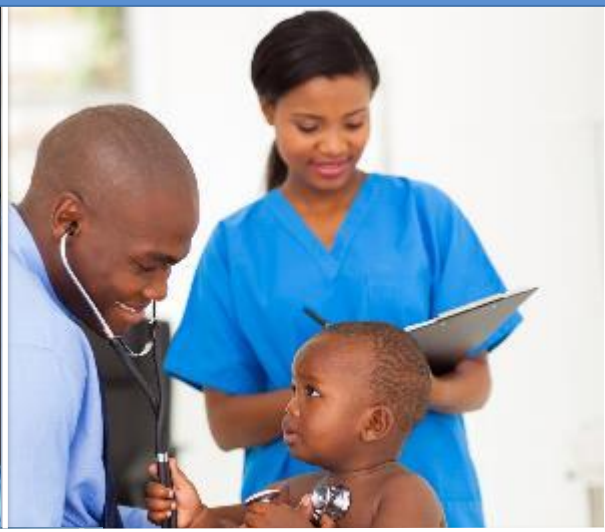
Meritus Health



FY2022 Health Equity Report

Meritus Health – July 2021 to June 2022

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About Meritus Health

Meritus Health, Western Maryland's largest healthcare provider, is located at the crossroads of Western Maryland, Southern Pennsylvania and the Eastern panhandle of West Virginia.

- Serves over 200,000 residents of the tristate region (Maryland, Pennsylvania, West Virginia)
- Over 3,200 Employees
- Over 500 Medical Staff Members
- Meritus Medical Center (MMC) – 327 beds
- Meritus Medical Group (MMG) - 20 medical practices; 140+ providers
- Meritus Home Health
- Equipped for Life (Medical equipment)

<u>Mission</u>: Improve the health of our community.

<u>Vision</u>: To be the best health system.

Meritus Health

Background

At its core, the FY22 Health Equity Report seeks to shed light on several factors surrounding diversity, equity and inclusion (DEI):

1. The **progress** we have made since our previously conducted Health Equity Report
2. The **work** our LEAD Council has been doing to promote DEI
3. Where our **current health disparities** reside
4. How we plan to **proceed in mitigating** the health disparities found within this report

Executive Summary

FY20 Progress

In our FY2020 Health Equity Report, Meritus Health was able to identify **6 health disparities** present in the care we provide out of 13 analyzed measures. Among these disparities; some were fully mitigated, while ongoing work continues on others. A simplified outlook on where Meritus Health currently stands on these measures can be referenced to the right.

Sepsis Core Measure Non-Compliance:

- **FY2020**: 33% non-compliance for white patients compared to 47.3% non-compliance with non-white patients. **14.3% difference between races.**
- **FY2022**: 20.5% non-compliance for white patients compared to 16.3% non-compliance with non-white patients. **4.3% difference between races.**

Pre-Term Birth Rates:

- **FY2020**:
  - Race: 9.5% pre-term birth rate for white patients compared to 12.1% pre-term birth rate for non white patients. **2.6% difference between races.**
  - Language: 10% pre-term birth rate for English-speaking patients compared to 20.4% pre-term birth rate for Spanish-speaking patients. **10.4% difference between languages.**
- **FY2022:**
  - Race: 9.2% pre-term birth rate for white patients compared to 6.9% pre-term birth rate for non-white patients. **2.3% difference between races.**
  - Language: 8.9% pre-term birth rate for English-speaking patients compared to 7.1% pre-term birth rate for non-English speaking patients. **1.8% difference between languages.**

Steps to Measurable Improvement in Sepsis Core Measure Compliance

- Driver diagram completed with change concepts identified.
- ED provider unconscious bias training sessions and educational resources/links supplied for the utilization of all staff and shifts.
- ED leadership has been providing ongoing data related to disparity
- Specifications manual updates reviewed:
  - Providers discretion with documentation and changes in fluid bolus treatment for ESRD/CHF patients if appropriate.
  - Smart phrases created for providers to utilize in documentation of variation in treatment.
- Community outreach programs directed to areas of need:
  - All MMG practices provided resources related to sepsis which included specific resources related to pneumonia.

Steps to Measurable Improvement in Pre-Term Birth Rates:

- Driver diagram completed with change concepts identified.
- Began meeting the community in settings that meet the needs of a more diverse population.
- Staff working in community centers to establish contact venue for education and support
- All staff received unconscious bias training through Metamorphosis in 2022
- Mandatory education for all staff on disparities in maternal care (MDMOM state initiative).
- Currently in the process of developing a brochure with contacts, frequently asked questions, and support info.
  - Includes Spanish speaking support

FY20 Health Disparities

Sepsis Core Measure Non-Compliance

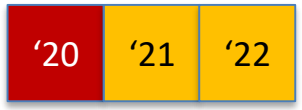
Pre-Term Birth Rates

Newborns Exclusively Breast Fed

Opioids Administered in Emergency Department

Poorly Controlled Diabetes

ED Throughput Times



Meritus Health

Executive Summary – FY22 Health Disparities

Meritus Health's FY22 Health Disparities

We reviewed multiple quality measures for FY2022 and we observed health disparities **10 measures**, as stratified by race/ethnicity and language spoken, across **5 domains**.

