

LEAD Collaborative

Best Practice Webinar 6

August 8, 2023



LEAD Information Session Housekeeping



Session will be 60 minutes.



Session is being recorded.



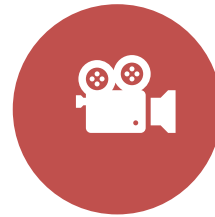
Participants will be muted upon entry. Please keep microphone muted unless you are speaking.



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

2:00-2:02 PM: Welcome/Introductions

2:02-2:20 PM: Featured Presentations

2:20-2:40 PM: Audience Q & A

2:40-2:45 PM: Announcements / Thank You / Wrap Up

LEAD in Action: Best Practices from LEAD Organizations



Ascension Saint Agnes



Frederick
Health

Panel Discussion Moderated by Maulik S. Joshi, Dr.P.H.

President and CEO, Meritus Health

President, Proposed Meritus School of Osteopathic Medicine

LEAD in Action: Best Practices from LEAD Organizations



Ascension Saint Agnes

Reducing Racial Disparity in AMG Primary Care Offices

AIM Statement: Reduce the disparity in poorly controlled diabetes (Hemoglobin A1c > 9) for African American Catonsville and Health Center AMG patients by 20% relative to baseline by October 3, 2023.

Interventions:

- Gaps closure audit- 4/2023
 - Identified A1c documentation gaps in EHR
- Implemented “Touch of Sugar” DSMT education program- 6/2023
 - Embedded at Catonsville practice
 - Dexcom trial for enhanced real-time feedback
 - Educator facilitated Rx access for appropriate patients
 - Participatory exercise session with resistance bands
 - Interactive Meal planning sessions and Grocery store Tour
 - Utilized grant funds for portion plates, exercise bands, grocery bags, etc

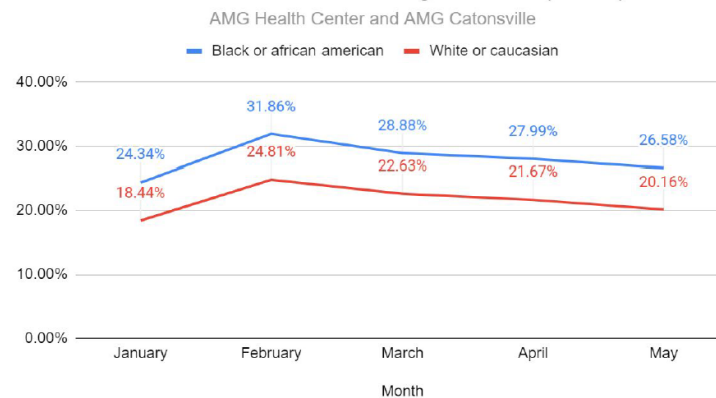
Results:

- DSMT no-show rate reduction from **60%** to **11%**
- **100%** of participants felt more motivated in managing their diabetes after participating in DSMT
- **100%** of participants felt confident in the ability to lower their risk of complications from diabetes after participating in DSMT
- Increased diabetes education referrals from providers

Next Steps:

- Strategy around offering equitable diabetes education in all AMG primary care practices
- Advocacy and collaboration with insurances to provide coverage for diabetes education

LEAD- Uncontrolled Hemoglobin A1c (<=9%)



Reducing Racial Disparity in AMG Primary Care Offices



LEAD in Action: Best Practices from LEAD Organizations



Aim Statement:

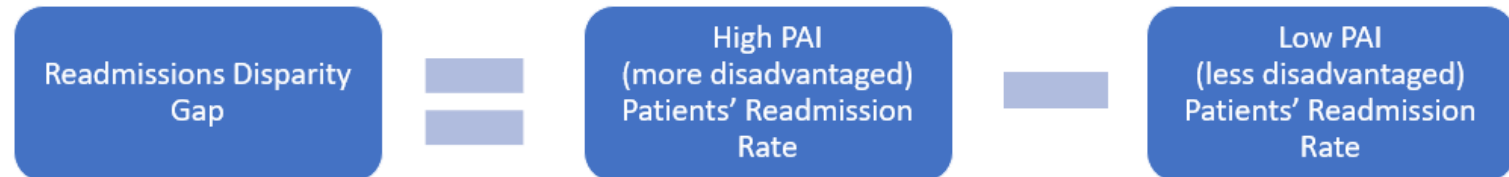
By September 1, 2023 readmissions for patients with a high PAI (Patient Adversity Index) will have decreased 20% from baseline (3.23%)

