1
00:00:55.540 --> 00:00:58.900
Dr. Hardeep Singh: Right but 2 0 1. Let's get started.

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00:00:59.310 --> 00:01:20.349
Dr. Hardeep Singh: Greetings. Everybody. Welcome to the National Academy of Medicine, Webinar on accelerating healthcare decarbonization. Now, this is 1st in a series of webinars on building momentum to act on healthcare decarbonization. There's a policy and leadership stream, and there's a healthcare delivery stream for clinicians.

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00:01:20.540 --> 00:01:22.269
Dr. Hardeep Singh: Thank you for joining us today.

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00:01:22.590 --> 00:01:24.450
Dr. Hardeep Singh: My name is Hardeep Singh.

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00:01:24.490 --> 00:01:33.370
Dr. Hardeep Singh: I'm a quality and safety researcher and a general internist in Houston. I represent the Va. On the National Academy of Medicine Climate Collaborative.

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00:01:33.570 --> 00:01:36.750
Dr. Hardeep Singh: I'm joined today by a dream team, I think.

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00:01:36.780 --> 00:01:44.749
Dr. Hardeep Singh: of organizations and their representatives that are doing a lot of influential work in this space over the last few years.

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00:01:45.300 --> 00:01:47.260
Dr. Hardeep Singh: So we have today with us

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00:01:47.350 --> 00:01:49.179
Dr. Hardeep Singh: a partner bowl

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00:01:49.220 --> 00:01:54.029
Dr. Hardeep Singh: from the office of climate Change and Health equity from the Department of Health and Human Services.

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00:01:54.810 --> 00:01:58.770
Dr. Hardeep Singh: We have Kevin Zacharias from the Joint Commission.

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00:01:59.070 --> 00:02:04.090
Dr. Hardeep Singh: and then we have Michael de Laguardia from the Cms Innovation Center.

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00:02:04.230 --> 00:02:12.150
Dr. Hardeep Singh: I'm going to be a moderator. I'm going to kick us off, and then we'll have a moderated question and answer session after some presentations from our panelists.

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00:02:13.000 --> 00:02:17.199
Dr. Hardeep Singh: So just a quick reminder of why we are here today.

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00:02:17.610 --> 00:02:18.930
Dr. Hardeep Singh: So about

16
00:02:19.240 --> 00:02:23.760
Dr. Hardeep Singh: 4.6% of emissions globally

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00:02:23.930 --> 00:02:25.400
Dr. Hardeep Singh: come from healthcare.

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00:02:25.540 --> 00:02:31.999
Dr. Hardeep Singh: And you might think, well, that's a pretty small number, but that's almost twice that of aviation.

19
00:02:32.380 --> 00:02:42.069
Dr. Hardeep Singh: Where are these emissions coming from? As you can see, we do a lot of activities in healthcare. So if you look at these 3 buckets in front of you 4, actually.

20
00:02:42.160 --> 00:02:44.989
Dr. Hardeep Singh: there are, there's the blue bucket, which is

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00:02:45.280 --> 00:02:56.860
Dr. Hardeep Singh: probably the largest 80%. 75, 80% of the emissions are coming from things that are related to our supply chain, pharmaceuticals, medical devices and other products

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00:02:57.160 --> 00:02:59.530
Dr. Hardeep Singh: transport. There's a lot of waste.

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00:03:00.110 --> 00:03:07.609
Dr. Hardeep Singh: And so there's a lot of things we can do in healthcare to promote environmental sustainability, to reduce pollution

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00:03:07.880 --> 00:03:10.880
Dr. Hardeep Singh: and then to also reduce waste.

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00:03:11.250 --> 00:03:13.130
Dr. Hardeep Singh: So what's our call to action?

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00:03:13.590 --> 00:03:18.790
Dr. Hardeep Singh: There's several reasons why we need to do this. This is from a National Academy of Medicine paper

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00:03:18.850 --> 00:03:27.249
Dr. Hardeep Singh: on a call to action on decarbonization. Why people should care about this topic out of which some are listed here and then can get us started.

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00:03:27.550 --> 00:03:36.709
Dr. Hardeep Singh: So I'm going to turn it now to Dr. Bull from the office of climate change. Who's going to talk us through some of the initiatives that they'll be working on?

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00:03:37.190 --> 00:03:38.030
Dr. Hardeep Singh: Pardon.

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00:03:39.330 --> 00:03:55.439
Dr. Aparna Bole: Thank you, Hardeep, and glad to be here for this kickoff of this really important series. I am going to spend just a few minutes describing what Hhs has been up to in the space of stimulating and supporting

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00:03:55.520 --> 00:04:17.280
Dr. Aparna Bole: decarbonization emissions reduction in the health sector. And just by way of additional background. I'm a pediatrician by

training and practice, and have come from a background of managing healthcare sustainability in my pre-federal life. So I'll ask you to go to the next slide, please.

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00:04:19.450 --> 00:04:42.579
Dr. Aparna Bole: So just a few highlights here. Hhs has been engaged in collaborative efforts with Federal partners and with the private sector to stimulate and support health sector decarbonization, for example, the White House health Sector climate pledge that was launched a few years ago

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00:04:42.580 --> 00:05:09.109
Dr. Aparna Bole: is a voluntary commitment for participating organizations to align their climate commitments with those that federal health systems and federal facilities are engaging with. And so that pledge includes commitments to reduce organizational emissions by 50% by 2030 and achieve net 0 by 2050, and to publicly account for progress towards this goal.

34
00:05:09.170 --> 00:05:31.670
Dr. Aparna Bole: To designate an executive level lead for work on reducing emissions, and to conduct an inventory of scope. 3 emissions or supply chain emissions predominantly is what we mean by scope 3. And 3, rd to develop and release a climate resilience plan that specifically anticipates the needs of groups who are at disproportionate risk of climate, related health harms.

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00:05:31.900 --> 00:05:44.209
Dr. Aparna Bole: When we look at the sum total of pledged signees in addition to government or federal facilities that are engaged in similar commitments. That represents about 15% of the nation's hospitals.

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00:05:44.210 --> 00:06:07.310
Dr. Aparna Bole: And we have recently completed a survey across the country to sort of account for voluntary commitments and requirements across the country, including state requirements related to emissions reporting that is going to be the subject of an upcoming paper in nam perspectives. Really finding that if we add up all of those commitments.

