Connecting Values, Strategy & Actions with Health Equity at the Core

 Presenter: Sara Guastello
 Senior Vice President, Person-Centered Care Standards, Planetree International
 sguastello@planetree.org
Housekeeping Details

- Questions?

- Slides and recording of webinar will be sent to all via email

- 1 Learning Credit earned toward Fellows in Person-Centered Care credential

planetree.org/fellows
Vision & Mission

Vision: Humanize Healthcare

Mission: Planetree connects those who receive and provide care to create a humanized healthcare experience that works for all.
Socioeconomic Disparities in the Economic Impact of Childhood Food Allergy

Lucy A. Bilaver, Kristen M. Kester, Bridget M. Smith and Ruchi S. Gupta
Pediatrics May 2016, 137(5) e20153678; DOI: https://doi.org/10.1542/peds.2015-3678

Racial disparities seen in how doctors treat pain, even among children

By Haider J. Warraich
July 11, 2020 at 11:00 a.m. EDT

Study finds racial disparities in treatment of multiple myeloma patients

Compared with whites, African Americans and Hispanics receive treatment later and with higher associated costs
Pandemic’s Racial Disparities Persist in Vaccine Rollout

By Amy Schoenfeld Walker, Anjali Singhvi, Josh Holder, Robert Gebeloff and Yuriria Avila  March 5, 2021

Lack of health services and transportation impede access to vaccine in communities of color

By Akilah Johnson
Feb. 13, 2021 at 5:26 p.m. EST

Racial Disparities in Incidence and Outcomes Among Patients With COVID-19

L. Silvia Muñoz-Price, MD, PhD1; Ann B. Nattinger, MD, MPH2,3; Frida Rivera, MD, PhD1; et al
We believe that patient’s rights are human rights. In our work we promote respect, inclusion and compassion towards all stakeholders in the healthcare enterprise. Planetree’s core philosophy of kindness, caring and respect seeks to help realize and sustain human rights everywhere.
Share in the chat. What are you doing (personally or organizationally) to build a fairer, healthier world?
What We’ll Cover

1. Examine the interdependence of person-centered care and health equity.

2. Debunk the idea that everyone is treated equally in a culture of person-centered care.

3. Demonstrate the concept of health equity is embedded throughout the Person-Centered Care Certification® framework.

4. Share concrete action steps toward health equity that your teams can commit to advance the goal of building a fairer, healthier world.
Two separate aims?

**Patient & Family Engaged Care:** Care planned, delivered, managed, and continuously improved in active partnership with patients and their families to ensure integration of their health and health care goals, preferences, and values and partnered determination of goals and care options.

**Health Equity:** All populations (and members within populations) have a fair and just opportunity to be as healthy as possible.

---

Health Equity + Patient & Family Engagement = Excellence in Person-Centered Care

“...health equity will not organically emerge from patient and family engaged care, but must be an explicit priority and foundational element when implementing [patient and family engaged care...]

[E]fforts to reduce disparities and drive toward the promotion of health equity must be purposefully and overtly built into all the elements identified in the Guiding Framework [for Patient and Family Engaged Care.”*

Visualizing Health Equity: One Size Does Not Fit All, infographic by Robert Wood Johnson Foundation
Person-Centered Care: One Size Does Not Fit All

**Equality in Person-Centered Care**

*Every patient, every time – in the same way.*

- A checklist
- “Everyone is treated equally.”

**Equity in Person-Centered Care**

*Every patient, every time – in a manner designed to meet their individual needs and in consideration of their experiences.*

- “What matters to you?”
- Cultural humility and empathy
- Adoption of a population health approach to reduce disparities that affect specific populations
- Partnerships with community-based organizations
- Reduced bias care encounters
- Health literacy accommodations
- PCC improvement work informed by diverse voices
5 Drivers of Person-Centered Quality

1. Create organizational structures that promote engagement
2. Use evidence to drive improvement
3. Know what matters
4. Connect values, strategies, and action
5. Implement practices that promote partnership
## 5 Drivers of Person-Centered Quality and Health Equity

