Health Systems Learning Group
Leveraging the Triple Aim & Community Benefit by Proactively Addressing Population Health in the New World of Health Reform

Health Forum/AHA Leadership Summit
July 27, 2013

Please note that the views expressed by the conference speakers do not necessarily reflect the views of the American Hospital Association and Health Forum.
Speakers

Vice President, Faith & Health; Professor, Public Health Science
Wake Forest University Baptist Medical Center
Professor, Faith & Health of the Public
Wake Forest University School of Divinity
Wake Forest University Baptist Medical Center
Winston-Salem, NC

Kimberlydawn Wisdom, MD, MS
Senior Vice President of Community Health & Equity
Chief Wellness Officer
Henry Ford Health System
Detroit, MI
Speakers

Dora Barilla, Dr.PH., MPH, CHES
Assistant VP Strategy and Innovation
Associate Director, Institute for Health Policy and Leadership
Associate Director, Institute for Community Partnerships
Loma Linda University Health
Loma Linda, CA

Nancy Combs, MA
Director of Community Health, Equity & Wellness
Henry Ford Health System
Detroit, MI

Teresa Cutts, Ph.D.
Director of Research for Innovation
Methodist Le Bonheur Health System
Memphis, TN
CEO Respondents

Wendy Goldstein, MBA
Chief Executive Officer
Lutheran Healthcare
Brooklyn, NY

Rick Rawson, MBA
Chief Executive Officer
Loma Linda University Medical Center – Murrieta
Murrieta, CA
Objectives of This Morning’s Session

1. Share the goal of the Health Systems Learning Group (HSLG)

2. Describe evidence-based efforts that shift Unmanaged Charity Care to Strategic Community Health Improvement, address Social Complexity/Social Determinants, and build Transformative Partnerships.

3. Name 2 ways that HSLG partners have integrated Community Health Needs Assessment (CHNA) into their mission and strategic planning efforts

4. Describe how Equity and Quality are “two sides of the same coin” and why reducing health/healthcare disparities is fundamental to achieving the Triple Aim

5. Hear from HSLG CEOs
Background

36 Non-Profit & Faith-Based Health Systems
An Ensemble Of Practices: Briefing on the Health Systems Learning Group’s Discovery
An Ensemble Of Practices: Briefing On The Health Systems Learning Group’s Discovery
First Steps

- Establish a governance infrastructure that designates a senior executive leader for community health who reports directly to the CEO

- Develop, monitor and report community health metrics that support and leverage health system strategic goals at the highest level of the organization
First Steps

- Secure a broadly subscribed automated software system to collect, track and report Community Benefit information that is quantifiable, standardized, and fully compliant with IRS reporting requirements

- Agree to set a system-wide Community Benefit goal that not only meets, but annually transcends IRS requirements to serve the community
Setting The Stage:
Making The Business Case For Partnering With Communities To Transform Population Health
Transformative Strategies from the Top of the Mission to the Bottom Line

- Shifting unmanged charity care into strategies for community health improvement
- Integrating care to address socially complex residents at the neighborhood level
- Engaging communities in transformative partnerships with shared accountability
Shifting Unmanaged Charity Care into Strategic Community Health Improvement
Unmanaged Charity Care

“We have evaluated the primary focus of our ‘acute care’ role and committed to reclaim our original purpose, that of being trusted community partners in improving health.”

“We have a history of doing what is needed before it is required, incented, or penalized.”

Health Systems Learning Group (HSLG) Monograph, April 4, 2013
A “Quadruple” Aim?

Medicare, Medicaid and Mercy (Uninsurable)

1. Improve the experience of care
2. Improve the health of populations
3. Reduce per capita costs of health care
4. Reduce health disparities
Build a Population and Community Health Infrastructure
Upstream Design of the Primary Care Network
Partner with Individuals, Families, and Community Agencies
Financial Management: Design Economic Models that Fit our Purpose
Digital and Data Infrastructure

Census Demographics
Health Status Indicators
Service Utilization
Primary Care Network Design
Community Assets
Market Potential
Bridge Clinical Care Management to Community-Based Prevention

- Tobacco Free Living
- Preventing Drug Abuse and Excessive Alcohol Use
- Clinical & Community Preventive Services
- Healthy & Safe Community Environments
- Injury and Violence Free Living

Increase the number of Americans who are healthy at every stage of life.

