



HPOE *Live!* Webinar Series 2014

**The presentation
will begin shortly.**



INSTITUTE FOR DIVERSITY
in Health Management
An affiliate of the American Hospital Association

Equity of Care

Serving the Most Vulnerable: Population Health and the Reduction of Health Care Disparities



Jack Lynch

Chinwe Onyekere

May 13, 2014

Overview and Background

1. My First Disappointment
2. Industry Commitments
3. Main Line Health Geography and Service Area
4. Population Health Strategies to Address Diverse Patient Needs
 - a) Addressing Nutritional Needs to Improve Health Outcomes
 - b) Addressing Social Barriers to Health Care: Using Medical Students as Advocates in Patient Centered Medical Home
5. Linking Strategy To Our Diverse Patient Population
6. Asking the Hard Questions
7. Diversity and Inclusion Assessment
8. What Happens When You Talk About It?
9. Institute for Diversity



Additional MLH Population Health Programs and Interventions (Appendix)

1. Developing Partnership with Federally Qualified Health Center to Address Waste, Duplication and Improve Outcomes
2. Educating the Next Generation of Culturally-Competent Healthcare Providers
3. Unconventional Partnerships



My First Disappointment - 1999

THE EFFECT OF RACE AND SEX ON PHYSICIANS' RECOMMENDATIONS FOR CARDIAC CATHETERIZATION

KEVIN A. SCHULMAN, M.D., JESSE A. BERLIN, Sc.D., WILLIAM HARLESS, Ph.D., JON F. KERNER, Ph.D.,
SHYRL SISTRUNK, M.D., BERNARD J. GERSH, M.B., Ch.B., D.Phil., ROSS DUBÉ, CHRISTOPHER K. TALEGHANI, M.D.,
JENNIFER E. BURKE, M.A., M.S., SANKEY WILLIAMS, M.D., JOHN M. EISENBERG, M.D.,
AND JOSÉ J. ESCARCE, M.D., Ph.D.

Conclusions Our findings suggest that the race and sex of a patient independently influence how physicians manage chest pain. (N Engl J Med 1999; 340:618-26.)



**Our Industry is
Committed to
Change**

Eliminating Disparities: Why It's Essential and How to Get It Done



Hospitals Must Take the Lead in Eliminating Disparities in Care

By Rich Umbdenstock, AHA President and CEO and Kevin E. Lofton, CEO of Catholic Health Initiatives, Past Chair, AHA Board of Trustees and Chairman of the AHA's Special Advisory Group on Improving Hospital Care for Minorities

The American College of Healthcare Executives, American Hospital Association, Association of American Medical Colleges, Catholic Health Association of the United States and America's Essential Hospitals stood together in a call to action to eliminate health care disparities.

There are three key strategic goals:

1. Increasing collection of race, ethnicity & language data
2. Increasing cultural competency training
3. Increasing diversity in leadership

“Addressing disparities is no longer just about morality, ethics and social justice: It is essential for performance excellence and improved community health.” AHA

