LEAD Collaborative

Best Practice Webinar #1

November 30, 2022

Meritus Health

AARP

Maryland Hospital Association

ADVANCING SYNERGY

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).

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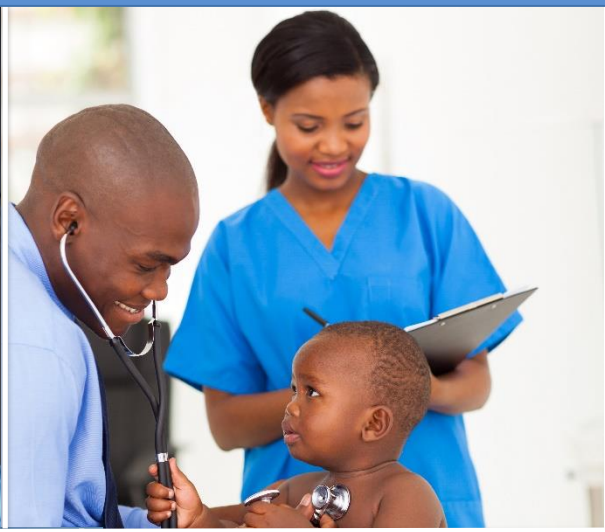
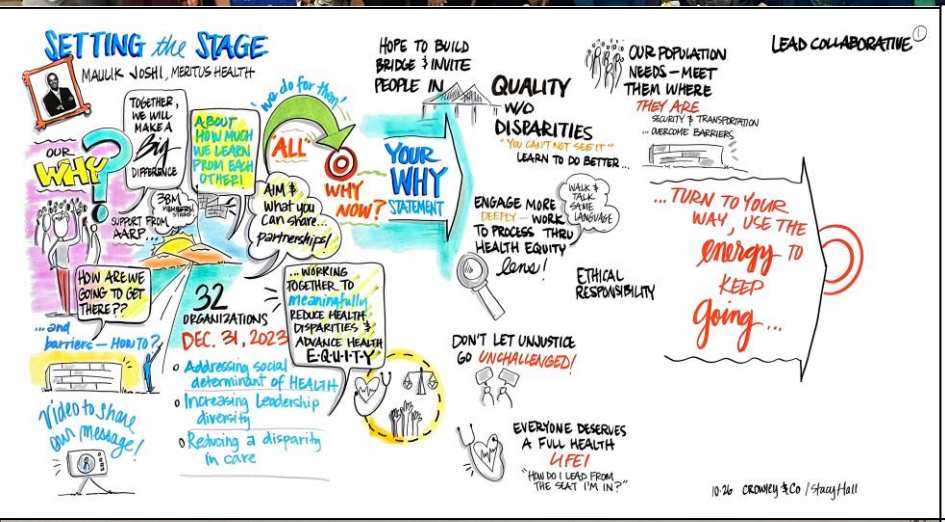


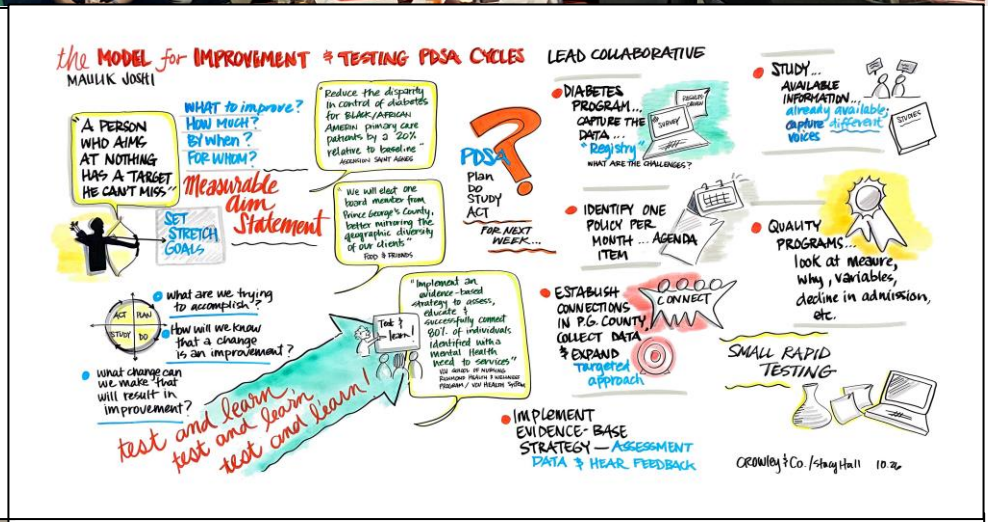
Our Health Equity and Community Health Journey

Maulik Joshi / Maulik.joshi@meritushealth.com

November 2022

Meritus AARP LEAD Collaborative





AIMS, AIMS and AIMS!