- **Newborn exclusive breast milk feeding**
- **Opioid administration**
- **Poorly controlled diabetes**
- **Emergency department throughput time**
- **Timely appointment follow-up after discharge**

Health Disparities by Race/Ethnicity				
Measure	**White**	**Non-White**	**Diparity (Asbolute % Difference)**	**Relative % Difference**
Newborn Exclusive Breast Milk Feeding (%)	45.5%	34.1%	**11.4%**	**28.6%**
Opioid Administration (Inpatient)	55.6%	48.9%	**6.7%**	**12.8%**
Opioid Administration (Emergency Department)	36.3%	28%	**8.3%**	**25.8%**
Poorly Controlled Diabetes (HbA1C ≥ 9)	8.7%	12.3%	**3.6%**	**34.3%**
ED Throughput Time (Admitted ED-1b)	405 Minutes	421 Minutes	**16 Minute Difference**	**3.9%**
Medicaid Patient Timely Follow-Up Compliance (%)	72.30%	64.60%	**7.70%**	**11.2%**

Table 1. FY2022 health disparities by race/ethnicity.

Health Disparities by Spoken Language				
Measure	**English Speaking**	**Non-English Speaking**	**Diparity (Asbolute % Difference)**	**Relative % Difference**
Opioid Administration (Emergency Department)	32.9%	22.8%	**12.1%**	**36.3%**
Poorly Controlled Diabetes (HbA1C ≥ 9)	8.7%	13.3%	**4.6%**	**41.8%**
ED Throughput Time (Admitted ED-1b)	406 Minutes	444 Minutes	**38 Minute Difference**	**8.9%**
ED Throughput Time (Discharged OP-18b)	229 Minutes	248 Minutes	**19 Minute Difference**	**8%**

Table 2. FY2022 health disparities by spoken language.

Executive Summary

Next Steps for Meritus Health

Meritus Health **acknowledges** these health disparities and will now shift focus to the areas that are most in need of addressing. Between now and the release of the Health Equity Report for FY2023, ***Meritus Health will set specific aims, form multidisciplinary work teams, and look to produce measurable improvement as it pertains to the mitigation of health disparities across our health system***.

In order for Meritus Health to truly and fully leverage the findings outlined in this summary, next steps will include the following:

1. **Launch improvement projects** with specific responsibilities, timelines, and measurable outcomes to address the disparities identified in the care Meritus Health provides.

2. **Continue** the work of the LEAD Council, including:
   - Continually monitoring and measuring the impact of the **"Rooney Rule"** on representation in leadership positions
   - Achieving 100% employee participation in **unconscious bias and cultural competency training**
   - **Implementing policy** to promote diversity, health equity, and inclusion
   - **Host Lunch & Learns** to promote education on cultural diversity within our organization
   - Progressively **increase the number of culturally diverse employee resource groups** within the organization

Measures not explicitly discussed within the body of this report are available upon request. **Please reach out to Ethan Feldmiller, MHA (ethan.feldmiller@meritushealth.com) should you require any clarification surrounding the contents of this report.**

Why Health Equity?

In 2003, the Institute of Medicine (IOM) published an important study entitled, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*. This report demonstrated that even after accounting for socioeconomic factors like insurance status and income, racial and ethnic minorities still received lower quality health care than non-minority groups. This work suggests that racism, prejudice, and bias exist within the health care system, to the detriment of our patients.

Since 2003, multiple federal and non-profit organizations like the Centers for Disease Control and Prevention (CDC), the U.S. Department of Health and Human Services (HHS), the National Institute on Minority Health and Disparities, and the Agency for Healthcare Research and Quality (AHRQ) have launched initiatives to study and address health disparities at the national level. The AHRQ publishes an annual *National Health Care Quality and Disparities Report* that highlights trends in health care quality across race and ethnicity. While it's apparent based on this publicly available data that some health disparities have improved, it's also clear that many of the disparities first highlighted by the IOM still exist and that some of these have even worsened over the past decade. Unfortunately, the COVID-19 pandemic has highlighted the pervasiveness of these disparities, as evidenced by multiple studies showing that Black patients and Hispanic or Latinx patients have higher COVID-19 hospitalization and mortality rates.

While the Institute of Medicine specifically controlled for socioeconomic access-related factors in *Unequal Treatment*, the term health disparity is more typically and broadly defined as "a type of health difference that is closely linked with social, economic, and/or environmental disadvantage," according to Healthy People 2030, an initiative led by HHS. While health disparities are often viewed through the lens of race and ethnicity, it is important to note that sex, sexual identity, age, disability, socioeconomic status, and geographic location are all factors that contribute to an individual's health status and can be a source of health disparities.

Health equity is a term that is related to health disparity and represents an ideal that would be realized in a world where "every person has the opportunity to attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances."

