## **LEAD Collaborative**

# Best Practice Webinar #4

May 11, 2023











## **LEAD Information Session Housekeeping**



Session will be 60 minutes.



Session is being recorded.



Participants will be muted upon entry. Please keep microphone muted unless you are speaking.



Use the Chat feature to post comments or ask questions. You can also use the "Raise Hand" feature to ask questions.



When speakers are presenting, it is suggested that "Speaker View" is used.
Otherwise, "Gallery View" is suggested.



Please ensure your Zoom screen name reflects how you wish to be identified.

Keep video on (if possible).

## Agenda

9:00-9:02 AM: Welcome/Introductions

9:02-9:32 AM: Featured Presentation

9:32-9:44 AM: Q & A

9:44-9:45 AM: Thank You/Wrap Up

**LEAD Collaborative** 

## Main Line Health's Journey to Achieving Health Equity



Shonalie Roberts, MHA, ARM, LSSGB
System Director
Health Equity
Main Line Health



Barry Mann, MD
Medical Director
Health Equity
Main Line Health
Pronouns: He, him

Pronouns: She, her



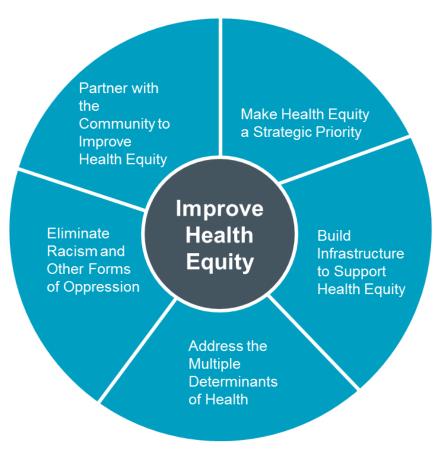
## Main Line Health's Journey to Achieving Health Equity

Shonalie Roberts, MHA, ARM, LSSGB System Director, Health Equity, Main Line Health

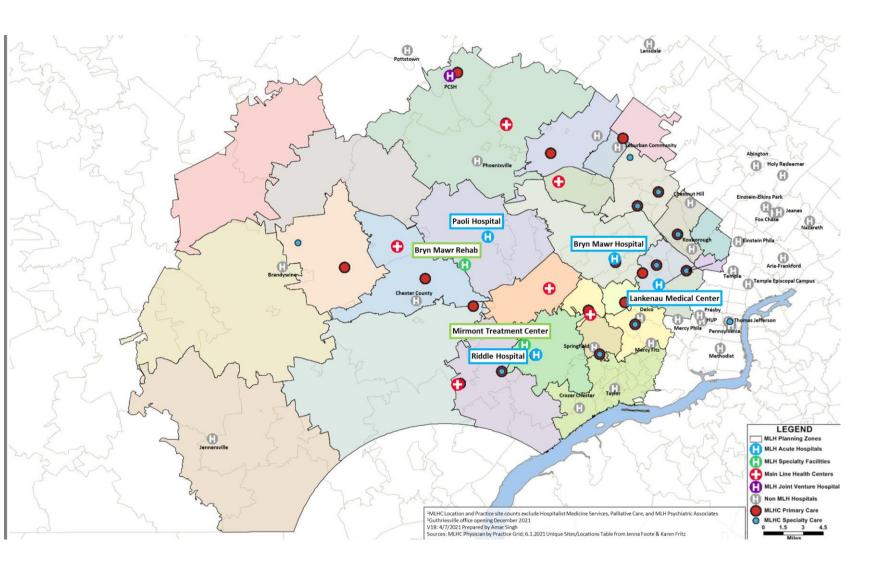
Pronouns: She, her

Barry Mann, MD Medical Director, Health Equity, Main Line Health

Pronouns: He, him









### Advance the Health and Wellbeing of the Communities We Serve

- A. Utilize STEEP principles to achieve "Zero Harm" and top decile scores for quality across the care continuum
- B. Build trust, identify, and eliminate disparities in care with the understanding that structural racism has affected confidence in the health care system
- C. Invest in strategic programs and services in order to meet the needs of our community, and grow market share
- **D. Grow philanthropic giving** in alignment with strategic priorities, by elevating the visibility of clinical, research, and education activities across the System
- E. Develop and implement a Sustainability Program to reduce our impact on the environment and create spaces that promote healing and wellness

