TITLE: The effect of a clinician communication coaching intervention on racial disparities in the quality of communication in cardiology encounters

Racial disparities in the quality of communication are widely documented. Physicians are more verbally dominant, less supportive, less empathic, provide less information, express less positive affect, and use less patient-centered communication with Black compared with White patients. This is important because robust evidence links effective communication to important patient outcomes, such as greater trust, satisfaction with care, continuity, adherence to treatment, and other clinical outcomes. Therefore, interventions which improve communication for Black patients may reduce racial disparities in health outcomes by improving the quality of patient-centered care consistent with the focus of the REACH Equity Center.

In this application, our multidisciplinary team proposes to conduct a cluster randomized controlled trial of a clinician communication coaching intervention in ambulatory cardiology practices. The specific aims are: (1) Determine the effect of a clinician communication coaching intervention versus control on an objective measure of the quality of communication (primary outcome) and patients' perceptions of the quality of patient-centered care (secondary outcome), both overall and within Black and White patients. (2) Determine the effect of a clinician communication coaching intervention versus control on racial disparities in objective measures of communication quality (primary outcome) and in the quality of patient-centered care (secondary outcome).

This proposal has the potential for significant impact on racial disparities in care. The cardiology setting is especially important given widely documented racial disparities in cardiology care which persist even among patients with similar access to care, preferences, and indications for treatment. Additionally, effective clinician communication is essential to patients’ understanding of risks and benefits of potentially life-saving interventions and adherence to recommendations for modifications to health behaviors to prevent disease progression. Additionally, the focus on communication makes the findings broadly applicable across diseases and care settings.