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00:06:07.310 --> 00:06:19.059
Dr. Aparna Bole: there's really a growing momentum in the healthcare delivery space. We're going towards a tipping point where emissions, commitments to emissions, reduction and publicly reporting toward those goals

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00:06:19.060 --> 00:06:37.490
Dr. Aparna Bole: is really growing in the sector. And so the learning community that we've developed and the partnerships between federal and non-federal entities is supporting and helping to accelerate that movement. So on a related note, we've also convened a Federal health systems, learning network.

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00:06:37.490 --> 00:06:52.149
Dr. Aparna Bole: whose goal has been to accelerate the progress in federal healthcare facilities towards meeting the goals of executive order 1, 4, 5, 7, which is an executive order that commits Federal facilities to emissions. Reduction.

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00:06:52.370 --> 00:07:19.170
Dr. Aparna Bole: and this collaborative also can serve as an exemplar for the private sector in health care. Recently, last year, the Federal Health Systems Learning network announced a shared commitment to clinical decarbonization drawing on the Nam climate collaborative's key actions to reduce greenhouse gas emissions by Us. Hospitals and health systems and focusing on some of the key topics in those

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00:07:19.170 --> 00:07:25.710
Dr. Aparna Bole: key actions, focus on clinical spaces, so reducing emissions related to anesthetic gases.

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00:07:26.175 --> 00:07:33.739
Dr. Aparna Bole: Exploring opportunities to reduce emissions related to meter dose inhalers and reducing physical waste. Next slide please.

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00:07:38.620 --> 00:07:43.640
Dr. Aparna Bole: We also have hosted what we called a catalytic program to help

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00:07:43.720 --> 00:07:49.549
Dr. Aparna Bole: healthcare organizations understand how to leverage Ira programs and resources

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00:07:49.560 --> 00:08:15.730
Dr. Aparna Bole: to invest in decarbonization and resilience. There are a wealth of resources available from that program on our website, including webinars featuring experts from across the government, including Treasury

EPA Usda entities involved in administering these Ira programs, a growing library of case studies describing how healthcare organizations are leveraging Ira resources to improve the return on investment.

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00:08:15.730 --> 00:08:25.130
Dr. Aparna Bole: In some of these, some of these renewable energy efficiency and other projects that can be supported through Ira funds.

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00:08:25.310 --> 00:08:49.529
Dr. Aparna Bole: There are also a few fact sheets that we've developed for specific provider groups, including rural providers, tribal providers. We really had a stated goal to reach safety net organizations in particular, through this catalytic program, and just want to also call your attention to a couple of upcoming webinars, one on the greenhouse Gas Reduction Fund on November 20, th at noon.

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00:08:49.670 --> 00:09:07.339
Dr. Aparna Bole: Eastern time, and then another webinar on December 4, th focusing on the environmental justice thriving communities, grant makers program. And I will put it looks like Justin's putting some links in the chat. But I can make sure that there's a link to help. You know how to register and link to these resources.

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00:09:07.910 --> 00:09:09.350
Dr. Aparna Bole: Next slide, please.

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00:09:11.880 --> 00:09:30.519
Dr. Aparna Bole: And finally, I know that the focus today is on decarbonization. But of course, we know that the relationship between decarbonization and resilience is extensive. The 2 are really intertwined. And I also just want to share that a new climate resilience for healthcare toolkit

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00:09:30.550 --> 00:09:45.570
Dr. Aparna Bole: will be published as a downloadable Pdf. In the next month. It will live on Noaa's Climate Resilience toolkit website, currently, a toolkit called the Sustainable and Climate resilient healthcare Facilities toolkit

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00:09:45.570 --> 00:10:09.179
Dr. Aparna Bole: that covers healthcare climate resilience lives on that website it was published about 10 years ago. And so the Cr. 4 Hc. Represents kind of the the updated reborn climate resilience toolkit. I

should mention that all of the webinars and fact sheets from the catalytic program that I just named, as well as a number of other resources supporting health sector decarbonization are downloadable on our website.

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00:10:09.270 --> 00:10:14.990
Dr. Aparna Bole: and I think that's all I have by way of introduction here, and I will turn to Kevin next.

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00:10:15.520 --> 00:10:17.299
Kevin Zacharyasz (He, Him): Thanks, Aparna, appreciate it.

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00:10:17.810 --> 00:10:26.279
Kevin Zacharyasz (He, Him): Hi, everyone! Hope you're all having a great day. My name is Kevin Zacharias, and I am the Joint Commission's global Director of Healthcare Sustainability.

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00:10:26.340 --> 00:10:37.589
Kevin Zacharyasz (He, Him): So I'm really excited to be speaking with you all today and just honored to be on this amazing panel with my colleagues in the industry again. Thank you to the National Academy of Medicine for organizing today's event next slide.

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00:10:39.310 --> 00:10:46.720
Kevin Zacharyasz (He, Him): So for those of you who might not know us, the Joint Commission was founded in 1951 by the 5 organizations that you see here.

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00:10:46.760 --> 00:10:55.550
Kevin Zacharyasz (He, Him): so that includes the American College of Surgeons, American College of Physicians, American Medical Association, American Dental Association, and the American Hospital Association.

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00:10:55.670 --> 00:10:58.029
Kevin Zacharyasz (He, Him): Today, our vision really is.

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00:10:58.130 --> 00:11:05.579
Kevin Zacharyasz (He, Him): you know, all people is that all people always experience the safest, highest quality, best value healthcare across all settings.

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00:11:05.870 --> 00:11:15.109
Kevin Zacharyasz (He, Him): The work of our enterprise really surrounds hospital and healthcare accreditation, not only in the Us. But internationally as well. So next slide, please.

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00:11:16.530 --> 00:11:29.410
Kevin Zacharyasz (He, Him): So recently we launched the help agenda to bring the following elements to the forefront of our vision that includes health, equity, environmental sustainability learning and finally, performance integration improvement.

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00:11:29.890 --> 00:11:58.529
Kevin Zacharyasz (He, Him): I know we've already heard this fact already. But currently, you know, data suggests that the global healthcare sector contributes anywhere between 4.4 and 5.2% of the world's greenhouse gas emissions. It's incredible to think, but if the sector were a country, it would be the 5th largest greenhouse gas emitter on the planet. These startling facts really led us to start to consider what a certification program would look like. And next slide, please.