To meet the needs of our community as outlined in our mission, our vision, and our values, Meritus Health will strive to achieve health equity for the patients we serve. To effectively do this, we must first understand where health disparities exist in our health system.

Meritus Health

FY2022 Data

Safe and Effective

C-Sections - FY2022				
Race	Total C-Sections	% of Total C-Sections	Births	C-Section Rate
White	485	82.3%	1,422	34.1%
Non-White	104	17.7%	360	28.9%
English Speaking	557	94.6%	1,679	33.2%
Non-English Speaking	32	5.4%	84	38.1%
All	589	-	1,782	33.1%

Table 3. FY2022 C-Section Data. All percentages are within group comparisons. Note that the "All" row includes all patients, including races not captured elsewhere in table. For this reason, summing patients shown in other categories will not match the "All" row.

C-section data was analyzed across race, ethnicity, and language. Based on our FY2022 data, there are no disparities present across race/ethnicity; however, **given the 4.9 difference in percentage points between English speaking patients and non-English speaking patients, a health disparity appears to be present in the care provided to non-English speaking patients**.

Being that the sample populations differ so largely in volume, the difference in c-section rates is not likely to represent a disparity; however, this is something Meritus Health will monitor moving forward to assure our patients receive equitable care.

Newborn Exclusive Breast Milk Feeding (PC5) - FY2022			
Race	Newborns Exclusively Fed Breast Mile	Total Newborns	% Exclusively Fed Breast Milk
White	569	1,250	45.5%
Non-White	133	390	34.1%
All	702	1,640	42.7%

Table 4. FY2022 Newborn Exclusive Breast Milk Feeding. All percentages are within group comparisons. Note that the "All" row includes all patients, including races not captured elsewhere in table. For this reason, summing patients shown in other categories will not match the "All" row.

Data assessing the number of newborns that were exclusively fed breast milk before leaving the hospital was analyzed across race and ethnicity. Since our last conducted Health Equity Report for FY2020, progress has been made on reducing the disparity present between white and non-white populations; however, **there still remains a sizeable difference in percentage points between the two populations (11.4). Non-white newborns are exclusively breast fed at a sizably lower rate than white newborns. A disparity of this size likely warrants further investigation and intervention.**

Meritus Health

FY2022 Data

Safe and Effective

Inpatient Opioid Administration - FY22			
Race	Patients Administered Opioids	Patients	% Aministered an Opioid
White	5,988	10,770	55.6%
Non-White	949	1,942	48.9%
All	6,937	12,712	54.6%

Table 5. FY2022 Inpatient Opioid Administration. All percentages are within group comparisons. Note that the "All" row includes all patients, including races not captured elsewhere in table. For this reason, summing patients shown in other categories will not match the "All" row.

Inpatient opioid administration was measured by looking at the number of unique patients that were administered an opioid in the inpatient setting. While the sample size is much smaller, it is worth knowing that non-white patients are administered opioids at a rate 6.7 percentage points lower than white patients. **With that being said and having a 6.7 percentage point difference, there is a disparity present in inpatient opioid administration that requires further investigation**.

Emergency Department Opioid Administration - FY2022			
Race	Patients Administered Opioids	Patients	% Administered Opioids
White	8,690	23,912	36.3%
Non-White	1,865	6,659	28%
Language			
English Speaking	10,344	29,646	34.9%
Non-English Speaking	211	925	22.8%
All	10,555	30,571	34.5%

Table 6. FY2022 Emergency Department Opioid Administration. All percentages are within group comparisons. Note that the "All" row includes all patients, including races not captured elsewhere in table. For this reason, summing patients shown in other categories will not match the "All" row.

Emergency Department opioid administration was measured across race/ethnicity and language for all unique patients who were administered opioids in the emergency department. Looking at the data displayed in **Table 9**, there are sizeable differences in opioid administration rates between the majority and minority populations across race/ethnicity and language. **Non-white patients are administered opioids in the ED 8.3 percentage points lower than white patients and non-English speaking patients are administered opioids in the ED 12.1 percentage points lower than English speaking patients**. **Having such sizeable gaps in opioid administration likely represents a disparity in care that will require follow-up and intervention.**

Meritus Health

FY2022 Data

Effective and Patient-Centered

Poorly Controlled Diabetes - FY2022				
Race	**Patients w/Billable Encounter and Poorly Controlled Diabetes**	**Patients w/Billable Encounter and Diabetes**	**% of Total Patients with Diabetes being Uncontrolled**	**% of Patients with Poorly Controlled Diabetes**
White	1,236	14,179	84.1%	8.7%
Non-White	233	1,898	15.9%	12.3%
Language				
English Speaking	1,443	15,844	97.8%	8.7%
Non-English Speaking	33	276	2.2%	13.3%
All	1,476	16,120	-	9.20%

Table 57. FY2022 Poorly Controlled Diabetes. All percentages are within group comparisons. Note that the "All" row includes all patients, including races not captured elsewhere in table. For this reason, summing patients shown in other categories will not match the "All" row.