<table>
<thead>
<tr>
<th>Driver</th>
<th>How the organization is set up. How it operates...</th>
<th>to actively integrate diverse voices who have not traditionally been involved in decision-making processes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create organizational structures that promote engagement</td>
<td>Cohesion between what we do and why we do it....</td>
<td>with core values that explicitly emphasize equity. Systems and strategies are built with health equity as an underlying aim, not an afterthought.</td>
</tr>
<tr>
<td>Connect Values Strategies and Actions</td>
<td>Re-orienting care delivery to facilitate the shift from patients being passive recipients to active participants...</td>
<td>working toward unbiased care encounters.</td>
</tr>
<tr>
<td>Implement practices that promote partnership</td>
<td>Personalized Care. Partnered determination of goals....</td>
<td>with cultural humility and empathy.</td>
</tr>
<tr>
<td>Know what matters</td>
<td>Organizational capacity to create measurable change...</td>
<td>including data collection on health disparities so we can do better.</td>
</tr>
<tr>
<td>Use evidence to drive improvement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

© 2021, Planetree International
1.1. A multi-disciplinary, site-based committee structure oversees and assists with implementation and maintenance of person-centered practices. Active participants include:

- Patients/residents and/or family members;
- A mix of non-supervisory & management staff;
- A mix of clinical and non-clinical staff
- A senior-level executive champion
- A senior level clinical champion.

1.3. The organization’s ongoing improvement structure and process rely on partnerships between leadership, staff and patients/families to identify, prioritize, design and assess person-centered improvement efforts. Stakeholders are educated in improvement methods and are supported in making real time change.

**Action Steps Toward Equity:**

- Intentionality in inviting and supporting participation of those whose voices are often marginalized and hardest to reach.
- Establish diverse, representative teams of patient/family partners
- Meet partners where they are at
1.4. Staff engagement approaches reflect the organization’s person-centered care philosophy. There is evidence that person-centered care principles, including caring attitudes and compassionate communication, are integrated into the following:

- Job descriptions
- Performance evaluation systems
- Reward and recognition systems
- New hire screening, selection and orientation.

**For Consideration:**

- Are human resources practices structured to promote this sense of self-worth and well-being for all employees?
- Is there an equitable approach to professional development opportunities, performance evaluation and reward and recognition?
- Are there practices in place that systematically exclude certain groups from feeling a sense of connection to the organization and its mission?

**Action Steps Toward Equity:**

- Hiring and contracting practices aimed at developing a diverse workforce reflecting the population served
2.1. Goals and objectives related to person-centered care are developed in partnership with patients/residents/families and are integrated into the organization’s strategic and/or operational plan.

2.2. Leadership interacts regularly with staff from all sectors and at all levels to drive improvement in the organization.

**Action Steps Toward Equity:**

- Embed health equity goals in strategic plan
- Leaders are transparent and open in communicating commitment to improve organizational culture and root out bias and systemic racism
- Proactive steps to reach out to groups/department and sectors who have traditionally been the least empowered to speak up within the organization.
- Create opportunities for leaders to interact directly with those most immediately affected by health inequities
4.3. The special needs of the community’s diverse cultural groups are evaluated, documented and addressed in specific and appropriate ways.

2.4. The organization partners with other community institutions (e.g. housing authorities, religious institutions, schools, social services, etc.) to address social determinants that may impact individuals’ access to care, health and well-being.

Action Steps Toward Equity:

- Seek out current evidence to identify disparities (census data, CHNA, etc.)
- Ensure experience surveys are translated into languages common in your community
- Stratify patient and employee experience data by race, ethnicity, gender, sexual orientation and gender identity, etc. to reveal disparities
- Partner with patients, families, community health workers and community-based organizations to understand & address factors that contribute to those disparities.
3.3. Practices are implemented to assess individuals’ preferred learning style, culture and ability to understand the concepts and care requirements associated with managing their health. These assessments are used to provide education (including discharge instructions as applicable) in a manner that accommodates their learning preferences and level of understanding in a culturally and linguistically appropriate way.

Action Steps Toward Equity:
- Widespread adoption of Teach-Back
- Use of the most appropriate individuals for interpretation
- Provide information in multiple formats, including digital recordings and visualization tools
3.4. Practices are implemented to assess and address the social determinants of an individual’s health, including those pertaining to accessing care, barriers to self-management and adopting healthy behaviors.

