Small Group Discussion Cases

This session is designed to engage participants in small group discussion on topics related to healthcare disparities and cultural competency.

As a facilitator of the small group session, you should consider following the following format:

Prior to the session, the facilitator should send participants the case scenarios to be discussed and ask participants to come prepared to discuss the cases and the associated questions.

At the start of the session, the facilitator should set ground rules to ensure that every one feels comfortable participating. The ground rules should consist of:

1.   All discussions are confidential and are not to continue outside of the meeting room. The goal is to encourage an honest discussion of dilemmas that many of us face in the hospital setting and eventual practice.

2.   There is no right or wrong answer to any of the questions or discussion points.

During the session, the facilitator should read the case (or ask one of the participants to volunteer to read the case) and then ask the questions. The facilitator should help guide the discussion but not provide direct answers to the questions. If the participants ask for additional information/detail, the facilitator can provide detail that they feel is appropriate or may accentuate certain disparities or gaps in cultural competency. At the end of the session, the facilitator should help to summarize the key lessons/teaching points and if appropriate, direct participants to one of the articles listed in the curriculum for further information.

Healthcare Disparities

Scenario 1: Ms. Jones is a 43-year-old single mother who has been furloughed from her job due to the pandemic as a waitress and is having difficulty paying her rent, let alone affording to buy food for herself

and her two children. She is worried about being evicted and becoming homeless. She has tried to find other jobs, but as she is in the U.S. on an expired tourist Visa, she has been facing some challenges finding other work for fear that she might be deported. Right before the pandemic, she had a normal screening mammogram. However, three months ago, she felt a lump in her breast. As she no longer has health insurance, she delayed going to see her doctor, but she decided to see him since the lump had grown to be quite large. She was given an appointment for imaging, but she was not able to keep that appointment as the restaurant she worked in finally opened, so she really needed the paycheck. So, Ms. Jones opted to continue working so she could support the family, putting off the imaging for another three months. By the time she presented to radiology, her breast lump measured 10cm in size. Ultimately, Ms. Jones was diagnosed with a grade 3 triple negative breast cancer and distant metastatic disease, and given a poor prognosis.

1. What factors contributed to Ms. Jones' delay in breast cancer diagnosis?

2. In the population of patients that you care for, are there groups of patients that have

issues with access to care or worse disease outcomes? If so, what can you do to address these barriers? What system-wide changes could you propose and possibly implement to reduce these disparities in care?

Scenario 2: A 47-year-old homeless female with 30+ PYH of smoking, CKD, and DBM is seen in clinic as a new patient in late March. She was found to be in good health and following her medication regimen. She was given refills of all medications. It was also determined at this visit that given her smoking history and continued smoking, she would be a good candidate for lung cancer screening. A low dose LCS CT of the chest was ordered. She did not call to schedule her appointment for several weeks as she didn't have access to a phone for a sustained period. At that time, she was given an appointment for the following week (last week of April). Patient was several hours late to her appointment but the CT was performed. The final read showed a concerning 1 cm mixed attenuation nodule in her right apex. Patient was lost to follow up after not showing up to her scheduled follow up appointment.

Patient presents to the ED in December of the same year with dyspnea and hemoptysis. Repeat imaging at this time shows a spiculated mass in the right apex with extension to the pleura and possible erosion into her 1-3rd right ribs. PET/CT was performed which showed, in addition to her right upper lobe mass, uptake in the adrenals bilaterally concerning for metastasis.

1.   What are the social determinants of health in the above scenario that ultimately led to delays in patient care?

2.   What are other social determinants that were not directly addressed in the above scenario?

3.   How can we as radiologists personally help to prevent outcomes like this from happening?

4.   What systemic changes can be made to improve follow up for patients with difficult socioeconomic situations?

Scenario 3: You recently joined a breast imaging practice affiliated with a large safety-net hospital. In the first year of practice, you have noticed several patterns:

1. The compliance with annual screening mammography is low, especially for black and Hispanic women. Thus, the majority of patients presenting with locally advanced cancers rather than Stage 0 or 1 malignancies are from these underserved populations.

2. Every day, there are at least 3 women who are 6-8months overdue for a BIRADS 0 recall from screening or several years overdue for BIRADS 3 assessment. This lack of regular follow-up has led to a few of these women experiencing a delay in diagnosis of breast cancer.

3. Non-English-speaking patients seem to present at least one month later than English-speaking patients for work-up findings on screening mammography and these same women experience a 3-4-week delay for biopsy, if biopsy is recommended.

4. Women from Haiti who are diagnosed with breast cancer often have a 4-month delay in breast cancer surgery as you have been told that those patients return to Haiti to spend time with their families as they believe that they are going to die of their disease.

Given the above observations,

1) What disparities seem to exist in this patient population?

2) How will you determine the factors that are contributing to the disparities?

3) What practice changes would you implement to address these disparities?

4) How will you measure whether or not you are successful?