The ambulatory diabetes registry, a database of Meritus Health patients who meet diagnostic criteria for diabetes, was assessed to look at the percentage of patients who have a hemoglobin A1c (HbA1c) greater than or equal to 9.0%, a quality measure that indicates poor control of the disease. The HbA1c for these patients was captured across race/ethnicity and language spoken. Since our FY2020 Health Equity Report, our overall rates of poorly controlled diabetes have gone down from 14.8% to now 9.2%, which represents overall progress in controlling our patient's diabetes. With that being said, there remains disparities across both race/ethnicity and spoken language. **Of the diabetic patients with a billable encounter and diabetes; 8.7% of white patients have poorly controlled diabetes, whereas 12.3% of non-white patients have poorly controlled diabetes. Almost the same goes for spoken language with 8.7% of English speaking patients having poorly controlled diabetes compared to 13.3% on non-English speaking patients having poorly controlled diabetes**. For each population, we have surpassed the threshold of a percentage point difference of 3.5; thus, representing a health disparity. **Further investigation and action is warranted to mitigate this health disparity**.

Meritus Health

FY2022 Data

Timely and Patient-Centered

Emergency Department Median Throughput Time - FY2022						
	Discharged (OP-18b)			*Admitted (ED-1b)*		
Race	**Total Cases**	**% of Cases**	**Median Throughput (Minutes)**	**Total Cases**	**% of Cases**	**Median Throughput (Minutes)**
White	33,400	77.5%	**234**	14,046	86.8%	**405**
Non-White	9,709	22.5%	**215**	2,127	13.2%	**421**
Language						
English Speaking	41,921	97.2%	**229**	15,900	98.3%	**406**
Non-English Speaking	1,188	2.8%	**248**	273	1.7%	**444**
All	43,109	-	**230**	16,173	-	**406**

Table 8. FY2022 Emergency Department Median Throughput Time. Median throughput times represent within group comparisons. Note that the "All" row includes all patients, including races not captured elsewhere in table. For this reason, summing patients shown in other categories will not match the "All" row.

Emergency department median throughput time was measured across race, ethnicity, and language for patients who were discharged (Centers for Medicare & Medicaid Services (CMS metric OP-18b) and admitted (CMS metric ED-1b).

What was not present in our Health Equity Report for FY2020 was any type of disparity for ED throughput time across race/ethnicity; however, **FY2022 data would indicate that there is a new disparity between white and non-white patients in median throughput time for CMS metric ED-1b (Admitted). Understanding how this health disparity developed since our last released report will be crucial to crafting the appropriate strategies and interventions aimed at mitigating it.**

Data yields that for both discharged and admitted patients, median throughput time in minutes was higher for non-English speaking patients than English speaking patients. This is likely due to language barriers present during their hospital encounter, but nonetheless require further investigation and action to mitigate the present disparity.

Meritus Health

FY2022 Data

Equitable and Patient-Centered

Follow-Up w/Medicaid Patients - CY2022			
Race	Eligible Patients	Total Follow-Ups	% Compliance by Race
White	451	328	72.3%
Non-White	305	197	64.6%

Table 9. CY2022 data for Medicaid patient follow-up compliance as stratified by race/ethnicity. It is important to note that this data was captured for calendar year 2022 (Jan – Dec) as opposed to fiscal year 2022.

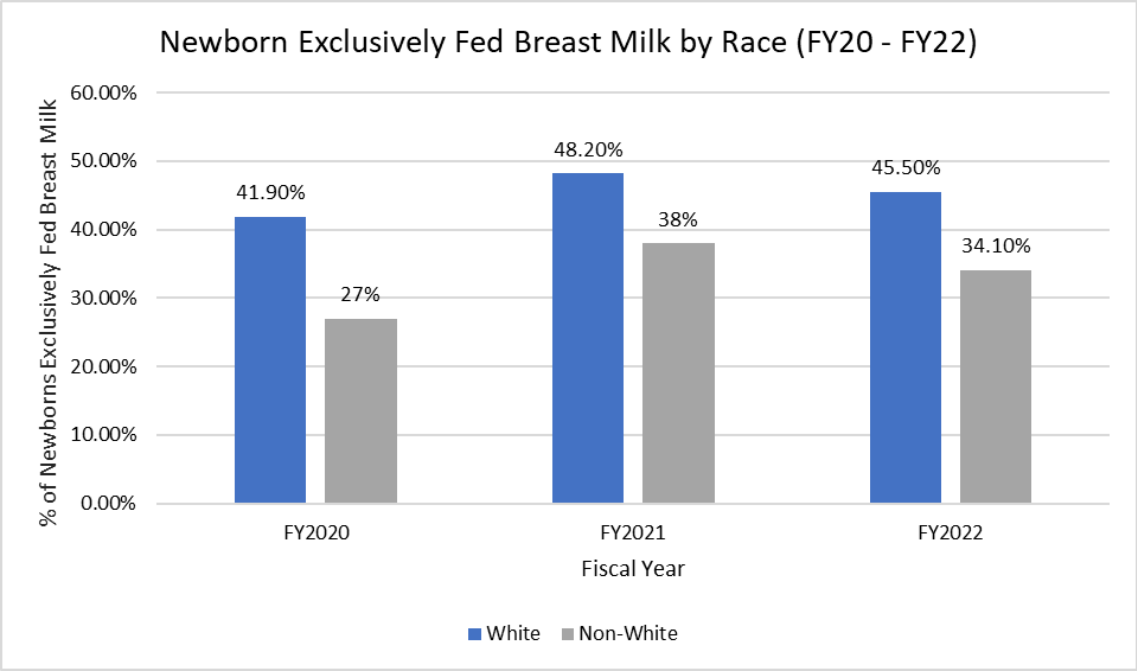
Medicaid and Medicare follow-up compliance was measured across race/ethnicity. Referencing the data in **Table 15** and **Table 16**, there is no evident disparity across racial groups for Medicare populations; **however, data would indicate that there is a disparity between white and non-white Medicaid populations. The follow-up phone call compliance rate is 7.7 percentage points lower for non-white patients compared to white patients**. **This is likely a disparity that will warrant further investigation and intervention moving forward**.

