



Reducing the Days Children Spend in the Hospital:

Creation of a

Health Equity Collaborative

Cincinnati Children's
December 2019



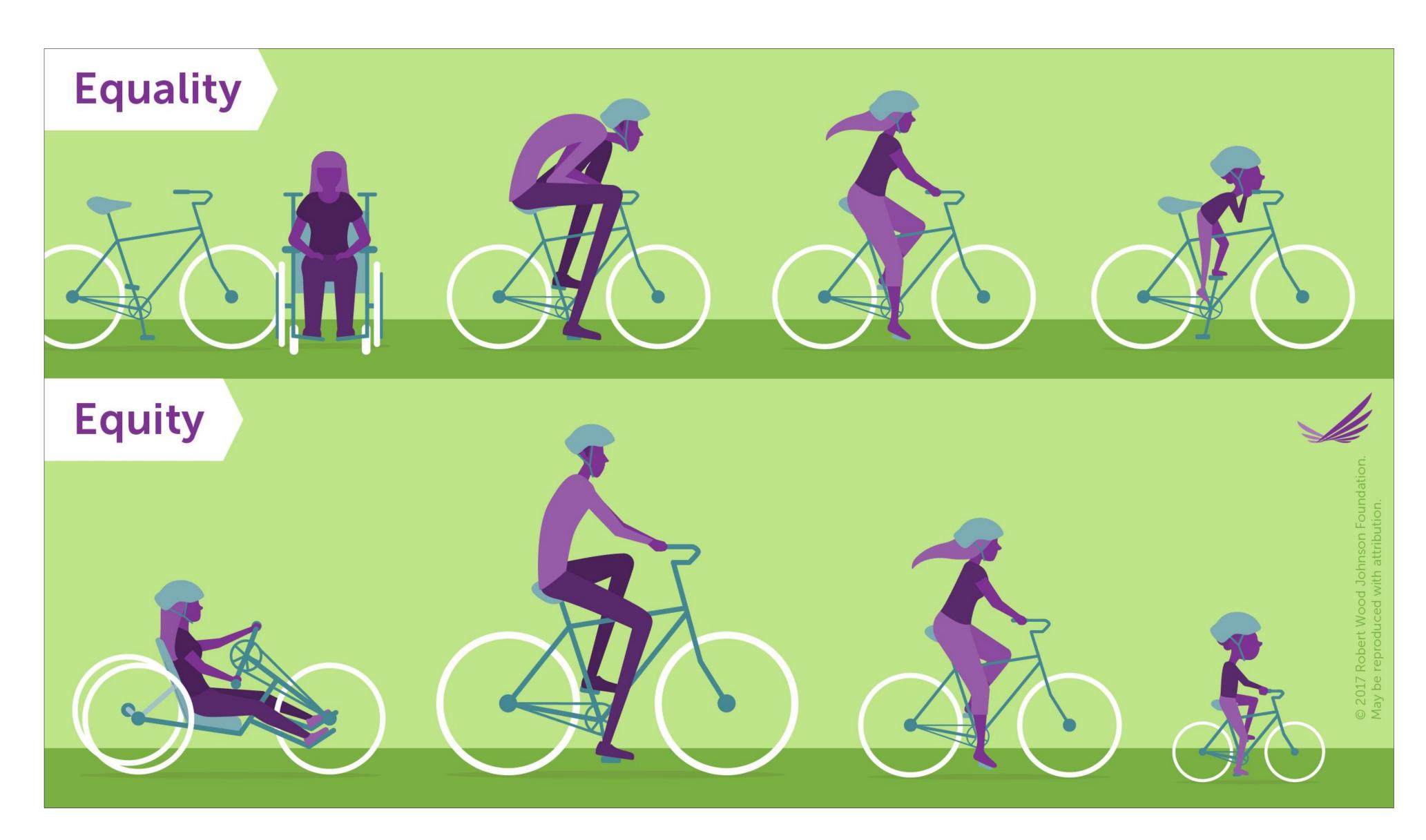


BACKGROUND



GOAL

move toward equity



THEORY



Inpatient Bed Day Disparity Reduction Key Driver Diagram (KDD)