Make Health Equity a Strategic Priority

### **Initiatives Addressing Our Goals**

Establish Equity Priorities for CEWs, Service Lines and Clinical Programs

Toxic Film Education and Discussions

Improve and Expand Community Partnerships

SDOH Screening and Resource Referrals

**Upcoming Events** 



		Ger	nder		Race/ I	Ethnicity		Langu	age		AG	E			Payo	r		Behavior	al Health				Zip Code	(Top 10 by	Overall Vo	olume)
	Overall	Female	Male	Asian	Black	Hispanic	White	English	Other	18-44	45-64	65-89	90+	Medicare	Commercial		Self-Pay	Behavioral	Not	19131	19063	19083	19151	19008		19380
									Lang									Health	Behavioral	West	Media	Havertown	West	Broomall	Malvern	West
																			Health	Phila			Phila			Chester
ED																										
Left the ED w/o Being Seen	473	276		-	16	-	10	27	2	264	112	59	4	7	5	9	8	4		6	2	-	2	-	-	-
% Left the ED w/o Being Seen	0.3%	0.3%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.5%	0.3%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.6%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
High Utilizers (4 more visits 12 months)																										
Patients with No PCP Assignment (T&R)	22,412	11,399	11,005	574	11,182	778	8,533	21,356	783	14,993	4,500	1,446	134	1,565	8,495	5,769	4,414	7,538	14,874	1,964	508		1,750	191	382	155
% Patients with No PCP Assignment (T&R)	21.2%	18.8%	24.3%	25.0%	30.3%	36.1%	14.0%	20.7%	43.7%	34.3%	17.1%	6.3%	4.0%	6.2%	18.8%	27.1%	57.5%	17.8%	23.4%	27.0%	12.6%	9.4%	25.3%	8.7%	13.5%	8.0%
OB																										
Vaginal Deliveries Admissions		n/a	n/a	435	812	158	4,247	5,792	183	5,965	10	n/a	n/a	10	5,096	788	11	547	5,428	89		267	113	121	166	122
% of Vaginal Deliveries Admissions	100.0%	n/a	n/a	7.3%	13.6%	2.6%	71.1%	96.9%			0.2%	n/a	n/a	0.2%	85.3%	13.2%	0.2%	9.2%	90.8%	1.5%	3.3%	4.5%		2.0%	2.8%	2.0%
30 Day Readmissions Vaginal Deliveries	0.8%	n/a	n/a	0.5%	1.5%	2.5%	0.7%	0.8%			0.0%	n/a	n/a	0.0%	0.8%	1.3%	0.0%		0.8%	1.1%	2.0%	0.0%		0.0%	2.4%	0.8%
LOS O/E - Vaginal Deliveries	0.93	n/a	n/a	0.97	0.92	0.98	0.92	0.93	0.98	0.93	1.13	n/a	n/a	0.86	0.93	0.90	0.90	0.93	0.93	0.94	0.93	0.95	0.94	0.89	0.92	0.94
In Hospital Mortality O/E Vaginal Deliveries	-	n/a	n/a	-	-	-	-	-	-	-	-	n/a	n/a	-		-	-	-	-	-	-	-	-	-	-	-
Complication Rate Vaginal Deliveries	5.1%	n/a	n/a	7.4%		5.1%	4.9%	5.0%			0.0%	n/a	n/a	10.0%	5.2%	4.6%	9.1%			4.5%		7.1%		5.0%	5.4%	3.3%
C Section Admissions	3,058	n/a	n/a	250	492	82	2,089	2,980	78		23	n/a	n/a	6	2,651	355	13	341	2,717	66	92	152	52	54	90	61
% of C Section Admissions	100.0%	n/a	n/a	8.2%		2.7%		97.4%			0.8%	n/a	n/a	0.2%	86.7%	11.6%	0.4%	11.2%		2.2%		5.0%		1.8%	2.9%	2.0%
30 Day Readmissions C Section	1.5%	n/a	n/a	1.2%	3.1%	1.2%	1.2%	1.5%		1.5%	0.0%	n/a	n/a	0.0%	1.4%	2.5%	0.0%	0.9%	1.6%	4.5%		0.7%		0.0%	2.2%	1.6%
LOS O/E - C Section	0.88	n/a	n/a	0.95	0.92	0.82	0.86	0.88	0.91	0.88	0.84	n/a	n/a	0.86	0.88	0.90	0.75	0.94	0.87	0.89	0.85	0.78	0.74	0.82	1.00	0.90
In Hospital Mortality O/E C Section	-	n/a	n/a	-	-	-	-	-	-	-		n/a	n/a	-		-	-	-			-		-	-	-	-
Complication Rate C Section	7.5%	n/a	n/a	4.0%		6.1%	6.6%	7.4%	12.8%	7.4%	17.4%	n/a	n/a	0.0%	6.8%	12.7%	7.7%	5.9%	7.7%	13.6%		3.9%		9.3%	3.3%	4.9%
Hypertension	1.5%		n/a	0.7%	2.9%	2.1%	1.2%			1.5%	0.0%	n/a	n/a							0.8%	0.0%	1.8%		2.8%	1.5%	2.7%
Over 1000cc Total Blood Loss	8.8%	n/a	n/a	7.0%	11.7%	8.6%	8.3%			8.8%	4.0%	n/a	n/a							14.8%	9.5%	9.1%	7.8%	7.0%	8.7%	6.7%
Inp Med																										
Sepsis Admissions	-7	2,147	2,219	84	1,054	68	-,	4,254	112	364	984	2,537	481	3,207	698	384	23	1,359	3,007	399	341	142	167	185	134	108
% of Sepsis Admissions	100.0%	49.2%		1.9%		1.6%	71.5%	97.4%		8.3%	22.5%	58.1%	11.0%	73.5%	16.0%	8.8%	0.5%	31.1%	68.9%	9.1%		3.3%		4.2%	3.1%	2.5%
30 Day Readmissions Sepsis	13.1%	13.2%		11.7%	13.8%	13.1%	12.9%	13.2%		8.4%	15.1%	13.6%	9.5%	13.9%	9.7%	13.7%	0.0%	15.1%	12.2%		11.4%	8.1%		22.2%	13.6%	12.9%
LOS O/E - Sepsis	0.92	0.91	0.93	0.85	0.94	1.00	0.91	0.92	0.95	0.87	0.96	0.92	0.86	0.91	0.93	0.96	0.99	0.95	0.90	0.88	0.93	0.94	0.85	0.93	0.83	1.01
In Hospital Mortality O/E Sepsis	0.71	0.70	0.72	0.79	0.82	1.19	0.66	0.71	0.90	0.48	0.83	0.68	0.74	0.71	0.67	0.80	1.59	0.69	0.72	0.80	0.64	0.93	0.99	0.58	0.42	0.55
CHF Admissions	2,394	1,206	1,188	31	819	23	1,503	2,319	75	66	426	1,491	411	1,963	128	260	8	728	1,666	237	123	69	154	73	42	66
% of CHF Admissions	100.0%	50.4%		1.3%	34.2%	1.0%	62.8%	96.9%		2.8%	17.8%	62.3%	17.2%	82.0%	5.3%	10.9%	0.3%	30.4%	69.6%	9.9%	5.1%	2.9%	6.4%	3.0%	1.8%	2.8%
30 Day Readmissions CHF	18.4%	18.0%			19.9%	8.7%	17.6%	18.5%		20.4%	18.9%	19.2%	14.9%	18.0%	15.3%	23.4%	n/a	18.4%	18.4%		10.6%	25.8%		20.0%	15.0%	7.7%
LOS O/E - CHF	0.85	0.83	0.87	0.87	0.89	0.76	0.83	0.85	0.83	0.83	0.93	0.84	0.79	0.83	0.97	0.94	n/a	0.89	0.83	0.81	0.75	0.77	0.96	0.82	0.96	0.72
In Hospital Mortality O/E CHF	0.77	0.79	0.73	0.83	1.05	-	0.66	0.72	2.04	1.23	0.46	0.90	0.51	0.75	1.10	1.02	n/a	0.98	0.68	0.99	-	1.56	0.45	1.50	-	0.46

