American Hospital Association®

2017 Webinar Series

The presentation will begin shortly.

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American Hospital Association®

2017 Webinar Series

Aligning Diversity and Inclusion, Community Engagement, Business Operations and Population Health Efforts to Achieve Equity

November 20, 2017

Speakers:

- Rev. Kathie Bender Schwich, Senior Vice President, Mission and Spiritual Care, Advocate Health Care
- Robyn Golden, Associate Vice President, Population Health and Aging, Rush University Medical Center
- Darlene Oliver Hightower, Associate Vice President, Community Engagement, Rush University Medical Center
- Moderator: Jetaun Mallet, AHA's Institute for Diversity

American Hospital Association

INSTITUTE FOR DIVERSITY in Health Management
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HRET HEALTH RESEARCH & EDUCATIONAL TRUST

Aligning Diversity and Inclusion, Community Engagement, Business Operations and Population Health Efforts to Achieve Equity

Rev. Kathie Bender Schwich, FACHE
Senior Vice President, Mission & Spiritual Care

Advocate Health Care

Advocate's main focus in addressing health equity…

Strategic Pillars

1. Education
2. Cultural Awareness
3. Access
4. Workforce Development
5. Community Partnership

Advocate Health Care

Education: Culturally Customized Care

- ✓ The goal is care based on continuing, healing relationships in which needs are anticipated and customized according to a patient's needs and values.
- ✓ Ethnic minorities perceive responsiveness and personalization of care as key factors that care providers need to identify, understand and prioritize for their communities and tailor care accordingly.
- ✓ Currently Advocate does not collect patient race/ethnicity and language data at a granular level to ensure the information is meaningful and useful in providing culturally appropriate care.
- ✓ Robust data collection will allow associates and physicians to provide the safest, best possible care and experience for all patients we serve.

Culturally Customized Care – Target Condition

1. Standard, consistent, meaningful diversity (race, ethnicity, language, religion, etc.) data across enterprise.
2. Data will be used to ensure all patients receive culturally customized care across the continuum.

Culturally Customized Care –Action Plan

Data subgroup developed	→	2015
Baseline data and dashboard	→	January 2016
Granular ethnicity data collection go-live at hospital sites	→	February 2016
“We Ask Because We Care” campaign	→	February 2016
Validate and measure data process	→	Quarterly 2016
Assessment/timeline for data collection at ambulatory locations	→	April 2016
Determine how data can be used to inform how services are provided across the continuum of care	→	October 2016

Diverse Patient Data Collection – 2016 Results

2016 Dashboard Improvements

Decline/Unknown down to 4.7% versus 14.8% at start of project

Drivers of Improvement

- Embedded “We Ask Because We Care” language in all training programs
- Standardized “Unknown” to be equal to “Unable to ask”
- Published Quarterly score cards
- Focused attention on clear variance from baseline
  - Leadership
  - Work norms
  - Workflow
  - Comfort with questions

Cultural Awareness – Address South Asian Cardiovascular Issues

Need:

- ❑ One in 10 South Asians suffer from undiagnosed heart disease
- ❑ Cardiac related deaths under age 40

Solution:

- Advocate created the South Asian Cardiovascular Center, the first of its kind in Midwestern United States
- Program focuses on community outreach, health education and culturally sensitive advanced clinical services and research

Impact:

- Due to community outreach efforts, we see nearly 20 new patients every month, more than half of which require intensive surgical or medical intervention
- Partnering with local grocery stores
- We've partnered with local restaurants and faith communities to do education and reduce sodium content