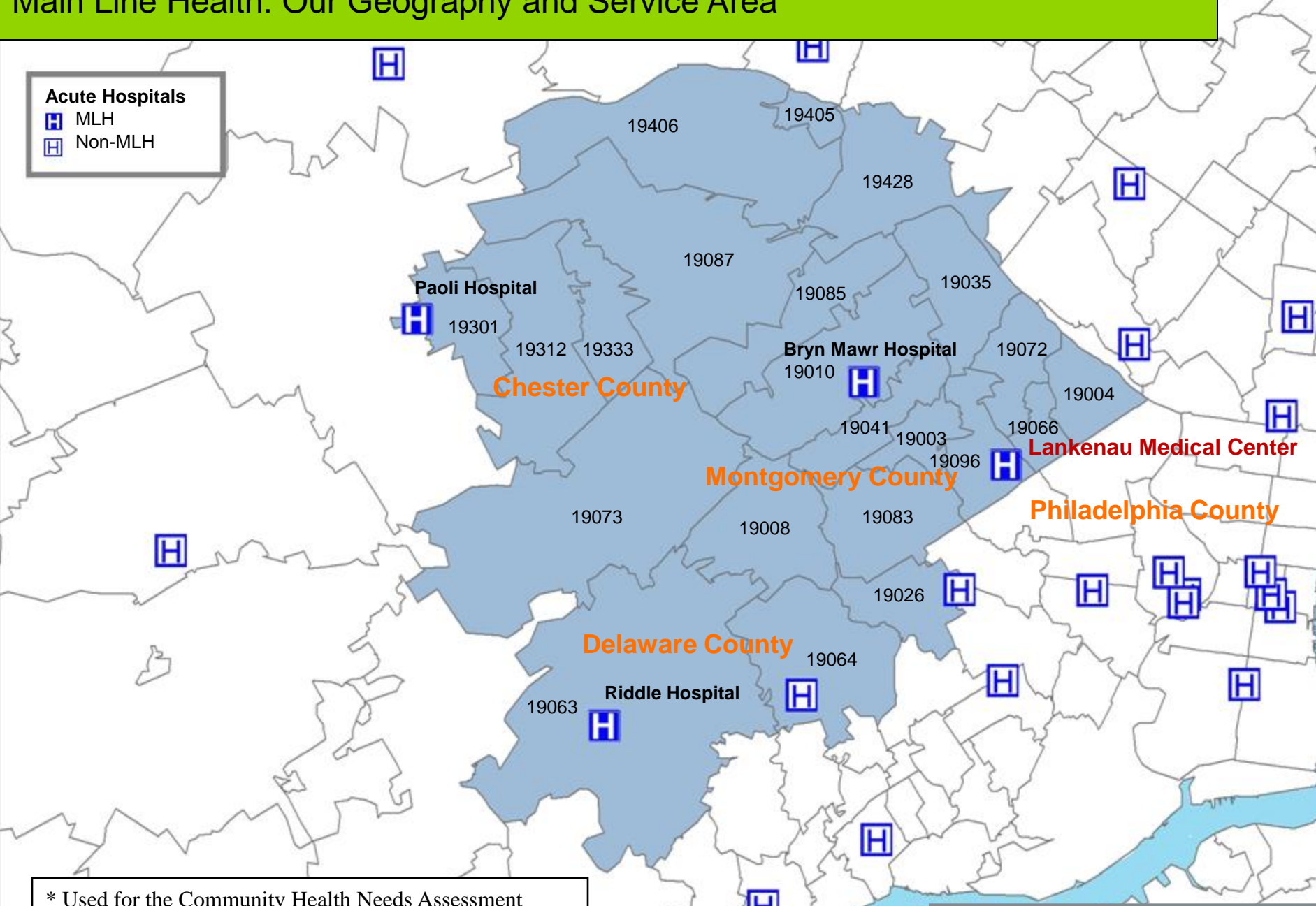


Our Geography

Main Line Health: Our Geography and Service Area

Acute Hospitals

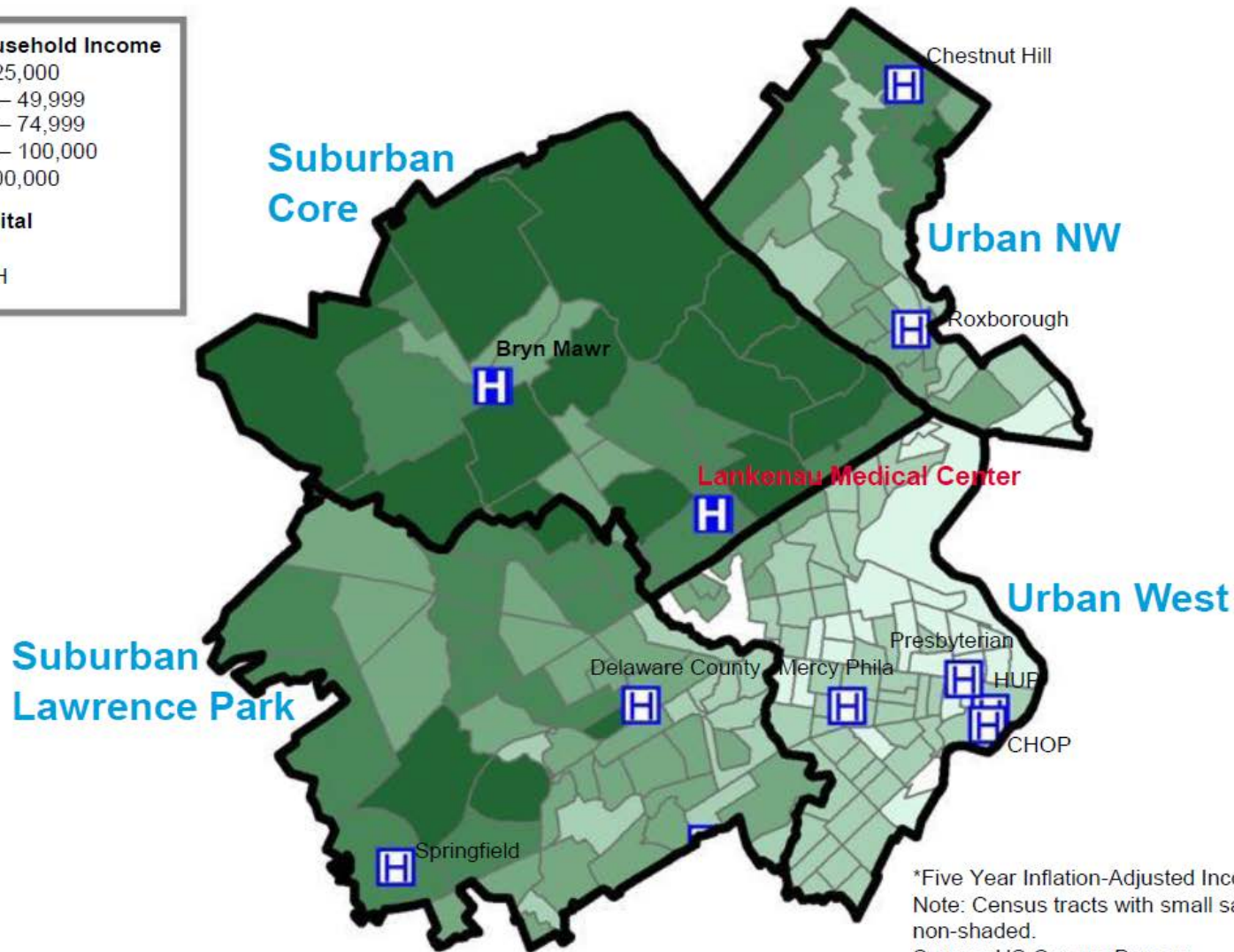
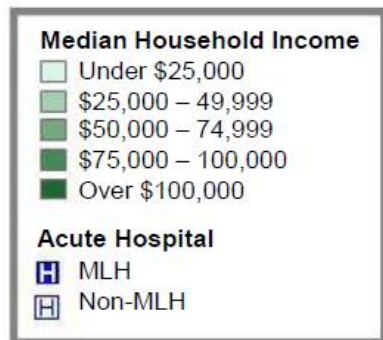
-  MLH
-  Non-MLH



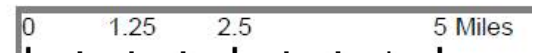
* Used for the Community Health Needs Assessment



Geography & Income



*Five Year Inflation-Adjusted Income to 2010.
 Note: Census tracts with small sample sizes are non-shaded.
 Source: US Census Bureau.

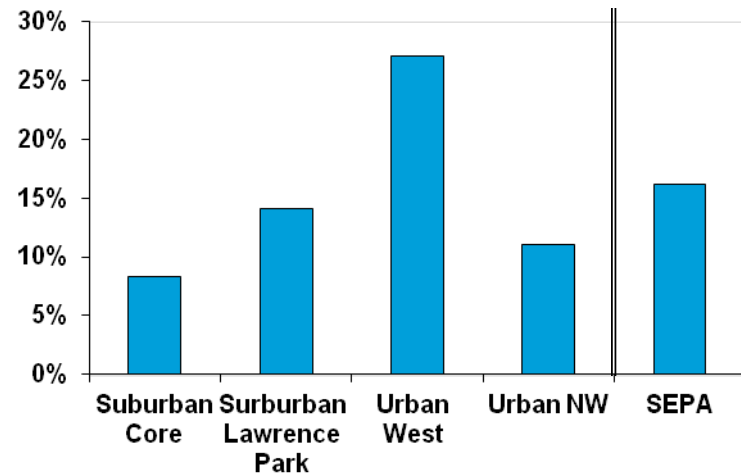


LMC serves both relatively healthy and unhealthy populations: Montgomery County ranked 5th and Philadelphia County ranked last at 67th in the State.

