Strengthen Care Equity Through Executive Engagement and Change Management

Speaker: Joseph Betancourt, MD, MPH
- Founder and Director, The Disparities Solutions Center
- Senior Scientist, Mongan Institute for Health Policy Center at Massachusetts General Hospital
- Director for Multicultural Education, Massachusetts General Hospital
- Associate Professor of Medicine, Harvard Medical School

Host: Boris Kalanj, MSW
- Director, Cultural Care and Experience, Hospital Quality Institute
- PFE and Disparities Leader, Health Services Advisory Group (HSAG) HIIN

Tuesday, November 28, 2017
• REaL data gap analysis

• Technical assistance and education

• Disparities in care and readmissions
Your Help Needed to Pilot Test CMS’ New Hospital Health Equity Gap Assessment Tool

If you are interested in pilot testing the assessment tool contact Boris Kalanj at bkalanj@calhospital.org or at 916.505.3429
## Disparities Webinar Series—Tentative Dates

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Introducing Dr. Joseph Betancourt

- Founder and Director, The Disparities Solutions Center
- Senior Scientist, Mongan Institute for Health Policy Center at Massachusetts General Hospital
- Director for Multicultural Education, Massachusetts General Hospital
- Associate Professor of Medicine, Harvard Medical School
Organizational Change Management For Health Equity: Perspectives From The Disparities Leadership Program

• JR Betancourt, A Tan-McGrory, KS Kenst, TH Phan and L Lopez. Organizational Change Management For Health Equity: Perspectives From The Disparities Leadership Program. *Health Affairs* 36, no. 6 (2017): 1095-1101
Outline

• The Disparities Leadership Program

• Health Affairs: Organizational Change

• Change at Work: Case Studies
Disparities Leadership Program Goals

• Develop cadre of leaders in health care equipped with:
  – Knowledge of disparities, root causes, research-to-date
  – Cutting-edge QI strats for identifying/addressing disparities
  – Leadership skills to implement and transform organizations

• Assist individuals and organizations to:
  – Create a strategic plan to address disparities, or
  – Advance or improve an ongoing project, and
  – Be prepared to meet new standards from the JC, NCQA, and PPACA
DLP Organizations
88 Hospitals, 41 Health Plans
32 states
Commonwealth of Puerto Rico
Canada, Switzerland
Study Data & Methods

• 2007 – 2017 ten cohorts but excluded current one
• 9 years of survey data
• 115 organizations
• Excluded those that were not hospitals, health plans, community health centers
• Final survey results of 97 unique organizations from 2007 – 2016
• 22 organizations of the 97 sent an additional team resulting in a total of 119 team/surveys
The Importance of Organizational Change Management for Health Equity

• Know who to involve
  – Establish a powerful guiding coalition
  – Involve both leadership and middle management
  – Develop cross collaborations

• Shape Organizational Culture
  – Disparities efforts anchored to current culture, or equity as part of quality
The Importance of Organizational Change Management for Health Equity

• Create Urgency, Vision, and Make the Rational and Emotional Case
  – Leadership buy-in & Benchmarking with external orgs creates urgency
  – Rocket pitch as a way to clarify your vision
  – Combining data with a personal story
  – Communication strategy, branding & marketing
The Importance of Organizational Change Management for Health Equity

• Engage Your Organization and Your Audience
  – Align with key stakeholders and share vision early and often
  – Continuous engagement through creation of short term wins such as awards, dissemination, benchmarking work or publications
  – Senior leadership models new behavior- e.g. Chiefs request data by R/E
The Importance of Organizational Change Management for Health Equity

• Harness the Power of a Collaborative Network
  – Develop strategic leadership skills
    • Anticipate changing environment
    • Promote a culture of learning
    • Challenge assumptions and encourage divergent points of view.
Case Study: AnMed Health
Our Project
Disparities Leadership Program
AnMed Health: Disparities Dashboard

Abstract
The goal of our project was to research and develop a disparities dashboard to identify and strategically address AnMed Health’s most vulnerable, underserved and costly patient populations. The disparities dashboard is adjunct to our system-wide quality measures and management strategies.
Project Objectives

I. Establish dashboard implementation team
II. Establish dashboard framework
III. Identify priority populations
IV. System engagement
V. Measure, monitor, enhance
Project Elements

Administrative /Executive Support

Competing organizational priorities
  • Moving disparities ‘conversations’ forward

Established dashboard framework
  • Methodology and Data Set

Physician Sponsor
  • Matt Cline, MD, Director, Family Medicine Residency Program

Resources / Implementation Team Talent
Challenges and Opportunities

Medical Sponsorship
Inpatient Focus
Intervention Team Transition
Collaborative Opportunities
Executive Transition
Progress!!