August 8, 2023

Using PAI (Patient Adversity Index) to reduce the disparity in readmission rates

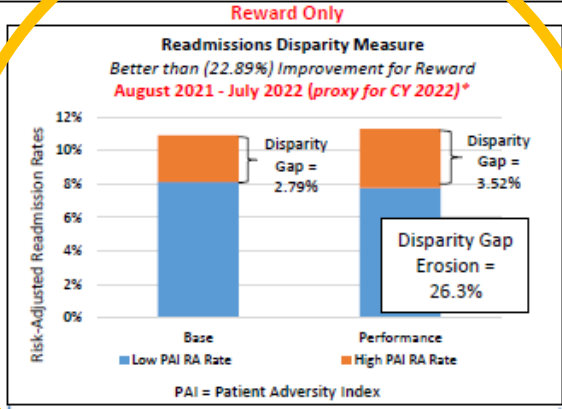
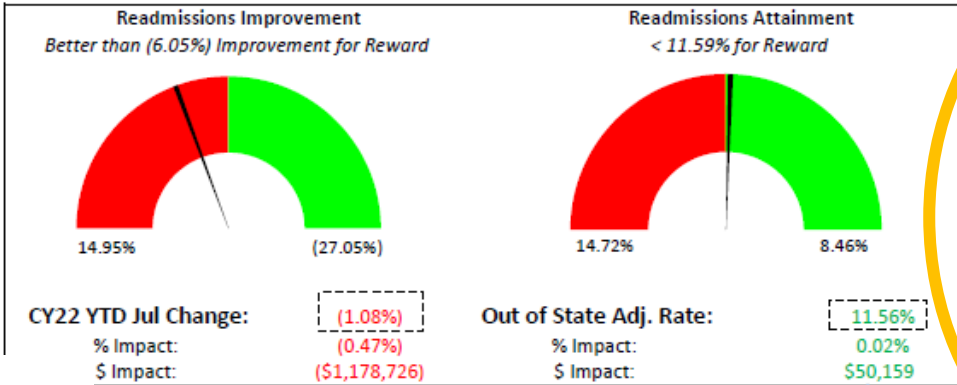
- Goal: Reduce the disparity gap between patients with a high and low Patient Adversity Index (PAI) when compared to baseline (2018).
- PAI is composed of the following variables:

PAI Variable	Data Source	Definition / Use
Medicaid (dual or only)	Abstract data fields for primary or secondary payer	Used as a proxy for income
Area Deprivation Index (ADI)	Census data; based on patient's address at the census block level	Used as a proxy for community access to health care and resources
Race	Abstract data fields for black/non-black	Used as a proxy for exposure to structural racism



Our early data – lacked detail to drive action

Frederick Health Hospital FY 2024 Quality Performance Dashboard Created on: 10/17/2022



*COVID-19 patients are excluded from results shown above

Better of Attainment/Improvement = \$50,159

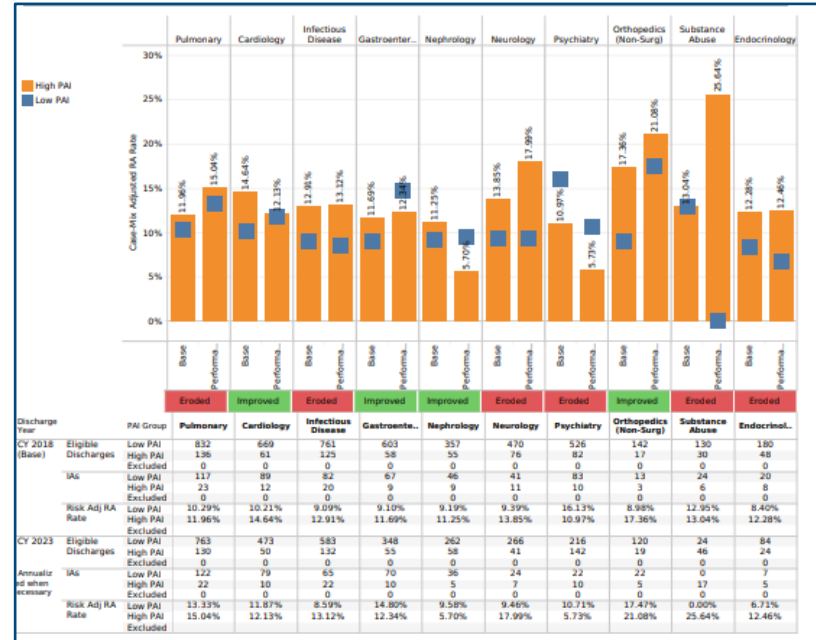
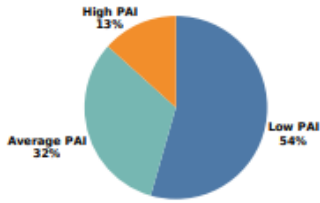
Does not qualify for reward