64
00:12:00.590 --> 00:12:20.159
Kevin Zacharyasz (He, Him): In January of this year the Joint Commission launched its sustainable healthcare certification. So the certification provides a foundational framework to really help organizations expand or continue their decarbonization. Efforts based on reducing greenhouse gases through energy use, purchased electricity.

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00:12:20.230 --> 00:12:28.510
Kevin Zacharyasz (He, Him): anesthetic gas use, pressurized meter, dosed inhalers, fleet vehicle carbon-based fuel and waste disposal next slide, please.

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00:12:29.400 --> 00:12:55.179
Kevin Zacharyasz (He, Him): So who's eligible? The sustainable healthcare certification really is a voluntary program available to all hospitals and critical access hospitals in the United States. One thing to note is that Joint Commission hospital accreditation is not required to go through the certification. In addition, the certification is awarded for 2 years, and organizations can apply really as a single hospital site or at the system level next slide, please.

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00:12:55.940 --> 00:13:02.739
Kevin Zacharyasz (He, Him): So what goes into the certification? There are 3 domains or chapters in the program standards.

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Kevin Zacharyasz (He, Him): and these standards were developed really by a 22 member technical advisory panel of industry experts along with literature and guidance documents.

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Kevin Zacharyasz (He, Him): Now, the 1st domain is leadership which looks at how the organization establishes environmental sustainability

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Kevin Zacharyasz (He, Him): as one of its strategic initiatives, including leader oversight of activities to reduce greenhouse gas emissions. The Leadership chapter establishes really that sustainability is one of the organization's strategic priorities.

71
00:13:32.200 --> 00:13:45.100
Kevin Zacharyasz (He, Him): And I think it. You know, at this point it's well established that commitment to environmental improvements at the executive and governing body levels are really essential to the success of the organization programs and initiatives.

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00:13:45.310 --> 00:13:52.610
Kevin Zacharyasz (He, Him): In addition, resource. Allocation is really key to supporting the projects and the work and resources could include

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00:13:52.680 --> 00:13:57.019
Kevin Zacharyasz (He, Him): anything from financial to equipment to materials, to human resources

74
00:13:57.050 --> 00:14:18.120
Kevin Zacharyasz (He, Him): in the measurement domain. The organization really measures 3 or more sources of greenhouse gas emissions, and then converts those measurements into metric tons of carbon dioxide equivalent as a reminder. Those greenhouse gas emissions. Sources are energy use, purchased electricity, anesthetic gas use, pressurized meter, dosed inhalers, fleet vehicle, carbon-based fuel and waste disposal

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Kevin Zacharyasz (He, Him): and then finally, the 3rd domain is performance improvement. So in this domain we look to see

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00:14:23.980 --> 00:14:53.329
Kevin Zacharyasz (He, Him): really written goals and action plans to support the reduction of greenhouse gases. We stress the importance of data collection and analysis and tracking progress towards an organization sustainability goals. Those goals, again, are stated in percent reduction in metric tons of carbon dioxide equivalent. You'll notice that we state to analyze your greenhouse gas emission data annually, you know, I would say, just as a best management practice to try to update your data as consistently as possible. You know, this will just allow you to

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00:14:53.420 --> 00:15:13.449
Kevin Zacharyasz (He, Him): analyze that data on a regular basis so that you can adjust your sustainability practices to really meet the needs of your organization. In addition, this also sets you up for success when it comes to justification for both internal project expansion, but also external funding opportunities, such as grants or tax incentive programs next slide.

78
00:15:17.160 --> 00:15:34.359
Kevin Zacharyasz (He, Him): And so really, this just gives that nice kind of summary of the sustainable healthcare certification program again. Just thank you all for the opportunity to present today. Here's my contact information. If you have any further questions after today's webinar. But with that I'll turn it over to Michael. Thank you all.

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00:15:36.420 --> 00:15:47.949
TELEPHONE_USER: Great thanks, Kevin. And again, thanks to the National Academy of Medicine for organizing today's event, and, as mentioned at the top, I'm Michael de la Guardia. I'm deputy director at the Division of Health Plan innovation

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00:15:48.020 --> 00:15:52.050
TELEPHONE_USER: at the Cms Innovation Center and co-lead our decarbonization

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00:15:52.170 --> 00:15:55.699
TELEPHONE_USER: and resilience portfolio at the center next slide.

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00:15:59.030 --> 00:16:16.250
TELEPHONE_USER: So at the Cms Innovation Center, we recently announced the new voluntary decarbonization and resilience initiative to address

hospitals, emissions and tackle climate change as one of the biggest threats to our national and global health. This initiative sits within

83
00:16:16.470 --> 00:16:19.699
TELEPHONE_USER: the transforming episode accountability model.

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00:16:19.750 --> 00:16:33.549
TELEPHONE_USER: Now, there's the team model for short and which is the Innovation Center's newest episode, based bundled payment model and is open to any hospital selected to participate in team and other hospitals within

85
00:16:33.590 --> 00:16:55.549
TELEPHONE_USER: their health system. So in this slide, I want to cover a bit of the why. We believe that engaging in climate change policy is aligned with the Innovation Center's Core mission which is to test new and innovative payment and delivery system reform models in Medicare and Medicaid, with the goal of improving quality and reducing costs.

86
00:16:55.640 --> 00:16:57.250
TELEPHONE_USER: Climate change.

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00:16:57.440 --> 00:17:03.299
TELEPHONE_USER: driven by greenhouse gas emissions, drives up healthcare costs by worsening patients, health.

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00:17:03.340 --> 00:17:09.270
TELEPHONE_USER: increasing care needs and undermining the health system's ability to meet those care needs.

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00:17:09.818 --> 00:17:14.869
TELEPHONE_USER: In 2018 greenhouse gas emissions from the Us. Health sector contributed to

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00:17:14.880 --> 00:17:32.930
TELEPHONE_USER: 8.5% of total national greenhouse gas emissions. And we know children, older adults in low-income communities are disproportionately affected by climate change and pollution, meaning the Medicare Medicaid and chip programs are more likely to bear the resulting costs.

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00:17:33.300 --> 00:17:38.610
TELEPHONE_USER: So team was chosen as the 1st model to incorporate a decarbonization

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00:17:38.830 --> 00:17:58.710
TELEPHONE_USER: and energy savings element because of Cms's role in paying for hospital infrastructure and operations and because of hospitals. High level of greenhouse gas emissions, Cms. Pays for inpatient acute care, hospital services, and those payments also account for capital and operating needs.