County Health Rankings for Pennsylvania: Health Outcomes*



Adults Self-reported Health Status – Fair Or Poor



A greater percent of persons in the Urban West area report having poorer health as compared to other LMC areas and Southeastern PA (SEPA).

Health Outcomes : 50% Length of Life & 50% Quality of Life

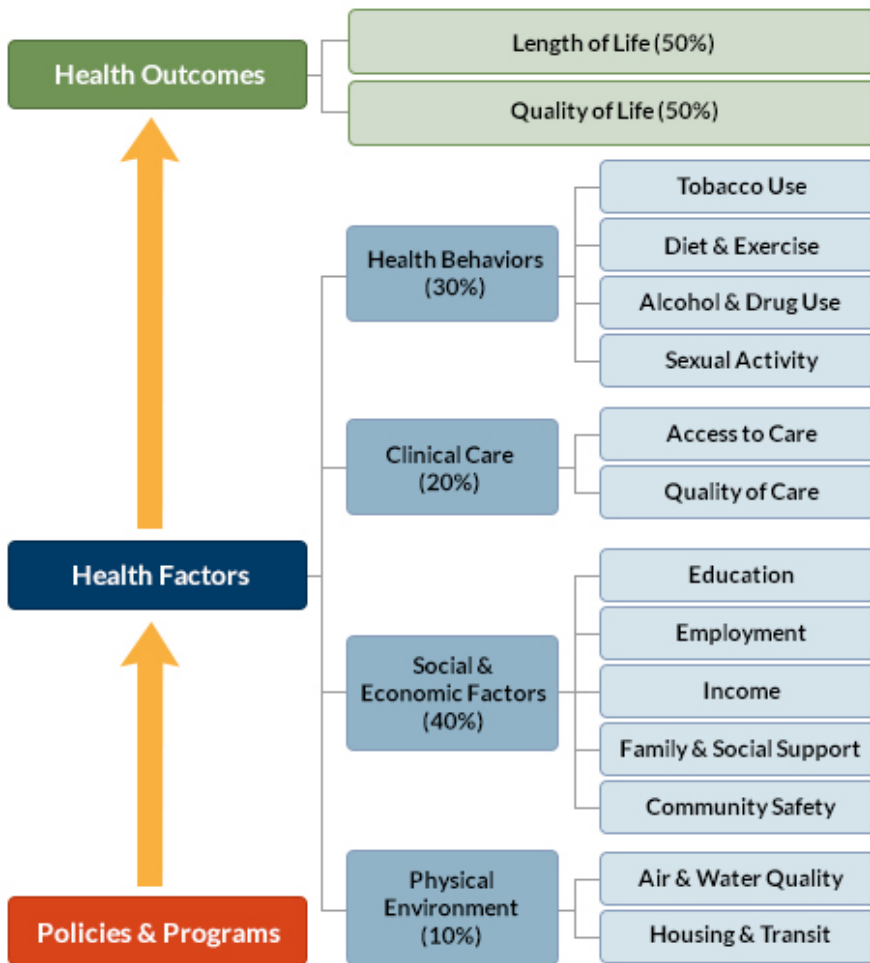
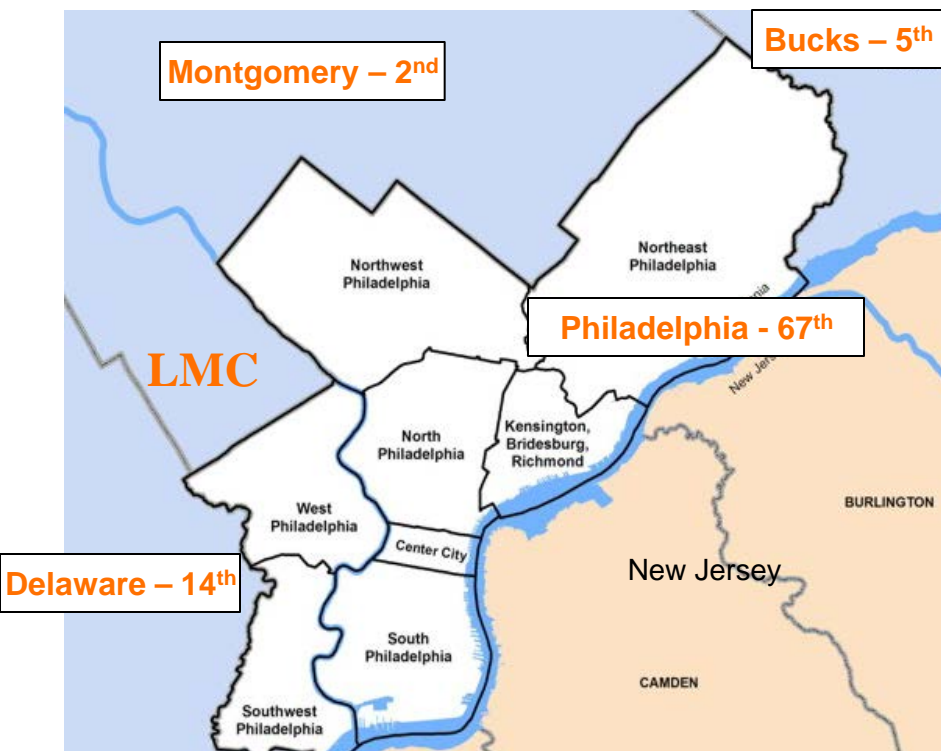


Main Line Health
Well ahead.®

*Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute
Health Status Source: PHMC Southeastern Pennsylvania Household Health Survey, 2010.

In terms of health factors the comparison is even more stark with Montgomery County ranked 2nd and Philadelphia County ranked last at 67th in the State. Our surrounding counties are also ranked higher.

County Health Rankings for Pennsylvania: Health Factors*



*Robert Wood Johnson Foundation, University of Wisconsin Population Health Institute
Health Status Source: PHMC Southeastern Pennsylvania Household Health Survey, 2010.