- Empowered People
- Mental and Emotional Well-being
- Reproductive and Sexual Health
- Active Living
- Healthy Eating
Community Health Needs Assessments
Integrating Population Health into EHRs
“People’s social and economic circumstances affect their health throughout life, so health policy must be linked to the social and economic determinants of health.”

World Health Organization
CHNA Creates an Opportunity to Lead with Influence
**Purpose:**
Establish a Center for Strategy and Innovation to support the LLUH strategic planning process and to innovate new delivery models that engage the community.

**Future:**
Center of Joint Regional Initiatives and Strategy Development

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**Strategy**
- Strategy Development
- Strategic Analysis
- Environmental Scan
- Strategy Deployment and Alignment
- Community Health Needs Assessment

**Innovation**
- Creating Networks and Multidisciplinary Teams
- Informal Networks to Incubate New Ideas
- Piloting New Care Models within the System
- Transforming the Experience and Delivery of Healthcare

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**Enhanced Support**
- Community Health Development
- Business Development
- Clinical Decision Support
- Finance
- Philanthropy

**Functions**
- Health Services Utilization/Data Integration
- Health Surveillance
- Community Engagement
- Innovation

**Community Engagement**
- Community Health Needs Assessment
- Grant Writing
- Collaborative Initiatives/Civic engagement

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**Strategy/Innovation Think Tank**
Integrating Care To Address Socially Complex Residents At The Neighborhood Level

CLOCC, Advocate Health Care partner
When the external becomes internal: How we internalize our environment

Allostatic Load
- Inadequate Transportation
  - Long Commutes
- Housing
- Lack of social capital

Stress

High Demand-Low Control Jobs
Lack of access to stores, jobs, services
Crime

Source: Anthony Iton, MD, JD, SVP, The California Endowment
Social Complexity Is Powerful
Culture Shift

- From “Individual” to “Complex People in Socially Complex Communities”
- From bearing the load alone to collaborative, cross-sector solutions
- From certitude to curiosity
Congregational Health Network (CHN)

- Network of over 520 churches, interfaith focus
- Penetrating deeply into our most under-served neighborhoods
- True partnership and transparent and participatory sharing of design, data, findings, processes and outcomes
- Capacity building through training
CHN Metrics

- Decreased mortality rate
- 120 days longer to readmission for all APR-DRGs
- 141 Days Longer to Readmission for Congestive Heart Failure APR-DRGs
- Decreased 30-day readmission in zip 38109
Arts of Alignment: Engaging Communities in Transformative Partnerships with Shared Accountability

Faith Health Event, Methodist Le Bonheur
Why Transformative Partnerships?

Ask the Institute of Medicine.
From “Primary Care & Public Health” (2012):

- Dramatic rise in health care costs leads everyone to innovate.
- Health research reinforces priority of social determinants, primary care for prevention and condition management.
- Rich data helps all understand and address population health.
- ACA provides overarching opportunity to change the way we approach health in the U.S.

http://www.iom.edu/Reports/2012/Primary-Care-and-Public-Health.aspx
Transformative Partnerships Help Solve Big Health Systems Problems

- Uncompensated care
- Inappropriate ED use
- Readmissions
- Spiraling chronic disease
- Declining reimbursements

“We need to move from ‘what’s the matter?’ medicine to ‘what matters to you?’”

- Maureen Bisognano, IHI, Out of the Blocks Conference, 2012
How Do We Engage Great Community Partners?

Short Answer: Be a Great Partner.
How Do We Engage Great Community Partners?

Assess community health needs and assets; identify partner roles and contributions.
How Do We Engage Great Community Partners?

Focus on shared gains opened up by new policies “with some assembly required”

• Community Benefit
• ACA, Medicaid expansion, Healthy People 2020, etc.
How Do We Engage Great Community Partners?

Assume scale, spread and sustainability:

Memphis Tri-State Congregational Health Network

and

Wake Forest University Baptist Medical Center’s Partnership with NC Hospital Association
How Do We Engage Great Community Partners?

Choose measures of success together for mutual accountability

CeaseFire Violence Prevention Program, Advocate Health Care Partner
How Do We Engage Great Community Partners?

Develop measurable, strategic communications

Sew Up Safety Net for Women and Children, Henry Ford Health System
Equity and the Triple Aim:

The Henry Ford Health System Approach
“Quality and equity are two sides of the same coin.”
- Kimberlydawn Wisdom M.D., M.S.