93
00:17:58.710 --> 00:18:19.439
TELEPHONE_USER: These payments are used by hospitals to maintain and improve facility infrastructure, including energy infrastructure, pay staff invest in care improvements and ultimately treat patients. Our decarbonization initiative has the potential to reduce costs, both hospitals and the Medicare program from improved energy efficiency.

94
00:18:19.580 --> 00:18:32.320
TELEPHONE_USER: And and one thing I I should add, is that we are the Cms Innovation Center. And it's our job and our responsibility to push the envelope and test new ideas for the broader agency.

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00:18:32.688 --> 00:18:35.829
TELEPHONE_USER: So with that, I'll jump to the next slide

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TELEPHONE_USER: and into the details of the initiative itself. So the initiative is comprised of 2 major elements.

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TELEPHONE_USER: a voluntary greenhouse gas emissions reporting system, and an opportunity to receive technical assistance and learning system support for participants undertaking decarbonization, energy saving and waste reducing activities. So the voluntary emissions reporting system focuses on 4 key data types.

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00:19:03.990 --> 00:19:18.799
TELEPHONE_USER: the 1st being organizational. These include questions such as whether the hospital or health system has established an executive sustainability team, that decarbonization and energy efficiency goals or whether they're implementing a decarbonization plan.

99
00:19:19.340 --> 00:19:23.329
TELEPHONE_USER: The next category is building energy and emissions.

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00:19:23.360 --> 00:19:42.269
TELEPHONE_USER: Here we're using the energy star portfolio manager system hospitals will report their scope one and scope 2 greenhouse gas emissions, data as well as their facilities, energy, star score and then related data such as energy source usage, data and energy use intensity.

101
00:19:42.320 --> 00:19:56.150
TELEPHONE_USER: The next category is greenhouse gas emissions. Reporting would include total emissions from inhaled anesthetic gases, anesthetic gas purchase records and a set of questions around decarbonization activities related to this categorical area.

102
00:19:56.250 --> 00:20:12.579
TELEPHONE_USER: And then, finally, we have scope. One transportation emissions, entities would be asked to create transportation's emissions, reduction plans, report on plans to reduce their vehicle, fleet emissions, reporting gallons of fuel consumed in their owned or leased vehicle, fleet

103
00:20:13.304 --> 00:20:29.420
TELEPHONE_USER: taking a step back from the from the details of the reporting itself. This is the 1st time ever that Hhs will directly correct collect emissions data from providers, and represents a strong step forward in tackling the health sector's footprint, and, importantly.

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00:20:29.550 --> 00:20:43.460
TELEPHONE_USER: in developing this proposal, our team worked hard to align reporting requirements with existing protocols and recommendations from industry, thought leaders to address concerns about regulatory burdens on providers, and in particular

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00:20:43.470 --> 00:20:55.470
TELEPHONE_USER: we relied heavily on the groundbreaking work by the Joint Commission here with us today. And of course our colleagues in in Ot. Analysis of climate change and health equity also here with us today

106
00:20:55.470 --> 00:21:16.279
TELEPHONE_USER: and for team model participants. I'll talk a bit just about some of the incentives in place. So those model participants that

choose to voluntarily report this data will share benchmark data that will help participants identify opportunities to improve energy efficiency, lower greenhouse gas emissions and drive practice, transformation

107
00:21:16.340 --> 00:21:25.829
TELEPHONE_USER: and hospitals that do report will also receive public recognition for reporting, for example, a badge on cms, websites.

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00:21:26.490 --> 00:21:49.249
TELEPHONE_USER: and in between the proposed and and final rule. This was a policy that we set through the rulemaking. We also expanded the initiative to allow what we term hospital corporate affiliates of team participants to also report to the model. So in practice, what that means is is, if an acute care hospital is selected for the team model.

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00:21:49.250 --> 00:21:57.670
TELEPHONE_USER: we will allow other hospitals within that same health system to voluntarily report to the decarbonization and resilience initiatives.

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00:21:57.710 --> 00:22:11.222
TELEPHONE_USER: This gives the health systems who want to scale reporting across their hospitals an opportunity to join the initiative without needing to join the underlying team model itself, which is a bundled payment model.

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00:22:11.680 --> 00:22:40.890
TELEPHONE_USER: the second major of the element of the initiative which I'll touch on just briefly, is the development and rollout of technical assistance and learning system support. So this could include support for activities such as accessing resources provided under the Inflation Reduction Act, compiling and disseminating best practices from facilities to successfully lower their emissions, and then identifying disseminating tools to help facilities more accurately, report their emissions. Data through the initiative itself.

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00:22:41.000 --> 00:22:53.540
TELEPHONE_USER: just to close us out on this. I'd say we're excited about this initiative. And with this initial effort we hope to collect data and information that will allow us to set a baseline understanding of greenhouse gas emissions

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00:22:53.720 --> 00:23:01.020
TELEPHONE_USER: and their impact on patients health and program costs. So with that, I'll turn it back to Hardeek. I believe.

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00:23:01.690 --> 00:23:08.550
Dr. Hardeep Singh: Great. Thank you, Michael. Thank you, Kevin, and thank you, partner, and thank you to your organizations that are leading

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00:23:08.650 --> 00:23:23.000
Dr. Hardeep Singh: this work really in accelerating healthcare decarbonization. Okay, so now comes the fun part. We've heard from 3 organizations. Now, we're going to do some question and answers. So the 1st thing that was sort of struck me is

116
00:23:23.080 --> 00:23:39.369
Dr. Hardeep Singh: so the pros and cons between voluntary initiatives versus something that is more mandatory. And let's discuss right? So what we learned in patient safety. At least, that's where I come from is voluntary. Initiatives may not work when you need system transformation, which is sort of what we need here.

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00:23:39.707 --> 00:23:43.960
Dr. Hardeep Singh: So. But at the same time, you know, health systems have competing priorities.

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Dr. Hardeep Singh: So can we discuss. I want to hear your perspectives. I'm going to start with Michael, because you just presented. And let's hear about sort of the tension between the mandatory and the voluntary. And what were your thoughts.