LMC: Addressing the health needs of our most vulnerable populations

- For over 50 years, the Lankenau Medical Associates: An Integrated Health Practice (LMA) has provided primary and **specialty** outpatient care to uninsured and underinsured individuals in our primary service area.
 - Most patients seen at LMA reside in West Philadelphia.
 - 28% of the population is uninsured.
 - The median income for West Philadelphia is \$29,107 and 25.8% of adults have a college degree.
- LMA is undergoing a transformation to the more comprehensive and strategic Patient-Centered Medical Home model where we proactively address the medical and social needs of our patients
 - Over half of adults in the Clinic's service area report difficulty making housing payments.
 - A quarter have reduced the size of their meal due to cost.
 - Among the uninsured, 32% report that cost is a major barrier to health care.



Community Health Needs Assessment: Addressing the health needs of our most vulnerable populations

Criteria:	Worse than benchmarks or unhealthy trend	National Focus for Improvement	Community stakeholder interest	Sub-group population with special needs
Obesity / Diabetes	✓	✓	✓	
Cardiovascular / Stroke	✓	✓	✓	
Cancer	✓	✓	✓	✓
Lung Disease	✓	✓	✓	✓
Senior Care	✓	✓	✓	✓
Cultural / Diversity			✓	✓

Our Community Health Needs Assessment further identified the major issues facing our community. Our work moving forward addresses these issues.



Population Strategies to Address Diverse Patient Needs

Addressing Nutritional Needs to Improve Health Outcomes

The Food Trust's

Overbrook **farmers'**
market Saturday, 9am–1pm



sponsored by:



Lankenau Medical Center
Main Line Health

- The Food Trust has become a regional and national leader in preventing childhood obesity and other diet-related diseases. Managing over 25 Philadelphia farmers' market.
- LMC is the exclusive hospital sponsor for the three largest Philadelphia farmers' market where we provide weekly health education, screenings and community outreach.
- Partner for Philly Food Buck Program: A partnership with the Philadelphia Department of Public Health that encourages SNAP (food stamp) recipients to purchase fresh, healthy food.
- Five Philly Food Bucks coupons can buy three pounds of apples, five bunches of collard greens and five pounds of sweet potatoes.



Main Line Health
Well ahead.®

Who gets Philly Food Bucks?

- All prenatal patients in LCCC
- All patients with HbA1C over 8 & BMI over 30



- Tracking impact on health outcomes:
 - EMR: Rx for Health
 - Philadelphia Department of Health: redemption rates of Philly Food Bucks at any of the 25 Farmers' Markets
 - Tracking health metrics and outcomes over time
 - Taking baseline metrics for all participants (BMI and HbA1C) and measuring improvement over time
- Tracking impact on behavior changes:
 - All patients participate in nutrition classes with health educators (supporting behavior change)
 - Conduct a survey during health education class on changes in behavior
 - Ongoing nutritional pop-up classes in LCCC waiting room



Tracking Impact On Health Outcomes: A Prescription for Health

All Philly Food Bucks are tracked via our EMR under Miscellaneous Medical Prescription

NextGen Grid Preferences 23 year Old Male Weighing 301.00 lb | 136.53 Kg | No eligib

Last Audit	Status	Medication Name	Generic Name	Start Date	Stop Date
Status: Active (5 items)					
F	Active	metformin 1,000 mg tablet	METFORMIN HCL	09/05/2013	
F	Active	miscellaneous medical supply Misc	MISCELLANEOUS MEDICAL SUPPLY	09/05/2013	
F	Active	Zeasorb AF 2 % Topical Powder	MICONAZOLE NITRATE	09/05/2013	
F	Active	lisinopril 5 mg tablet	LISINOPRIL	10/02/2013	
	Active	miscellaneous medical supply Misc	MISCELLANEOUS MEDICAL SUPPLY	10/02/2013	
Status: Inactive (9 items)					
	Inactive	Levemir 100 unit/mL Sub-Q	INSULIN DETEMIR		08/10/2013
	Inactive	metformin 1,000 mg tablet	METEFORMIN HCL	07/09/2013	09/05/2013

Prescription Pad

Prescribe New | Print | Erx | Renew | Interactions | Stop | Education | Dose Range | Delete | Eligibility | Medication History

Max. daily dose not checked - Unable to calculate from FDB data.

miscellaneous medical supply Misc

Sig: use as directed [Remove Sig](#)

Quantity: 1 Units: Unit Refills: 0 Dispense As Written Prescribed Elsewhere Site: PRN Reason:

Start: 10/02/2013 Stop: 10/07/2013 Duration:

Comments: philly food bucks

Problem:

Provider: Clark DO, John

Location: Lankenau Internal Medicine Clinic

Addressing Social Barriers to Health Care: Using Medical Students as Advocates in PCMH

The Robert Wood Johnson Foundation's Commission to Build a Healthier America called upon "health care providers, particularly those whose patients have lower incomes or live in disadvantaged communities, [to] help connect patients with community services and resources".



Medical Student Health Advocate

Program Goal

- a high quality, low-cost system that utilizes PCOM medical students to address non-medical barriers in order to improve health outcomes

Program Overview

WHO: Select 2nd and 3rd year PCOM students

- as non-clinical patient advocates

WHY: to learn

- the impact of psychosocial needs and barriers on the quality of health care.
- essential skills in
 - counseling of patients
 - communicating with other health care workers
 - working collaboratively with a multidisciplinary team
 - cultural competence



MSA Participant Role & Tracking Program Impact

MSA participant:

- Assigned to Lanckenau Medical Associates Medical Home Teams (MHT)
- Follows up to five patients
- Works with MHT team leaders in outreach to and advocacy for the patient's specific **non-medical** needs
- Supervised by MHT team leaders and Program Manager

Tracking Impact on Health Outcomes & Patient Experience:

- All MSA referrals will be captured in the EMR
- We will be able to track impact of resource connection on health outcome
 - e.g. Will a food resource connection impact BMI or HbA1C?
- Decrease in readmissions
- Increase in patient satisfaction via patient surveys



When to refer to MSA volunteer?