Transforming lives and communities through health and wellness – one person at a time.

Find the report at: http://henry.hfhs.org/healthcareequitycampaign
Our Vision
Transforming lives and communities through health and wellness – one person at a time
Community Pillar - “Weight-Bearing” & Accountable

Mission: To improve people's lives through excellence in the science and art of health care and healing.

Vision: Transforming lives and communities through health and wellness – one person at a time.

System Values: Respect for people, High Performance, Learning & Continuous Improvement, Social Conscience, Each Patient First

Core Competencies: Innovation, Care Coordination, Collaboration

Organizational Framework: Leadership, Strategic Planning, Patient/Customer Focus, Performance & Knowledge Management, Staff Focus, Safe & Reliable Process Focus, Accountability for Results

THE HENRY FORD EXPERIENCE
“Of all the forms of inequity, injustice in health care is the most shocking and inhumane.”

- Rev. Martin Luther King, Jr.
Reported significant variation in the rates of medical procedures by race, even when insurance status, income, age, and severity of conditions are comparable. This research indicates that U.S. racial and ethnic minorities are less likely to receive even routine medical procedures and experience a lower quality of health services.
Four key themes emerged in the 2012 NHDR:

- Healthcare quality and access are suboptimal, especially for minority and low-income groups
- Overall quality is improving, access is getting worse, and disparities are not changing
- Urgent attention is warranted to ensure continued improvement in:
  - Quality of diabetes care, maternal and child health care, and adverse events
  - Disparities in cancer care
  - Quality of care among states in the South
Definitions

- Health Disparity - differences in health outcome or status

- Health care Disparity - differences in the preventive, diagnostic, and treatment services offered to people with similar health conditions
Healthcare Disparities

- African American, Asian/Pacific Islander (A/PI), American Indian/Alaska Native (AI/AN), and Hispanic patients with pneumonia are less likely than White patients to receive recommended hospital care.
- A/PI, African American, & AI/AN hospice patients are more likely to report NOT receiving the right amount of pain medication compared to White patients.
- African American, AI/AN, & Hispanic patients on dialysis under age 70 are less likely than their White counterparts to be registered on a waiting list for transplant.
Figure 2.45. Hospital patients with heart attack who received percutaneous coronary intervention within 90 minutes, by race/ethnicity, 2005-2007
Why do healthcare disparities exist?

- **Health system variables**
  - Complex health systems may be poorly adapted to and difficult to navigate for various cultural groups, especially for those with limited English speaking proficiency or for those with low literacy

- **Care process variables**
  - Issues related to health providers such as unconscious bias and its impact on decision making, and clinical uncertainty due to poor communication

- **Patient level variables**
  - Patients’ mistrust which can result in less adherence to treatment and delays in seeking care
Campaign Launched in 2009

Healthcare Equity Campaign
Nancy Schlichting, Honorary Chair
Kimberlydawn Wisdom, M.D. and William A. Conway, M.D., Co-Chairs

What is Healthcare Equity?
Healthcare equity is defined as providing care that does not vary in quality by personal characteristics such as ethnicity, gender, geographic location, and socioeconomic status.

Henry Ford has launched a three-year campaign to address potential sources for inequality in healthcare.

Eliminating healthcare disparities is about working together to find solutions that provide better care for everyone – not assigning blame.

Campaign Goals
The goal is to increase knowledge, awareness, and opportunities to ensure healthcare equity is understood and practiced by Henry Ford providers and other staff, the research community and the community at large; and to link healthcare equity as a key, measurable aspect of clinical quality.

The first phase will focus on raising awareness, the second on implementing tools to improve cross-cultural communication and competency, and the third on integrating these principles throughout the System to make them sustainable and ensure accountability.

Upcoming Events
CME/CEU Workshop: Unnatural Causes: Stating the Problem and Finding Solutions
One Ford Place
8:30 a.m. – 4:30 p.m.
May 5, 2010
August 11, 2010
November 3, 2010

Quality and equity are two sides of the same coin.