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Global Aim

Cincinnati's children the healthiest in the nation through strong community partnerships

FY20 SMART Aim

To sustain the inpatient bed day rate at 6.9 bed-days per 1,000 children* per month through 6/30/2020

Population

*Children aged 0-17 years in the Avondale, Lower Price Hill, and East Price Hill neighborhoods

Key Drivers

Chronic diseases are well controlled (i.e., preventable morbidity is prevented)

Easy for families to receive the right care in the right place at the right time

Patients/families trust that they are receiving the right care for them and they adhere to recommendations

Proactive supports assist families remove barriers to health (i.e., social determinants of health)

Standardized approach to clinical decision making that can be adapted to patient and family needs

Entire health system is able and willing to address disparities in their own settings

Families and community are activated and equipped to support equity

Areas of Focus

Chronic Condition: Asthma

- Standardization of asthma care (process)
- Integration of care coordination, CHWs, ancillary services (e.g., Legal Aid)
- Outcome approach (focus on control)

Chronic Condition: Diabetes

- Focus on high risk T1DM patients through DHD Award
- CHW Endocrine Clinic
- Caremapping approach

Chronic Condition: Sickle Cell

 Identification of shared patients between general pediatrics, adolescent medicine, sickle cell center

Acute Conditions:

Lower respiratory tract illnesses (bronchiolitis) for children <2

Optimized transitions of care

- Continue daily huddle calls (action-oriented)
- Consider transition approach in primary care
- Learn from other clinical settings (Complex Care, Teen Health Center, CHD clinic)
- Work with SBHCs/schools

Integration with other teams

- Thrive & care gaps
- Place-based and housing (eviction)
- Developing of learning collaborative (CHIC, SW, patient services)

Creating a Health Equity Collaborative

Initial Target Divisions/Conditions

✓ Endocrine | Diabetes

✓ Trauma

- ✓ Hematology | Sickle Cell
- ✓ Asthma

Adolescent Medicine

WHAT IS THE HEALTH EQUITY COLLABORATIVE?