Meritus Health

FY2022 Data

Main Findings

Newborn Exclusively Fed Breast Milk



Note: Previous Health Equity Reports only compared white and Hispanic/Non-Hispanic black racial/ethnic groups. The FY2022 Health Equity Report took into account all racial and ethnic groups. Because of this, FY22 data slightly differs from those of years past (FY20 and FY21).

FY22 Key Findings:

White newborns = 45.5% (569 out of 1,250)
Non-white newborns = 34.1% (133 out of 390)

Takeaway:

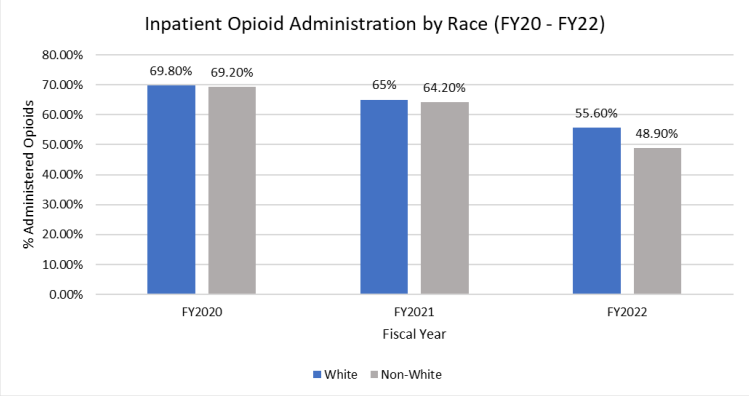
Non-white newborns at Meritus Health are 11.4 percentage points less likely to be exclusively fed breast milk than white newborns.

FY2022 Data

Main Findings

Opioid Administration

Inpatient



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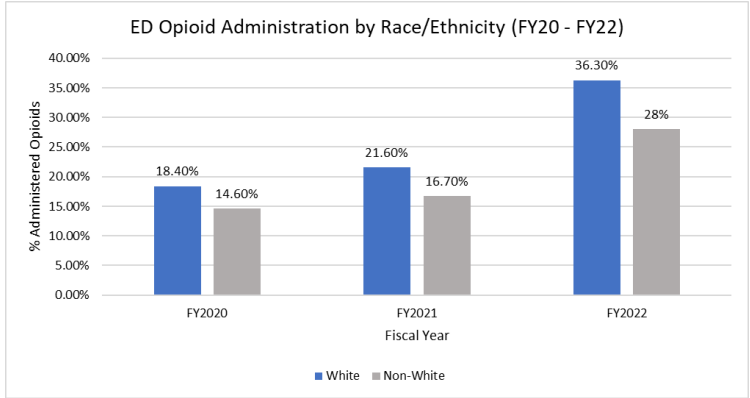
Emergency Department



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Key Findings:

Inpatient

White patients = 55.6% administered an opioid
- 5,988 out of 10,770

Non-white patients = 48.9% administered an opioid
- 949 out of 1,942

Takeaway:

Non-white patients at Meritus Health are 6.7 percentage points less likely to be administered opioids than white patients during their inpatient hospital stay.

