AIAMC National Initiative VIII
JEDI: Justice, Equity, Diversity, Inclusion

Informational Webinar

May 11, 2021

3:00 pm Eastern

Today's Presenters

National Initiative

Agenda for Today

- Background of the AIAMC and our National Initiatives
- National Initiative VIII: What and Why
- Expectations, Tips for Success, and Support Provided
- Q & A and Open Discussion

National Initiative

About the AIAMC

- The Alliance of Independent Academic Medical Centers is an organization of independent teaching hospitals delivering exceptional patient care through education and innovation.
- With over 70 hospital and health system members, our size provides an environment that encourages and supports networking and collaboration. We actively develop and apply real-world solutions to thrive in the continually changing regulatory and accreditation environment.
- The AIAMC has a 32-year track record of connecting graduate medical education as a strategic asset for achieving better outcomes.

National Initiative

Our Mission and Vision

- **The mission of the AIAMC is** *to serve as a learning organization of independent academic medical centers through the application of innovative education and scholarship that drives exceptional patient care.*

- **Our vision is** *to be the leader in achieving exceptional health and well-being outcomes for the communities we serve through medical education and scholarship.*

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AIAMC Today

- 73 Members from 23 States
  - More than 10,000 residents in over 800 ACGME-accredited programs
  - 750+ individual members, including DIOs, CMOs, CEOs, CQOs, VPs and Directors of Medical Education and Research
  - 128 medical school affiliations with 76 US medical schools
  - Over 40,000 licensed beds
- Nationally Represented and Respected: Our work has been supported nationally by multiple partners, including
  - AACOM
  - ACGME
  - ACPE
  - AHA
  - AMA
  - ANCC
  - AONL

National Initiative

Overview of the NIs

NI I: IHI's 5 Million Lives Campaign (Hand-Offs, Inf Control, TOC)

NI II: Above 3 Areas Plus Communication and Readmissions

NI III: Faculty Development

NI IV: Achieving Mastery of CLER

NI V: Health Equity

NI VI: Well-Being

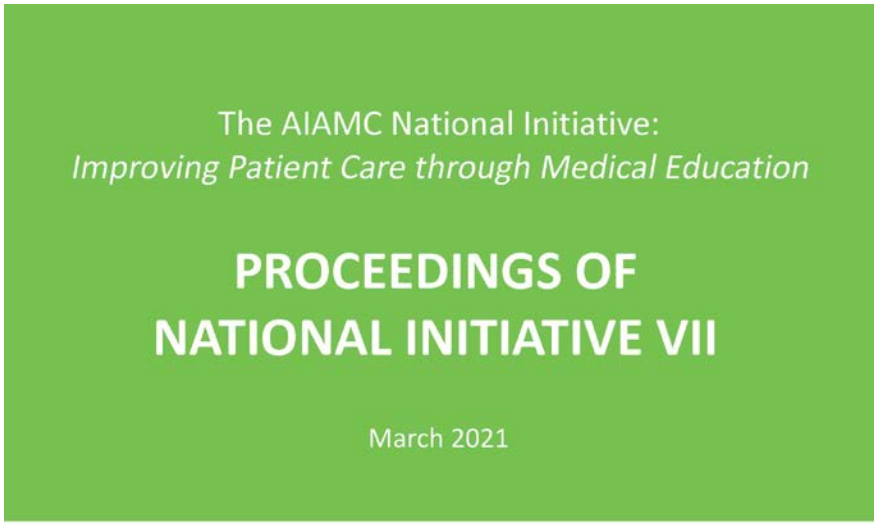
NI VII: Teaming for Interprofessional Collaborative Practice (IPCP)

NI VIII: JEDI: Justice, Equity, Diversity, and Inclusion

National Initiative

Framework of the AIAMC National Initiative

- ✓ 18 Months in Length (NI VIII to conclude March 2023)
- ✓ 4 Learning Sessions
- ✓ Monthly Teleconferences and Webinars in “Cohort Groups”; May Explore Potential of Regional Groupings As Well
- ✓ Scholarly Output



National Initiative

AiAMC Alliance of Independent Academic Medical Centers

National Initiative

Why JEDI?