- 80+ Measures
- Calendar Year 2020 (except for PSIs CY2019-20)

Bette Wors



### PERFORMANCE EXCELLENCE



An A3 is a structured problem-solving and continuous improvement approach, first employed at Toyota and typically used by LEAN manufacturing practitioners. The tool can help us reach a STEEEP experience through a standardized and systematic approach toward problem-solving and overcoming challenges as part of our Performance Excellence efforts.

Eliminate	Disparities	in Care

04/19/2023

#### Define

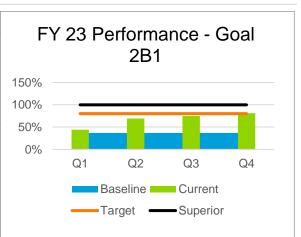
 Establish metric and develop action plan to improve at least 1 equity priority within each of the 16 CEWs, Service Lines and Clinical Programs.

#### Measure/Analyze

Baseline: 37%

 Current State: <u>81</u>% have an equity metric and action plan to reduce disparity in place

Goal: Target (80%); Superior (100%)



#### Improve/Control

- Establish regular cadence of meetings with each program's clinical dyad (at least 2x per year).
- Establish regular cadence of report outs by programs to the Eliminating Disparities: Health Equity in Action Workgroup (formerly Disparities in Care Workgroup) and leverage EDW as a forum of learning and sharing.
- Develop an interactive and accessible equity dashboard using Disparities Data Profile; identify priority patient populations
- Increase equity education via Toxic Short Film Viewing and Discussion

Confidential and Privileged —Quality/Peer Review Records/ Patient Safety Work Product - The information contained in this document is confidential and privileged pursuant to the Patient Safety and Quality Improvemu. U.S.C. 299b-21 et seq., 42 C.F.R. Part 3, §§ 3.10 et seq.), the Pennsylvania Peer Review Protection Act, 63 P.S. §425.1 et seq. and/or the corresponding provisions of any successor or other federal or state statute providing activities.

