Massachusetts General Hospital
Executive Committee on Community Health (ECOCH)

Year 1Action Plan

December 2018

MASSACHUSETTS
GENERAL HOSPITAL

Health Resources in Action
Advancing Public Health and Medical Research

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Year 1 Action Planning Process

ECOCH Subcommittees began Year 1 Action Planning for their Strategic Plan implementation in November of 2018. Health Resources in Action, Inc. (HRiA), a Boston based public health consulting firm, was engaged to facilitate and guide the action planning process.

Subcommittee members met on November 14, 2018 to begin this process by receiving an overview of action planning. Co-chairs led discussion on prioritizing strategic plan components to be implemented in year 1, and to begin populating action plan components. Components of the Action Plan that were discussed included: specific activities to accomplish strategies, target dates, resources available and/or required, lead representatives, potential partners, and potential success measures.

Following the Action Planning Session, subcommittees met individually to complete their year one plans. The draft Y1 Action Plans were submitted to ECOCH leadership and HRiA for feedback and finalized.

Subcommittee Co-Chairs

Priority Area 1: Social Determinants of Health
Anne Thorndike and Jim Morrill

Priority Area 2: Access to Care
Joy Rosen and Dean Xerras

Priority Area 3: Race Equity
Derri Shtasel and Elena Olson

Strategic Plan Elements by Priority Area

Priority Area 1: Social Determinants of Health

Priority 1: Social Determinants of Health			
Goal 1: MGH will recognize and address social determinants that affect the health of patients and communities.			
Objective 1.1: Utilize data from multiple existing sources to create a Social Determinants of Health Status Report that can be disseminated hospital-wide by 2021.			
Success Measures			
− −			
Partners/Resources Required (human, partnerships, financial, infrastructure or other)			
−			
Monitoring/Evaluation Approaches			
−			

Strategies	Actions	Lead Representative	Timeline Y1 January - December 2019
1.1.1: Obtain SDOH data from the Partners Medicaid ACO dashboard and other sources to assess the prevalence of food insecurity, housing instability, and other SDOH in patients seen in MGH primary care practices.	A. Connect with ACO team members (including the Medicaid ACO Medical Directors/Champions group) and committees involved in data collection/analysis; potentially invite ACO team member to join SDOH committee and/or present early data to ECOCH.		Jan - Mar
	B. Work with Disparities Solutions Center (Aswita Tan-McGrory) and CCHI to produce a table of ACO-screened SDOH that can be routinely updated.		Jan - Jun
1.1.2: Obtain SDOH data from MGH units not currently included in Medicaid ACO screening, building on pilot work in the EW and inpatient units and data obtained for the Partners employee population.	A. Connect with clinicians in the EW, inpatient units, OB/GYN, and social work who are working on SDOH initiatives in their units to discuss using their data in the SDOH table.		Jan - Mar
	B. Develop a strategy for regularly updating the SDOH table with data from sources outside the Medicaid ACO		Apr-Jun
	C. Determine how the different types of data will be displayed.		Jun-Sep

Priority 1: Social Determinants of Health			
Goal 1: MGH will recognize and address social determinants that affect the health of patients and communities.			
1.1.3: Develop a <u>MGH SDOH Status Report</u> using all available data.	A. Identify a person or group (e.g., existing MGH staff member or outside consultant) to be the primary analyst and author of the Status Report.		Jan - Mar
	B. Generate a Status Report that includes: 1) tables with data collected in the above two strategies; 2) gap analyses of populations not yet screened for SDOH; 3) analyses of SDOH data by race/ethnicity, age, gender, and; 4) analyses of SDOH by hospital unit or department.		Jun-Sep
1.1.4: Disseminate the MGH SDOH Status Report.	A. Distribute through various channels, including Dr. Slavin's email "From the Desktop;" formal reporting to the GEC, Chiefs, and other hospital leaders		Oct-Dec
	B. Advocate for expanding the SDOH screening tool to other hospital units and departments.		Y2