Increasing Diversity, Equity, and Inclusion through Accreditation: ACGME

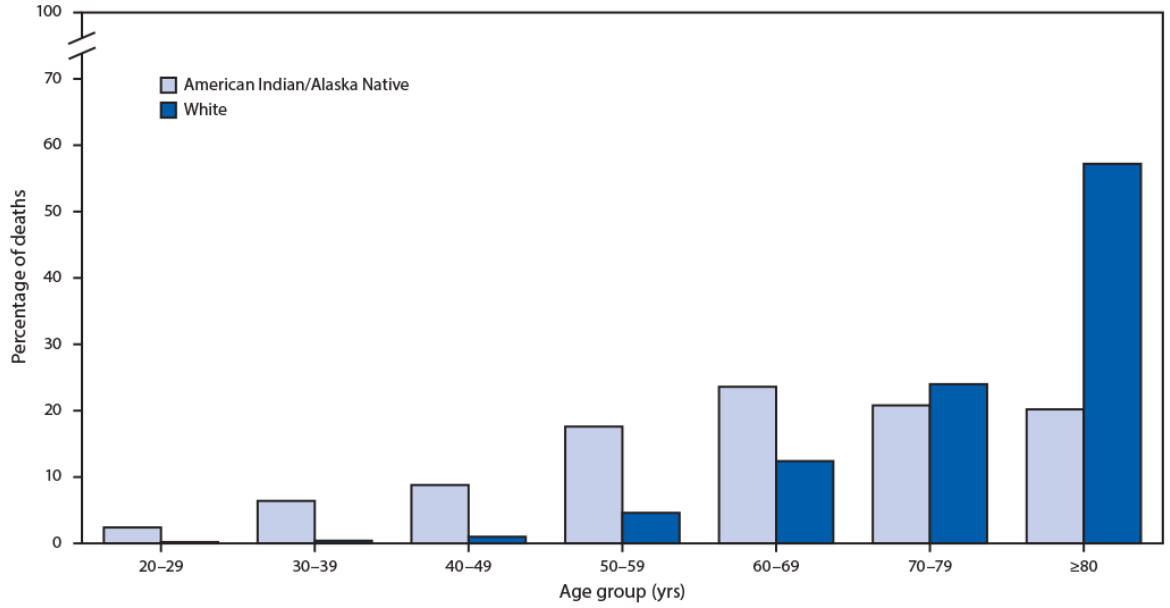
The ACGME has enacted several Common Program Requirements addressing issues of diversity, equity, and inclusion. Individual Review Committees review multiple data points provided by Sponsoring Institutions and programs annually to determine substantial compliance with all ACGME requirements including the following:

- Section I.C. Addresses recruitment and retention of a diverse and inclusive workforce.
- Requirement II.A.4.a).10. specifies the need for program directors to cultivate an environment in which residents and fellows can raise concerns and provide feedback without fear of intimidation or retaliation.
- Section V begins to address evaluation and asks programs to collect data on ultimate board certification rates of its graduates, with the intent of decreasing reliance on first time pass rates as a measure of excellence.
- Requirement VI.B.6. states that programs and Sponsoring Institutions must provide a professional, and respectful environment free from discrimination, harassment, mistreatment, abuse, or coercion.

National Initiative

Arrazola J, Masiello MM, Joshi S, et al. COVID-19 Mortality Among American Indian and Alaska Native Persons — 14 States, January–June 2020. MMWR Morb Mortal Wkly Rep 2020;69:1853–1856. DOI: http://dx.doi.org/10.15585/mmwr.mm6949a3external icon

Percentage distribution of COVID-19–associated deaths among American Indian/Alaska Native* and non-Hispanic White persons aged ≥20 years, by age group† — 14 states,§ January 1–June 30, 2020



National Initiative

National Initiative V: *Improving Community Health and Health Equity through Medical Education*