Emergency Department

White patients = 36.3% administered an opioid
- 8,690 out of 23,912

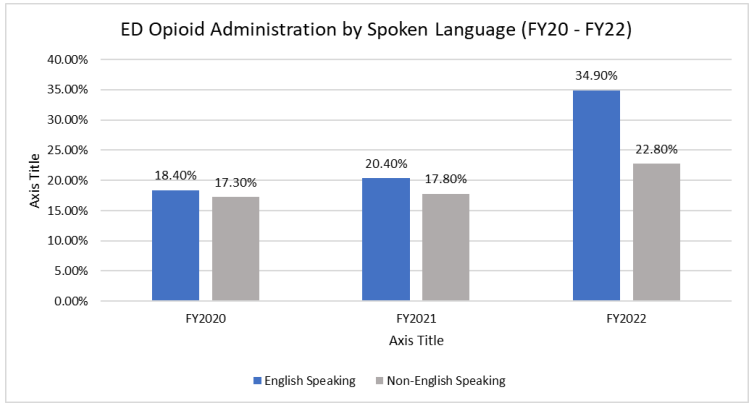
Non-white patients = 28% administered an opioid
- 1,865 out of 6,659

English Speaking patients = 34.9% administered an opioid
- 10,344 out of 29,646

Non-English speaking patients = 22.8% administered an opioid
- 211 out of 925

Takeaways:

Non-white and non-English speaking patients at Meritus Health are 8.3 and 12.1 percentage points less likely to be administered opioids than white and English speaking patients during their ED visit.



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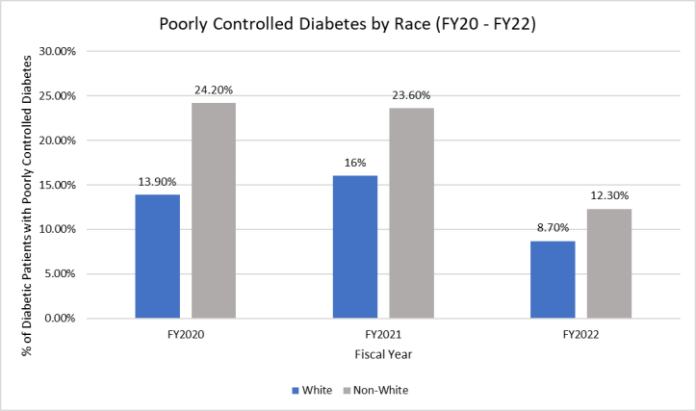
FY2022 Data

Main Findings

Poorly Controlled Diabetes



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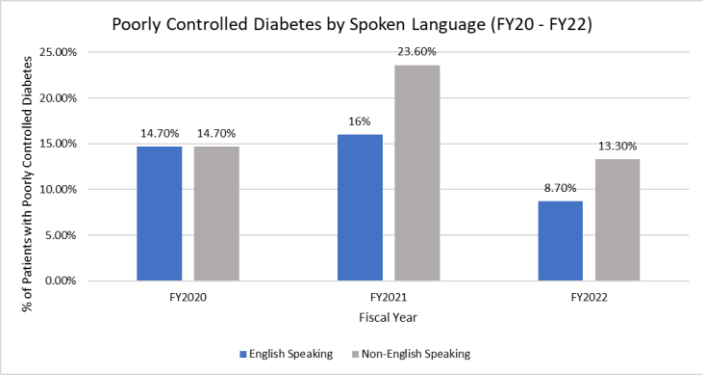

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FY22 Key Findings

White patients = 8.7% with uncontrolled diabetes
- 1,236 out of 14,179

Non-white patients = 12.3% with uncontrolled diabetes
- 233 out of 1,898

English speaking patients = 8.7% with uncontrolled diabetes
- 1,443 out of 15,844

Non-English speaking patients = 13.3% with uncontrolled diabetes
- 33 out of 276

Takeaways:

Non-white and non-English speaking diabetic patients at Meritus Health are 3.6 and 4.6 percentage points more likely to have uncontrolled diabetes than white and English speaking patients.

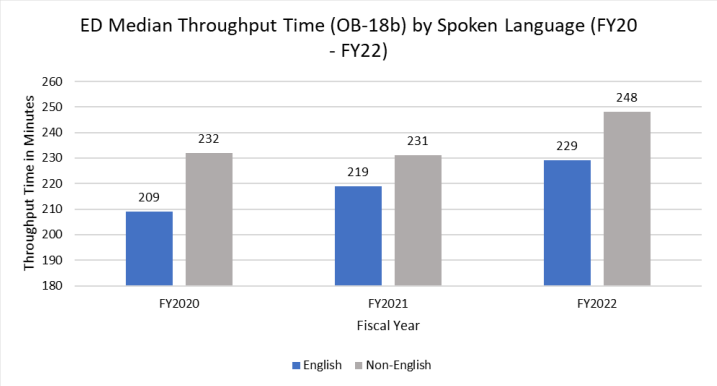
Meritus Health

FY2022 Data

Main Findings

ED Throughput Time

Discharged (OP-18b)



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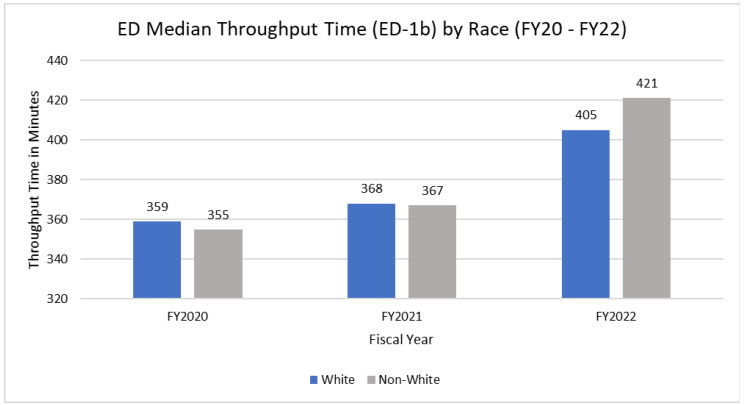
Admitted (ED-1b)