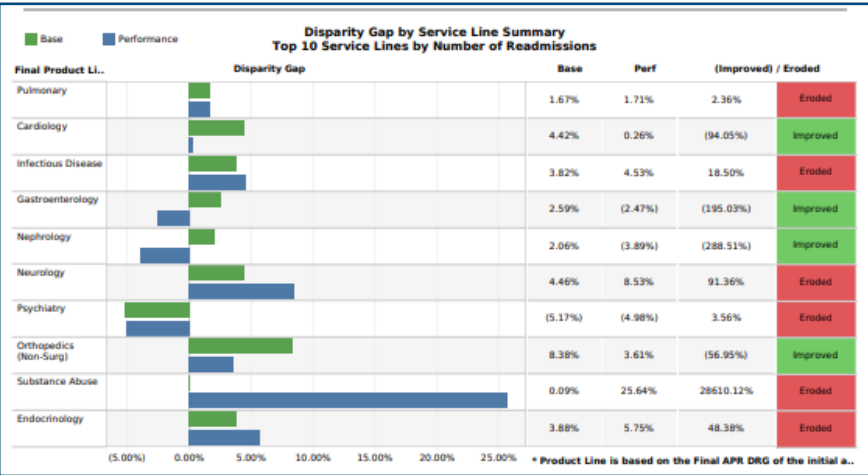
Frederick Health Hospital Disparity Gap by Service Line Performance = January - April 2023 (BRG Estimated*)

PAI Group
■ Low PAI ■ Average PAI ■ High PAI

PAI Group	Black / Non-black	Medicaid	Minimum ADI Decile	Maximum ADI Decile	Eligible Discharges
Low PAI	Non-Black	No	1	4	2,240
	Black	Yes	1	5	250
Average PAI	Non-Black	No	5	7	557
	Black	Yes	1	4	501
High PAI	Non-Black	No	6	10	29
	Black	Yes	3	10	191
High PAI	Non-Black	No	8	10	39
	Black	Yes	5	10	290



Discharge Year	PAI Group	Pulmonary		Cardiology		Infectious Disease		Gastroenter.		Nephrology		Neurology		Psychiatry		Orthopedics (Non-Surg)		Substance Abuse		Endocrinol.	
		Eligible	Discharges	Eligible	Discharges	Eligible	Discharges	Eligible	Discharges	Eligible	Discharges	Eligible	Discharges	Eligible	Discharges	Eligible	Discharges	Eligible	Discharges	Eligible	Discharges
CY 2018 (Base)	Low PAI	832	669	761	603	357	470	526	142	130	165	142	19	46	24	84	130	30	48	0	0
	High PAI	136	61	123	58	55	76	82	17	30	48	82	17	30	48	0	0	0	0	0	0
	Excluded	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	IAI	117	89	82	67	46	41	83	13	24	20	83	13	24	20	0	0	0	0	0	0
CY 2023	Low PAI	23	12	20	9	9	11	10	10	10	10	10	10	10	10	10	10	10	10	10	10
	High PAI	22	10	22	10	5	7	10	5	17	5	17	5	17	5	17	5	17	5	17	5
	Excluded	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	IAI	122	79	65	70	36	24	22	22	0	7	10	5	17	5	17	5	17	5	17	5
Annualized when necessary	Low PAI	10.29%	10.21%	9.09%	9.10%	9.19%	9.39%	16.13%	8.98%	12.95%	8.49%	10.71%	17.47%	0.80%	6.71%	12.95%	8.49%	10.71%	17.47%	0.80%	6.71%
	High PAI	11.96%	14.64%	12.91%	11.69%	11.25%	13.85%	10.97%	17.36%	13.04%	12.28%	21.08%	25.64%	12.46%	12.46%	25.64%	12.46%	12.46%	12.46%	12.46%	12.46%
	Excluded	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Rate	15.04%	12.13%	13.12%	12.34%	5.70%	17.99%	5.73%	21.08%	25.64%	12.46%	12.46%	12.46%	12.46%	12.46%	12.46%	12.46%	12.46%	12.46%	12.46%	12.46%