Advocate Health Care

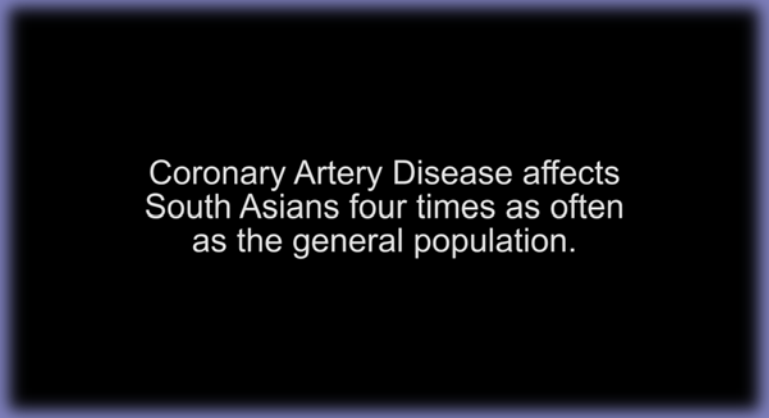
25%

UNDER AGE 40

HEART ATTACKS

50%

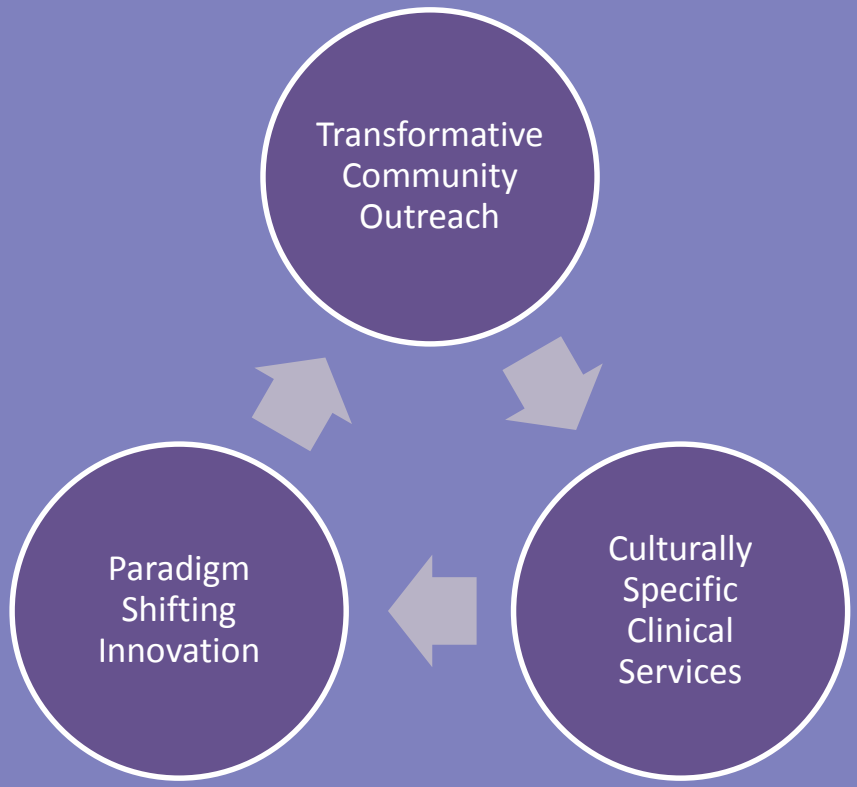
UNDER AGE 50



TOMORROW STARTS TODAY.

Advocate Health Care

The SACC Model



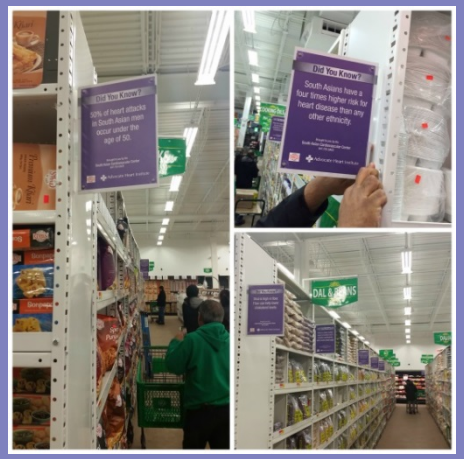
Transformative Community Outreach

Advocate South Asian Cardiovascular Center

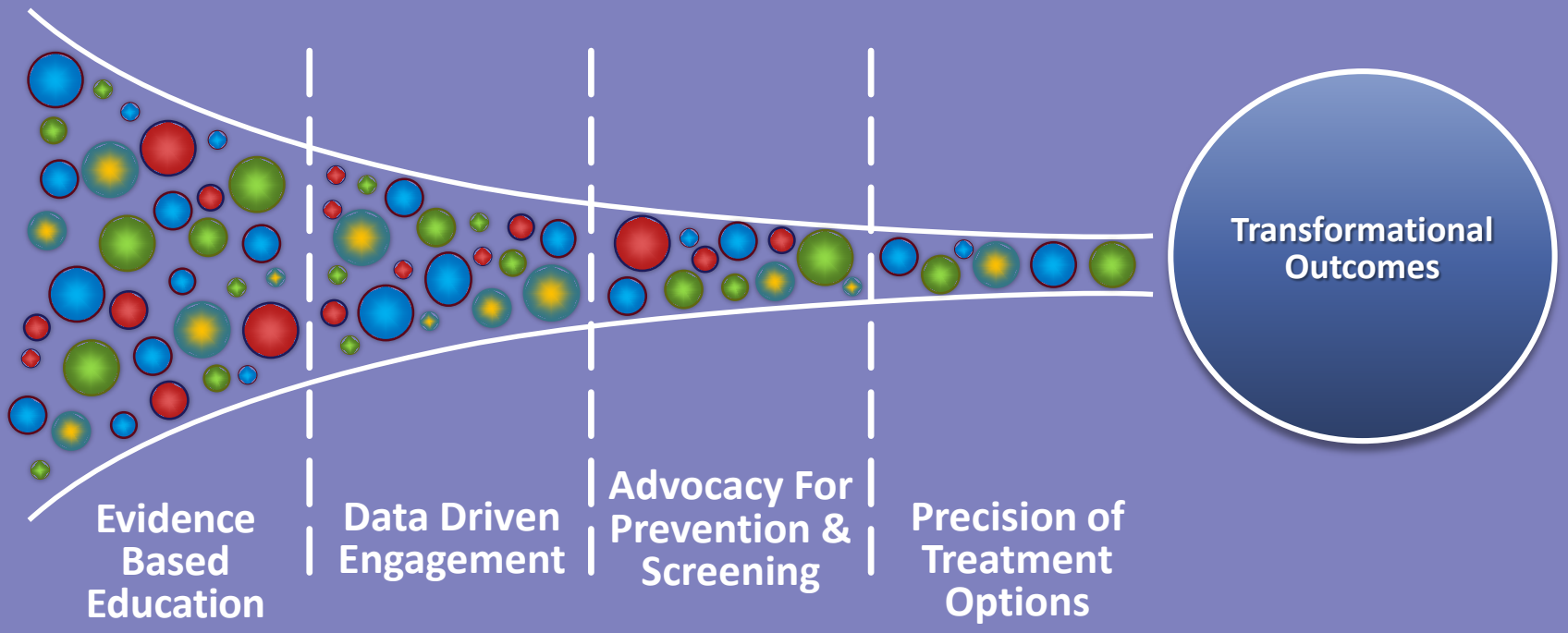
SAHEB Chicago

Chicago Department of Public Health

Council of Advisors
Social Media
Retail/Business Partnerships
Faith Based Collaborations
Consumer Education
Red Sari Advocacy



A Path Forward



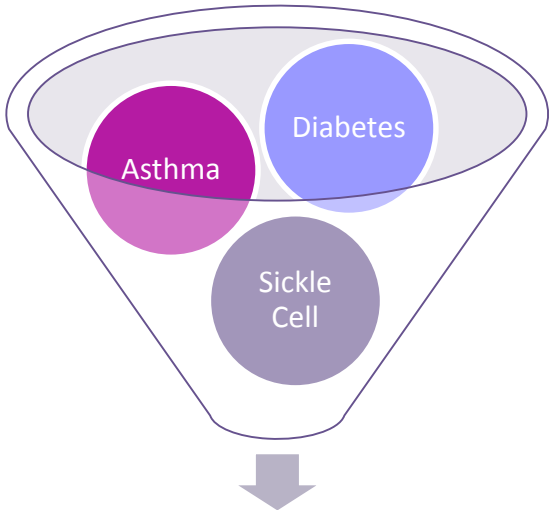
Project H.E.A.L.T.H.