Priority 1: Social Determinants of Health			
Goal 1: MGH will recognize and address social determinants that affect the health of patients and communities.			
Objective 1.2: Foster and promote cross-disciplinary collaboration to prioritize research that focuses on SDOH.			
Success Measures			
–			
Partners/Resources Required (human, partnerships, financial, infrastructure or other)			
–			
Monitoring/Evaluation Approaches			
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Strategies	Actions	Lead Representative	Timeline Y1 January - December 2019
1.2.1: Convene MGH investigators, clinicians, and trainees in a multi-disciplinary SDOH Research Working Group to identify research gaps, funding sources, and opportunities for cross-disciplinary collaboration.	A. Identify and invite interested participants for an SDOH Research Working Group.		Jul-Sep
	B. Hire a skilled facilitator to lead the meeting.		Jul-Sep
	C. Schedule meeting for fall 2019		Sep-Dec
1.2.2: Organize an annual research symposium to highlight SDOH research at all levels and across disciplines.	A. Plan and implement an MGH Community/SDOH research symposium.		Y2

Priority 1: Social Determinants of Health

Goal 1:   MGH will recognize and address social determinants that affect the health of patients and communities.

Objective 1.3:   Develop a proposal for a new hospital-wide Social Determinants of Health Initiative at MGH.

Success Measures

    –

Partners/Resources Required (human, partnerships, financial, infrastructure or other)

    –

Monitoring/Evaluation Approaches

    –

Strategies	Actions	Lead Representative	Timeline Y1 January - December 2019
1.3.1 Work with MGPO, Medicaid ACO team, and CCHI to evaluate costs (e.g. readmissions, EW visits) associated with SDOH.	A. Consult with external groups (e.g. Kaiser)		
1.3.2: Convene hospital leaders with MGH SDOH experts to discuss: 1) current status of SDOH in MGH patients and implications for healthcare outcomes and costs; 2) how to foster and sustain innovation, implementation, and dissemination of effective strategies; and 3) what a successful SDOH Initiative at MGH might look like.	A. Will summarize data from SDOH Status Report (Strategy 1.1.3), Community Health Needs Assessments (conducted by CCHI), and SDOH-related costs (Strategy 1.3.1) prior to discussion.		
1.3.3: Working with existing MGH stakeholders, write a proposal for a MGH Social Determinants of Health Initiative to present to	A. Identify and convene stakeholders, including CCHI, the Kraft Center, MGH Health Centers, the Medicaid ACO Social Determinants group, and others, who will participate in the proposal development.		

Priority 1: Social Determinants of Health			
Goal 1: MGH will recognize and address social determinants that affect the health of patients and communities.			
hospital leadership.	B. Identify goals and specific projects of an SDOH initiative that would address gaps identified in the SDOH status report.		
	C. Prepare written proposal for SDOH initiative, including proposed budget		
	D. Present proposal to hospital leadership		

Priority Area 2: Access to Care

Priority 2:Access to Care
Goal 2: MGH will provide care that is affordable, available, and accessible <u>for all patients</u>.
Objective 2.1:   Ensure patients in ConnectorCare plans are able to access MGH services by December 2021.
Success Measures
– Maintain our current low -income patient base – Ensure that individuals living in our communities can access care at MGH
Partners/Resources Required (human, partnerships, financial, infrastructure)
–
Monitoring/Evaluation Approaches Process measures regarding progress on a new affordable product and on the dashboard
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Strategies	Actions	Lead Representative	Timeline Y1 January - December 2019
2.1.1: Advocate for the acceptance of a rate and other factors necessary for an affordable ConnecterCare product.	A. Build the case to gain buy-in from senior leadership	Kim Simonian & Brooke Alexander	Before January
	B. Advocate to incorporate ACO/PHM strategies to achieve high value care while trying to address TME (hospital, PO, and Center for Population Health PHM).	PHM	
	C. Engage with hospital/PO senior leadership to gain commitment to the strategy	Katrina Armstrong, Joan Quinlan, and Access Committee	Jan – March
	D. If needed, build ground swell of support among major stakeholders – Board, hospital, PO.	Katrina Armstrong and Access committee	
	E. Work with NHP/AllWays to explore ways to make their product more affordable.	Matt Fishman & Kim Simonian	Jan – March