A Second Chance at a First Impression:
Creating an LGBTQ-Friendly Environment

Hilda AG Rock, MD; Andrew M. Guzman, MD; Toi Walker-Smith, EdD; Oscar Zambrano; Jose Elizondo, MD
Department of Family Medicine, Advocate Illinois Masonic Medical Center, Chicago, Illinois

National Initiative

Advocate Illinois Masonic Medical Center

Abstract

- Problem:
  - Large LGBTQ population in inpatient and outpatient centers
  - Concerns as to how these patients are cared for and treated
  - Staff comfort/preparedness with LGBTQ patient interactions unclear
- Survey: Outpatient clinic staff/ providers
- Results:
  - LGBTQ patients/staff are a part of the workplace
  - Unsure how to approach LGBTQ patients
  - Inadequate intake form for all patients
- Further growth:
  - Education regarding patient interactions
  - Changes to intake forms

Background

- Advocate Illinois Masonic Medical Center resides in the nation's first municipally recognized LGBTQ neighborhood.
- AIMMC named "Leader in LGBT Healthcare Equality by HRC's Healthcare Equality Index" for the past seven years
- The LGBTQ community is a significant portion of our patient population.
- Health disparities in LGBTQ community
  - Decreased access to health care/insurance
  - Low rates of pap smears and mammograms
  - Higher rates of suicide, depression, substance abuse
- Unknown proportion of LGBTQ patients in practice, which is currently not addressed in intake form

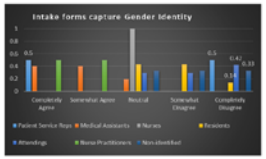
Vision Statement

1. Envision an environment where all patients, regardless of their gender or sexual orientation, have health access and equity,
2. Ensure all providers and staff feel comfortable and confident with each patient encounter,
3. Provide ongoing education for providers and staff on specific population-based healthcare needs.

Materials/Methods

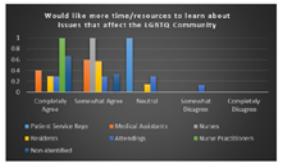
- 19 questions assessing a participant's comfort in interacting with LGBTQ patients.
- 27 survey participants: providers and staff at the AIMMC – Ravenswood Family Medicine Clinic.
  - Attending physicians (26%)
  - Resident physicians (26%)
  - Medical assistants – MA (19%)
  - Nurse practitioners – NP (11%)
  - Registered Nurses – RNs (4%)
  - Patient service representatives - PSR (7%)
  - Other office ancillary staff (11%)

Results and Interventions



- Overall, intake forms do not adequately capture gender identity

- Providers and staff show interest in educational opportunities regarding LGBTQ issues



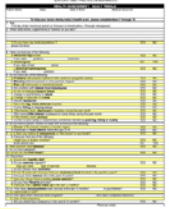
Intervention I: Educational Seminar Topics

- Sharing difficult patient encounters
- Addressing patients at the front desk
- Asking for preferred pronouns
- Developing comfort discussing gender identity
- Taking a complete sexual history

Intervention II: New Intake Forms

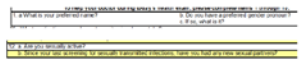
Current Form:

- Male and Female Forms- all questions separated by sex
- Does not offer gender pronoun/area for transgender patients
- # Sexual partners = sexual health
- Does not adequately assess risk



Proposed New Intake Form

- Unisex
- Space for name choice and gender pronoun
- Review of systems questions are broad, and can be discussed further with individual providers
- Sexual history question is more relevant to sexual risk behaviors



Discussion

- This was the first step in opening dialogue amongst providers and staff regarding best practices for care of LGBTQ patients.
- Interventions included training on providing an inclusive environment to all patients.
- Developed and presented new intake form on February 17, 2017, pending approval.
- Follow-up meeting and survey to be administered after trial period of new form.

Limitations and Barriers

- Small sample size: some providers and staff unavailable due to clinical duties and other responsibilities.
- Only one clinic sampled. We plan to expand to the Internal Medicine Program.
- Brief Training (only one day). AIMMC partners with Howard Brown to continually educate health care providers and associates on LGBTQ competency. AIMMC Ravenswood FMC is working to make participation mandatory.