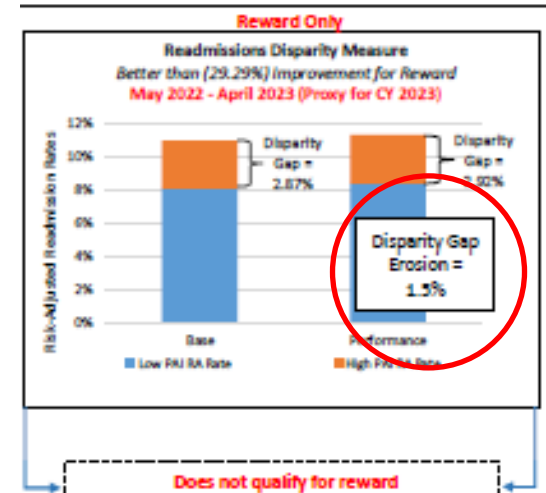
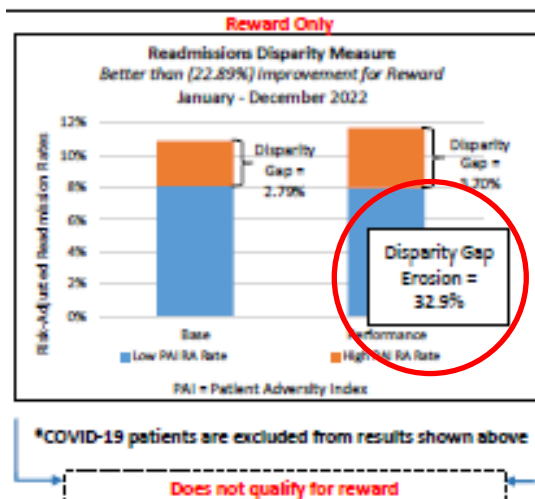
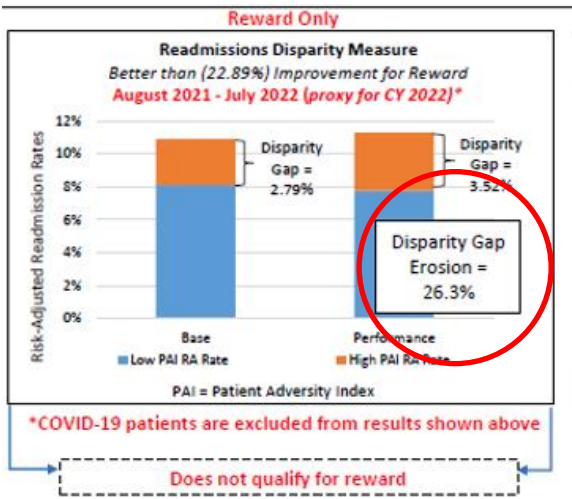
Key Interventions

- Develop **detailed, actionable reports** to identify and understand opportunities and prioritize efforts
 - Data highlighted Medicaid status as our primary risk variable which we then tied to performance with Timely Follow-up for Medicaid beneficiaries (CRISP) resulted in a workflow redesign to prioritize engaging our Community Health Worker team to ensure follow-up appointments were made (and kept) prior to discharge
- Engage and educate key stakeholders on what we are trying to accomplish and why (include MCO plans)
- Conduct readmission interviews with high PAI patients to better understand the readmission drivers from their perspective, versus our assumptions
- Implementation of Social Determinants of Health screening, risk stratified by REAL data, zip code and payer (in progress)
- Narrowed focus to targeted diagnosis (Substance Abuse Disorders, Infectious Disease, Orthopedics, etc.)