Action Steps Toward Equity:

- Care planning processes to design care that aligns with individuals; personhood and preferences
- Asking “What matters to you?”
4.1. Efforts have been undertaken to promote caring attitudes and compassionate communication. In discussion, stakeholders validate feeling treated with dignity and respect, being listened to and having their concerns taken seriously.

“Empathy is emerging as a key health care professional training strategy that can lead to cultural shift, reduce bias, improve patient care, and enhance patient satisfaction.”*

**Action Steps Toward Equity:**
- Skill-building in empathy
- Implicit bias assessment for patient-facing staff
- Shift from training in “cultural competence” to “cultural responsiveness”

5.1. The organization’s improvement strategy and process, as guided by the strategic plan includes regular review of performance data and evaluation of performance against goals or benchmarks.

Action Steps Toward Equity:

- Continuously monitor quality of care throughout the health system with respect to important demographic characteristics where disparities in care are often experienced, e.g. race/ethnicity, gender identity

- Develop a formalized plan to reduce documented health disparities
Where Do We Go From Here?

How can we collect, analyze, report, and use demographic data to better understand health disparities?

What steps can your team take to address health disparities?

What organizations can you partner with to expand your reach and your understanding?
A 5-Point Plan for Engaging Patient and Family Advisors Who Reflect Your Patient Population

The ultimate goal of patient and family engagement in ongoing quality improvement efforts is to ensure that the perspectives of healthcare consumers inform and influence how care is delivered. Accessing the unique perspectives of patients and families provides assurance that changes implemented are, in fact, improvements in the eyes of consumers.

Great momentum has been built over the last several years to create and strengthen these organizational partnerships with patients and families—through patient and family advisory councils, involvement in rapid improvement events and work teams and more. But as we build on this momentum, it is also important to pause and take stock of where we’re at. Importantly, we must consider whether these efforts to create a more person-centered healthcare system extend to all—in other words, that the gains made toward person-centered care benefit all populations equitably.

Partnering with individuals from diverse backgrounds and experiences will yield a range of perspectives that are essential for identifying gaps and opportunities to improve person-centered care for all.

Below is a 5 point plan for engaging a diverse mix of patient and family advisors who reflect your community.

1. Know your community. Use recent utilization figures, census data or findings from a community health needs assessment to gain a better understanding of the demographic mix of your service area and/or those who use your services. Use this data to identify populations that have historically been least empowered to have their voices heard. Compare how this community demography matches up to the mix of your patient and family advisors.

2. Partner with community organizations. From here, start to develop an intentional plan to engage advisors who are representative of these under-accessed groups. A far-reaching recruitment campaign will not suffice. One on one, building trust and relying on established relationships within communities is what will work. Consider that many community organizations may also yield strong referrals for potential advisors.

Discussion Paper

Patient and Family Engaged Care: An Essential Element of Health Equity

Melissa Simon, MD, MPH, Northwestern Feinberg School of Medicine; Cynthia Baur, PhD, University of Maryland School of Public Health; Sara Guastello, Planetree International; Kalpana Ramiah, DrPH, MSc, America’s Essential Hospitals; Janice Tuft, Hassanah Consulting; Kimberlydawn Wisdom, MD, MS, Heary Ford Health System; Michelle Johnston-Fleece, MPH, Patient-Centered Outcomes Research Institute; Anna Cupito, MPH, National Academy of Medicine; and Ayodola Anise, MHS, National Academy of Medicine.

Authors’ Note
This paper was written prior to the emergence of the COVID-19 pandemic, which has caused widespread stresses to health care systems and social conditions that affect health. The authors feel that the key messages of this paper, notably the need for detailed data collection on health disparities and implementation of policies designed to ameliorate those inequities, in conjunction with continued partnership with patients and their families, are especially relevant as methods and mechanisms of the provision of health care and protection of health change.

resources.planetree.org
What more can you do?

For more information, contact Jim Kinsey, Vice President of Engagement Strategies at jkinsey@planetree.org.
An Opportunity for Recognition

Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity

• An annual award to recognize healthcare organizations and their partners that led initiatives that achieved a measurable, sustained reduction in one or more healthcare disparities

• Nominations will open on May 17 and close on July 5, 2021.

• For more information: https://www.jointcommission.org/resources/awards/the-bernard-tyson-award-for-excellence-in-pursuit-of-healthcare-equity/

• Or contact TysonAward@jointcommission.org
Q & A