice. Having developing a comprehensive curriculum in LGBT health with a focus on integrated health and behavioral health provides the foundation for incorporating new emerging concepts. Further it generates sustainable and translational teaching/training techniques that will enable medical students and residents to establish and build therapeutic relationships with their patients on the first visit, while applying best practices to ensure positive health outcomes for LGBT patients.

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