- The difference between providing a resource and referring to a resource
- The boundaries of the patient relationship

Refer for:

- ❑ Food assistance
- ❑ Commodities (furniture/clothing)
- ❑ Childcare / Summer Camps
- ❑ Adult education: ESL/GED
- ❑ Utilities assistance
- ❑ Health insurance
- ❑ Public benefits
- ❑ Housing search / conditions
- ❑ Job training/placement
- ❑ Smoking cessation

Outside of MSA scope of services:

- ❑ Domestic Violence
- ❑ Immigration
- ❑ Housing: denial of application, transfers, eviction, utility shut-off / payment plans
- ❑ Denial of services: SSI, childcare, food stamps / WIC
- ❑ Special Education
- ❑ Mental health

Refer to social worker or financial counseling!

MSA volunteers will focus only on psychosocial needs and not clinical needs



**Linking Strategy
to our Diverse
Patient
Population**

A strategic plan we can ALL impact

2012-2016



Strategic Initiatives

Superior Patient Experience

Highly Engaged People

Market Growth

Research

Clinical Education

Financial Performance

- Superior Patient Experience
- Highly Engaged People
- Market Growth
- Research
- Clinical Education
- Financial Performance



Strategic Initiatives: Addressing Population Health for Underserved Populations

Superior Patient Experience

Provide culturally competent patient-focused care and eliminate ethnic and racial disparities

Market Growth

Improve the health status of the MLH service area by focusing on key areas where community needs are unmet

Research

Conduct population health and outcomes research focusing on the identification and elimination of disparities of care and publish the results

Clinical Education

Enhance MLH primary care physician base



Asking the Hard Questions

Healthcare Disparities Colloquium, 2012

Private Practice -- Lankenau Clinical Care Comparison

<p><u>Hematology-Oncology</u></p> <p>Time from Diagnosis to Treatment</p>	<p><u>Cardiology</u></p> <p>AICD Referral</p>
<p><u>Gastroenterology:</u></p> <p>Surveillance Colonoscopy</p>	<p><u>Medicine</u></p> <p>Surveillance Mammography</p>



Healthcare Disparities Colloquium, 2012

Outcomes

<p><u>Hematology-Oncology</u> Time from Diagnosis to Treatment</p> <p><i>Disparity not found</i></p>	<p><u>Cardiology</u> AICD Referral</p> <p><i>Insurance Disparity Found No Race or Gender Disparity</i></p>
<p><u>Gastroenterology:</u> Surveillance Colonoscopy</p> <p><i>Insurance Disparity Found Employment Disparity Found No Race Disparity Found</i></p>	<p><u>Medicine</u> Surveillance Mammography</p> <p><i>Economic Disparity Found Age Disparity Found No Race Disparity Found</i></p>

Surveillance Mammography: A Closer Look At The Research and Findings

- Compliance to mammography screenings was ***lower than the national average (73.7%)*** in both the private practice (64%) and Lankenau's Clinical Care Center (57%). Significant improvement is needed to reach the national average and the Healthy People 2020 target of 81.1%.
- Lankenau Clinical Care Center had a ***significantly lower compliance*** rate than the private practice. Based on patient interviews, this was due to perceived economic / insurance barriers and competing social priorities to obtaining a mammogram.
- When compliance was stratified by race/ethnicity within the Lankenau Clinical Care Center, ***no significant difference*** was found between African American (56.5%) and Caucasian populations (58%).
- Disparities in compliance were seen in different ***age groups***. Patients between the ages of 50-59 were much less compliant to mammography screening (51%) than those between the ages of 60 – 69 (62%), as well as those ages 70-74 (70%).

Main Line Health Disparities Assessment

- **Action Plan**

- *Better outreach*
- *Stronger communication*
- *Arranging same day appointments*

- **Results of Healthcare Disparities Colloquium**

- *Set model for practice improvement*
- *Sensitizing workforce*
- *New 2013 projects at all MLH hospitals*



Healthcare Disparities Colloquium, 2013

Across all of MLH

Bryn Mawr Family Practice

Disparities of care in Type II Diabetes Mellitus: Focus on Gender and Insurance

Paoli Hospital

Compassion Fatigue, Secondary Traumatic Stress, and Burnout among Emergency Department Staff

Riddle Hospital

Perinatal Outcomes for Underinsured Despite Late Entry into Prenatal Care

Lankenau Medical Center

“Distress Thermometer:” Psychosocial Screening in Hematology-Oncology Patients



Healthcare Disparities Colloquium, 2013

Across all of MLH

Bryn Mawr Family Practice

Disparities of care in Type II Diabetes Mellitus: Focus on Gender and Insurance

*Insurance Disparity Found
No Race or Gender Disparity*

Paoli Hospital

Compassion Fatigue, Secondary Traumatic Stress, and Burnout among Emergency Department Staff