Ascension Saint Agnes

By October 31, 2023, reduce the disparity in control of diabetes (hemoglobin A1c) for Black/African American primary care patients by a 20% relative to baseline.

Care for Your Health, Inc.

We will reduce the disparity of our advanced directives documentation (difference between advanced directives documentation for white patients and non-white patients) to less than 3% by October 2024.

Chase Brexton Health Care

By December 2023, develop a system that assesses patient SDOH indicators and align 30% of our Columbia site patients (at or below the federal poverty level and beyond/that identify as food insecure), with our internal food pantry services and other applicable resources.

Maryland Physicians Care

By September 1st, 2024, improve access to fresh fruit and vegetables to 20% of food insecure MPC population in Hagerstown.

Mercy Health Services

By October 2023, 75% of High Risk discharged Medicine patients will be screened for social determinants of health needs and referred to appropriate resources if indicated.

PDSAs, PDSAs, PDSAs and PDSAs!

- Prioritize ambulatory practices by A1c health disparity need
- Test Baseline survey at Diabetes Health Fair at Saint Joseph Catholic Church after the Hispanic Mass
- Evaluate current data
- Gather demographics
- Visit potential sites/location for indoor garden
- Develop a list of new potential community partners and begin outreach.

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Some Thoughts

Start where you are, use what you have, do what you can.

- Arthur Ashe

Don’t let perfection be the enemy of very good.

Don’t confuse activity with outcomes.

All improvement is change, all change is not improvement.

Just do it. – Nike

Meritus Health

Our Health Equity and Community Health Journey

- Meritus Health serves over 200,000 residents in western Maryland, PA and WV.
- Mission to improve the health status of our region.
- 327 bed medical center; 100+ provider medical group; 500+ medical staff; 3,000+ employees; home health
- **Health Equity: 1. Diversity, 2. Disparities, 3. Social Determinants of Health, 4. Community Health, 5. What Matters**

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COMMENTARY

Hundreds of Days of Action as a Start to Address Hundreds of Years of Inequity

Maulik Joshi, DrPH

July 13, 2020

1a. If it hasn't happened in the last 12 months, provide mandatory unconscious bias training to all your staff (management, staff, and clinicians) by August 1, 2021.

1b. Report the training that you conducted and what percent of your staff participated in the training on your website by August 1, 2021.

2a. If you haven't done it in the last 12 months, by August 1, 2021, identify three meaningful quality measures and stratify those by race and ethnicity to see if any disparities in care exist. Think Covid-19 care as a start, but you could look at many measures of outcomes, such as readmissions, wait times, or diabetes metrics (such as HgA1c results <9.0) related to patients and community.

2b. If any disparities in care exist, then develop a performance improvement team charter defining how the disparities will be addressed, and link results to leadership incentives for the next year.

2c. Report results for the three measures and the results of the improvement team charter on your website by August 1, 2021.

3a. Within 30 days, report on your website the race and ethnicity breakdown of the community you serve and of your leaders. If your leaders do not match the community you serve, implement a *Rooney Rule** to require that every open leader position has at least one racially/ethnically diverse candidate as a finalist.

3b. Report by August 1, 2021, your updated community and leader diversity percentages.

4a. By August 1, 2021, start collecting social determinants of health (SDOH) data on every new patient encounter and link every single identified SDOH to a community resource.

4b. Report that you are doing this on your website by August 1, 2021.

5. Finally, as an organizational leader, publicly commit to this 1 year of action as soon as possible.

1. Diversity

1. LEAD Council – Monthly Dashboard

2. Rooney Rule

3. Unconscious bias training

   – **Improvisational Theatre, An Interesting and Sometimes Amusing Way to Look at Life**

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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 workforce	Total number of diverse nursing team members (self disclosed) / total number of team members supervisor and above	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 Diabetes, HbA1c >= 9%	Difference in White versus Non-White Patients % with Controlled Diabetes	7%	6.1%	5.3%	5.3%	Pending	5.6%	3.5%
		# who answered Yes, No, or Decline to "In the last week, have you felt lonely?"	New	1476	3714	4581	4695	14466	

2. Disparities

Health Equity Report – Transparent and Improvement Teams

Meritus Health's Health Disparities

Of the multiple quality and safety measures analyzed across race, ethnicity, and language using FY2020 data, six measures were identified as disparities that require further investigation.