Healing Effectively After Leaving the Hospital: A Shift to Community-Based Outreach

Advocate Health Care

H.E.A.L.T.H Program Goal

Develop a supportive community health worker outreach program that bridges hospital based care to care across the continuum from hospital-to-home



Chronic Diseases

Focus on Social Conditions

- Transportation
- Ability to Afford Medicine
- Food Insecurity
- Housing
- Social Support

Reduce Costs

Improve Re-admissions Rate

Improve Health

Advocate Health Care

What is a Community Health Worker (CHW) ?

- A frontline public health worker who is a trusted member of and/or has a close understanding of the community served
- Has health training that is shorter than that of a professional health care worker
- Often more impactful than clinical personnel in influencing behavior change, esp. for populations that experience disparities

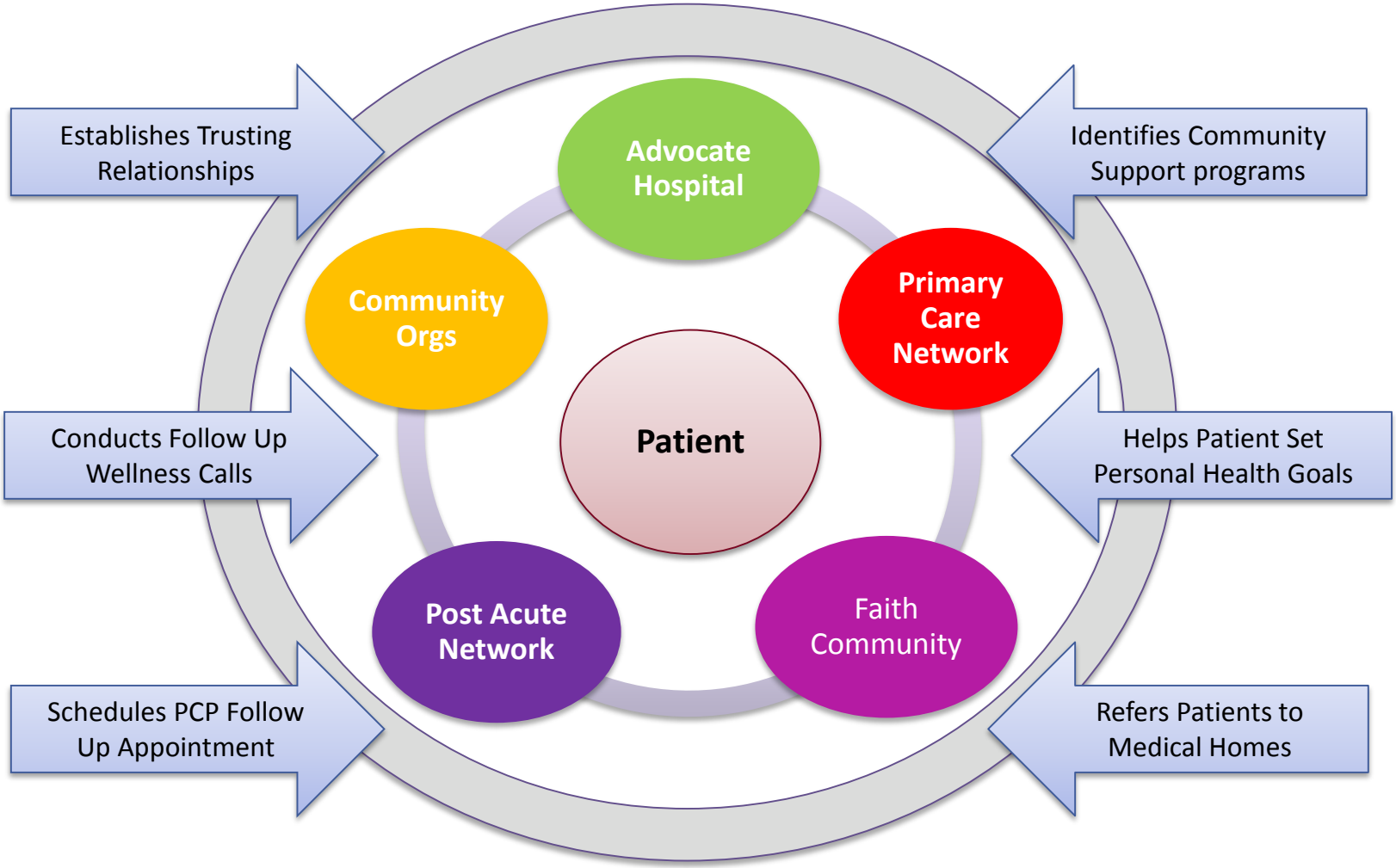
What does a Community Health Worker Do?