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00:23:57.830 --> 00:24:03.180
TELEPHONE_USER: Yeah. So, as I mentioned at the top. And I know you're

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00:24:03.280 --> 00:24:12.950
TELEPHONE_USER: referencing our our decarbonization. Resilience initiative is a voluntary initiative. We do have some incentives in in place. But again it's voluntary. So

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00:24:13.200 --> 00:24:15.033
TELEPHONE_USER: during the comment period,

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TELEPHONE_USER: some urged us to make the initiative mandatory, but we ultimately landed on voluntary for a few reasons. One, I'd say this is a new area for many hospitals and 2. It's also a new area for us at Cms. And for us at the Innovation Center, and we felt voluntary, gave us flexibility

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00:24:38.870 --> 00:24:47.749
TELEPHONE_USER: to adapt, as both the center and hospitals continue to grow. Our understanding of how to best operate this initiative, and ultimately reduce

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TELEPHONE_USER: emissions, and maybe add a few other things so voluntary also allows us to build support for what we view as an extremely

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TELEPHONE_USER: important effort. And and I think it's really critical to build that support and and buy-in. And we want to engage providers and hospitals

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00:25:06.520 --> 00:25:23.730
TELEPHONE_USER: in their decarbonization journey and understand that providers and hospitals are coming from different places. While some are already reporting some version of these data, others are far behind in their sustainability journey. And we have, for example, already heard from many hospitals.

127
00:25:25.340 --> 00:25:44.739
TELEPHONE_USER: that they just want to know where to start. And we think this initiative, plus the technical assistance we're providing provides a good framework for getting started. And maybe the last thing I'd point to is we have a lot of work to do on our end at Cms as well. That includes standing up this reporting system.

128
00:25:44.740 --> 00:26:00.839
TELEPHONE_USER: Analyzing the data connecting it to our other data, we collect. This is the 1st time Cms will ever receive this type of data. We also need to get the hospitals that opt into this initiative on boarded and ready to report. The 1st step adds, this 1st step adds a lot of value.

129

00:26:02.640 --> 00:26:15.989
TELEPHONE_USER: and I'd say it also builds up our capability at Cms in this area, and it builds hospitals, capability in the area and prepares us to build on this work as we're ready. And as we grow smarter in in the area.

130
00:26:16.360 --> 00:26:20.569
Dr. Hardeep Singh: Thanks, Michael, so looks like you're building the foundation. There's more to come. What about others?

131
00:26:21.500 --> 00:26:23.240
Dr. Hardeep Singh: Who else wants to chime in? Kevin.

132
00:26:23.240 --> 00:26:32.530
Kevin Zacharyasz (He, Him): Hop in here. So I I agree a lot with what Michael was saying, and obviously the Joint Commission's sustainable healthcare. Certification is voluntary as well.

133
00:26:33.054 --> 00:26:39.545
Kevin Zacharyasz (He, Him): And I think there really does need to be a balance between the 2 of this voluntary and mandatory state.

134
00:26:40.030 --> 00:26:58.769
Kevin Zacharyasz (He, Him): you know some of the obvious pros for voluntary programs really include that flexibility to make decisions tailored to your own organization staff and patient communities. And then also that sense of autonomy in making decisions. So you have a better feeling of buy in and engagement versus

135
00:26:58.970 --> 00:27:06.939
Kevin Zacharyasz (He, Him): maybe that pressure to meet mandatory requirements. However, you know, on the other hand, you know. So when we're looking at the cons of a voluntary program.

136
00:27:07.040 --> 00:27:13.929
Kevin Zacharyasz (He, Him): you can also look at inconsistent implementation. So without standardized metrics and requirements.

137
00:27:13.940 --> 00:27:23.560
Kevin Zacharyasz (He, Him): Some organizations are left without that guidance and framework to move towards an overall goal of decarbonization and increase sustainability initiatives. In addition.

138
00:27:23.560 --> 00:27:48.420
Kevin Zacharyasz (He, Him): I think, like we mentioned, this kind of leads to that lack of urgency. So individuals and organizations don't feel that pressure to meet all the requirements at once, maybe leading to delay in initiatives or not acting on them altogether. You know, when I think through mandatory programs, the main pros that really come to mind are that standardization. You're going to hear me probably discuss this consistently, but I think that in order to be moving together as one community.

139
00:27:48.550 --> 00:28:00.399
Kevin Zacharyasz (He, Him): we need to be using standardized metrics, measures to really accurately benchmark and track progress as a sector. Another pro really is that accelerate action so obviously

140
00:28:00.460 --> 00:28:11.440
Kevin Zacharyasz (He, Him): in the voluntary space I mentioned that there's that potential lack of urgency, while on the opposite side, if you make something mandatory, that urgency is definitely ramped up. And then obviously that kind of just

141
00:28:11.560 --> 00:28:38.590
Kevin Zacharyasz (He, Him): being held accountable to these metrics. Then, when I'm thinking, like the cons, it's the resource strain. So by implementing something mandatory right away. You can sometimes place organizations in a disadvantaged position really leading to maybe a hindered view of sustainability and decarbonization from leadership teams by just maybe not being able to achieve those certain goals or outcomes right away. I think this leads to another con, which is the fact that

142
00:28:38.730 --> 00:29:04.760
Kevin Zacharyasz (He, Him): you know mandates are typically made with the one size fits all approach and just. You know, they might not account for the unique circumstances of different organizations throughout the country, you know, at the end of the day, I just think there needs to be a balance between the 2 that really includes a phased implementation approach. So starting with voluntary initiatives, and then maybe transitioning to that mandatory standard, really allowing organizations to prepare and adapt to the transition

143
00:29:05.336 --> 00:29:26.219
Kevin Zacharyasz (He, Him): you know, providing support and resources. I think that's critical piece that we're, you know, as we all work together

as a collective sector, we need that in place, and then finally stakeholder engagement. So involving healthcare organizations in the development of policies and requirements, really provides the necessary buy in and feedback to develop this type of framework. So thank you.

144
00:29:26.220 --> 00:29:30.000
Dr. Hardeep Singh: Kevin. Very good, rationale here. Do you want to reflect on this.

145
00:29:30.000 --> 00:29:55.339
Dr. Aparna Bole: I am. Yeah. I think that was actually really well said so. I don't have too much to add, but I do think I just want to kind of pull out a couple of things, Kevin said, and underscore them. This idea that when there, when there is variability in the pace of implementation of some of these standards the benchmarking piece is really important, because when we, I think the the more kind of collective agreement and sort of at pace

146
00:29:55.340 --> 00:30:10.390
Dr. Aparna Bole: we have across the sector, the better that kind of like measurement and benchmarking gets, and that's really helpful, and also that many aspects of sustainability and decarbonization are

147
00:30:10.450 --> 00:30:35.169
Dr. Aparna Bole: benefited in the sector. When there's collective action like the when we're we're moving markets, you know, around more sustainable supply chains and those kinds of things where we may be, you know, in regionally, having an impact on energy markets and the availability and pricing of of energy and and also certain products that we want to sort of collect

148
00:30:35.170 --> 00:30:49.130
Dr. Aparna Bole: commit to. And so I think, having that collective action at pace is, there is a benefit there. But I think, kind of the pros and cons as as both Michael and Kevin have laid them out, I think, are really that was really well stated.