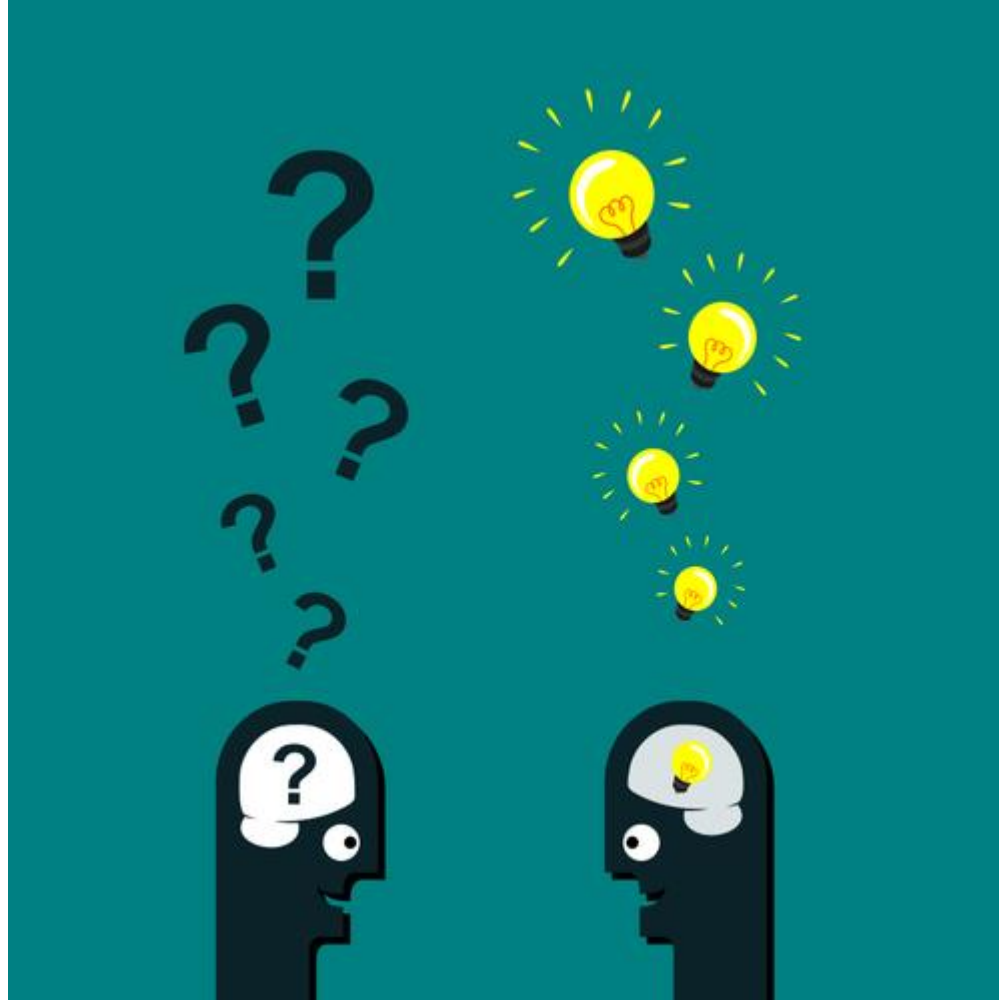
What did we learn?

- Small population with high needs
- Many patients were well known to the system, however our interventions were missing the target
- Needed to engage and build trust early to increase engagement after discharge
- Community Health Workers, Peer Recovery Specialist and community connections are critical to success

Exciting Results!!!!



What Are You Curious About?



Reminders and Updates

- 8/11/23:** Deadline to respond to any outstanding LEAD data requests
- 8/15/23:** Deadline to submit poster for September 12 meeting
- 8/25/23:** Deadline to register for September 12 meeting

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

LEAD Organizations



American Heart Association.



Ascension Saint Agnes



AACF

Asian American Center of Frederick
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HEALTH RESOURCES
COMMISSION



Maryland Hospital Association



Maryland physicians care
Medicaid with a Heart



MdPHA
Maryland Public Health Association



MARYLAND RURAL HEALTH ASSOCIATION



New Jersey Hospital Association



Richmond Health & Wellness Program
VVCU



Trinity Health



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BERKELEY MEDICAL CENTER

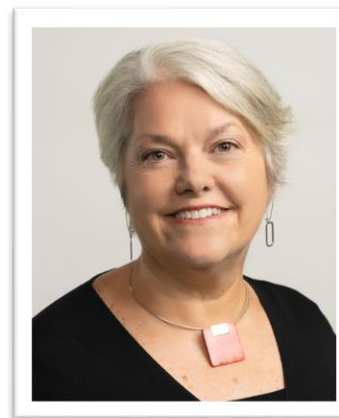
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