- Establishes relationships with patients as they enter the hospital
- Continues relationship with patients beyond hospital walls
- Educate patient on warning signs of disease progression
- Provide chronic disease management services
- Make follow-up and well call checks
- Encourage completion of Follow-up PCP visit
- Identify care needs and post discharge
- Development of appointments and care coordination outside of hospital with community partners

Outcomes

- Building lifelong relationships with our patients
- Reducing readmission rates
- Establishing and/or solidifing relationships with community care providers
- Reducing Emergency Room visits

Transitional Care Model



Project H.E.A.L.T.H. Community Health Workers

Advocate Health Care

About the Advocate Workforce Initiative

- $3 million commitment from JP Morgan Chase
  - New Skills at Work
  - Five-year workforce development initiative 2015-2020

An employer-led, demand driven Workforce Development Program

- Align training curriculum to current and emerging trends (needs)
- Connect job seekers to employment opportunities with Advocate
- Encourages diverse candidates into our talent pipeline
- Establish ‘best practices’ creating a regional/national model

An opportunity to provide industry training to job seekers

- Focused on middle-skill positions (entry-level, skilled)
- Supportive Services (identifying and removing barriers to employment)
- Clinical Education at Advocate Sites of Care
- Incumbent Worker Strategy (NAVIGATE)

Program Goals

- **ALIGN** the skills of job seekers through industry training to fill available healthcare jobs in the greater Chicagoland area
- Increase **DIVERSITY** within the healthcare sector (Advocate), focused on middle-skill (but, not limited to)
- Provide a **CAREER PATHWAY** to individuals seeking advanced training/or career opportunities with the healthcare sector
- Support the **ECONOMIC DEVELOPMENT** through workforce and health education within the communities that we serve

NAVIGATE

Career Pathway Map

- Clinical & Non-clinical tracks
- Associate & Leader levels

Tools & Resources

At your fingertips:

- Employee Assistance Program
- Education Assistance
  - Ex: Certifications and Degrees
- Tuition Discounts
- City school partnerships
  - Ex: Grants

Soft Skills Development

- 10 sessions in 6 months
- Blended learning approach
- Build network

Outcomes/Trends

- Over **115** placements in Healthcare related roles
- Over **95%** retention rate for graduates hired with Advocate Health Care
- **15** Healthcare Employers/Consortiums have participated in the Chicagoland Healthcare Workforce Collaborative
- Engaged **7** Community Based Organizations and **2** Community Colleges as training partners

AHA Equity of Care Webinar: Rush's Mission to Improve the Heath of Chicago's West Side

Darlene Oliver Hightower, JD, Associate Vice President, Community Engagement

Robyn L. Golden, MA, LCSW, Associate Vice President, Population Health and Aging

RUSH

Rush is a not-for-profit health care, education and research enterprise comprising Rush University Medical Center, Rush University, Rush Oak Park Hospital and Rush Health.

Agenda

I. **Introduction to Rush and Chicago's West Side**

II. **Collaborative Approaches to Improve Health Equity**

III. **Discussion/Questions**

About Rush

Our mission

The mission of Rush is to **improve the health of the individuals and diverse communities we serve** through the integration of outstanding patient care, education, research and community partnership

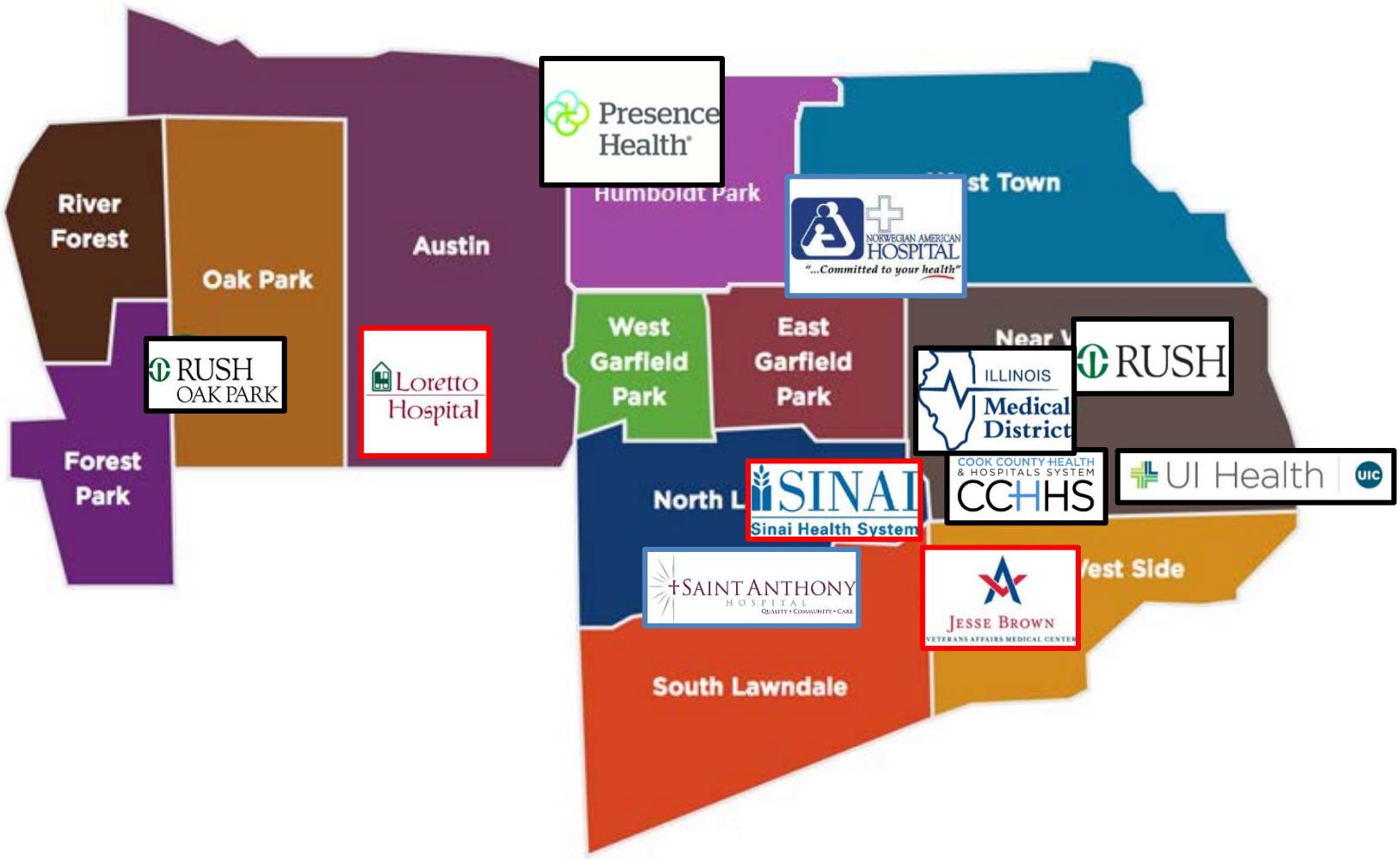
Our vision

Rush will be the leading academic health system in the region and nationally recognized for transforming health care.