149
00:30:50.810 --> 00:30:59.057
Dr. Hardeep Singh: Thanks. Aparna Soparna, you know, talking about sort of, you know, adapting, moving in the right direction. You mentioned resilience.

150
00:30:59.480 --> 00:31:17.490

Dr. Hardeep Singh: I mean, we need to do both. Seems like right? We need to decarbonization to reduce pollution, reduce waste. But we also need to adapt because we're facing climate threats, and we need to adapt quickly. What are your thoughts on, you know? Is there a tension between the 2? Do people feel like, you know, doing one versus the other.

151
00:31:18.350 --> 00:31:18.880
Dr. Hardeep Singh: What do you think.

152
00:31:18.880 --> 00:31:21.130
Dr. Aparna Bole: I mean sorry. Go ahead, Harde.

153
00:31:21.130 --> 00:31:23.069
Dr. Hardeep Singh: No, I mean, I want to hear your perspectives on.

154
00:31:23.070 --> 00:31:31.459
Dr. Aparna Bole: Yeah, yeah, I think I think that oftentimes those 2 topics are understood as being sort of separate, like, they're 2 parallel lanes.

155
00:31:31.470 --> 00:31:55.939
Dr. Aparna Bole: But I think it's really important to understand the relationship between decarbonization and resilience, how they can interplay. And maybe there are some examples where there are choices to be made around resilience investments where there is a tension and we have to adjudicate those. But I think what I want to focus on is how decarbonization can really support improved resilience. And I think, as we've all seen

156
00:31:56.030 --> 00:32:10.300
Dr. Aparna Bole: just unfolding before our eyes, but also statistically, this increased incidence of severe extreme weather, events and climate, related disasters, the the changes in geographic and temporal distribution of those events

157
00:32:10.310 --> 00:32:35.939
Dr. Aparna Bole: that have really stressed healthcare delivery. We know how costly those disruptions can be. We've seen some stories of disrupted supply chains, flooded facilities, and those are extremely costly to healthcare organizations and also threaten the health of the people that we serve so certainly the imperative to think about resilience in a prospective and a forward and kind of outward looking way. In the setting of climate change is really important.

158
00:32:35.940 --> 00:32:53.909
Dr. Aparna Bole: and I think it's important to understand that decarbonization initiatives can increase our resilience. So I'll give you just a few examples. Some of the recent climate, related disasters and events that we've witnessed have caused power outages, grid disruptions.

159
00:32:54.010 --> 00:33:21.230
Dr. Aparna Bole: We know that renewable energy and battery storage can be one strategy to increase our resilience to grid disruptions and sort of kind of globally. If we're we're talking about emissions, reduction, and the fact that reduction initiatives and the fact that those can decrease our operating expenses and health care. That kind of is inherently a resilience, promoting initiative. If we can operate more efficiently, we have more resources to invest

160
00:33:21.230 --> 00:33:34.379
Dr. Aparna Bole: in patient facing programs invest in staff to shore up for those rainy days. So emissions, reduction, efficiency, reduction in operating costs, and then therefore resiliency really do

161
00:33:34.380 --> 00:33:52.649
Dr. Aparna Bole: go hand in hand. So, and then I think also, when we think about sustainable and resilient supply chains, those can also go hand in hand as well. So I think there are just a lot of ways in which emissions, reduction, saving resources, and resilience are very intertwined.

162
00:33:52.650 --> 00:34:15.680
Dr. Aparna Bole: and I think it's important that we understand that relationship so that we're not sort of artificially separating the 2. And I also think it can be like a language barrier for people where they think, okay, well, my lane is in resilience and preparedness. It's not decarbonization, but in fact, we have to understand that those 2 topics are intertwined. I wonder if if either Kevin or Michael might have more to say about that?

163
00:34:15.870 --> 00:34:16.670
Dr. Aparna Bole: Kevin.

164
00:34:17.360 --> 00:34:45.360
Kevin Zacharyasz (He, Him): Yeah, I can definitely go. So thank you, you know. Agree with a lot of what you're saying, Aparna. You know from my

standpoint there is definitely that mutual reinforcement between resilience and decarbonization. I mean effective decarbonization strategies, just enhance resilience. For example, you know, implementing energy efficiency projects or transitioning to renewable energy sources not only reduces emissions, but also decreases that dependence on fossil fuels, making a facility less vulnerable to things like

165
00:34:45.550 --> 00:34:49.749
Kevin Zacharyasz (He, Him): price fluctuations supply disruptions things like that.

166
00:34:50.500 --> 00:35:02.880
Kevin Zacharyasz (He, Him): also thinking through sustainable practices, like green infrastructure, including urban forests or public green spaces, or even permeable pavements, can really improve community resilience to

167
00:35:02.910 --> 00:35:17.470
Kevin Zacharyasz (He, Him): more frequent natural disasters, like flooding heat waves, while also contributing to lower carbon emissions. I think one of the perceived tensions between resilience and decarbonization is probably resource, allocation.

168
00:35:17.580 --> 00:35:31.119
Kevin Zacharyasz (He, Him): and how slash? Where do you place investment? Limited dollars at times? However, I think by finding balance, using holistic planning to really develop strategies that simultaneously address decarbonization and resilience.

169
00:35:31.120 --> 00:35:52.689
Kevin Zacharyasz (He, Him): You're more likely to be set up for success. And then, you know, finally, I would say that using adaptive management is important, too. So implement flexible strategies that can really evolve on new information and changing conditions. Allowing for just the adjustments as both climate impacts and technological solutions develop, too. Michael, I don't know if you had anything else you wanted to mention.

170
00:35:54.352 --> 00:35:55.920
TELEPHONE_USER: Yeah, maybe. Just

171
00:35:55.980 --> 00:36:04.560

TELEPHONE_USER: briefly, one. I'd say, I totally agree with Aparna and Kevin that these efforts are not mutually exclusive for Cmmi.