Priority 2:Access to Care
Goal 2:   MGH will provide care that is affordable, available, and accessible <u>for all patients</u>.
Objective 2.2:   Ensure the development an "Access to Care" dashboard with input from leadership and consumers with key indicators that reflect measures of affordability, availability, and accessibility by Oct 1, 2020.
Success Measures
− Specialty care shortages (wait times for new visits) will improve − Patients never refused primary and sub-specialty service due to insurance
Partners/Resources Required (human, partnerships, financial, infrastructure or other)
−
Monitoring/Evaluation Approaches
−

Strategies	Actions	Lead Representative	Timeline Y1 January - December 2019
2.2.1: Work with key stake holders to Identify, develop and approve 2-10 core indicators (both quantitative and qualitative) for an Access Dashboard	A. Identify the "keeper" of the dashboard.	Access Committee ("keeper" could be Inga Lennes)	June - Sept
	B. Engage key partners (i.e. IT, Quality and Safety, PO, Disparities Solution Center) to develop and populate the dashboard data in real-time	Access Committee	Oct – Dec
	C. Develop dissemination plan that will include presentation to leadership bodies (GEC, Trustees Community Health Committee, etc.)	TBD	Y2
	D. Use dashboard data as leverage to inform future access strategies	Access Committee	Y3

Priority 2:Access to Care
Goal 2: MGH will provide care that is affordable, available, and accessible <u>for all patients</u>.
Objective 2.3:   Improveexperience of care to people of diverse backgrounds.
Success Measures
– Diversity of workforce improves – Experience of care measures for patients of diverse backgrounds will improve
Partners/Resources Required (human, partnerships, financial, infrastructure or other)
– Working with the Committee on Diversity and Inclusion, and Quality and Safety.
Monitoring/Evaluation Approaches
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Strategies	Actions	Lead Representative	Timeline Y1 January - December 2019
2.3.1: Collaborate with race equity group to share relevant dashboard data to inform access strategies.	A. Establish a set of standards that create a welcoming practice environment.	**Access Committee**	Y2
	B. Educate workforce during implementation of set of standards in 2.3.1	Access Committee	Y2
	C. Engage Quality and Safety committee to help with gathering data about safety events that may be related to race, culture, and language.	TBD	Y2
	D. Advocate for funding to expand patient navigation and CHW programs to other MGH practices.	Access Committee	Y2

Priority Area 3: Race-Equity

Priority 3: Race Equity

Goal 3: To achieve race equity at MGH by creating, embedding and sustaining a race equity framework.

Racial Equity definition: "The process of paying disciplined attention to race and ethnicity while analyzing problems, looking for solutions, and defining success. Application of a race equity lens helps to illuminate disparate outcomes, patterns of disadvantage, and root cause." – Center for Assessment and Policy Development

Objective 3.1: Promote ongoing commitment by the MGH Board and senior leadership to establish and maintain race equity as an institutional priority, by January 2020.

Success Measures
– A race equity curriculum is identified and developed for all Senior Leadership and MGH Board of Trustees

Partners/Resources Required (human, partnerships, financial, infrastructure or other)
– Financial resources req., leadership buy-in,

Monitoring/Evaluation Approaches
–

Strategies	Actions	Lead Representative	Timeline Y1 January - December 2019
3.1.1 Identify an implementation task force	A. Identify members of the taskforce	ECOCH Race Equity Subcommittee	x
3.1.2: Identify an established race equity training program for MGH senior leadership	A. Compare at least 3 established programs and evaluate for goodness of fit (e.g. Undoing Racism -a curriculum that analyzes the structures of power and privilege and prepares participants to be effective organizers for justice).	Yolanda/ECOCH Race Equity Subcommittee	x
	B. Ensure program selected has continuation modules	Race equity training consultant, Taskforce	x
	C. Select program		x
3.1.3 Establish a process to measure knowledge and attitudes of participants before and after training	A. Work with leaders of selected training program to identify measurement tools	Race equity training group, Disparities Solutions Center, Center for Diversity and Inclusion, Human Resources Training and Development	x

Priority 3: Race Equity			
3.1.4: Ensure MGH senior leadership participates in selected ongoing race equity trainings	A. Identify representatives of MGH leadership to participate:President, MGPO CEO, Chiefs of Service and Sr. VPs.	President's Chief of Staff/Race Equity Subcommittee	x
	B. Identify timing for this ongoing training. Secure on calendars.	President's Chief of Staff	x