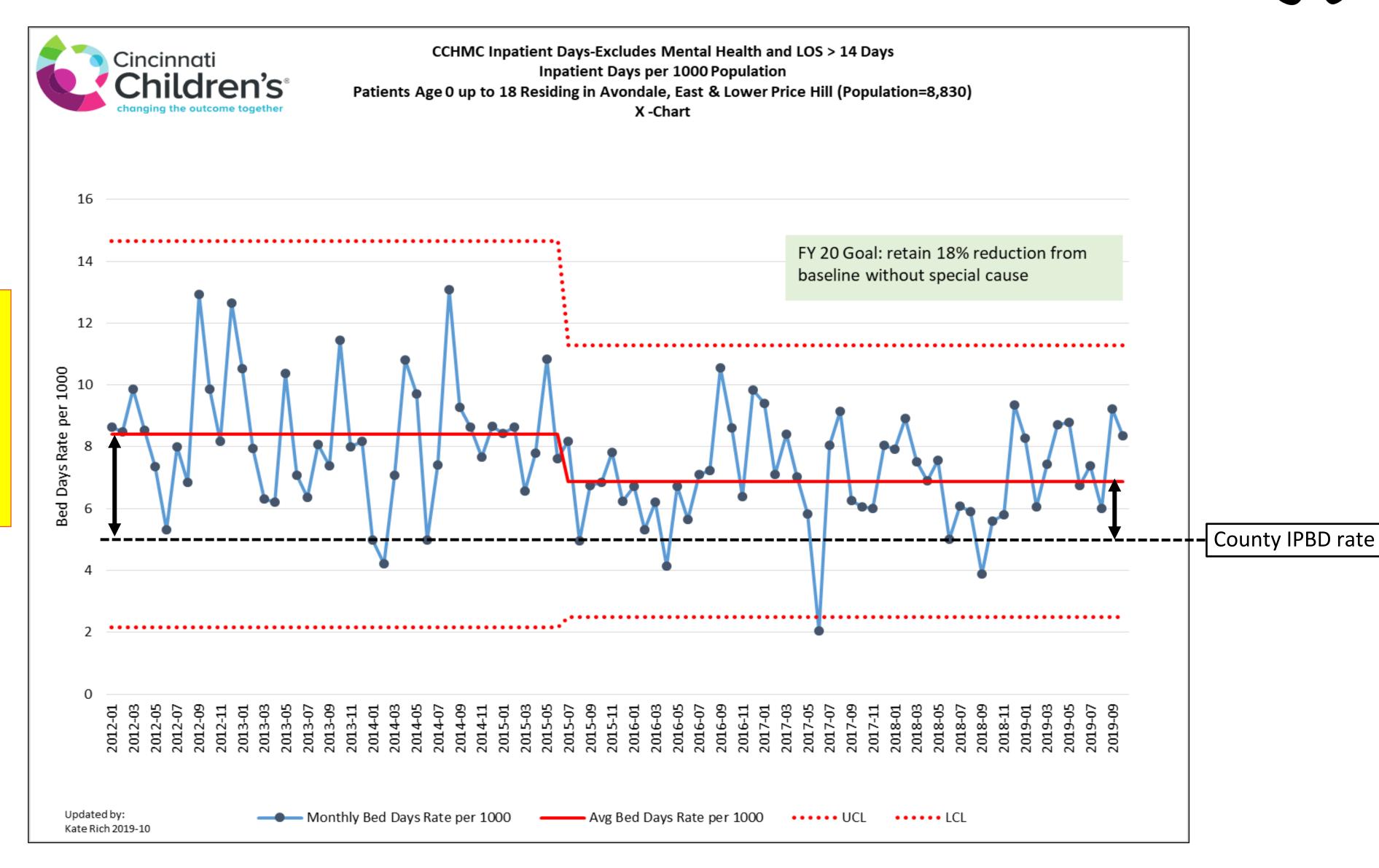
- A chance for divisions interested in achieving better, more equitable outcomes for their patients to come together and share best practices (All Teach, All Learn)
- An opportunity for agreed upon measures to be looked at in new ways thereby informing new care strategies
- A way to re-think how we provide care so as to ensure that the right child gets the right care at the right time and place
- ☐ A chance for us to see where there are internal equity gaps in how resources are distributed

Opportunities for true partnership and expertise alignment

OVERARCHING MEASURE



Reducing days children spend in the hospital



EASURES FOR THE EQUITY COLLABORAT EE



Equity Collaborative (number of engaged divisions)

Endocrine: T1D

Hematology: Sickle Cell

AIC: Asthma

Trauma: injuries

Ado Med/CPC: Behav Health

- For each condition, measure Admissions and ED encounters for a cohort of patients in our target IPBD neighborhoods (Avondale, EPH, LPH) and beyond
- Additional possible measures of disease control:
 - ✓ For Diabetes: HgA1c, weight
 - ✓ For Sickle Cell: HgbF, ANC, medication adherence (Hydoxyurea, PCN), connection to primary care.
 - ✓ For Asthma: ACT score, medication adherence (if can be obtained), symptom-free days.
 - ✓ For behavioral health: ED visits, readmissions
 - ✓ For trauma: ED visits, admissions, loss to follow up

We asked each subspecialty to complete a baseline assessment across 4 domains. *Preliminary results:*



Data and Measurement Domain

- ✓ Assesses what type of data is accessible to the team and how often is it reviewed
- > Learned that there is a WIDE RANGE! Some with no ability to subdivide population data to full capabilities.

Equity Mindset Domain

- ✓ Assesses the team's awareness of health disparities and their ability to act to narrow them
- > Learned there is variability in how and when social and medical complexity risk stratification occurs
- > Very LITTLE to NO Social Determinant of Health and Cultural Competency/Implicit Bias training

QI and Change Management Domains

- ✓ Assesses teams QI bench-strength and their corresponding readiness to change
- Most with some QI capability and QI support; all listed LIMITED TIME as a big barrier to this work

DATA + STORY



- ✓ We will look at data through an **EQUITY** lens
- ✓ We will leverage the **POWER** in **STORY** (n of 1)
- ✓ We believe we will **LEARN** with & from each other





TEAM MEMBERS

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