*No Race Disparity Found
Gender Disparity Found*

Riddle Hospital

Perinatal Outcomes for Underinsured Despite Late Entry into Prenatal Care

*No Disparity in Outcomes
Insurance Disparity found for entry to prenatal care*

Lankenau Medical Center

“Distress Thermometer:” Psychosocial Screening in Hematology-Oncology Patients

Disparity Found: Distress higher in LCCC patients

Diversity & Inclusion Assessment –

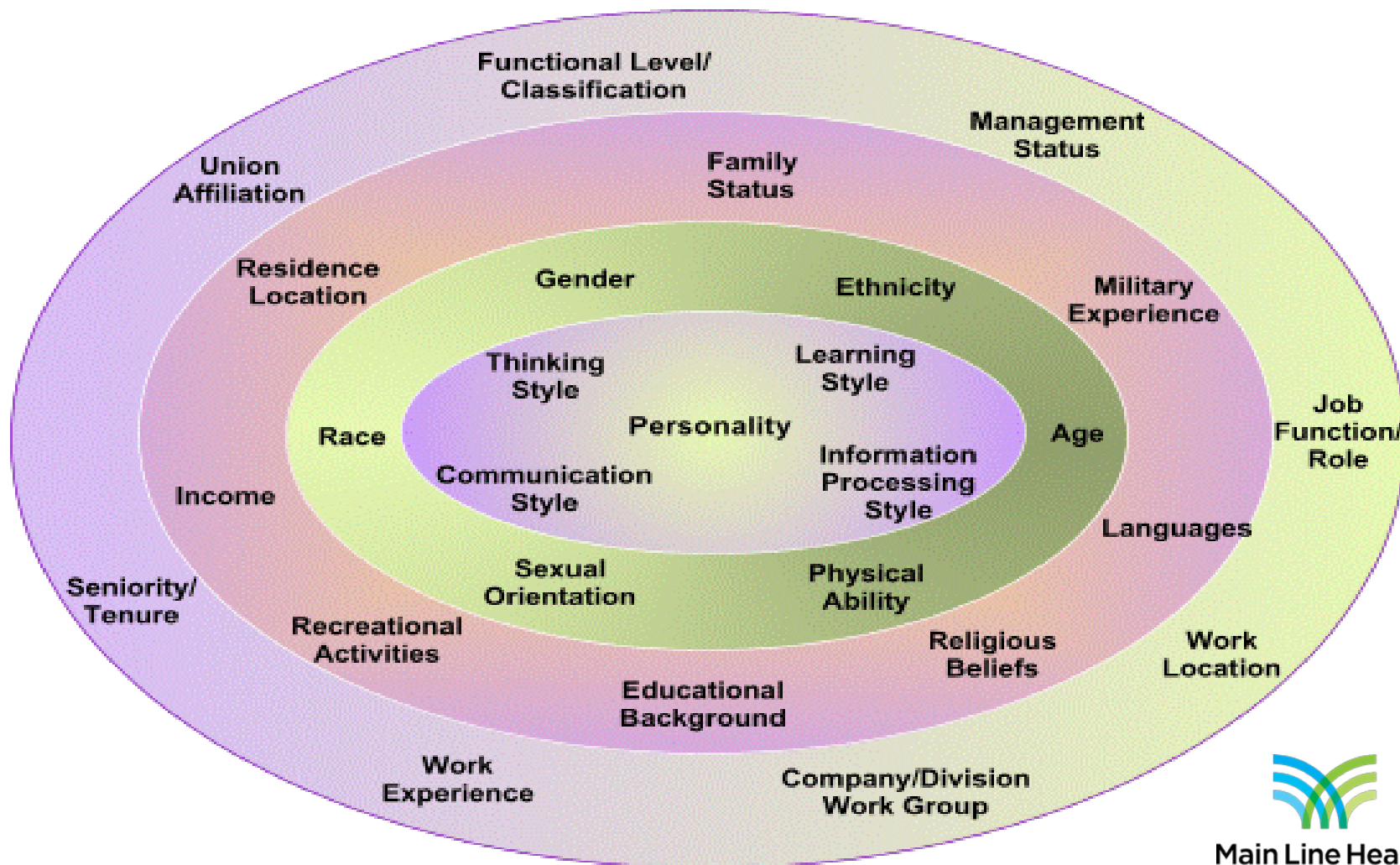
**Mary H. Kendrick
and Bill Adams**

Diversity is all the ways
we are different and the
same

Inclusion is achieved by
creating a culture and
environment that fosters
belonging, respect, and
value for all and
encourages engagement
and connection
throughout the system.
Its about the active,
intentional, and ongoing
engagement with
diversity. It empowers
differences



Diversity is..



MLH

Diversity & Inclusion Roadmap



Overview: Main Line Services is a wonderful place to work. Each day employees across Main Line Services uphold the Main Line Health Mission Statement which is: *“To provide a comprehensive range of safe, high quality health services, complemented by educational and research activities, that meet community needs and improve the quality of life in the communities we serve.”* As women and men, we bring many different diverse backgrounds and perspectives to work each day related to our own history, characteristics and skills. Similarly, we must be sensitive to each of our patients’ unique perspectives, backgrounds and experiences.

Our Main Line Services Diversity & Inclusion effort is designed to create an environment of inclusiveness which should be apparent throughout our work days. In this Message Map, I will define some terms that are used in speaking about the D&I initiative to clarify the meaning of their use in the future.

----Mike Buongiorno, EVP & CFO

How my department can support our efforts...

Engage your staff regularly in dialogue on the need to build our cultural competencies as healthcare professionals. We should view each person as an individual, respecting the unique talents, experiences and contributions they bring to Main Line Services. Best practices you could discuss:

1. Avoid the use of **“inappropriate or offensive”** language
2. Recognize the value and equity of our differences
3. Practice effective Crucial Conversations skills – avoid “avoidance”
4. Share Monthly Cultural Celebration Calendar information with your staff

Some Important Terms: Did you know?

Defining “Diversity”

Diversity is best defined by our uniqueness. Each one of us are exceptionally individual because of many factors including age, gender, sexual orientation, race, religious beliefs, marital status, education, income level or geographic origin.

Diversity could also include other characteristics such as lifestyle, culture, ethnicity, parental status, and thought processes to name a few.

Defining “Inclusion”

Simply put, inclusion is creating a sense of belonging to our fellow employees or to the people we serve, our patients. All of us should feel respected and valued for who we are as individuals, recognizing the strengths of our individuality, yet seizing the opportunity to embrace our differences to accomplish our goals.

Defining “Cultural Competence”

Cultural Competence encompasses those traits that we recognize as health care professionals to embrace the uniqueness of our fellow employees and patients. It requires us to understand diversity and value it; recognize our own skills and abilities; foster education and learning to increase our knowledge; adapt our behaviors based upon the differences; and adapt to the diversity of patients and the communities served.

Defining “Disparity”

Disparity focuses attention on the differences in the practices of health care which may be present in an individual’s diverse characteristics. The differences could relate to access to care based upon an individual’s social-economic status, race or gender.

Building and Sustaining Our Mutually Respectful & Inclusive Workplace

1. Computer Based Training on “Cultural Competencies”

- **827 (100%)** Main Line Services Employees passed the prior to June 30, 2013

2. MLH utilizes and supports Diversity owned business and vendors through:

- Group Purchasing Affiliations
- Distributor Relationships such as McKesson and Owens & Minor
- The diversity total supply spend was approximately \$10 million in CY 2012, representing 4%, whereas the national average is 1%



Main Line Health
Well ahead.®

Introducing the MLS D&I Council



The MLS D&I Mission, Vision and Values

Defining MLS D&I “Mission”

Main Line Services will drive business results by creating and sustaining a mutually respectful and inclusive environment that embraces diversity within its workforce of different races, ethnicities, religions, ages, genders and abilities.

Defining MLS D&I “Vision”

Main Line Services will foster a work environment of mutual respect and inclusiveness.