Safe - Timely - Efficient - Effective - Equitable - Patient-Centeres

Build Infrastructure to Support Health Equity

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**Selected CEW & Service Line Updates** 

<b>Service Line</b>	Equity Metric	Update
OB CEW	<ul><li>Opioid use disorder</li><li>Primary C section</li><li>Post partum hemorrhage</li></ul>	<ul> <li>Improved screening patients with opioid use disorder</li> <li>Narrowed the gap on primary c-section</li> </ul>
IP CEW (incl. Pall Care)	Palliative Care Consult disparities by Race & Zip Code	3/11 – BPA launched to remind IP providers to order PC consult based on patient criteria
ED CEW	<ul> <li>Courtesy of Emergency Room Staff by Race and Age</li> <li>% Of ED Visits where FI screening was completed</li> </ul>	<ul> <li>Staff education &amp; LiFE Committee Comment review</li> <li>Food insecurity screening &amp; bag distribution</li> </ul>
Ambulatory/ Professional Services	<ul> <li>Screening Mammography (SM) Index – White/Black</li> <li>Diagnostic Mammography Index – White/Black</li> </ul>	Utilizing Susan G Komen donor funds and program, increase SM in the community
Cardiovascular Services	<ul> <li>Equitable access to follow-up services post ED encounter for a primary cardiac issue</li> <li>Maternal Preeclampsia / Perinatal Hypertension</li> </ul>	<ul> <li>LIICA program - NP outpatient follow up with addressing SDOH by CHW,ED NN</li> <li>Grant -telemonitoring/texting to support pts with maternal hypertension</li> </ul>
Neurosciences	Door to tPA administration - Black, White	<ul> <li>Interdisciplinary Workgroup</li> <li>Community stroke education</li> <li>Community BP screenings</li> </ul>

Safe - Timely - Efficient - Effective - Equitable - Patient-Centered

Build Infrastructure to Support Health Equity

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#### **SDOH Screening and Resource Referrals**

04/19/2023

#### **Define**

• Design a scalable process to assess for SDOH needs and implement "findhelp" as a referral platform (one-stop-shop) to address needs.

#### **MLH System Decisions**

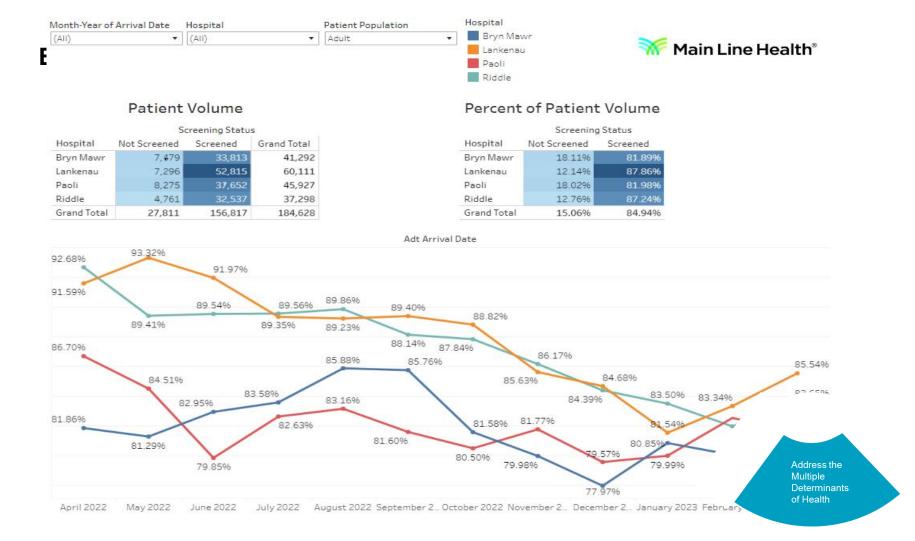
- 1. To use EPIC module (as is) to document social needs. This allows a central location to view and edit responses, provided the *exact* question is used.
- Following AVIA 10-week engagement, to prioritize 5 of EPIC's 11 domains, in line with TJC and CMS recommended domains -food insecurity, transportation, housing stability, interpersonal violence and financial resource strain. *IPV deprioritized* 11/30/22
- To begin screening in inpatient and MLHC primary care settings.
- 4. Added Inpatient Rehab CC/SW to prioritized screening settings 11/30/22

#### Measure/Analyze

- Establish baselines:
  - % inpatients screened for 4 domains: food insecurity, housing stability, transportation needs, and financial resource strain
  - % inpatients with ≥1 identified need
  - % inpatients with ≥1 identified need with resource(s) added to chart
  - % Staff using findhelp platform to complete referrals
  - % users accessing Community platform



Address the Multiple Determinants of Health



- MLH strives to advance health and wellness in the community and is committed to impacting food insecurity.
- ☐ The Eat Well, Be Well

  Program is one way that MLH
  is helping to improve access to
  food for our patients.
- ■This program provides a FREE bag of shelf-stable food to patients in need.