Sepsis Core Measure Non-compliance

↑ *44% higher sepsis core measure non-compliance for Black patients compared to White patients*

Pre-term Birth Rates (birth prior to 37 weeks gestational age)

↑ *27% higher preterm birth rate for combined Black patients and Hispanic or Latinx patients compared to White patients*
50% higher preterm birth rate for Spanish-speaking compared to English-speaking patients

Newborns Exclusively Breast Feed

↓ *36% lower rate of exclusive breast milk feeding for combined Black newborns and Hispanic or Latinx newborns compared to White newborns*

Opioids Administered in the Emergency Department

↓ *21% lower ED opioid administration rate for combined Black patients and Hispanic or Latinx patients compared to White patients*

Poorly Controlled Diabetes (HbA1C ≥ 9)

↑ *74% higher chance of poorly controlled diabetes when comparing combined Black patients and Hispanic or Latinx patients to White patients (24.2% versus 13.9%)*

Emergency Department Throughput Time (discharge time for non-admissions)

↑ *Spanish-speaking patients on average spend 11% more time in the ED than English-speaking patients*

MARYLAND | PENNSYLVANIA | WEST VIRGINIA

The Herald-Mail

MONDAY, AUGUST 2, 2021 | HERALDMAILMEDIA.COM — HAGERSTOWN, MD. | PART OF THE USA TODAY NETWORK

Meritus plans work on health inequities

Study last year leads hospital to make more moves

Mike Lewis The Herald-Mail
USA TODAY NETWORK

A Meritus study has reported six inequities in health care related to race, ethnicity and language preference.

"The reality is we've known this for years in health care, unfortunately," said Maulik Joshi, president and CEO of Meritus Health, which recently studied health disparities. "And it's not, again, a problem that has just surfaced over the last decade, but it's literally hundreds of years of systemic inequities. But now we have the data."

Joshi

Professor Stephen B. Thomas, of the University of Maryland School of Public Health in College Park, praised Meritus for gathering and sharing that data. What's critical, he said, are the next steps to address those disparities.

"Simply knowing is not enough. No," Thomas said. "We must do."

See MERITUS, Page 5A

USA TODAY NETWORK

Student was apprentice at county fine arts museum

Barbara Ingram grad worked behind scenes

Sherry Greenfield The Herald-Mail
USA TODAY NETWORK

Arianna Marriott loves the arts. So it's no surprise the 18-year-old has been part of Washington County Public Schools' apprenticeship pro-

Health Equity Report

Meritus Health's Health Disparities

Of the thirteen quality, patient experience, and safety measures analyzed across race, ethnicity, and language using FY2020 data, six measures were identified as disparities that require further investigation.

Sepsis Core Measure Non-compliance

*higher sepsis core measure non-compliance for **Black** patients compared to White patients*

Pre-term Birth Rates (birth prior to 37 weeks gestational age)

*higher preterm birth rate for combined **Black** patients and **Hispanic or Latinx** patients compared to White patients higher preterm birth rate for **Spanish-speaking** compared to English-speaking patients*

Newborns Exclusively Breast Feed

*lower rate of exclusive breast milk feeding for combined **Black** newborns and **Hispanic or Latinx** newborns compared to White newborns*

Opioids Administered in the Emergency Department

*lower ED opioid administration rate for combined **Black** patients and **Hispanic or Latinx** patients compared to White patients*

Poorly Controlled Diabetes (HbA1C ≥ 9)

*higher chance of poorly controlled diabetes when comparing combined **Black** patients and **Hispanic or Latinx** patients to White patients*

Emergency Department Throughput Time (discharge time for non-admissions)