Defining MLS D&I “Values”

- **Education** - Increase knowledge and awareness
- **Communication**—Seek and share information
- **Inclusion** - Encourage, respect and embrace diverse perspectives
- **Compassion**—Be considerate of others
- **Collaboration** - Be involved; work as a team

January Celebrations:

- Jan 13th – Milad Al Nabi- Islam and Lorhi – Buddhist Hindu, Sikh
- Jan 16th – Tu B’Shavat – Jewish and Mahayana New Year - Buddhist
- Jan 19th – World Religion Day – Baha’i
- Jan 20th – **Dr. Martin Luther King, Jr Day – USA** ([CLICK HERE](#)) to learn more
- Jan 27th – Holocaust Memorial Day – Jewish
- Jan 30th – Lunar New Year – Chinese, Korean and Vietnamese

#	Name	Department	Worksite	Job Title
1	Christine Fagan	Marketing	240 RCR	Manager, Web Content
2	Brenda Snipes	Benefits	240 RCR	Manager, Benefits
3	Ryan Burroughs	Risk Management	Bryn Mawr Hospital	Patient Safety Data Administrator
4	Kariem Wilcox	Finance	306 Lancaster Ave	Lead Analyst
5	Tom Mendicino	Legal	Bryn Mawr Hospital	Senior Counsel
6	MaryBeth Krencicki	Finance	950 Haverford Rd	Foundation Accountant
7	Daniel Benson	Supply Chain Management	780 Lancaster Ave	Director, Supply Chain Logistics
8	Mike Buongiorno	Finance	950 Haverford Rd	Chief Financial Officer
9	Daisy Romero	Development	240 RCR	Manager, Research & Prospect
10	Martin Reynolds	Technology	Berwyn	Sr. Network Engineer B
11	Sarah Heilman	Human Resources	Paoli Hospital/MLS	Manager, Human Resources
12	Ryan Tapper	Customer Service	Berwyn	Security Analyst
13	Harvey Hernandez	Applications	Berwyn	Applications Engineer
14	Tom Capista	Finance	950 Haverford Rd	Manager, Decision Support
15	Stephanie Lamonica	Information Systems	Berwyn	Business Systems Analyst
16	Melisa Mairs	HIM	Lawrence Park	HIM Document Quality Control Tech

Coming Soon: February – Black History Month!

Why is February “Black History Month”?

WATCH for the February edition of this message map. It will offer the rationale for “why and “when” the theme of this celebration was started, how it has evolved and how it continues to be a topic of discussion today.

**What Happens
When You Talk
About It?**

August 2013

Mutual Respect: Making a Difference Together

By Jack Lynch, President and CEO

Today marks the 50th anniversary of one of our nation's most profound historical moments. On August 28, 1963, from the steps of the Lincoln Memorial, Dr. Martin Luther King, Jr. delivered his "I Have a Dream" speech. In just sixteen minutes, Dr. King's profound words of hope and promise changed the course of our nation's future, and his call to create a better world continues to inspire positive change.

The healthcare industry in particular has an enormous opportunity and responsibility to live out Dr. King's philosophy of respect and dignity. Last January, we announced the launch of our Diversity and Inclusion initiative at MLH. Just as Safety has become a non-negotiable standard at MLH, this initiative creates a foundation for fostering a "Culture of Respect" where every member of the MLH family feels valued for their individual talents, skills and contributions to our success. This value is inherent in our work as health care providers and has long been expected at MLH. We have several policies in place, including [Code of Conduct](#), [Staff assignments](#) and [Staff rights](#), that reinforce treating all with dignity and kindness while respecting others' differences and beliefs.

Such policies offer guidelines on expected behaviors necessary to support conditions of respect for both employees and patients. Creating a *culture* of respect requires mutual participation from every one of us every day. This requires fostering an environment of awareness and sensitivity in order to eradicate insensitive or inappropriate language, gestures or actions. For example, slang words related to race, gender, ethnicity or sexual preference are counter-productive and unacceptable in a culture of healing and respect. Just as each of us is expected to speak up for safety, we must hold each other accountable and speak up for respect.

Building a Culture of Diversity and Inclusion acknowledges that everyone we meet during our work day -- colleagues, volunteers, patients, visitors -- is in some way part of our MLH family. It should be natural to perform simple acts of kindness out of respect...like holding the door for someone, offering a smile to a passerby, answering the phone with a friendly tone. Such simple gestures can have a remarkable impact on someone's day. However, our commitment to respect should go beyond such niceties -- we must be aware of how our words and actions may unintentionally affect others.

Undoubtedly, we have hundreds of examples of respect at work on any given day at MLH. One face that immediately comes to my mind is Shervia Weddington, food service assistant at LMC. For those of us who have the pleasure of working with Shervia, you would probably agree that she is never without a smile. Whether serving breakfast to our Board members at an early morning meeting or assisting co-workers at the cafeteria registers during the night shift (at the end of a presumably long day), Shervia treats all she encounters with warmth, importance and dignity. Everyone equally deserves Shervia's bright smile, and that is exactly how she makes you feel.

Fortunately, there are many members of the MLH family who also project this wonderful attitude in their day-to-day interactions. In the same spirit we commit to provide a superior experience to our patients, I ask that you always offer the same respect to each other. Remember how our words, our tone can make a profound impact on someone's day. Think how others want and deserve to be treated. Even more critical is recognizing how our individual differences contribute to our shared purpose to provide exceptional care.

Whether it be delivering difficult news to a family about their mother's illness or delivering a new baby to parents who tried for many years to conceive, our jobs call us to share in life's most poignant moments. In these instances, knowing we have the support and respect of our co-workers can make all the difference. In the words of Dr. King: "Everybody can be great. Because anybody can serve...You only need a heart full of grace. A soul generated by love."

Thank you for all you do for each other, our patients, and the communities we serve.



Main Line Health
Well ahead.®

You Will Make Mistakes If

You Talk About It !!

Learn From Each Other

Leadership Assembly Blunder...

Acknowledge It !!



INSTITUTE FOR DIVERSITY
in Health Management
An affiliate of the American Hospital Association



The Institute for Diversity in Health Management is committed to:

- Expanding health care leadership opportunities for ethnically, culturally and racially diverse individuals
- Increasing the number of these individuals entering and advancing in the field.