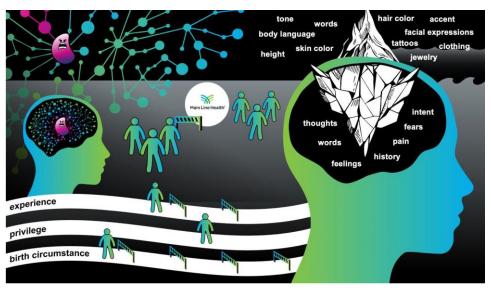




## MANDATORY INTERNAL MLH DREI TRAINING

## FROM AWARENESS TO ACTION

a DREI Virtual Learning Session





### **Partnership updates**

# IBX Race Based Algorithms

(15-minute Colloquium

How eliminated race-based coefficient from the eGFR at MLH changed the TRANSPLANT Algorithm at MLH

Personal accounting of how wait was shortened by 2 years

Summary of the IBX program

Dare Henry-Moss, IBX

Kristina Bryson, MLH Kidney Transplant

Our Patient

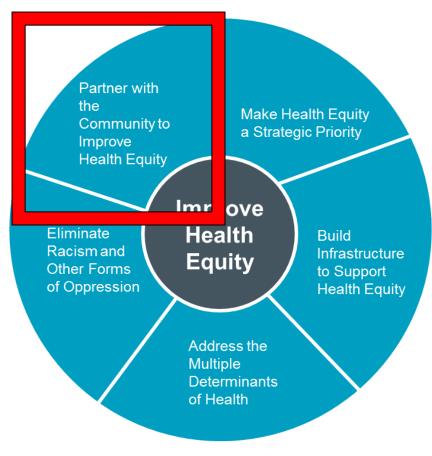
Sean Ross, IBX

#### RACISM IS A PUBLIC HEALTH CRISIS.

"We cannot address socioeconomic factors that are barriers to healthcare access—
like trust in healthcare providers, income, transportation, education and housing—without
acknowledging that systemic racism has caused these issues to be more prevalent in
communities of color. If we are truly committed to the health of our patients and neighbors, we
must work together to ensure that no one is overlooked, dismissed or underserved simply
because of the color of their skin."









## **Cross-Sector Partnerships**







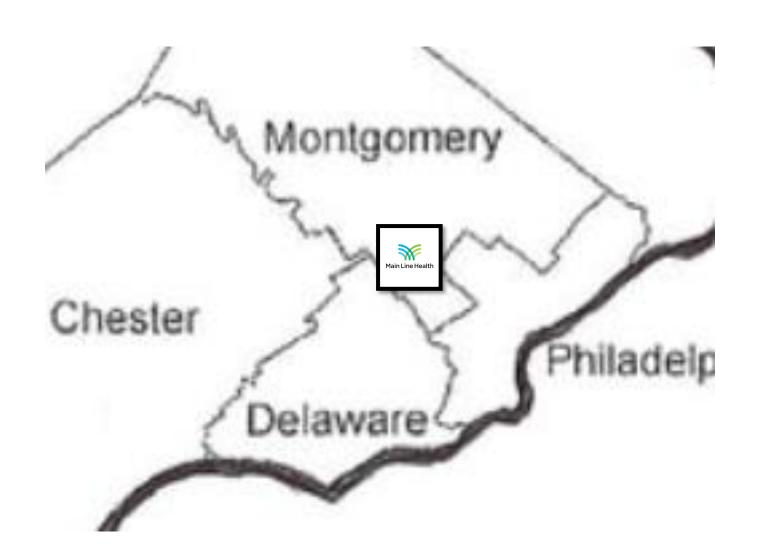


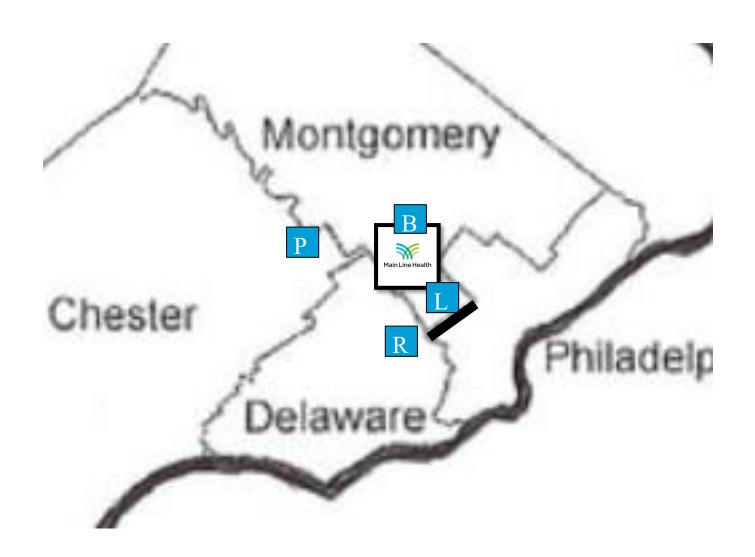
Philosophy 401: Building Trust in Healthcare



