



CARE CULTURE & DECISION-MAKING INNOVATION COLLABORATIVE

May 5, 2017 Meeting Highlights

MEETING FOCUS: EXPLORING HOW A COMMUNITY’S COMMITMENT TO REDUCING HEALTH DISPARITIES MIGHT BE ASSESSED AND IMPROVED.

Core questions:

- 1. What is the state of the evidence and practice on mobilizing communities to engage underserved and clinically and socially complex populations?
2. What strategies may help communities equip clinicians, patients and families to better manage medical and social complexity effectively?
3. What is the role of leadership in creating and sustaining a community culture of patient, family and community engaged care?

Outcomes intended: Shared stakeholder understanding of the strengths and gaps in evidence on community engagement to reduce health disparities, explore possibilities to develop an index for assessing community values and engagement, and identify ways the NAM might add value.

REPRESENTATIVE OBSERVATIONS

- Health inequities present a risk to the nation: the gap in life expectancy for the richest 1 percent and poorest 1 percent of men and women is 14.6 and 10.1 years respectively. Community-based solutions rely on multi-sector collaborations ensuring varied approaches. (IW)
Addressing disparities is a systematic process that requires awareness, prioritization and menu of; evidence-based approaches include: multifactorial/attacking different levers; culturally tailored QI; team-based care; family and community partners; community health workers, and; interactive skills-based training. (MC)
Creation of learning healthcare community requires active participation of community members and leaders and answering patients’ (not researchers’) questions, improving health and well being of patients and community, and applying principles of CBPR. (CDM)
Health systems can play various roles in community partnerships to address the building blocks for population health: determinants, community collaboration, quality and equity, access to care for vulnerable populations, and focus on complexity. (JR)
YMCA has 700+ locations and 75% of US households living within 5 miles of a Y site; Diabetes Prevention Program had \$2,650 ROI in 17 cities with 8,000 Medicare beneficiaries showed. Consider impact of hospital competition and compliance and liability issues in partnerships. (ML)
It is critical that those who work with faith communities acknowledge church resources and potential, and understand their decision making processes; C-TAC’s Interfaith and Diversity Workgroup has a network of over 20 models across the country to address advanced illness. (TP)
Features of successful models for high cost high need patients include: goal-oriented care; engaging patients and families, and; facilitation of transitions and care coordination. Potential policy improvements include: value-based payment and payment for non-medical services, assist clinicians in adopting best practices, prioritize health information exchange, and support ongoing experimentation. (MA)
Massachusetts General Hospital is addressing equity in a number of ways including: integration of equity in governance, collecting and stratifying demographic data to identify and address care disparities, and conduct of community health needs assessments for 20 years. (PS)
Health systems are best equipped to focus on community education, direct care and education; community partnerships are key to addressing broader health needs; barriers to address include fragmentation and competition among hospitals within communities and engaging payers. (JS)
It is critical that community engagement goals flow through the entire system with leadership driving clarity around goals; barriers to address include articulating the competencies needed for executives addressing equity and engagement and integration with medical education. (BS)
ImproveCareNow network includes 95 centers, 900 pediatric gastroenterologists and 12,000 children in the US, England, and Qatar. Actor Oriented Structure includes: actors (hospitals, clinics, patients, clinicians, researchers) with shared purpose, capabilities and values; renewable and expandable commons where actors share resources, and; protocols, processes, and infrastructure that enable peer-to-peer collaboration. (LO)
Camden Coalition enrolls the most vulnerable patients: 93% on 5+ medications, 90% with 4 or more chronic conditions, 30% report depression/anxiety, and 26% homeless upon enrollment. COACH is a model to help people get from where they are to where they want to be by identifying patient priorities, creating collaborative care plans, and motivating patients and connecting with community resources. (RM)
Community Health Center, Inc. recognizes urgent need for increased skill in shared decision making that involves significant patient engagement and trains professionals in multiple disciplines; 91% of trainees practice in primary care and over 80% practice in a community setting. (ME)

COLLABORATIVE ACTIVITIES FOR CONSIDERATION

The development of NAM discussion papers and/or exploratory meetings on the following topics:

- Assessment of community values. Using Vital Signs framework, explore metrics for assessing community values and community engagement.
Executive incentives for reducing disparities. Explore the payment structures and incentives of health system and payer executives with respect to the reward system for successful reduction of disparities in outcomes—both within the institution and in the community..
Regulatory Supports to Promote Equity. Explore how IRS regulations and requirements related to community health needs assessments can be more explicit on identifying health disparities and proposing strategies to reduce them.
Improved Networking for Innovations. Assess landscape of proven community engagement models and explore opportunities for better networking so information transfer about successful models is accelerated.
Advancement of Patient and Family Engaged Care. Develop common PFEC action agenda including the creation of national PFEC goals. Develop a crosswalk of PFEC standards and measures and determine ways to digest the framework into messages for various stakeholder groups.
Compendium of innovations. Explore characteristics of organizations that have set a vision for PFEC and the value proposition for the c-suite.