Priority 3: Race Equity

Objective 3.2: Provide in-depth and continuous race equity education and training for all hospital employees by January 2021

Success Measures:

- − An implementation Taskforce is established
- −

Partners/Resources Required (human, partnerships, financial, infrastructure or other)

- −

Monitoring/Evaluation Approaches

- −

Strategies	Actions	Lead Representative	Timeline Y1 January - December 2019
3.2.1: Identify established trainings that can be used for MGH clinical and non-clinical leaders and staff focused <u>on race equity language and vocabulary</u>	A. Establish an implementation taskforce	VP Diversity, Equity, and Inclusion, CDI, Director of Diversity for Nursing and PCS, ECOTE/ECOR, HR Training & Development, KNC	X
	B. Create an inventory of related trainings at MGH		X
	C. Identify established external trainings, including the Senior Leadership training described in 3.1.		
	D. From above inventory, determine trainings suitable for MGH leaders and employees.		
	E. Obtain Implementation Dissemination consultation to create an overarching training plan for the institution.		

Priority 3: Race Equity

Objective 3.3: Develop and/or revise anonymous reporting systemsthat captures racism-related experiences and concerns and leads to a review process and specific remedies byJanuary 2020.

Success Measures

- An implementation taskforce established
-

Partners/Resources Required (human, partnerships, financial, infrastructure or other)

-

Monitoring/Evaluation Approaches

-

Strategies	Actions	Lead Representative	Timeline Y1 January - December 2019
3.3.1 Create implementation taskforce	A. Identify members to serve on an implementation taskforce. Must understand current reporting systems, help identify new systems/revise current systems, and implement the proposed system developed.	Race Equity Subcommittee	x
3.3.2: Assess existing structures and processes and determine what needs to be improved and or expanded upon.	A. Develop inventory to inform taskforce	D&I Committee; Race equity subcommittee	x
	B. Taskforce will determine best process. Consider adaptations to current reporting system.		x
3.3.3 Pilot adaptations to the current safety reporting system	A. Identify a department(s) interested piloting and adaptation to current reporting		x
	B. Pilot within that department		x
3.3.4: Conduct focus groups to gather input around desirability, acceptability and safety of reporting system	A. Use current culture survey/ explore additional survey to employees to gather data focused on those who have experienced or witnessed implicit/explicit bias at MGH.	New Task Force Safety Chairs	

Priority 3: Race Equity			
3.3.5: Assess existing structures and processes and determine what needs to be improved and or expanded upon.	A. Develop inventory to inform taskforce		
3.3.6: Survey external landscape to identify successful approaches other organizations have used	A. Develop inventory to inform taskforce	Yolanda/Administrative Fellow, ECOCH race equity subcommittee	

Priority 3: Race Equity

Objective 3.4: Conduct a race equity impact assessment for all policies and decision making at MGH by January 2020.

Success Measures

– Taskforce created, and members identified
–

Partners/Resources Required (human, partnerships, financial, infrastructure or other)

–

Monitoring/Evaluation Approaches

–

Strategies	Actions	Lead Representative	Timeline Y1 January - December 2019
3.4.1: Identify Implementation Taskforce	A. Identify members to serve on an implementation taskforce. Must understand current reporting systems, help identify new systems/revise current systems, and implement the proposed system developed.	ECOCH race equity subcommittee; VP of Diversity, Equity and Inclusion	x
3.4.2: Develop guidelines and parameters using a race-equity assessment for MGH policies and practices	implementation taskforce will: A. Identify existing guidelines used to measure adverse impact (e.g. Racial Equity Impact Assessment Toolkit - systematic examination of how different racial and ethnic groups will likely be affected by a proposed action or decision).		
	B. Determine best practice for MGH.		
3.4.3: Partner with HR and existing policy review committees (e.g. Medical Policy Committee; Police and Security, etc.) to assess all new and existing policies during their annual review	A. Identify partnership opportunities with existing policy review committees		
	B. Recommend existing policy committees incorporate recommended guidelines developed under 3.4.1.		Year 2
3.4.4: Establish a process to assess progress and evaluate success	A. Identify metrics used by other models.		