- ED Case Management and Discharge Planning
- SC Health Outcomes Program (HOP)
- Video Remote Interpreting
- Year 3 Data Language Service Compliance Plan
- Internal Interpretation Service Call Center
- Quality/Safety
- Industry Leadership: EOC/123/ The SC Alliance/IFD Transition
- Project SEARCH :SC Voc Rehabilitation
- CONNECT2017
- The Sky finally fell!!!!!!
Case Study: Children’s Mercy Kansas City
Strategies for Organizational Change
Organizational Strategic Framework

Mission, Vision, Values Goals

Vision 2022
Be a national and international leader recognized for advancing pediatric health and delivering optimal health outcomes through innovation and a high-value, integrated system of care

Public Policy Leadership

Innovation
Goals 2017

Demonstrate Quality Outcomes
A. Demonstrate quality, safety, and clinical effectiveness

Improve Performance
B. Improve processes, increase capacity for innovation and service excellence, and strengthen financial position

Strengthen Market Position
C. Maintain CMH’s market position in the Metro area and grow it throughout the region

Deliver Value
D. Develop an integrated pediatric health care system that demonstrates value, expertise, and efficiency

Elevate Academic Profile
E. Enhance the research capabilities and accomplishments of CMH and strengthen the quality of the educational experiences

Values
Accountability • Clinical Excellence • Continuous Improvement • Empowerment
Transparency • Respect • Teamwork

Mission
Improve the health and well-being of children by providing comprehensive family-centered health care, committing to the highest level of clinical and psychosocial care, and exhibiting research, educational and service excellence

Source: The Children’s Mercy Hospital
Mapping Strategies to Make a Clear Case

**Demonstrate Quality Outcomes**
- A. Demonstrate quality, safety and clinical effectiveness

- A1. Eliminate harm
  - QFD: PLP, CP, D2, D6

- A2. Improve the outcomes of the care provided
  - QFD: L1-L4, LR, PLP, C1, C3, C5-6, D2, D6, CE3

**Improve Performance**
- B. Improve processes, increase capacity for innovation and service excellence, and strengthen financial position

- B1. Enhance responsible stewardship of institutional resources and develop financial capabilities to support prioritized needs and opportunities
  - QFD: L5

- B2. Improve communication to enhance transparency and accountability
  - QFD: L3, L5, D4, D6, W2

- B3. Build upon a culture which is increasingly agile/validable and engaged in innovative at all levels.
  - QFD: L3, L7, W3, W5, E1, E8-4, C1, C5

- B4. Strengthen employee engagement, empowerment, and team behaviors to promote employee satisfaction, well-being, and service excellence
  - QFD: L1-4, L7, W1-3, E1, E3-4, D5, D8

- B5. Cultivate and grow external support to advance institutional priorities
  - QFD: PLP

**Strengthen Market Position**
- C. Strengthen Children’s Mercy’s market position in the Metro area, region and beyond

- C1. Assertively grow subspecialty pediatric services in key regional markets and increase national and international divers
  - QFD: L5

- C2. Proactively secure Metro position
  - QFD: L5

- C3. Maximize utilization of CMH-UCS, satellite and outreach locations
  - QFD: L4, L5, D5, D7, C3-1

- C4. Improve relationships, trust, and communication with providers
  - QFD: D3, C3

- C5. Ensure timely and convenient access and measurable service excellence in a patient/family-centered experience
  - QFD: L5, L7, D3, C1, C6-8, D5-6

**Deliver Value**
- D. Deliver value, expertise, and efficiency through an integrated pediatric health care system

- D1. Develop and build population health capabilities
  - QFD: L1-2

- D2. Align our Community Benefit resources to ensure maximum positive impact on pediatric health in our defined communities
  - QFD: L4, L5, D5, D7, C3-1

- D3. Demonstrate CMH’s value in advancing pediatric health
  - QFD: L5

**Elevate Academic Profile**
- E. Enhance the research capabilities and accomplishments of CMH and strengthen the quality of educational experiences

- E1. Expand and grow the research enterprise
  - QFD: L5-6

- E2. Increase the caliber of Children’s Mercy’s educational programs ensuring leading edge teaching approaches
  - QFD: L1-2

- E3. Develop global partnerships to expand growth opportunities and attract the best talent
  - QFD: E1

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Source: The Children’s Mercy Hospital

**The Disparities Solutions Center**
One Goal – High Quality Care for All
Audience Q&A
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Thank you!

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