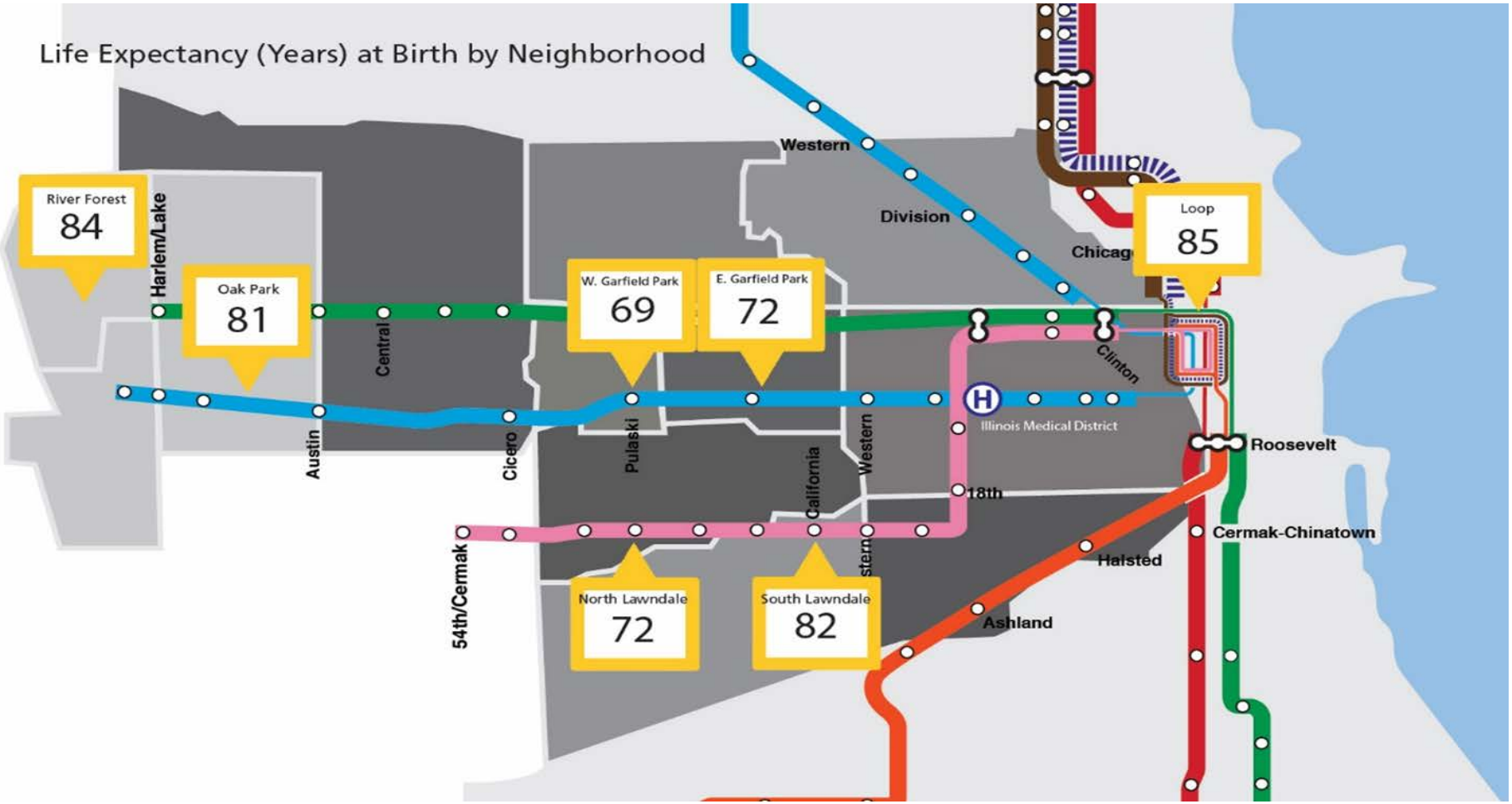
Our values

Rush University Medical Center's core values — innovation, collaboration, accountability, respect and excellence — are the roadmap to our mission and vision.