***Spanish-speaking** patients on average spend more time in the ED than English-speaking patients*

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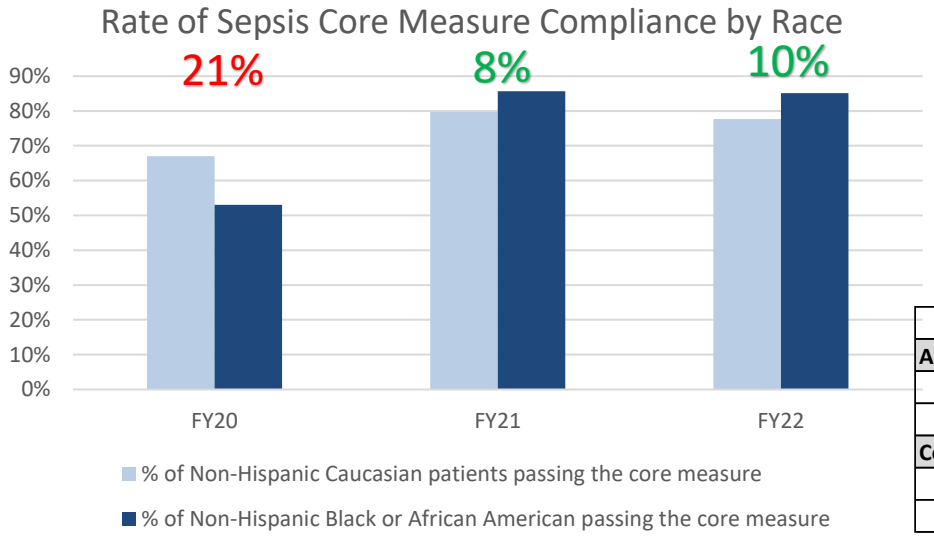
Disparity is less than 10%

Disparity is greater than 10%

Sepsis

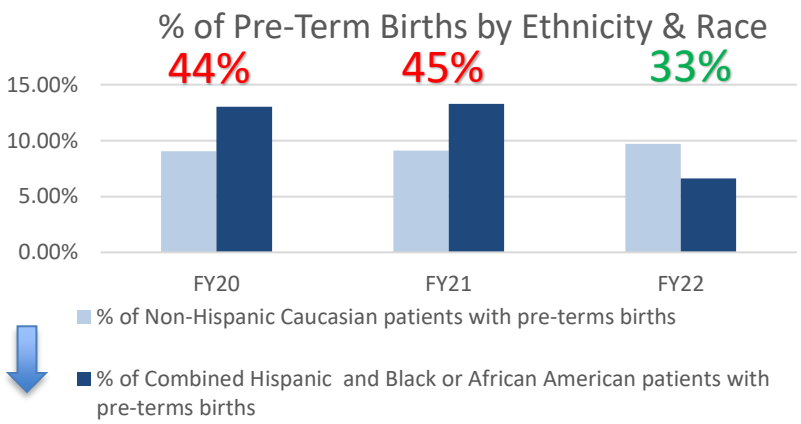


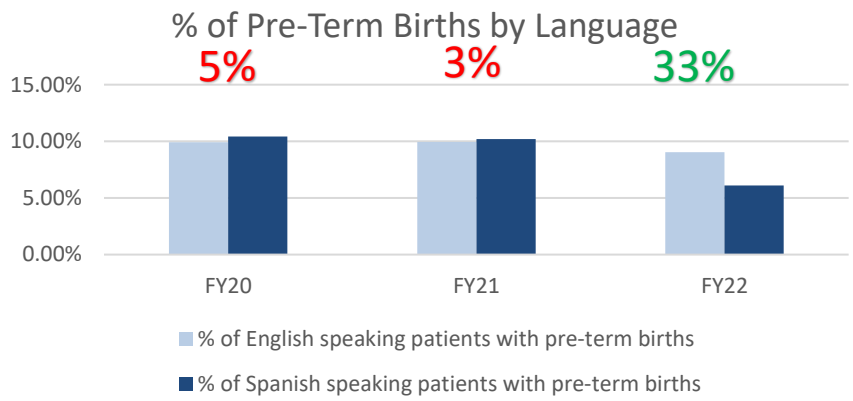
	FY20	FY21	FY22
All Sepsis			
Non-Hispanic Black or African American	55	49	47
Non-Hispanic Caucasian	707	626	511
Core Measure Compliance			
# Non-Hispanic - Black or African American	29	42	40
# Non-Hispanic - Caucasian	474	499	397

Actions/Steps Taken

- Driver diagram completed with change concepts identified
- ED provider unconscious bias training sessions and educational resources/links supplied for utilization of all staff and shifts.
- ED leadership 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
    - (FY20-10 patients could have possibly been removed as an OFI with documentation if applicable)
- Community outreach programs directed to areas of need. All MMG practices provided resources related to sepsis which included specific resources related to pneumonia.
    - (FY20-35% of black patients had pneumonia as their source of infection with sepsis presentation)
- Unconscious Bias training with Metamorphosis Theatre group Spring 2022 to be made available for ED Providers