Join our Facebook Page
The Henry Ford Health System Healthcare Equity group on Facebook is for employees only. Join at www.facebook.com and search for the HFHS Healthcare Equity group.
Henry Ford’s Healthcare Equity Campaign: Three Phases

- Phase 1: **Raise awareness** about health and healthcare disparities as we move toward healthcare equity
- Phase 2: **Implement tools** to improve cross-cultural communication and collaboration; plan for review of quality metrics by race/ethnicity
- Phase 3: **Integrate into System processes** to ensure sustainability and accountability; develop process for continuous monitoring of quality metrics by race/ethnicity and for intervention
Those most likely to have higher (better) total scores were: clinicians (particularly physicians); non-white employees; & employees working at Detroit sites.
Healthcare Equity Campaign, Phase 1: 300 Equity Ambassadors Trained
Race/Ethnicity/ Language Data Collection

464,472 revised registrations completed in first 15 months
Culturally Competent Health Care: 3-Legged Stool

- Culturally Competent Communication
- Language Access
- Health Literacy
New Regulatory Requirements

- Common themes
  - Provision of quality language & translation services
  - Addressing literacy/communication needs
  - Cultural competency training
  - Collection of race/ethnicity/primary language data
  - Using data to measure disparities & address them when they are identified
Management of Diabetes and Control of Lipids - Q1 2011

<table>
<thead>
<tr>
<th></th>
<th>African American</th>
<th>Non African American</th>
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</thead>
<tbody>
<tr>
<td>Glycemic Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HbA1c &lt; 8</td>
<td>56.9%</td>
<td>87.1%</td>
</tr>
<tr>
<td>HbA1c &gt; 9</td>
<td>30.2%</td>
<td>20.2%</td>
</tr>
<tr>
<td>Lipid Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LDL &lt; 100</td>
<td>53.1%</td>
<td>65.2%</td>
</tr>
<tr>
<td>LDL &gt; 130</td>
<td>25.0%</td>
<td>16.3%</td>
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<tr>
<td>Lipid Drug Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>66.50%</td>
<td>72.90%</td>
</tr>
<tr>
<td>Chronic Kidney Disease</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>15.5%</td>
<td>9.0%</td>
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<tr>
<td>% ED visit in last 2 years</td>
<td>85.8%</td>
<td>87.6%</td>
</tr>
<tr>
<td>% IPD stay in last 2 years</td>
<td>23.7%</td>
<td>11.1%</td>
</tr>
<tr>
<td>% Completing Diabetes Educ.</td>
<td>23.9%</td>
<td>17.0%</td>
</tr>
<tr>
<td></td>
<td>15.0%</td>
<td>14.5%</td>
</tr>
</tbody>
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Blood Glucose and LDL Control

- Good
- Not In Control
- In Control

Review of C-Section Rates at Henry Ford Hospital

This review is based on demographic data currently captured in our registration system. There is wide-spread belief that this data is inaccurate. There are plans to update this data following current government guidelines. Once updated we plan to take another look at C-Section rates by Race/Ethnicity. At this time there is no work being done related to this.
Moving Forward: Sustainability and Continuous Improvement

- **Education and Training**
  - Leadership academies; resident education
  - New employee and leadership orientation
  - Developing a year-long training program

- **Evaluation and Demonstration Projects**
  - Collecting race, ethnicity, and language data from patients
  - Gail and Lois Warden Endowed Chair in Multicultural Health
  - Assisting System teams in projects to improve equity (example: Maternal Child Health, Henry Ford Hospital)
  - Disseminating findings

- **Internal Partnerships for Organizational Change**
Recent Success

“The HFMG and Henry Ford Health System are committed to healthcare equity, providing care that does not vary in quality by personal characteristics such as ethnicity, gender, age, geographic location and socioeconomic status.”
Recent Success

- Henry Ford Medical Group Commitment of Professional Conduct
  
  For our patients, we pledge to:
  
  - Make the care of our patients our first concern
  - Respect each patient’s dignity, beliefs and privacy with sensitivity and openness
  - Listen to our patients and respect their views and their right to be fully involved in decisions concerning their care
  - Be aware of, and sensitive to, the cultural beliefs of our patients and strive to minimize health disparities
CEO Nancy Schlichting speaks to Healthcare Equity

On Nancy’s Mind:
System Healthcare Equity Campaign
CEOs Respond

Rick Rawson, Loma Linda UMC - Murrieta
CEOs Respond

Wendy Goldstein, Lutheran Healthcare
Health Systems Learning Group, Moving Forward
For more information on Health Systems Learning Group

THE CENTER FOR EXCELLENCE IN FAITH AND HEALTH
Bit.ly/UG2Kym
or
www.hhs.gov/partnerships