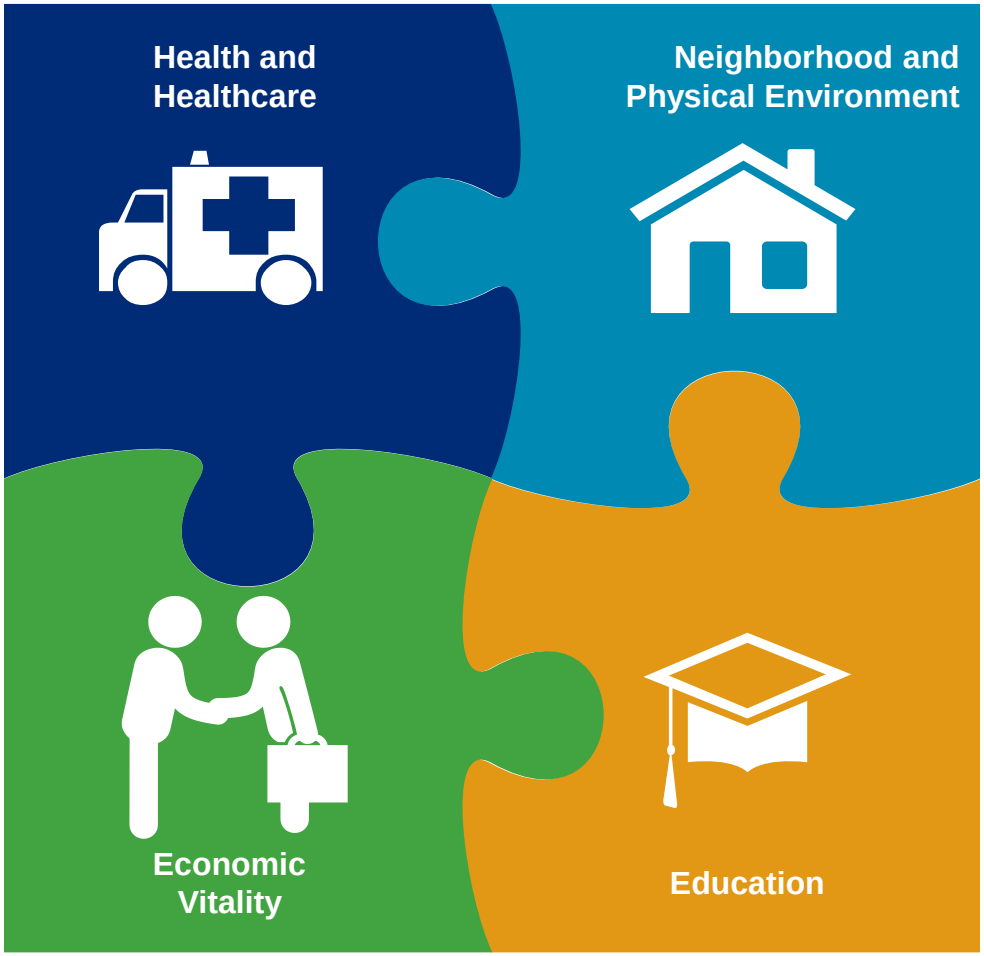
The West Side is Rich with Health Institutions and Clinics



Disparity Exists on the West Side of Chicago



An Intentional, Collaborative Place-Based Approach Is Needed



- Holistically address the **social and structural determinants** of health
- Have a **unified "West Side Voice"** to outside audiences
- Create **opportunities to scale programs** that work at the community level
- Identify and create **new high-value connections** between organizations
- Create **common measures of success**
- Increase the **visibility of existing efforts**

Collaborative Efforts to Improve Health

Alliance for Health Equity – Collaborative CHNA

Advocate Children's Hospital	Norwegian American Hospital
Advocate Christ Medical Center	Presence Holy Family Medical Center
Advocate Illinois Masonic Medical Center	Presence Resurrection Medical Center
Advocate Lutheran General Hospital	Presence Saint Francis Hospital
Advocate South Suburban Medical Center	Presence Saint Joseph Hospital
Advocate Trinity Hospital	Presence Saints Mary and Elizabeth Medical Center
AMITA Health Adventist Medical Center La Grange	Provident Hospital
Ann & Robert H. Lurie Children's Hospital	RML Specialty Hospitals
Cook County Health and Hospital System	Rush Oak Park
Gottlieb Memorial Hospital	Rush University Medical Center
Loyola University Medical Center	Stroger Hospital of Cook County
Mercy Hospital & Medical Center	Swedish Covenant Hospital
Northwestern Memorial Hospital	University of Chicago Medicine

Alliance for Health Equity
Hospitals and Communities Improving Health Across Chicago and Cook County

Chicago Department of Public Health
Cook County Department of Public Health
Evanston Health Department
Park Forest Health Department
Oak Park Health Department
Skokie Public Health District
Stickney Health Department

West Side Total Health Collaborative: Place Based Focus

Mission

To build **community health and economic wellness** on Chicago's West Side and build **healthy, vibrant neighborhoods**

Vision

To **improve neighborhood health by addressing inequities** in healthcare, education, economic vitality and the physical environment using a cross-sector, place-based strategy.

Partners will include other healthcare providers, education providers, the faith community, business, government and RESIDENTS that **work together to coordinate investments and share outcomes.**

Who Is At The Table?

RUSH

Presence Health®

Ann & Robert H. Lurie Children's Hospital of Chicago®

UI Health | UIC

COOK COUNTY HEALTH & HOSPITALS SYSTEM CCHHS

By working together, we can magnify the impact of existing initiatives, develop new programs and provide coordinated resources to existing collaboratives

Examples of Potential Collaborations on the West Side

Business Units

Work together to hire local, buy local, invest local and engage in the community

Patient Care

Collaborate on meeting community health needs

Community Engagement

Support neighborhood collaboratives

Lend expert advice and training to community based organizations

Help advocate for systems change

Over a six-month term, the Planning Committee will determine the vision, goals, and governance of the West Side Total Health Collaborative

In addition to the 16 Planning Committee members, sub-committees will be open to community advisors and subject matter experts.

West Side Anchor Committee

Ann & Robert H. Lurie Children's Hospital of Chicago

COOK COUNTY HEALTH & HOSPITALS SYSTEM CCHHS

ILLINOIS MEDICAL DISTRICT

UI Health | UIC

RUSH

RUSH OAK PARK

Loretto Hospital

Presence Health

West Side Anchor Committee

	Buy and Source Locally	Hire Inclusively and Develop Talent	Invest Locally	Volunteer and Support Community Building
Current initiatives	▪ Share capital projects, contract language, and target labor hiring ▪ Develop joint plan for laundry services	▪ Convene HR leads with the Healthcare Workforce Collaborative (HWC) to share build plans for: – Publish job specifications for entry level jobs – Career pathway maps	▪ Review current CDFI initiatives and work towards a joint investment	▪ Map volunteer programs and share best practices
Theories of change	▪ Large-scale, collaborative purchasing contracts will mitigate risk, allowing local businesses to make larger capital investments in the community	▪ Collaborative career development and training programs will produce better qualified candidates for hospital jobs ▪ Better employment prospects in West Side neighborhoods will spur further investment and human capital development	▪ Larger investments can generate better rates of financial and social return ▪ A directed investment in a distressed community (to improve housing quality, e.g.) can directly improve health outcomes in the near term	▪ Joint volunteering programs will build denser social networks among hospital employees and community members, building community trust, and increasing chances to build social capital

West Side ConnectED

RUSH

UI Health | UIC

Presence Health

Patient Innovation Center

The CATHOLIC CHARITIES OF THE ARCHDIOCESE OF CHICAGO

HEALTHY CHICAGO
CHICAGO DEPARTMENT OF PUBLIC HEALTH

CMMI Accountable Health Communities (AHC) Grant

Recognizing an opportunity to collaborate on the CMMI grant, the West Side Accountable Health Communities Collaborative was formed.