Pre-Term Births





	FY20	FY21	FY22
All Births Totals	1807	1758	1799
Hispanic	140	135	170
Non-Hispanic Black or African American	274	264	238
Non-Hispanic Caucasian	1381	1351	1349
English	1742	1698	1690
Spanish	48	49	82

	FY20	FY21	FY22
# < 37 weeks	180	176	158
# Hispanic patients	18	17	9
# Non-Hispanic - Black or African American	36	36	18
# Non-Hispanic - Caucasian	125	123	131
< 37 weeks: # English	173	169	153
< 37 weeks: # Spanish	5	5	5

Actions/Steps Taken

- Driver diagram completed with change concepts identified
- Began meeting the community in a setting teat meets the needs of a more diverse population
- Staff working in Community Centers to establish contact venue for education and support
- All staff unconscious bias training through metamorphosis in spring 2022
- Mandatory education for all staff on disparities in maternal care.
    - MDMOM state initiative.
- In process of developing brochure with contacts, frequently asked questions, and support info
    - Includes Spanish speaking support

3. Social Determinants of Health

Do something for addressing one social determinant of health

- Loneliness – 11 months
- 39 volunteers; 1 paid part time caller
- 114 residents enrolled/called weekly
- 1,025+ calls made; 22 minutes a call
- 10,000+ minutes volunteered to call

- **35 out of 37 say they are less lonely 4 months after start**
- *1 participant is now a volunteer*

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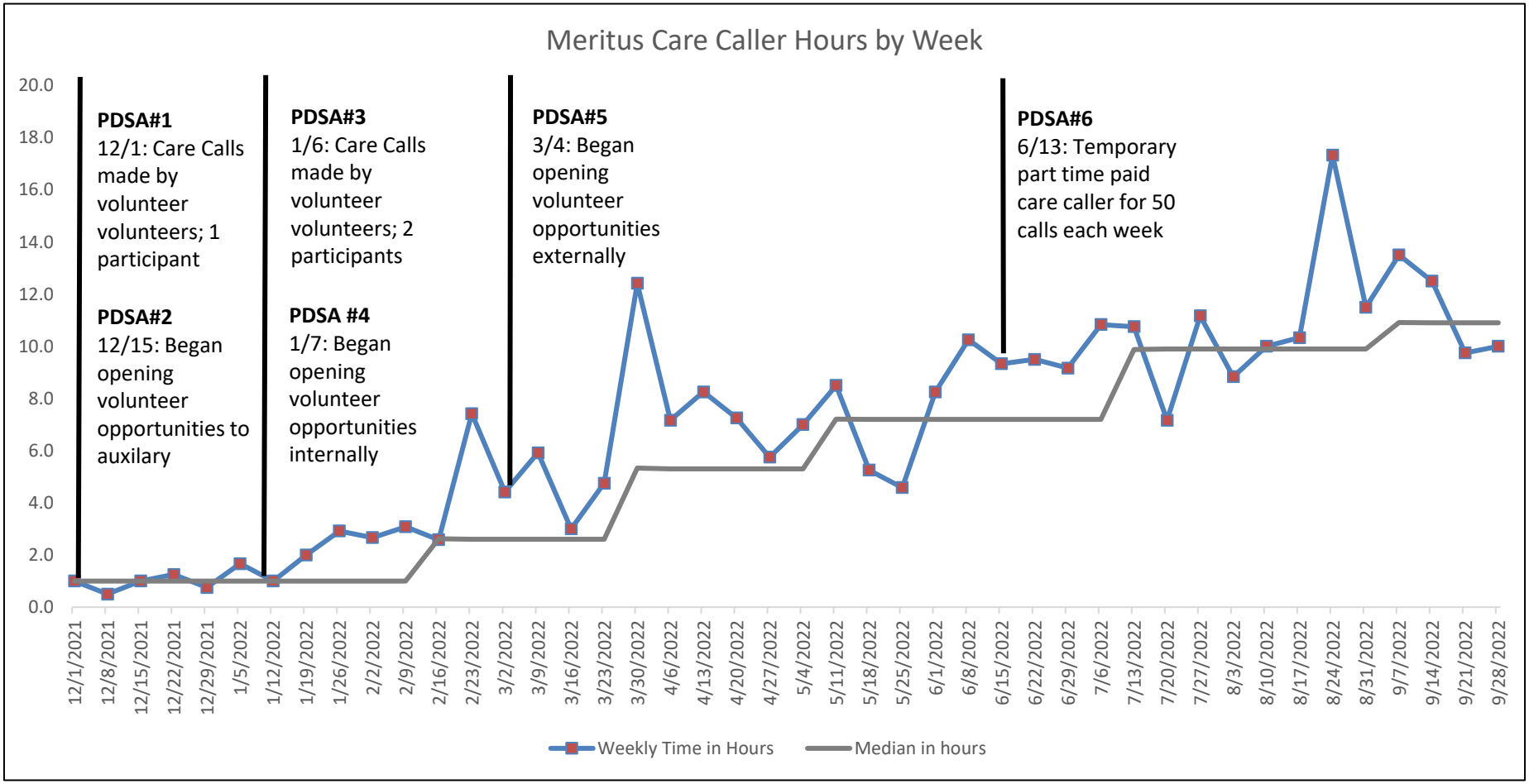
3. Social Determinants of Health