Vision • Research • Evidence • Effectiveness • Trials • IT Platform • Data Quality & Use • Health Costs • Value • Complexity • Best Care • Patients • Systems • Measures • Leadership



THE LEARNING HEALTH SYSTEM SERIES

PARTICIPANTS

Mary Naylor (Penn; Co-Chair), Bill Novelli (Georgetown and C-TAC; Co-Chair), Melinda Abrams (The Commonwealth Fund), Chris Aldridge (NACCHO), David Atkins (Department of Veterans Affairs), Cynthia Baur (Horowitz Center for Health Literacy), Cindy Brach (AHRQ), Kristin Carman (PCORI), Marshall Chin (University of Chicago), Marie Cleary-Fishman (AHA/HRET), Melissa Dorsey (CMS), Sylvia Fisher (HRSA), Margaret Flinter (Community Health Center, Inc.), Nirmal Gosalia (UIC College of Medicine), Allison Harvey (GW Cancer Institute), Libby Hoy (PFCCpartners), Bev Johnson (Institute for Patient-and Family-Centered Care), Leslie Kelly Hall (Healthwise), Peter Long (Blue Shield of California Foundation), Matt Longjohn (YMCA), Tyler Ludlow (Eli Lilly), Susan Mende (RWJF), Kathy McNamara (NACHC), C. Daniel Mullins (University of Maryland School of Pharmacy), Renee Murray (Camden Coalition of Healthcare Providers), Yamrot Negussie (National Academy of Medicine), Lisa Opiari (Cincinnati Children's Hospital Medical Center), Jasmine Pearlman (Caregiving and You), Dr. Tyrone S. Pitts (Progressive National Baptist Convention, Inc.), Gloria Plottel (GSPsquared), Mandi Pratt-Chapman (GW Cancer Center), Kalpana Ramiah (America's Essential Hospitals), Julia Resnick (AHA/HRET), Juliette Schlucter (NYU Langone Medical Center), Joel Seligman (Northern Westchester Hospital), Margie Shofer (AHRQ), Bruce Siegel (America's Essential Hospitals), Melissa Simon (Northwestern University Feinberg School of Medicine), Richard Singerman (TrustNetMD), Peter Slavin (Massachusetts General Hospital), Sheila Snoddy (C-TAC), Paul Tang (IBM Watson Health), Hemi Tewarson (NGA), Gail Towsley (University of Utah College of Nursing), Janice Tufte (Hassanah Consulting), James Weinstein (Dartmouth-Hitchcock Health), Tia Taylor Williams (APHA), Kimberlydawn Wisdom (Henry Ford Health System).

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Organizations Participating

AARP	Consumers United for Evidence-Based Healthcare	Kaiser Permanente	RAND Corporation
American Academy of Nursing	C.S. Mott Children's Hospital	Low Institute	Research!America
American Academy of Pediatrics	Dana-Farber Cancer Institute	Mayo Clinic	Robert Wood Johnson Foundation
American Academy of Physician Assistants	Dartmouth Center for Health Care	National Association of Community Health Centers	Schwartz Center for Compassionate Healthcare
American College of Clinical Pharmacy	Delivery Science	National Business Group on Health	Sentrian
American College of Nurse-Midwives	Dell Children's Medical Center	National Committee for Quality Assurance	University Hospitals
American Hospital Association	Duke University	National Governors Association	University of North Carolina
American Institutes for Research	Emory University	National Partnership for Women & Families	University of Pennsylvania
American Medical Association	Georgetown University	National Quality Forum	University of Washington
American Nurses Association	George Washington University	Nemours Health System	Vidant Health System
Association of Academic Health Centers	Georgia Regents Medical Center	Northwestern University	Virginia Commonwealth University
Association of American Medical Colleges	Gordon and Betty Moore Foundation	NYU Langone Medical Center	Federal agencies:
Asthma and Allergy Foundation of America	Health Dialog	Oregon Health & Science University	U.S. Dep't of HHS
Beryl Institute	Henry J. Kaiser Family Foundation	Patient-Centered Outcomes Research Institute	- AHRQ
Blue Shield of California Foundation	Informed Medical Decisions Foundation	Patient-Centered Primary Care Collaborative	- HRSA
Boston Children's Hospital	Institute for Healthcare Improvement	PatientsLikeMe	- NIH
Braintree Rehabilitation Hospital	Institute for Patient- & Family-Centered Care	PFCCpartners	- CMS
C-Change	Johns Hopkins Health System	Planetree	- ONC
Cincinnati Children's Hospital	Josiah Macy, Jr. Foundation		- CDC
Coalition to Transform Advanced Care			U.S. Dep't of Defense
Consumers Union			U.S. Dep't of VA

THE NAM LEADERSHIP CONSORTIUM FOR A VALUE & SCIENCE-DRIVEN HEALTH SYSTEM

Chair	Gregory F. Keenan AstraZeneca	Richard J. Pollack AHA	Debra B. Whitman AARP
Members	Darrell G. Kirch AAMC	Peter J. Pronovost Johns Hopkins Medicine	Ex-Officio AHRQ Gopal Khanna
David Blumenthal The Commonwealth Fund	Richard E. Kuntz Medtronic	Murray Ross Kaiser Permanente	CDC Anne Schuchat Chesley Richards
Susan DeVore Premier, Inc.	Peter Long Blue Shield of California Foundation	John W. Rowe Columbia University	CMS Seema Verma Patrick Conway
Judith Faulkner Epic Systems	James L. Madara AMA	Craig E. Samitt Anthem, Inc.	DoD David Smith
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Paul Grundy IBM	Harold Paz Aetna	Jennifer Taubert Johnson & Johnson	
Brent C. James Intermountain Healthcare	Jonathan B. Perlin HCA, Inc.	Marta Tellado Consumers Union	
Gary Kaplan Virginia Mason Health System	Richard Platt Harvard Medical School	Reed V. Tuckson Tuckson Health Connections	