



**Institute for Diversity
and Health Equity**

An affiliate of the American Hospital Association

A ROBUST APPROACH TO REDUCING HEALTH DISPARITIES AND IMPROVING EQUITY OF CARE

MEMBERS IN ACTION CASE STUDY

Anne Arundel Medical Center | Annapolis, Maryland

Overview

Anne Arundel Medical Center (AAMC) – the AHA’s 2019 Carolyn Boone Lewis Equity of Care Award winner – first committed to reducing health inequities when, led by the Board of Trustees, the organization signed on to the AHA’s #123forEquity Campaign in 2012. From there, AAMC’s governing board formed the Health Equity Task Force (HETF) in 2016 for the purpose of placing even greater emphasis on addressing disparities.

This 22-person board-level group included individuals from the health system, academia, county departments that focused on health and social services, local clergy, and local business owners and entrepreneurs. Together, the HETF drew from their varied perspectives and experiences to devise

initiatives and opportunities for ensuring the delivery of equitable care to all of AAMC’s patients.

Identifying Disparities: The initial work done in 2016-2017 – which included the accurate collection of race, ethnicity and language (REaL) data – was reflected in the HETF’s 2018 *Health Equity Report*. This report marked the start of the HETF’s efforts to use REaL data to address disparities within the system.

After using the data to assess 35 areas, four disparities were identified: (1) C-section rates, (2) readmission rates, (3) length of stay and (4) patient satisfaction (as it related to follow-up regarding test results). Each was assigned a champion to lead work in helping to reduce disparities. Based upon initial analysis, follow-up work was conducted with a broad group of stakeholders to further understand the differences, the causes and subsequent improvement efforts to eliminate the disparities.

For example, initial nulliparous, term, singleton, vertex (NTSV) C-section results revealed a disparity between white patients and black/African American patients (total NTSV C-section rate: 32.2% and 41.8%, respectively). As a result, several strategies were initiated in an effort to reduce the discrepancy. Using the data, the Women & Children’s leadership team was able to determine that a higher number of C-sections



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was occurring in populations from Bowie, Maryland. Thus, AAMC launched pre-natal courses for patients in the area to give them a better understanding of prenatal risk and pregnancy “to-dos.” AAMC also partnered with an online application platform that provides mothers information about each stage of pregnancy and allows staff to push reminders and notifications for things like appointments. In the future, AAMC hopes to pair the application with Bluetooth blood pressure monitors that can be used at home throughout pregnancy. Most recently, AAMC was awarded a grant from CareFirst (of BlueCross), the

number one payer in the state of Maryland, to incorporate doulas into the birthing process. AAMC will not only identify high-risk patients but also connect them with a doula who would follow them throughout their pregnancy and assist in the birthing process. "Adding a doula to a patient's care team is an evidence-based approach to tackle disparities among pregnant women who receive care at our facilities. The doulas will, in addition to providing care, be keeping track of many metrics among their patients, including NTSV C-Section rates. Additionally, the two post-natal visits will help to ease the transition back to home, particularly for mothers who may not have a strong or existing support system at home," says Marianthi Hatzigeorgiou, manager of RISE at AAMC.

Fostering a Culture of Inclusion and Diversity: In tandem with its effort to rectify disparities in care, the HETF was committed to creating a culture of inclusion among its employees that would naturally flow into interactions with patients. "Several years ago, a group of nurses and employees started a Cultural Diversity and Workplace Advocacy Collaborative as a way to showcase and celebrate the organization's diversity through programs and 'lunch-and-learns'," says Nia Wright, senior nursing director, Surgical Services, AAMC. Shortly after that, the HETF made a formalized commitment to diversity and inclusion so that staff could have a platform on which to have open dialogues with one another. "Our employees are engaged to think strategically about providing culturally competent care," says Tamiko Stanley, director, Diversity and Inclusion, at AAMC. "We have moved and grown into a space that is so different from where we were 18 months ago when staff weren't sure what was open and allowable for discussion."