172
00:36:04.680 --> 00:36:08.400
TELEPHONE_USER: I think. Why, you've seen us use the decarbonization

173
00:36:08.440 --> 00:36:09.780
TELEPHONE_USER: language

174
00:36:10.000 --> 00:36:31.860
TELEPHONE_USER: much more. So we tried to take a step back and think about where we could add the most value, and our colleagues at Ccs queue and the office that manages the States and various participants done a lot of work on resilience as have many in this room. But an area Cms. Had not waited into yet

175
00:36:31.940 --> 00:36:47.540
TELEPHONE_USER: was this actual emissions reporting? And we felt that's where we could make a unique impact and jump, start the conversation around healthcare regulators role in collecting this data. And and so

176
00:36:47.640 --> 00:37:02.159
TELEPHONE_USER: I guess what I'd point to there is that we're also working closely with our other components in Cms and other parts of Hhs, such as Ochi right here, but also Cdc and and others. So we can really try to amplify their work.

177
00:37:02.770 --> 00:37:07.069
TELEPHONE_USER: to our model participants, which are hospitals and and providers.

178
00:37:07.545 --> 00:37:16.240
TELEPHONE_USER: and and then potentially add elements to our initiatives that promotes this greater resilience points to the connection between decarbonization and resilience.

179
00:37:16.647 --> 00:37:22.099
TELEPHONE_USER: And I think that's really where that ta and learning system portion of our our work comes in.

180
00:37:22.710 --> 00:37:24.140

Dr. Hardeep Singh: Thanks, Michael.

181
00:37:24.150 --> 00:37:41.700
Dr. Hardeep Singh: All right. So let's move to one of my sort of favorite topics. I come from a quality safety background, and many of us have tried to make the case that environmental sustainability and decarbonization initiatives should be deeply embedded within the health system, normalized within quality.

182
00:37:41.730 --> 00:37:50.470
Dr. Hardeep Singh: So, Kevin, I'm going to start with you because Joint Commission has been at this for decades. As you said, how do we make this a part of the quality agenda?

183
00:37:50.950 --> 00:38:11.188
Kevin Zacharyasz (He, Him): Yeah. So I mean, sustainability provides healthcare organizations. The opportunity to become climate resilient. You know, by optimizing the resources needed to provide safe quality care, healthcare organizations are really given the best possible ability to successfully manage the impact of climate change and improve patient outcomes.

184
00:38:11.790 --> 00:38:33.250
Kevin Zacharyasz (He, Him): you know, I think we all know this, but climate change disproportionately affects marginalized communities throughout the world. This includes health risks like increased cases of asthma and extreme temperature related deaths. In addition, I think you know, as we start to see changes in climate patterns, there are many regions that are and will be experiencing food and water insecurities.

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00:38:33.300 --> 00:38:38.829
Kevin Zacharyasz (He, Him): We want to ensure that all communities have equitable access to a healthy, sustainable, and resilient environment.

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00:38:38.930 --> 00:38:58.780
Kevin Zacharyasz (He, Him): That's why, at the end of the day, you know, sustainable healthcare is a health equity and patient safety issue. We know that this is an overall health issue, because if we support really the health of our planet. We're also contributing to the health of the communities that we serve by reducing emissions, improving air quality and decreasing waste disposal

187
00:38:58.900 --> 00:39:01.049

Kevin Zacharyasz (He, Him): healthcare organizations really create

188
00:39:01.120 --> 00:39:25.360
Kevin Zacharyasz (He, Him): healthier environments for those nearest to them. At the end of the day environmental sustainability is looking to meet the needs of the present without hindering the needs of future generations and in healthcare. I think that's meeting the needs of our current patients without hindering the health of future generations. The effects of climate change go beyond borders. It is important that all healthcare organizations have access

189
00:39:25.400 --> 00:39:44.649
Kevin Zacharyasz (He, Him): to the tools that promote sustainability. Our goal of this sustainable healthcare certification was really to enable organizations to implement practices that effectively adapt to the impacts of climate events, ensuring continuity of care and supporting recovery efforts within affected communities.

190
00:39:44.760 --> 00:39:56.120
Kevin Zacharyasz (He, Him): One of the main pillars that I mentioned earlier was leadership, and I think a big piece of leadership is to start to develop and implement formal sustainability governance structures throughout an organization

191
00:39:56.250 --> 00:40:10.990
Kevin Zacharyasz (He, Him): by implementing cross departmental interdisciplinary teams that include quality improvement, environmental health and clinical staff. To really tackle these challenges, I think you can start to build out that internal culture of change.

192
00:40:11.532 --> 00:40:26.709
Kevin Zacharyasz (He, Him): Also, this could provide a pathway to internally integrate sustainability goals, decarbonization goals within quality improvement projects ensuring that decarbonization becomes a standard consideration really in all initiatives

193
00:40:26.820 --> 00:40:42.449
Kevin Zacharyasz (He, Him): and then leveraging data analytics to track the impact of decarbonization initiatives on quality metrics can really help demonstrate the tangible benefits of sustainability efforts and justify further investment, you know, at the end of the day.

194
00:40:42.550 --> 00:40:50.340

Kevin Zacharyasz (He, Him): though, it all goes back to collaboration across the sector and finding ways that we can all work together to support this important mission. So thank you.

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00:40:50.340 --> 00:40:55.340
Dr. Hardeep Singh: Thanks, Kevin. Great points there. Anybody else wants to add.

196
00:40:56.200 --> 00:41:01.288
TELEPHONE_USER: Yeah, I'm I may jump in so and forgive me if this is

197
00:41:02.120 --> 00:41:07.239
TELEPHONE_USER: too technical. But I but I'd say, and another obvious area would be thinking about

198
00:41:07.470 --> 00:41:09.100
TELEPHONE_USER: incorporation of

199
00:41:09.270 --> 00:41:33.130
TELEPHONE_USER: select priority improvement activities to the Medicare MIPS value pathways. And just how Medicare thinks about quality payment overall. So for background. Mvps are subsets of measures and activities that are relevant to a specific specialty condition or patient population, and they include quality measures and improvement activities and cost measures and the

200
00:41:33.160 --> 00:41:49.590
TELEPHONE_USER: merit-based incentive payment system or MIPS is one way that Cms adjust payments for providers based on their performance. And I think decarbonization, actually, you know, can fit very nicely within that framework, and I think one misconception is

201
00:41:50.253 --> 00:42:13.100
TELEPHONE_USER: you know, perhaps, that Cms does not have a role to play here, but a lot of the dollars flow from Cms. To hospitals and providers, and one of those mechanisms is through the Ipps, where we make capital and operating payments. And to me and us it makes perfect sense. If we're paying for activities and infrastructure

202
00:42:13.100 --> 00:42:30.570
TELEPHONE_USER: and buildings that produce emissions and have an impact on patient health. We have a vested interest in monitoring what that

impact actually is on patient health. And we have all sorts of quality, improvement and cost savings programs. And I think our decarbonization effort again.