Partner with the Community to Improve Health Equity





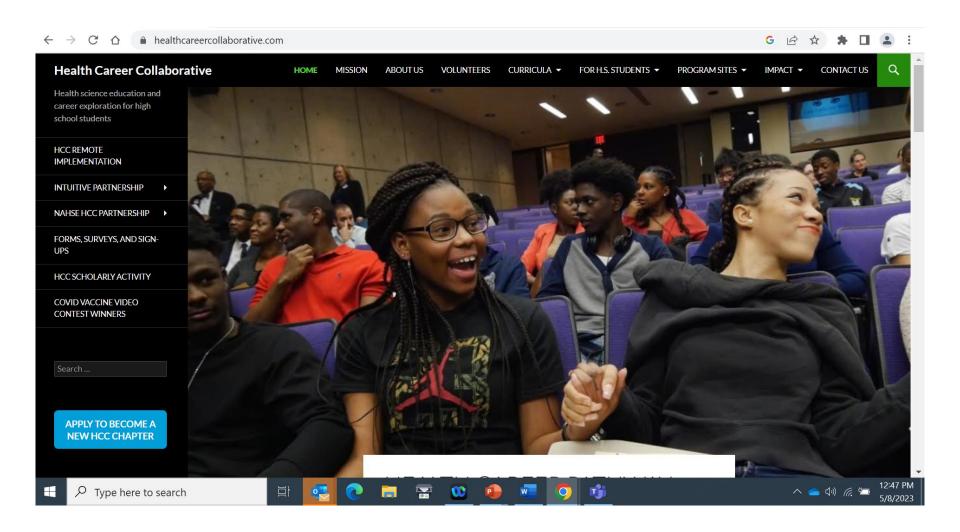




## First Hospital - High School Partnership









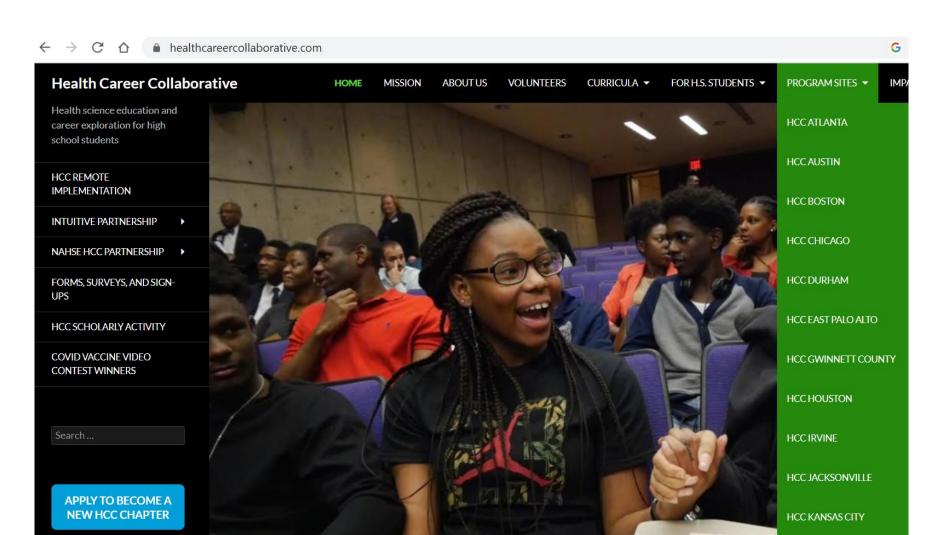


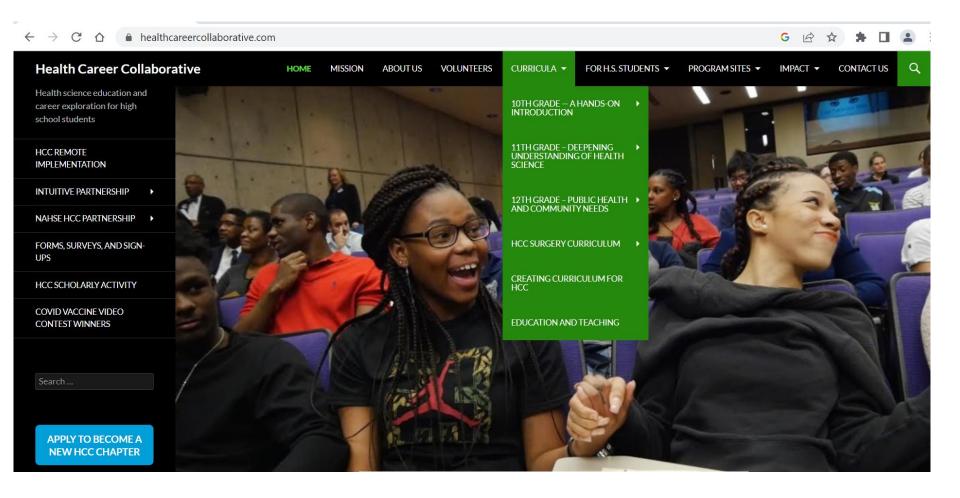
### 2023 HCC sites

- 30 cities
- 40 medical schools
- 48 high school partners

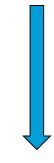
Atlanta
Austin
Boston
Chicago
Dallas
Durham
East Palo Alto
Gainseville
Galveston
Gwinnett
Houston
Irvine
Jackson
Jacksonville
Kansas City