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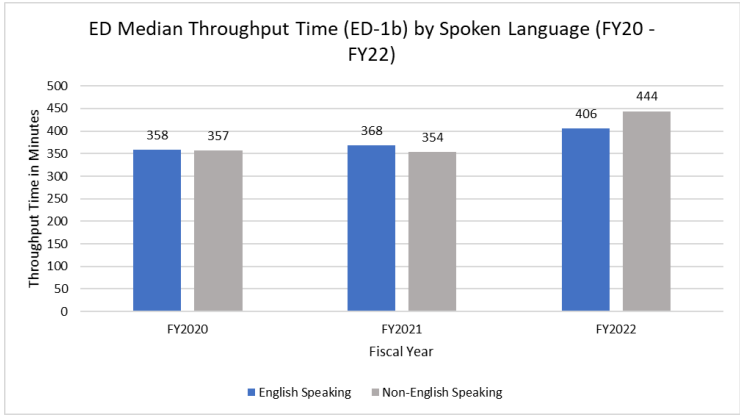


Note: Previous Health Equity Reports only compared only English and Spanish speaking patients. The FY2022 Health Equity Report took into account all spoken languages. Because of this, FY22 data slightly differs from those of years past (FY20 and FY21).

Key Findings:

Discharged (OP-18b)

White patients = Median throughput time of 229 minutes to discharge
- Out of 33,400 patients

Non-white patients = Median throughput time of 248 minutes to discharge
- Out of 9,709 patients

Takeaway:

Non-white patients at Meritus Health, on average, face ED discharge times 19 minutes higher than white patients.

Admitted (ED-1b)

White patients = Median throughput time of 405 minutes to admit
- Out of 14,046 patients

Non-white patients = Median throughput time of 421 minutes to admit
- Out of 2,127 patients

English speaking patients = Median throughput time of 406 minutes to admit
- Out of 15,900 patients

Non-English speaking patients = Median throughput time of 444 minutes to admit
- Out of 273 patients

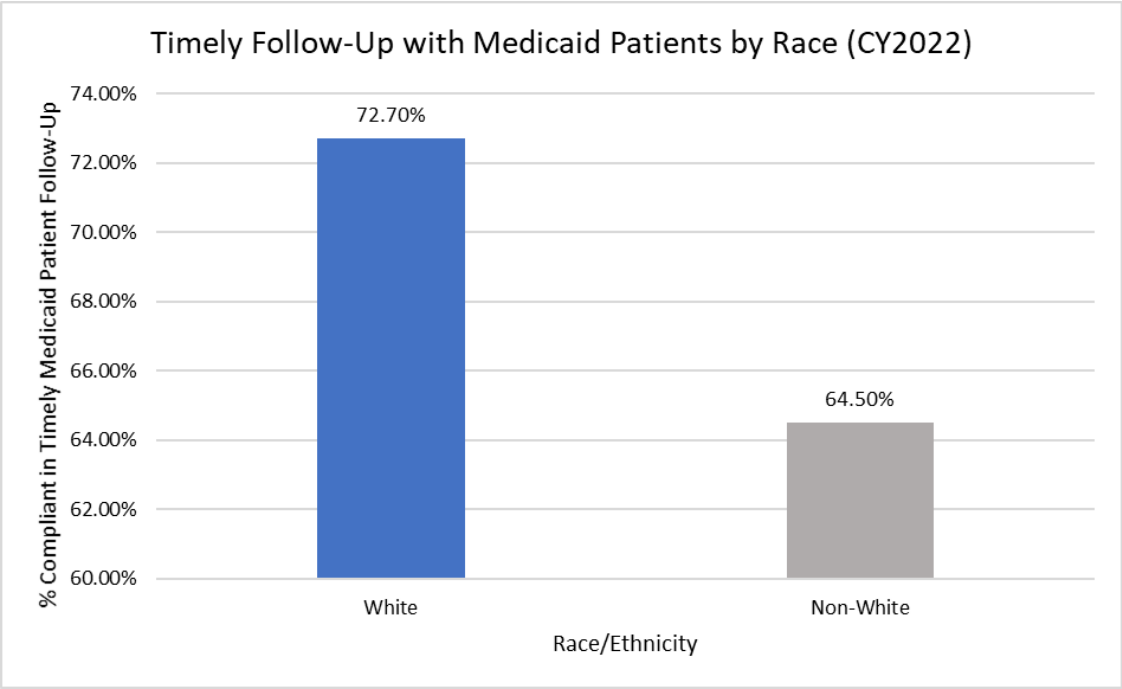
Takeaways:

Non-white and non-English speaking patients at Meritus Health, on average, face ED admit times 16 and 38 minutes higher than white and English speaking patients.