Opportunities to get involved:

- **Summer Enrichment Program:** Support a 10-week immersive internship program at your hospital for promising, young, underrepresented graduate students
- **Regional Symposiums, Diversity Dialogues, and Trustee Education Programs:** Participate in regional and local convening and educational forums
- **National Leadership and Education Conference:** Attend the upcoming Leadership Conference

Thank you...

Questions?

Appendix

**Partner with FQHC
to Address Waste,
Duplication and
Improve Outcomes**

Patients in Common:

- Prenatal patients from Spectrum Health Center are coming to LMC for delivery.
- Patients from Spectrum Health Center with chronic conditions are “high-utilizers” of LMC ED.

Partnership address:

- Repeat and unnecessary tests for prenatal patients and ED visits
 - read-only access to LMC EMR
 - First 30 weeks of prenatal care at Spectrum Health and last 10 weeks at Lankenau Clinical Care Center
 - LMC Ob/Gyn Residents will rotate at Spectrum Health to support continuity of care
- Comprehensive Care for Chronic Conditions
 - LMC will provide specialists (podiatry and ophthalmology) for large diabetic population at Spectrum

Educating the Next Generation of Culturally- Competent Providers

Health Career Academy: Creating a Culturally-Competent Healthcare Workforce through Community Health

Health Career Academy Program

A Program that brings hospital and medical student volunteers into four Philadelphia high schools to support health education and public health outreach.

Program Objectives

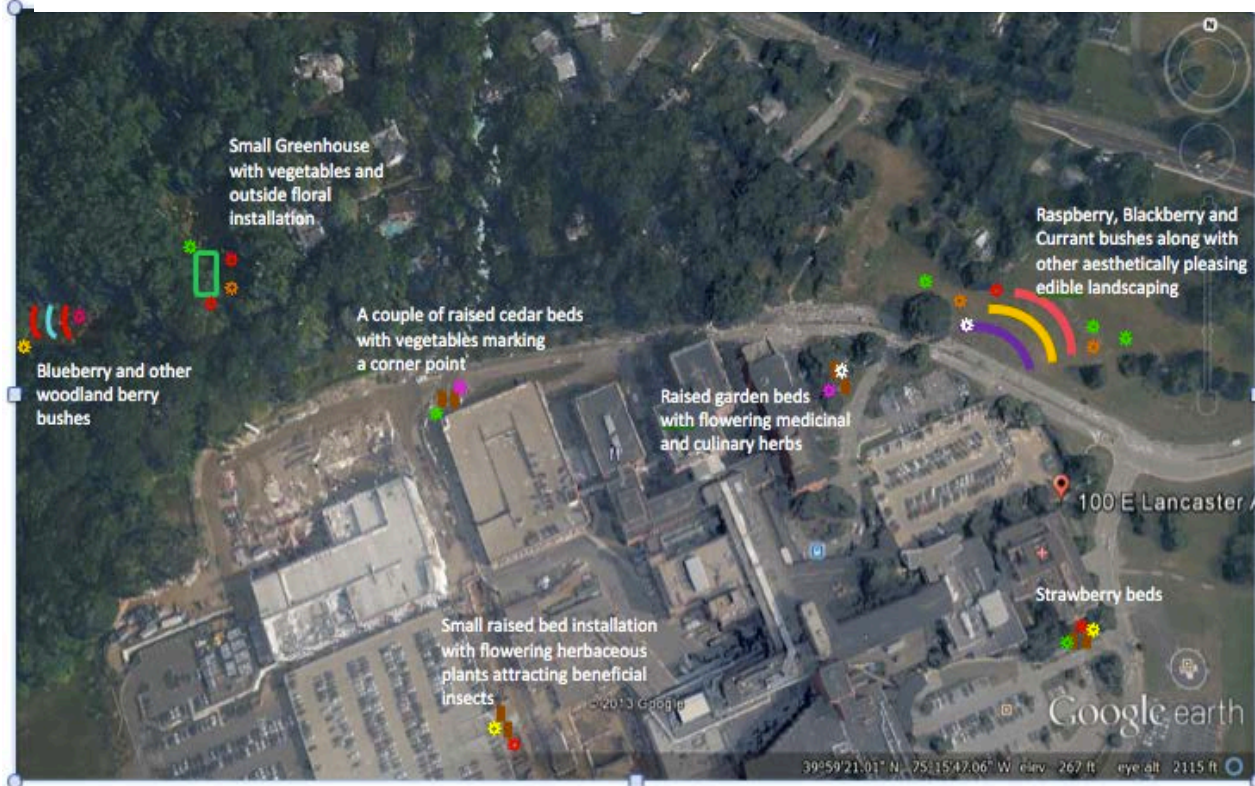
- Create an engaging community-based experience for LMC health professionals to support them in providing culturally-competent care
- Provide an experiential learning opportunity for medical students to prepare them in addressing social needs that impact health
- Address complex community and public health needs identified in our community health needs assessment
- Strengthen high school health education curricula
- Ignite interest in primary care and public health for 10th to 12th grade students



Unconventional Partnerships

Greener Partners

Connecting communities through food, farms & education



Over 10,000 school children, from K to 12th grade, visit our Health Education Center. We are going to bring the farm to them!



Main Line Health
Well ahead.®



LMC Garden will provide another opportunity to address community and population health needs (access to healthy food, education and improved health outcomes).



Digital and Social Media Presence

With Hospitals in Pursuit of Excellence's Digital and Mobile editions you can:

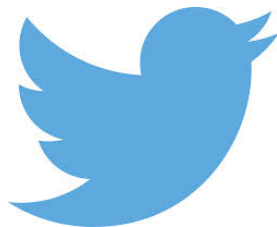
- Navigate easily throughout the issue via embedded search tools located within the top navigation bar
- Download the guides, read offline and print
- Share information with others through email and social networking sites
- Keyword search of current and past guides quickly and easily
- Bookmark pages for future reference



Important topics covered in the digital and mobile editions include:

- Behavioral health
- Strategies for health care transformation
- Reducing health care disparities
- Reducing avoidable readmissions
- Managing variation in care
- Implementing electronic health records
- Improving quality and efficiency
- Bundled payment and ACOs
- Others

Follow us on Twitter



@HRETtweets

@IFD_AHA

#hpoe

#equityofcare