Los Angeles
Lubbock
Miami
Mineola
Moultrie
New York
Oakland
Philadelphia
Puerto Rico
Rochester, MN
San Bernardino
St. Louis
St. Paul
Wichita
Wilmington



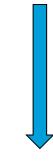


## SDOH



Education

## **SDOH**



# Education **HEALTHCARE**

## **Healthcare Disparities Colloquium**

2012

Intent: to identify disparities in Healthcare processes and practices as they might exist (unknown to us) within our system

2013—2012 findings led to development of Medical Student Health Advocates Program for screening and connecting vulnerable patients to resources

2014—Unconscious Bias: discovery of disparities in perinatal drug screening

2015—Food Insecurity and Food Preparation development of Deaver Farm at Lankenau Medical Center

2016—Disparity of resources for long-acting contraception for Medicaid patients leads to pledge of funds to fix

2017—Absence of behavioral health resources for Medicaid population leads to co-located model for primary care and psychologist

# Healthcare Disparities Colloquium DREI Colloquium 2012→2023

2018—Main Line Health is one of seven systems chosen to participate in IHI Pursuing Equity (first cohort)

2019—Development of Together for West Philadelphia

2020—Pandemic: anti-racism pledge

2021—CEOs of Southeastern Pennsylvania - response to pandemic

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# Healthcare Disparities Colloquium DREI Colloquium 2012→2023

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2019—Development of Together for West Philadelphia

2020—Pandemic: anti-racism pledge

2021—CEOs of Southeastern Pennsylvania - response to pandemic

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### Thursday, June 1, 2023 8:30-10:30am

#### 12TH ANNUAL DREI COLLOQUIUM

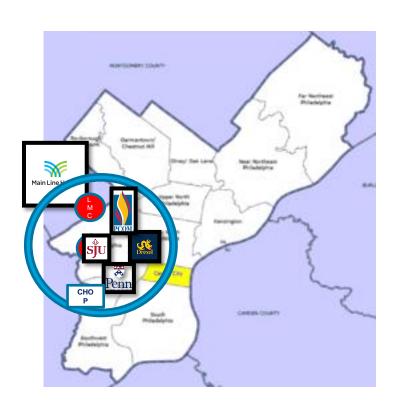
THURSDAY, JUNE 1, 2023 8:30-10:30AM

#### **KEY THEMES**

- 1. FOLLOW-UP OF AHA REGION 2 HEALTH EQUITY INNOVATION SUMMIT @ LMC
- 2. MATERNAL HEALTH DISPARITIES
- 3. CEW AND SERVICE LINE EQUITY PRIORITIES
- 4. EMPLOYEE RESOURCE GROUPS (ERGS)
- 5. SCREENING FOR SDOH
- 6. WEST PHILADELPHIA NEEDS AND PARTNERSHIPS

















### **Our Mission**

Together for West Philadelphia partners with healthcare systems, community-based organizations, academic institutions, and public and private stakeholders to achieve equitable health outcomes for West Philadelphians.



### Our Board

Deon Vigilance, President, Chief of Cardiothoracic Surgery, Mercy Fitzgerald Hospital

Barry Mann, Chair, System Medical Director for Equity, Main Line Health

Phyllis Cater, Vice Chair, former President & CEO of Spectrum Health Services

Kathy Desmond, Secretary, President, HopePHL (People's Emergency Center)

Joseph Rafferty, Treasurer, Co-Founder and Chief Strategy Officer, Personic Healthcare

Brian Duke, System Director, Senior Services, Main Line Health

Carmelita Foster, Pediatric Psychologist, CHOP

Connie O'Hara, former Health Professions Advisor at St. Joseph's University

Donald Moore, Senior Pastor, Mount Carmel Baptist Church

Janet Fleetwood, Professor & Interim Chair, Dornsife School of Public Health, Drexel

Kim-Lieu Pham, Operations Manager, Medicine Residency Program, Main Line Health

Larry Washington, Executive Pastor, Calvary Baptist Church

Laura Kim, Manager, Community Relations, Penn Medicine

Loretta Jemmott, Vice President, Health and Health Equity, Drexel University

Marcine Pickron-Davis, Chief Diversity and Community Relations Officer, PCOM

Robin Foster-Drain, Founder & President, To Our Children's Future with Health

Valerie Hatton, Manager, Ambulatory Care Management and Coordination, Main Line Health