Partners included three health systems, multiple community based service providers, FQHC's and an advisory board made up of representation from the areas of criminal justice, city government, Medicaid health plans and others.

While the Collaborative's application was not awarded, all of the partners remained committed to the goal of creating a standardized screening tool and moved forward to conduct systematic health-related social needs screenings in geographically targeted area to improve the health of our patients and community.

This effort was re-branded as the **Westside ConnectED**.

Screening for Social Determinants

Rush's brief screening tool asks patients about:

- Housing
- Transportation
- Food Security
- Utilities
- Primary Care / Insurance

NOWPOW

HH Center for Housing & Health

Screening for Social Determinants

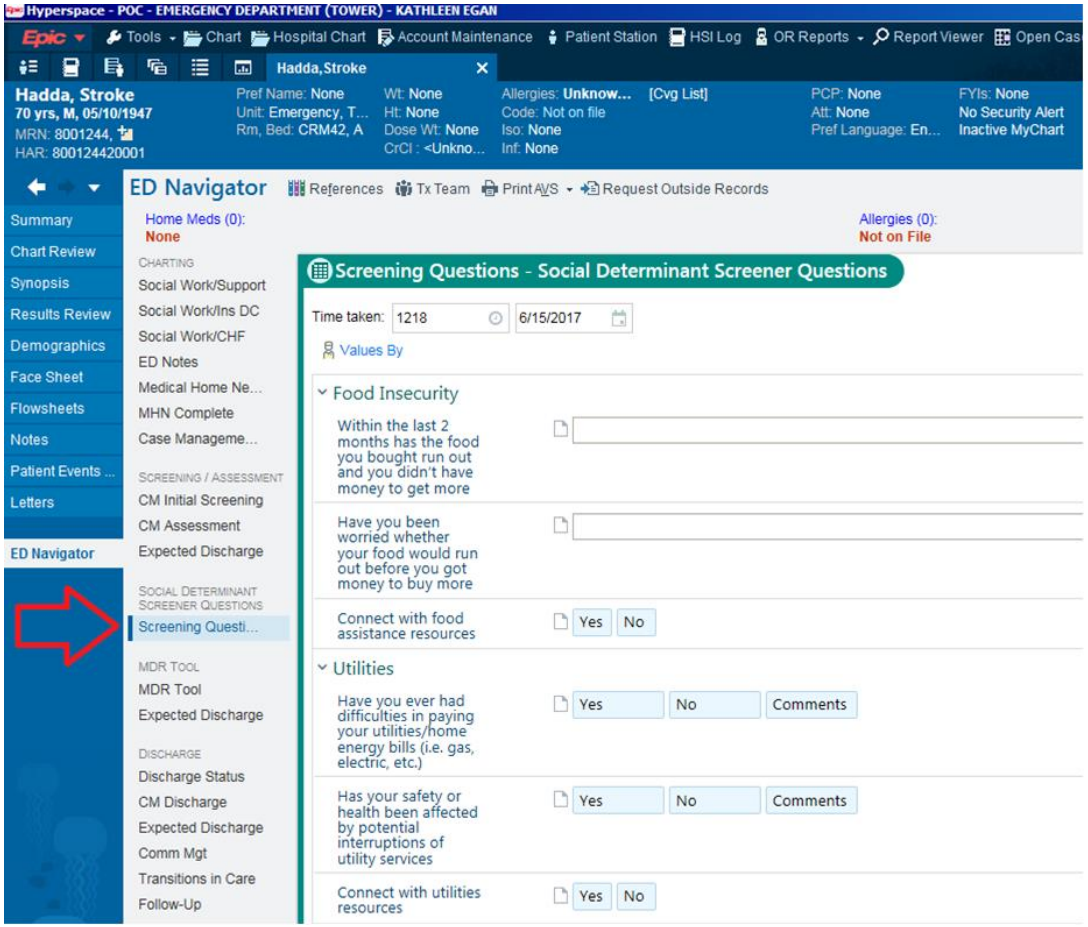
Utilizing various disciplines to conduct screenings:

- Patient Care Navigators,
- Certified Medical Assistants
- Students
- Social Workers (patients with complex health needs or needs that require more follow up such as housing)

Evaluating the impact:

- PDSA (Plan, Do, Study, Act) screening in Emergency Department, Primary Care Settings, Community Based Settings
- *Preliminary PDSA results (to date): 24 responses (12 ED, 12 PCP)*