Conclusions

- Providers and staff are not confident in their approach to care for LGBTQ patients.
- Providers and staff eager to learn how to better serve this population.
- Making changes to the way we address our patients does not have to be painful, and changes can be fluid and incremental.

Bibliography

1. https://www.lgbthealtheducation.org/wp-content/uploads/Improving-the-Health-of-LGBT-People.pdf
2. Greene, T. (2014). Gay Neighborhoods and the Rights of the Vicarious Citizen. City & Community, 13: 99-118. doi:10.1111/cico.12059
3. http://howardbrown.org/wp/event/nlhs2016/
4. http://www.hrc.org/resources/lgbt-inclusive-intake-forms

National Initiative

National Initiative V: *Improving Community Health and Health Equity through Medical Education*

HealthPartners Institute

Equitable Care Educational Strategy

Julie Cole, MPP[1], Allison Rengel[1], Miguel Ruiz, MD[2]
[1]HealthPartners Institute, Minneapolis, MN, [2]Regions Hospital, St. Paul, MN

National Initiative

Overall Goal

Align graduate medical education with HealthPartners' equitable care and community engagement priorities by:

- Developing an institutional equitable care educational strategy
- Incorporating residents into the equitable care work of HealthPartners and Regions Hospital.

Background

The HealthPartners organization is a health plan and a health system comprised of several hospitals and clinics in the Twin Cities area. Equitable care has long been a priority of the organization, but most work has been done through individual departments, training programs or individual entities within the larger organization.

In 2015, leadership from Regions Hospital, a HealthPartners hospital, participated in the Disparities Leadership Program. Their work focused on creating an equitable care infrastructure at the hospital, with a goal of reducing healthcare disparities. As a result, the Regions Equitable Care Committee was formed. This committee meets monthly to continue work on identifying and reducing disparities. Members of this group also participate in the health system's larger group, the Equitable Care Sponsors Group.

NI V provided the perfect opportunity to create an equitable care educational strategy that aligned with equitable care work of these committees.

Vision Statement

Residents are champions of change in reducing healthcare disparities

Materials

To align GME with HealthPartners' equitable care priorities, we partnered with leadership from the Regions Hospital Equitable Care Committee and the HealthPartners Equitable Care Sponsors Group, using their four main strategy areas to guide our work.

HealthPartners' Equitable Care Strategy

Results

Regions Hospital Equitable Care Video

- Video describing the Regions Hospital patient population and HealthPartners' equitable care priorities.
- To be shown at New Resident Orientation and potentially at all other trainee orientations.

HealthPartners Institute Equitable Care Graduate Education Toolkit

- Website of equitable care resources for educators
- The toolkit is grouped by the HealthPartners equitable care priority areas and is organized in a manner that guides the user's progression through each strategy area.

Success Factors and Lessons Learned

- Our biggest success is that the end product not only reflected the priorities of the organization, but was also co-created with representatives from across the organization. As a result, these tools may now be used for other purposes across the organization.
- Our biggest lesson learned was that it is worth taking the time to make sure our deliverable met our needs and was inclusive of all across our health system. We didn't accomplish everything we set out to in the beginning, but we needed to take the time to do this foundational work first.

Barriers Encountered/Limitations

Increased health system involvement changed our project scope

- The focus of our initial work changed, which caused re-work and lengthened our project timelines. The result, however, is a higher quality end product.

Resident participation in NI V process waned over time.

- As patient care activities take priority, residents were often unavailable to meet during standard work hours.
- A majority of our trainees are from affiliate institutions and only rotate in our hospital one month at a time. Maintaining momentum was difficult as the residents' rotations switched to other training sites.

Conclusions

- Both the equitable care video and toolkit will help give our residents and program directors a solid foundation in understanding healthcare disparities and how to identify and reduce them.
- Future work involves identifying resident champions to lead from within their programs and working with the health system to further their community engagement priorities.