Wesley Proctor, Executive Administrator and Youth Pastor, Victory Christian Center of Philadelphia; Assistant Teaching Professor, Villanova























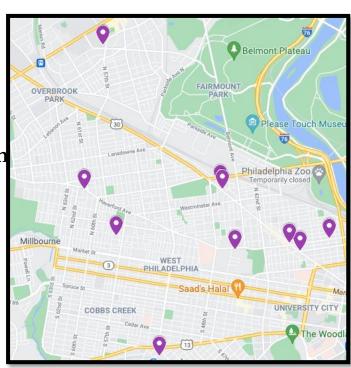






### Our Network of "Trusted Venues"

- 1. Alain Locke School
- 2. Calvary Baptist Church
- 3. Chosen 300 Ministries
- 4. Christian Stronghold Church
- 5. Church of Christian Compassion
- 6. Grace Lutheran Church
- 7. Masjid Quba/Quba Institute
- 8. Mount Carmel Baptist Church
- 9. Pleasant Grove Baptist Church
- 10. Samuel Gompers School
- 11. Victory Christian Center







### **Program Goals**



- 1. Convening and Advancing Health Equity Initiatives in West Philly
- 2. Building Community Capacity and Ownership
- 3. Direct Support to Residents
- 4. Advocacy
- 5. Information Sharing







Historically Black Colleges and Universities (HBCU) 1837

## Partnering with Cheyney University





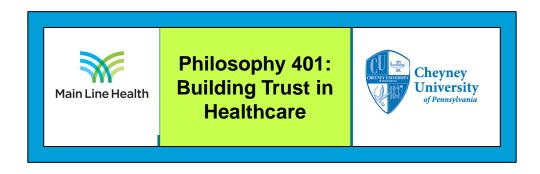
- HBCU 1837
  - MLH provides shadowing experiences for pre-health majors
- Philosophy 101: The Provision of Healthcare
- Philosophy 401: Building Trust in Healthcare



### Advance the Health and Wellbeing of the Communities We Serve

- A. Utilize STEEP principles to achieve "Zero Harm" and top decile scores for quality across the care continuum
- B. Build trust, identify, and eliminate disparities in care with the understanding that structural racism has affected confidence in the health care system
- C. Invest in strategic programs and services in order to meet the needs of our community, and grow market share
- **D. Grow philanthropic giving** in alignment with strategic priorities, by elevating the visibility of clinical, research, and education activities across the System
- E. Develop and implement a Sustainability Program to reduce our impact on the environment and create spaces that promote healing and wellness

### **Partnership with Cheyney University**





Philosophy 401: Building Trust in Healthcare



How do I Build Trust?

A Patient Narrative

How I met my patient Establishing trust trust thru testing and diagnosis

Trust with family

MLH Residents (GME)

Cheyney Students

### **Family Narrative**

Do you trust your doctor?

Do you have trust in the health system?

Historical burden?



Philosophy 401: Building Trust in Healthcare



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MLH Residents (GME) Professor Schumache r

Words of the Great Philosophers on Trust Cheyney Students

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Philosophy 401: Building Trust in Healthcare



MLH Residents (GME)

Professor Schumache r

**ABIM Award** 

Cheyney Students

to GME \$20,000 for 2 years



Teach back to ALL GME

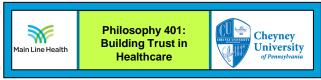
Engagement of Community

### **Lessons Learned**









- Addressing Educational Disparities is an SDoH key to addressing Healthcare Disparities
- Call out disparities → fix them
- Listening to Community Voice
- Collaboration
- Value of Community Based Organizations
  - · Trust is bidirectional



### **Equity, Inequity, & Disparity**

## Reminders and Updates

4/12/23: Deadline to submit *Period 10 PDSA* 

4/26/23: Deadline to submit *Period 11 PDSA* 

6/6/23: Best Practice Webinar #5, 2 PM

6/9/23: Deadline to submit *Period 12 PDSA* 

Submit all PDSAs and updates to lead@advancingsynergy.com.

## **LEAD Organizations**

































































### **LEAD Collaborative Core Team**



Maulik Joshi Meritus Health LEAD Chair



Deneen Richmond Luminis Health LEAD Co-Chair



Lynn Mertz AARP LEAD Project Officer



Arti Varanasi
Advancing Synergy
LEAD Operational &
Strategic Support

### **Contact Us**

**LEAD Website:** 

www.meritushealth.com/partnerships/aarp-lead/

LEAD Inbox: <a href="mailto:lead@advancingsynergy.com">lead@advancingsynergy.com</a>

For more information contact:

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Ms. Deneen Richmond, President, Luminis Health Doctors Community Medical Center, deneen.richmond@luminishealth.org

Dr. Arti Varanasi, President & CEO, Advancing Synergy, avaranasi@advancingsynergy.com

**LEAD Collaborative**