203
00:42:30.940 --> 00:42:34.170
TELEPHONE_USER: actually does fit quite nicely within that framework.

204
00:42:35.050 --> 00:42:36.239
Dr. Hardeep Singh: Thanks, Michael! For now.

205
00:42:36.240 --> 00:42:55.460
Dr. Aparna Bole: Just really, briefly, I agree with all of everything that's been said. And I think we talked about language kind of being important as we think about the relationship between decarbonization and resilience. I think the same is true here. I think the language of quality and safety is really important to engage clinicians and healthcare leadership in healthcare sustainability efforts.

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00:42:55.460 --> 00:43:23.370
Dr. Aparna Bole: And you know, one of the things that we talk about a lot is a relationship between high value care and sustainability. And I think that's something that really resonates with important stakeholders in healthcare, especially clinicians. And we often say that the greenest healthcare is a healthcare you don't need, and if there's a low value intervention, the greenest thing we can do is to avoid those low value interventions. So there's a lot of alignment between high value care from a clinical perspective and sustainability, as well.

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00:43:23.710 --> 00:43:26.320
Dr. Hardeep Singh: Great point point 9, nearly 30% of

208
00:43:26.370 --> 00:43:37.659
Dr. Hardeep Singh: care could be potentially low value. So there's a lot of room there to improve. And somebody has a comment about, you know, single use plastics, for instance. That's a lot of waste that we do in healthcare that we need to sort of tackle.

209
00:43:37.660 --> 00:43:40.260
Dr. Aparna Bole: And coincidence. Sorry, Cardiop, go ahead.

210
00:43:40.260 --> 00:43:48.889

Dr. Hardeep Singh: No, a lot of these plastics come from fossil fuels, which is another reason to sort of think about plastic waste, because we certainly throw away a lot. Yeah, go ahead.

211
00:43:48.890 --> 00:44:07.439
Dr. Aparna Bole: I didn't mean to cut you off. I just got excited because that percentage is about the same percentage of energy that's wasted in an average American commercial building. So there's a lot of waste that is costly that we're talking about removing from the system which has some of these kind of multiple wins, including wins related to quality and safety.

212
00:44:07.660 --> 00:44:28.390
Dr. Hardeep Singh: Yeah, great, thank you. So I'm noticing the time. And we have probably just one or 2 min left. Any closing thoughts from my panelists. This has been a fantastic discussion, either a myth that you want to dispel or a takeaway message that you want to give in the final. You know, one and a half minutes just about 20 seconds each, please. I will start with Kevin.

213
00:44:29.663 --> 00:44:46.899
Kevin Zacharyasz (He, Him): Again, I just wanna reiterate the collaboration across the industry is key to honestly the success of us all. Moving forward. I think partnerships and collaboration is something that we're all gonna need to utilize together to achieve. These goals. Thank you. All appreciate it.

214
00:44:47.370 --> 00:44:48.300
Dr. Hardeep Singh: Michael.

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00:44:50.570 --> 00:44:52.410
TELEPHONE_USER: Yep. So I think you've

216
00:44:52.500 --> 00:45:02.560
TELEPHONE_USER: maybe notice I've reiterated this a few times. But we we do really want to reiterate Cms's role to play here and particularly see the Cms

217
00:45:03.380 --> 00:45:09.430
TELEPHONE_USER: Innovation Center. We know that emissions have this impact on quality

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00:45:09.490 --> 00:45:21.479
TELEPHONE_USER: and and cost. And you know, as part of our role. We're here to think about innovative ways to address that and think comprehensively. And we monitor all of our models for these

219
00:45:21.520 --> 00:45:29.130
TELEPHONE_USER: health, safety and and cost impacts and decarbonization, we believe, fits very nicely within that framework as well.

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00:45:30.000 --> 00:45:31.990
Dr. Hardeep Singh: Thanks Michael for closing comments.

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00:45:31.990 --> 00:45:53.580
Dr. Aparna Bole: Thank you. I also want to cosign the importance of partnerships across Hhs beyond and to our non federal partners, and to just add one additional point that I don't think we've raised, which is coming out of the covid-nineteen pandemic. A couple of common challenges that healthcare organizations are grappling with. We hear about it all the time are razor, thin operating margins and concerns about staff burnout

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00:45:53.580 --> 00:46:14.470
Dr. Aparna Bole: and the topics that we're discussing here today. And in this series get at both of those really core issues, shoring up operating margins through some of these efficiency measures and this issue around staff well-being, as some of you may know there have been some recent surveys of clinicians across the country, showing that a strong majority of clinicians across disciplines

223
00:46:14.470 --> 00:46:36.200
Dr. Aparna Bole: want their employers, their healthcare employers to be acting on climate. They understand climate, smart healthcare delivery, to be aligned with our mission as healthcare providers, and I think that that dimension of sort of recruitment, retention, and staff satisfaction is a really important value of these efforts, as well.

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00:46:36.720 --> 00:46:41.609
Dr. Hardeep Singh: Thanks, Aparna, and most of all, I think the patients are going to be asking us about this very soon.

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00:46:41.610 --> 00:46:42.290
Dr. Aparna Bole: Absolutely.

226
00:46:42.290 --> 00:47:06.869
Dr. Hardeep Singh: Not just clinicians and other staff members. Well, there's a lot of resources. There's a lot more to come. Please stay tuned because there's more webinars on the way that will go into deeper details. This is our introductory webinar that I hope that has set the stage for all of you to come back and listen to more. And then we're going to be putting some resources out there as well. Thank you so much for joining us today.

227
00:47:46.300 --> 00:47:47.240
Kevin Zacharyasz (He, Him): Bye, everyone.

228
00:47:51.940 --> 00:47:53.320
Dr. Hardeep Singh: Thank you all. Bye.