FY2022 Data

Main Findings

Timely Follow-Up



* Note: Data collected for the following chart was collected for Calendar Year 2022 to date. This would mean that there is not a full calendar year worth of data illustrated in the above chart. The data yielded runs through mid-October, 2022.

Key Findings:

White Medicaid patients = 72.7% compliance on timely follow-up appointments

- 328 out of 451 eligible patients

Non-white Medicaid patients = 64.5% compliance on timely follow-up appointments

- 197 out of 305 eligible patients

Takeaway:

Non-white Medicaid patients at Meritus Health are 8.2 percentage points less likely to have a timely follow-up appointment scheduled than white patients.

Ongoing Work

LEAD Dashboard FY23									
Joy at Work	Metric	Calculation / Measure	FY2022 Baseline	Jul-22	Aug-22	Sep-22	Oct-22	FYTD	*FY 2023 Target*
Purpose	Employee Resource Groups	# of changes implemented presented by/feedback provided by ERG	NEW	0	1	2	0	3	10
Training	Lunch & Learn	# of Lunch and Learn sessions with 24/7 access	10	0	1	1	0	2	10
	Encourage a culture of diversity and respect	Strongly Agree & Agree Survey Results: Meritus Health cultivates a culture where people of all backgrounds are welcomed, heard and valued.	80%	n/a	n/a	n/a	n/a	**80%**	5% increase
Diversity	Rooney Rule	Implement policy	90.91%	1 / 1	1 / 2	2 / 2	Pending	80.00%	90%
	Overall Diversity	Total number of diverse employees (self disclosed) / total number of team members	15.92%	16.33%	17.62%	17.6%	Pending	17.57%	24.0%
	Diverse leadership workforce	Total number of diverse employees supervisor and above (self disclosed) / total number of team members supervisor and above	10.10%	11.17%	10.63%	10.2%	Pending	10.2%	24.0%
	Diverse nursing	Total number of diverse nursing team members (self disclosed) / total number of team members supervisor	10.10%	14.13%	15.28%	14.9%	Pending	14.9%	24.0%
Quality	Exclusively Breastfed	Difference in White versus Non-White Newborns Exclusively Breastfed	15.00%	7.8%	9.2%	7.6%	Pending	7.8%	3.5%
	ED Opioid Administration	Difference in White versus Non-White Patient % receiving Opioids in the ED	5%	7.6%	8.0%	4.4%	6.0%	6.5%	3.5%
	Poorly Controlled	Difference in White versus Non-White Patients % with Controlled Diabetes	7%	6.1%	5.3%	5.3%	Pending	5.6%	3.5%

Table 10. Pictured is the Meritus Health LEAD Dashboard. Each measured metric is in alignment with our organizational bold goal to be a nationally recognized employer of choice. Metrics are tracked and recorded monthly within the dashboard. Data presented in the data above runs from the beginning of our fiscal year in July through October.

LEAD Council:

- The LEAD Council is responsible for ensuring metrics tracked through the **LEAD Dashboard (Table 16)** are attained by then end of FY23.
- The LEAD Council represents the governing body to promote DEI within the workforce and clinical services offered by Meritus Health.

Next Steps

Based on the yielded results presented throughout this FYY22 report, disparities exist in 5 specific areas across 10 different measures stratified by race/ethnicity and spoken language. Below are the summarized findings:

1. Lower rates of exclusive breast feeding for newborn non-white patients compared to white patients.
2. Lower rates of opioid administration for non-white patients for both inpatient stays and emergency department visits, with an additional lesser rate for non-English speaking patients in the emergency department compared to white and English speaking patients.
3. Higher rates of uncontrolled diabetes (HbA1c ≥ 9) in non-white and non-English speaking populations compared to white and English speaking patients.
4. Higher emergency department throughput times for discharged (OP-18b) and admitted (ED-1b) non-white patients, with additional higher rate for non-English speaking patients who are admitted from the ED compared to white and English speaking patients.
5. Lower rates of timely follow-up for non-white Medicaid patients compared to white patients.

Over the next fiscal year, Meritus Health will begin outlining steps to address the health disparities present in our services:

1. Assemble improvement teams to promptly tackle health disparities through rapid PDSA cycles of improvement.
2. Set specific aims on **who** we are targeting, **what** measures we will address, **how** we are going to address them, and **when** we are going to address them by.
3. Continue to leverage the work of our LEAD Council to continually implement and improve work done by the organization.
4. Update our LEAD dashboard to appropriately reflect where disparities lie so that we may track month-by-month progress on designated metrics.
5. Learn best-practices from our peers through the newly formed **LEAD Collaborative** (AARP Lead | Maryland Hospital (meritushealth.com))

Any questions regarding this FY22 Health Equity Report can be directed to Ethan Feldmiller, MHA (ethan.feldmiller@meritushealth.com)