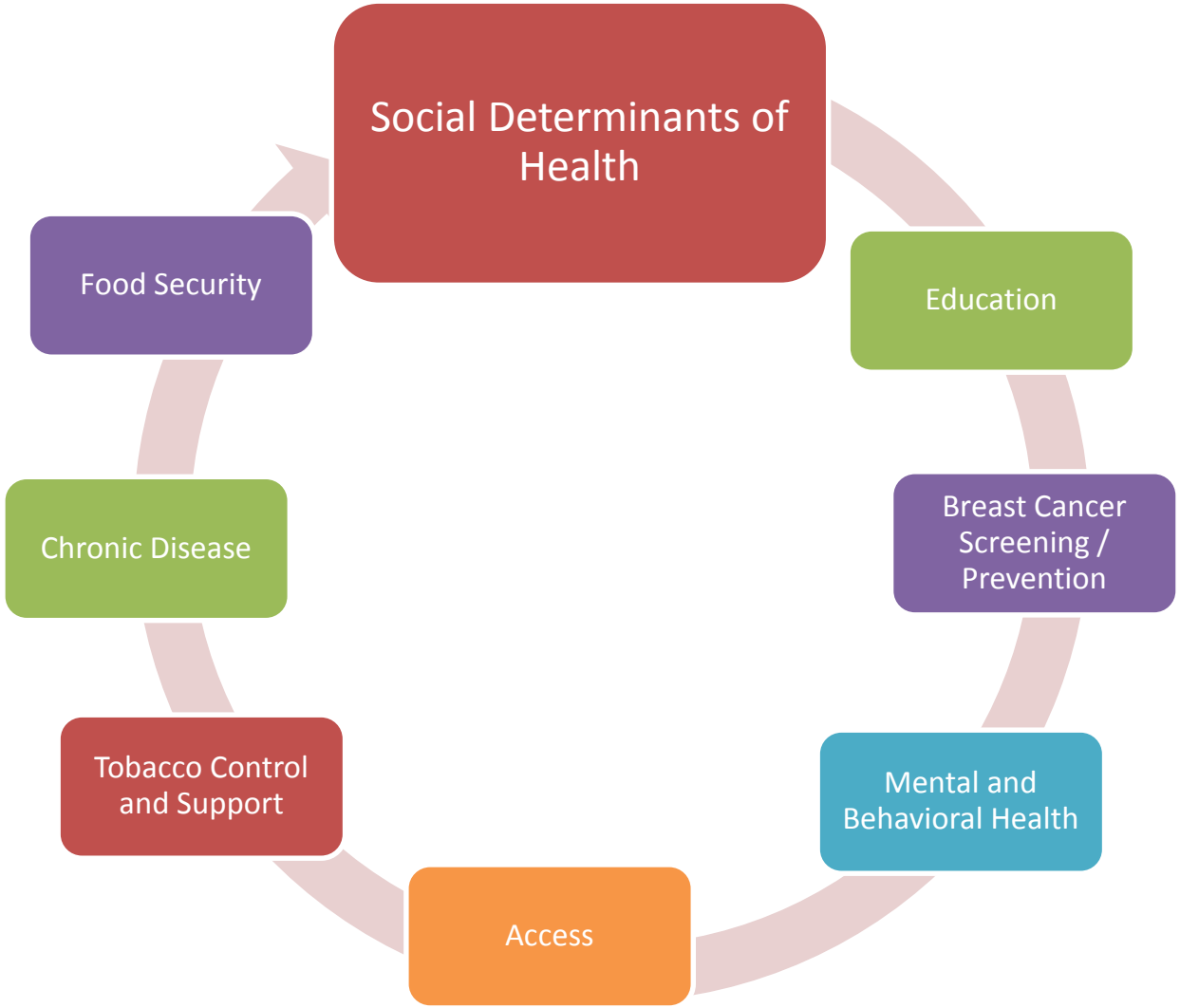
Social Referral Platform to Improve Population Health



Rush has partnered with NowPow to provide social referrals to our patients. Rush was the first hospital to integrate NowPow into Epic, our Electronic Health Record, to ensure better continuity of care.

We have officially recorded **8 closed-loop referrals** via NowPow to our free-clinic partner, CommunityHealth

Interprofessional Approach – Cross Disciplinary



SDOH Group Membership

Social Work and Community Health
Robyn Golden (Lead); Rachel Smith (Lead); Danielle Wolf; Ethan Powe
Community Engagement Christopher Nolan (Lead); Robin Pratts
Care Management
Kathleen Egan; Carli McInerney
Population Health
Adam Claus; Elizabeth Valvo
Primary Care
Steven Rothschild
Center for Community Health Equity
Brittney Lange-Maia
ROPH
Rachel Start
UI Health
Stephen Brown
GCFD
Emily Daniels
PIC
Dawn Gay
West Side ConnectED Leadership

Institutionalizing and Aligning Our Efforts

Population Health Leadership Committee

- Overseeing the social determinant efforts including the SDOH screener and improving clinical and social care

Diversity Leadership Council

- New strategic goals around health equity and community partnerships

Aligning with Quality Goals

- Institutionalizing our data to align with existing metrics for buy-in

Institutionalizing and Aligning Our Efforts

Connecting to our evidence-based, interprofessional, care coordination models

- AIMS
- Bridge
- Medical Home Network Interprofessional Triads

Elevating our efforts

- Center for Health and Social Care Integration (CHaSCI)

Elevating Our Efforts

Creating a "Center for Health and Social Care Integration"	A platform to house and elevate the non-direct services that we work on
	Various local and national partners
Center activities	Continue developing and evaluating care models and innovative practices
	Spread care models to health systems, managed care, accountable care and community-based organizations across country
	Educate and train interprofessional trainees, educators, and practitioners on best and promising practices
	Influence policy and reimbursement mechanisms

Concluding Thoughts

In order to achieve health equity and mitigate health disparities, we must partner in a collaborative approach - including community residents/leaders, “competing” healthcare institutions, community based organizations, local government, and the business community.

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Q & A

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Upcoming Webinar

Part 2: Aligning Community and Employee Engagement, and Population Health Efforts to Achieve Equity

December 13, 2017

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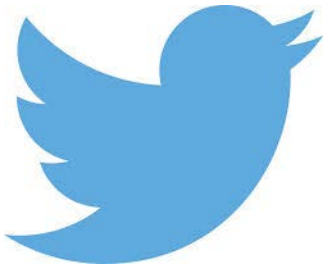

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