Building a Relationship with Our Community

Participant's Name: Barbie

Volunteer's Name: Syed

Time in the program: 2.5 months, 11 calls, 435 min

What Matters: Daily personal care, care after surgeries, driving to appointments

How did the program help you?

- Syed took the time to listen to me as I was going through a very difficult time in my life
- Gave me hope and connections to resources I usually did not need (transportation, access to wheel chair)
- Things have gotten better in my life and I feel great! So great, that I do not feel I need to program any longer, but it is comforting to know it is available

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Building a Relationship with Our Community

Loneliness Stories

- Coordinating transportation for Martita to make it to post follow up appointments in another county
- Coordinating donation of post-surgical pillow and shirts for a person who lives alone without a caregiver
- Enrollment in Medication Assistance Program for Paula who was struggling financially since her husband's passing
- Jean calling to check on Maulik when he missed his weekly call with her

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4. Community Health

Go ALL IN for one health goal

- Lose 1 million pounds
- Healthy Washington County
- January 2020 – Community Stakeholder Event
- Identified one goal
- 57,000+ pounds lost
- 4,491+ registered users

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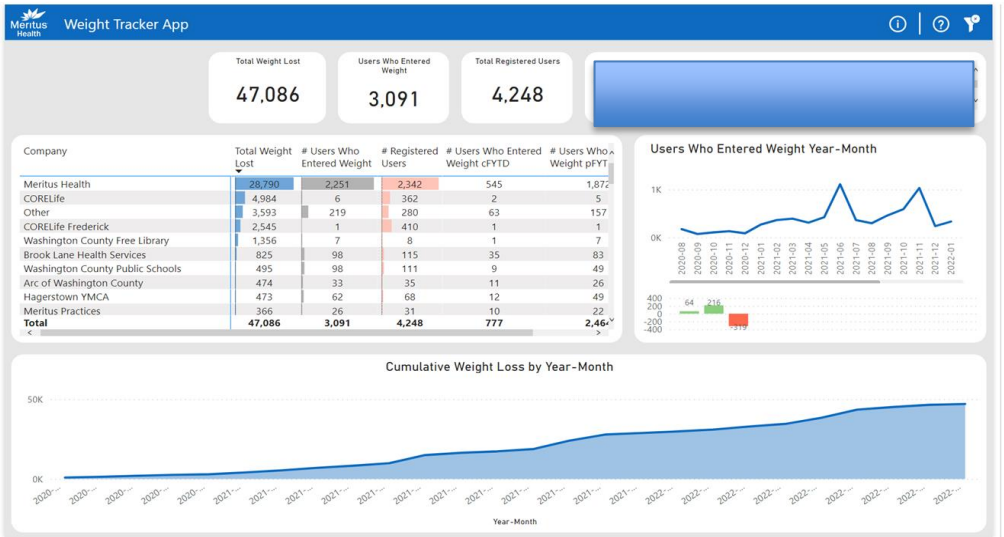
data ATLAS

Weight Tracker Weekly Report

September 12, 2022

Simply click on the title or thumbnail of the report to be taken directly to it.