One model that has helped set the organization's direction is Coming to the Table, a nonprofit organization that provides leadership, resources, and a supportive environment to address and work through issues related to racism and discrimination. At AAMC – the first health care organization to implement "Coming to the Table" – meetings take place monthly and draw anywhere from 12 to 50 participants who discuss a specific issue and what those issues mean to them personally in an honest, safe space.

"Some people may look at a forum like 'Coming to the Table' as a simple gesture, but we have found that it has taken our employee engagement to a different level,"

says Maulik Joshi, executive vice president and chief operating officer, AAMC. "Our staff is more aware of their own unconscious biases and how those biases influence their world view, and ultimately, how they impact the way they deliver care to our patients."

Stepping Into the Community: Shirley Knelly, chief patient safety officer and chief compliance officer at AAMC, is the executive sponsor of the organization's LGBTQIA business resource group, which formed in 2016. The group's aim is to positively influence the environment, ensure professional development for all LGBTQIA, and assist the organization in achieving its diversity and inclusion plan. "We wanted to really step outside of the health care organization and work with the community groups," says Knelly. "So this year, we co-sponsored Annapolis's Pride Parade and have 45 employees who are marching in it." In addition to launching gender identity training for clinical staff responsible for data collection, another big win for the group was revamping AAMC's patient rights and visitation policies.

Taking another tack to increase its presence in the community it serves, AAMC partnered with a local senior apartment complex and opened a non-traditional primary care clinic within the resident center, providing care coordination for behavioral and social services. "When we pulled data about patients who had preventable complications resulting from undiagnosed conditions, we identified a 'hot spot' in one neighborhood," says Hatzigeorgiou. "We realized that many of these patients in that area were seeking primary care at the emergency room. By making our services readily available, we are able to help these patients manage their complications and receive the appropriate care at the appropriate time."

The examples given above are just a few of many formalized strategies and initiatives the HETF has put into place to answer the national call to end health care disparities. Numerous other steps have been taken in the areas of employee engagement, staff education and supplier diversity.

Impact

In each of the areas described above, AAMC has made progress toward its goals.

Total C-sections: In fiscal year 2018, AAMC's total NTSV C-section rate dropped to 39.5% from 41.8% in fiscal year 2017.

Coming to the Table: In fiscal year 2019, the program trained additional "Coming to the Table" facilitators so that AAMC is able to host various sessions simultaneously in different locations and at different shifts throughout the system. In fiscal year 2020, the program aims to have five new facilitators and introduce two additional series.

LGBTQIA Business Resource Group: AAMC received the LGBTQ Healthcare Equality Top Performer designation as reported in the 11th edition of the Healthcare Equality Index (HEI). AAMC increased 50 points, earning AAMC an overall score of 80 and a role model in the space of LGBTQIA diversity.

Senior Living Clinic: Since opening a clinic in the senior apartment complex, AAMC has seen a 17% reduction in hospital admissions among this population, and a 25% drop in readmissions over a four-year period.

Lessons Learned

Having accurate data has been a cornerstone of AAMC's initial successes. "Knowing that the data we're digging into is accurate helps us create and prioritize action plans – it's how we can be confident that we are putting our efforts into the right areas," says Stanley. Members of the HETF also note that

they have learned more about the complexity involved in influencing the many socioeconomic and external factors involved in changing these results in the long term.

Future Goals

As its efforts continue and are refined, AAMC's leadership believes that results will continue to show reductions in disparities. Follow-up and next steps include the continuation of REaL data capture and increased efforts of SOGI data capture, as well as implementation of action plans aimed at root causes with periodic updates to boards and executive leaders.

During all stages of the HETF's efforts, AAMC is committed to fostering honest dialogue and open conversation about its patients, its care practices and its disparities. "Data and analytics will continue to play a vital role in meeting the goals by tracking goals to identify areas of opportunity in our existing plans as well as supporting next-level analysis," says Joshi.

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