

Race-conscious CDSS for equitable heart failure triage



The challenge

Brigham and Women's Hospital (BWH) and the University of Virginia Medical Center (UVMC) identified racial disparities in access to specialty cardiology care for Black and Latinx patients with heart failure.

- Studies showed these patients were **less likely** than white patients to be admitted to cardiology services, even after accounting for clinical and socioeconomic factors.
- Disparate cardiology admissions are associated with lower hospital readmission rates.
- Provider perception of patient preference and self-advocacy was identified as a key driver of inequitable admission decisions, highlighting the role of **implicit bias** and opportunity for a **race-conscious clinical decision support system (CDSS)**.



The process

The CDSS was designed to **educate clinicians on racial disparities in heart failure triage** and prompt equitable admission decisions.

- When a provider selects *general medicine admission* for a Black or Latinx patient with heart failure, a best practice advisory (BPA) suggests considering cardiology admission.
- Providers may override the advisory but *must* document a clinical justification.
- **Wisdom Councils** of Black and Latinx community members vetted the CDSS language to reflect patient perspectives and concerns.
- The system ensures that clinicians reflect on admission decisions, encouraging equitable triage.



The impact

Strategic use of race and ethnicity data can promote equitable access to life-saving specialty care. Initial monitoring suggests the CDSS is influencing admission patterns, increasing cardiology referrals for Black and Latinx patients. Race-conscious strategies such as these are necessary to counteract structural racism in healthcare decision-making.

- Subjective clinical assessments can contribute to bias, underscoring the need for interventions that actively mitigate racial disparities.
- Race-blind checklists were insufficient to address systemic inequities.
- Acknowledging racial disparities in access to healthcare is essential to reducing bias and addressing structural racism.