Weight Tracker



Simple Data Collection

October 2022 Celebration

Know the whole person – What Matters

- **What Matters Most** is a campaign encouraging our patients to share What Matters Most to them in their MyChart account.
- Staff should engage patients in conversations about What Matters and encourage them to complete this in their MyChart account.
- Once What Matters is uploaded into their MyChart, team members can discuss this with our patients
- This is part of the AOP for FY 23 and our goal is for 10% of MyChart patients to have this documented by June 30, 2023.
- As of 10/1/22, we have 12,000 patients with What Matters in their MyChart

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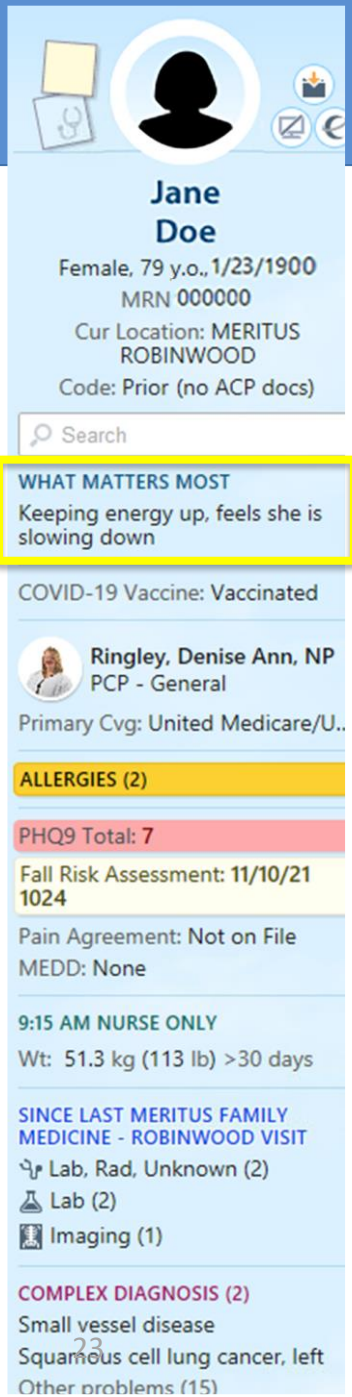
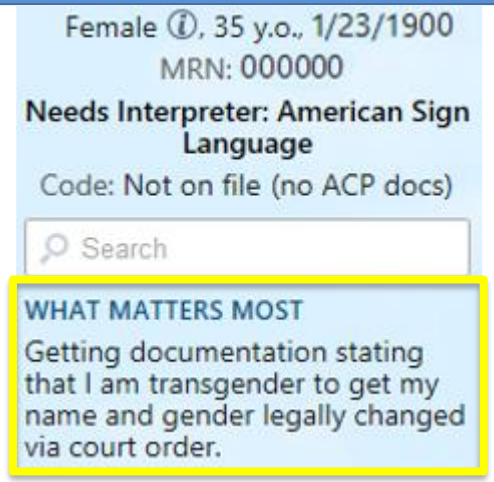
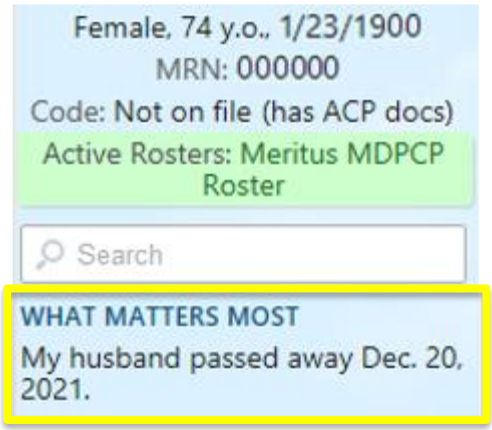
If it Matters to Our Patients It Matters to Us



- 16 year old female: *"Getting all my paperwork filled out so my dad doesn't get sent away"*
- 32 year old male: *"Get my family back and stay sober"*
- 38 year old female: *"Please no pelvic exam. I am working through extensive sexual and medical/gyn trauma. Please don't make me do one."*
- 12 year old female: *"Chewbacca my cat"*
- 76 year old female: *"O's Baseball"*





