

Identifying priorities for surgical disparities research

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Health care disparities are widely established in the United States, but until now there has not been agreement between surgeon-scientists, health disparities researchers, federal funding organizations, and policymakers on which specific research areas are the most pressing ones to address from both a research and funding perspective.

Identifying research and funding priorities for addressing health care disparities—which encompass differential access, care, and outcomes due to factors such as race/ethnicity—is the topic of a new scholarly article co-authored by researchers from several institutions. In the article, published in the March 16, 2016 issue of *JAMA Surgery*, the authors summarize specific priorities that were identified during the Inaugural National Institutes of Health (NIH)-American College of Surgeons (ACS) Symposium on Surgical Disparities Research, held in May 2015, at the National Institutes of Health.

"The goal of the symposium was to create a national research agenda that could be used to prioritize funding for research. We conducted an extensive literature review of existing research, organized the results by theme, and asked attendees to identify what they saw as the top priorities for each theme," explained lead author Adil Haider, MD, MPH, Kessler Director of Center for Surgery and Public Health, a joint initiative of Brigham and Women's Hospital, Harvard Medical School and Harvard T.H Chan School of Public Health.

An extensive medical literature review on surgical disparities was

developed in advance of the symposium for attendees to access through a searchable database prepared by researchers and staff at the Center for Surgery and Public Health at Brigham and Women's Hospital. In collaboration with colleagues from the National Institute of Minority Health and Disparities (NIMHD), researchers from the Center for Surgery and Public Health categorized this literature review into five themes: patient and host factors; systemic factors and access issues; clinical care and quality; provider factors; and postoperative care and rehabilitation. Over the course of the two-day state of the science symposium, more than 60 top-level researchers, surgeon-scientists and federal leaders used these themes to guide interactive consensus-building exercises. Breakout sessions throughout the symposium yielded three to five top research priorities by theme. Overall priorities, irrespective of theme, included "leveraging electronic health records and health technologies to improve care, prioritizing shared decision-making in palliative and end-of-life care, and evaluating provider cultural dexterity in patient rapport-building."

After presentations by leaders in the field and several rounds of discussion, the top five overall research and funding priorities identified by symposium attendees, and articulated in the *JAMA Surgery* article are:

- Improving patient-provider communication by teaching providers to deliver culturally dexterous care, and measuring its impact on elimination of surgical disparities.
- Fostering engagement and community outreach and using technology to optimize patient education, health literacy and shared decision-making in a culturally-relevant way. Further, disseminating these techniques and evaluating their impact on reducing surgical disparities.
- Evaluating regionalization of care versus strengthening safety net hospitals, within the context of differential access and surgical disparities.

- Evaluating the long-term impact of intervention and rehabilitation support within the critical period on functional outcomes, and patient-defined perceptions of quality of life.
- Improving patient engagement and identifying their expectations for postoperative and post-injury recovery, their values regarding advanced health care planning, and palliative care needs.

The symposium originated with the ACS Committee on Optimal Access (now called Committee on Health Care Disparities), and was jointly hosted by the ACS and the NIH (in particular, the National Institute of Minority Health and Disparities, or NIMHD). Between the ACS's history and success with surgical quality improvement programs and the NIMHD's considerable research and scientific resources, symposium organizers recognized a dynamic partnership that could significantly expand access to surgical care. Both the ACS and the NIH prioritize research initiatives to mitigate surgical disparities.

"We are confident that this is just the beginning of a much larger effort, and hopeful that the National Institutes of Health and the NIMHD will continue to work with the ACS to build upon the foundation that was set during the symposium by establishing a funding stream to support this important research. Together, we can foster systemic change, effectively eliminating surgical and other health care disparities," said L.D. Britt, MD, MPH, FACS, professor at Eastern Virginia Medical School and chair of the ACS Committee on Health Care Disparities. Dr. Britt played a critical role in the creation of the committee and defined the committee's deliverables, which included a national symposium.

The authors concluded that "The NIH-ACS Summit on Surgical Disparities Research succeeded in identifying a comprehensive research agenda." In particular, they noted that future research is needed, especially in the areas of patients' care perspectives, workforce diversification and training, and systematic evaluation of health

technologies to reduce surgical disparities. Within the context of the larger literature focused on disparity-related research, results also call for ongoing evaluation of evidence-based practice, rigorous research methodologies, incentives for standardization of care and building on existing infrastructure to support these advances.

More information: Setting a National Agenda for Surgical Disparities Research: Recommendations from the National Institutes of Health and American College of Surgeons Summit. *JAMA Surgery*. Published online March 16, 2016. [DOI: 10.1001/jamasurg.2016.0014](https://doi.org/10.1001/jamasurg.2016.0014)

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