National Initiative

National Initiative V: *Improving Community Health and Health Equity through Medical Education*

HONORHEALTH

Utilization of Community Resources to Address Food Insecurity in a FQHC

Javier Zayas-Bazan, MD; Sue Sadecki, MS, Ed; Cynthia Kegowicz, MD; Ann Garcia, MD; May Mar, DO; Tricia Kruger, MD
HonorHealth, Scottsdale, AZ

National Initiative

Overall Goal/Abstract

The Community Health Needs Assessment for HonorHealth Osborn identified food insecurity as a significant health disparity within our community. Overall, 15.9% of all Maricopa County households are food insecure, including 25.4% of Maricopa County children. With this in mind, we set out the following goals:

(1) Identify the prevalence of food insecurity at our practice site

(2) Initiate a triage/referral system to link patients with food resources

(3) Coordinate the distribution of food boxes

Background

The USDA defines **food insecurity** as "a state in which consistent access to adequate food is limited by a lack of money and other resources at times during the year." It affects ~14% of US households, including over **617,000 residents (15.9%) in Maricopa County, Arizona**. **Children are especially vulnerable** with approximately 15 million children (21.4%) affected nationally and **450,000 (28%) within Arizona**. Maricopa County, AZ ranks 6th in the nation in the number of food insecure individuals and child food insecurity.

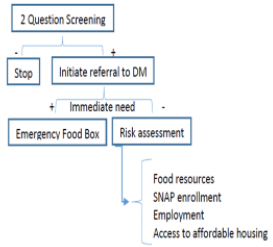
Desert Mission (DM) program (est. 1927) began under John C. Lincoln (JCL) Health Network to help underserved families meet their health and social needs. With the newly merged HonorHealth (Scottsdale Healthcare and JCL), DM expanded its services into a new geographic area. **We used a 2-question screening tool to identify those with food insecurity at Heuser Family Medicine Center.** Patients meeting criteria were offered services, including emergency food supplies, and a risk assessment to better define their overall social needs.

Vision Statement

To have a diverse community outreach program that will reduce food insecurity while being a model that others can emulate.

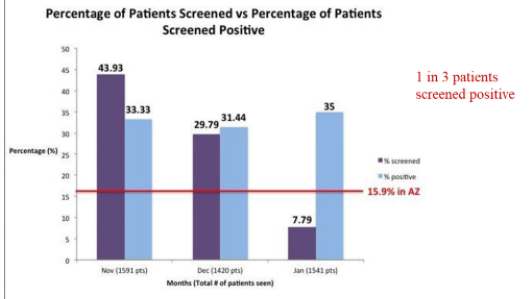
Materials/Methods

1. **Within the past 12 months, we worried whether our food would run out before we got money to buy more. This was true:**
   "often" "sometimes" "never"
2. **Within the past 12 months the food we bought just didn't last and we didn't have money to get more. This was true:**
   "often" "sometimes" "never"



97% Sensitivity; 83% specificity

Results



1 in 3 patients screened positive

Bibliography

USDA Report Shows That Food Insecurity Remains High; More Than 50 Million Americans Face The Reality of Hunger. (n.d.). Retrieved February 20, 2017, from http://www.feedingamerica.org/hunger-in-america/

Community Commons. Retrieved February 20, 2017, from http://www.communitycommons.org/chna

Hager, ER., Quigg, AM., Black, MM., et al (n.d.). Development and Validity of a 2-istem screen to identify families at risk for food insecurity. Retrieved February 20, 2017, from http://www.ncbi.nlm.nih.gov/pubmed/2059543

Success Factors and Lessons Learned

Successes:
- Implementation of a 2-question screening tool
  - Fast and easy to use
  - Easily replicated
- Utilization of community resources
  - Many agencies with programs already in place that are eager to partner with providers

Lessons Learned:
- Best practice recommendations did not translate into a successful screening program
  - Recommended to 'screen every patient at every visit' but patients declined such frequent screening
  - Screening now occurs every 6 months
- De-identified forms maintained patient confidentiality but could not be easily tracked without EHR integration
  - Partnered with IT to develop easy to find food security screening dates and data within EHR