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Our Health Equity Journey

1. Diversity
2. Disparities
3. Social Determinants of Health
4. Community Health
5. What Matters

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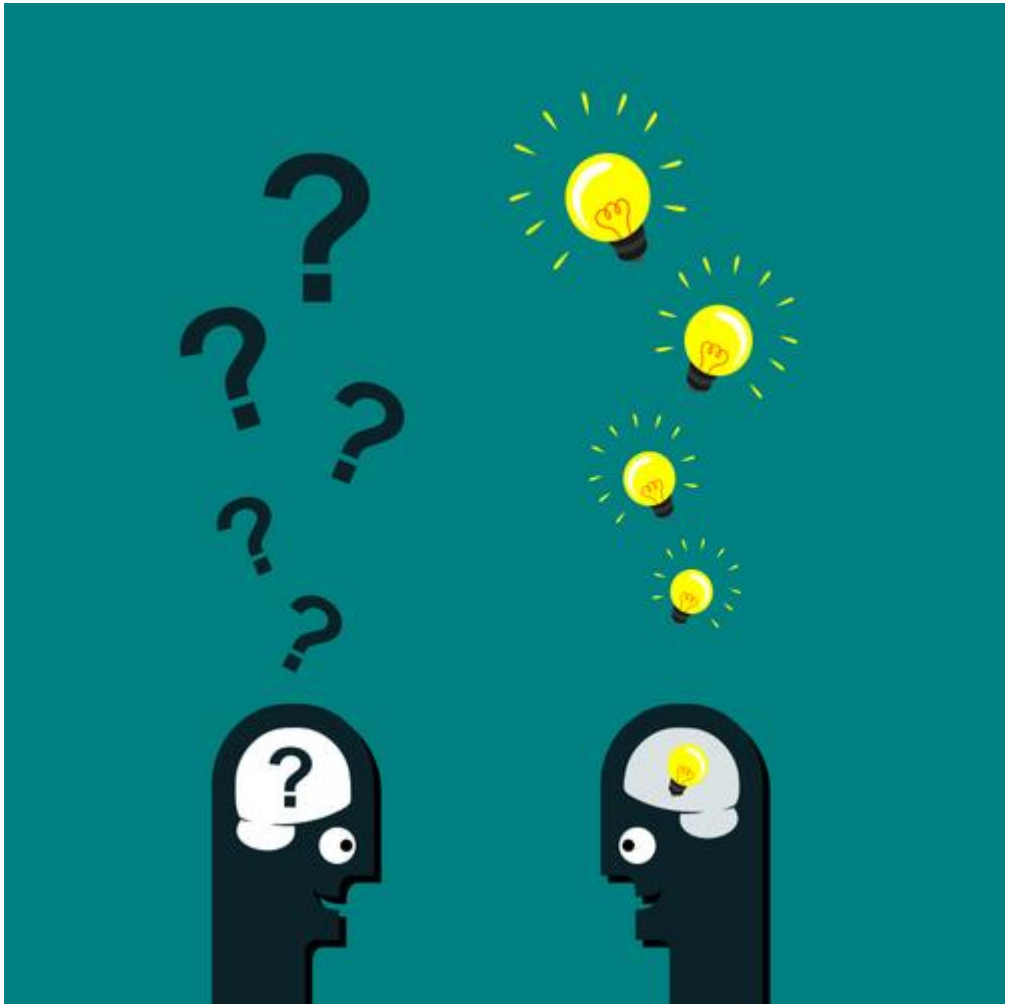
Discussion: Questions and Comments



LEAD Collaborative

Let's Share: Word Cloud

What is a takeaway or biggest learning so far in your work with LEAD?

1. Go to https://www.slido.com/

2. Enter code: **#4259910** or scan QR code

3. Enter your word(s)

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Let's Share: Poll

How is your improvement project going?

1. We are struggling and we will be reaching out for specific guidance.
2. We are off to a good start – we have our aim and we have tried a PDSA and plan for another.
3. We are off to a great start – our team is engaged, has energy and we have a strong action plan to keep moving forward.
4. We are on FIRE! We are planning to present at the April Learning Session as a Best Practice!

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LEAD Organizations

LEAD Collaborative Core Team

Maulik Joshi
Meritus Health
LEAD Chair

Deneen Richmond
Luminis Health
LEAD Co-Chair

Jean Accius
AARP SVP

Lynn Mertz
AARP LEAD
Project Officer

Arti Varanasi
Advancing Synergy
LEAD Operational &
Strategic Support

Next Steps and Reminders

12/2/22: Deadline to submit ***Week 2/Period 2 PDSA*** via email to lead@advancingsynergy.com

We want to share the great progress being made by our LEAD organization. We plan to post AIM Statements and PDSAs on the LEAD Website. If you do want your materials posted, email lead@advancingsynergy.com ***no later than 12/2/2022***.

1/19/23: **Best Practice Webinar #2** via Zoom
Thursday, January 19, 2023
1:00 – 2:00 PM ET

Contact Us

LEAD Website:

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

LEAD Inbox: lead@advancingsynergy.com

For more information contact:

Dr. Maulik Joshi, President & CEO, Meritus Health,
maulik.joshi@meritushealth.com
Ms. Deneen Richmond, President, Luminis Health Doctors Community Medical Center,
deneen.richmond@luminishealth.org
Dr. Arti Varanasi, President & CEO, Advancing Synergy,
avaranasi@advancingsynergy.com