Barriers/Limitations

Technological infrastructure:
- Working with IT further integrate food insecurity screening into EHR.
- Working with IT to streamline referral process to allow patients screening positive to be referred for food resources

Geographic Separation –
- DM food bank is located ~ 14 miles from our clinical site.
- Investigating options to overcome distance (food delivery, transportation to and from site, refrigerated food trucks to act as mobile distribution centers, etc.)
- Long term solution is to establish a permanent distribution site in the form of a second food bank.

Conclusions

Implementation of a 2-question screening tool is a rapid, easily reproducible way to identify a previously unseen portion of our patient population that is food insecure. Partnering with community food banks and utilizing their resources can help this vulnerable population address this health inequity. Future efforts targeting EHR integration will make it easier to follow these patients and improve screening efficiency

National Initiative

NI VIII Goals and Outcomes

- Assess the clinical learning environment regarding knowledge and attitudes toward JEDI
- Establish and measure training programs for learners and others related to JEDI
- Engage the C-Suite in a review of JEDI practices as they affect the clinical learning environment
- Significantly and measurably advance the clinical learning environment's efforts in JEDI, disseminating results within your organization's Micro, Meso, and Macro environments
- Participate in a collaborative national effort to identify and share best practices
- Author one or more peer reviewed scholarly products at the conclusion of the Initiative

National Initiative

Expectations and Tips for Success

Engagement and Alignment	• Your Team • C-Suite • Target Audience/Those Impacted by the Work
Clear Goals and Tasks with Timelines/Deadlines	• Regularly Scheduled Meetings – Core & Larger Team • Hold Team Members Accountable – Quicker Turnaround Time Best • Communicate, Communicate, Communicate
Don’t Boil the Ocean!	• Appropriately size the project to the environment and available resources • Start Small and Be Specific • Choose Metrics All Understand and C-Suite is Vested In
Be Agile and Able to Adapt to Unforeseen Barriers	• 100-Year Pandemic • Team Members Will Change • At the Same Time, Be Persistent

National Initiative

Supporting Your Success

- Toolkits
  - > 5 Pre-Work Toolkits Before First Meeting: Determining Project Focus, Measurement Plan, Inventory of Existing Programs, Barriers Assessment, and C-Suite Talking Points
  - > Pre-Work Required Readings
- Other Tools and Resources
  - > 2 Toolkits After First Meeting: Project Vision & Mission, and Team Member Roster
  - > Project Management Plan: Detailed Plan with Team Assignments, Metrics, Scholarship Activity, etc. (Much supported by Toolkits already completed)
  - > Roadmap to 2023, Including Project Milestones and Timelines
- Human Resources
  - > Kimberly Pierce Burke, AIAMC Executive Director
  - > Drs. David Kountz and Ginny Mohl, NI VIII C-Chairs
  - > AIAMC Committee on the Integration of Academics and Quality (CIAQ)
  - > AIAMC Board of Directors
  - > National Advisory Council (NAC) for National Initiative VIII

National Initiative

Lessons Learned from Prior National Initiatives

- **We were inspired by…**

"The tenacity and resilience of our resident project leader in continuing the project and willingness of others to participate in the face of multiple competing demands"

"The opportunity to collaborate with other institutions and by our residents' engagement."

"Our team's resilience and commitment to the project. Also having the opportunity to work with other professions with whom we don't regularly interact was so educational and inspirational!"

"The most successful part of our work was channeling feelings of unrest and injustice due to current events, into something meaningful and positive. Lots of engagement from the get go from residents, faculty, and institution. This kept us inspired"

National Initiative

Q & A/Open Discussion

National Initiative

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National Initiative

Evaluation

The AIAMC Programming Committee is requesting your feedback. Please take a few minutes to complete our brief questionnaire here:

https://www.surveymonkey.com/r/NI_VIII_Informational_Webinar_JEDI

National Initiative