Massachusetts General Hospital
Executive Committee on Community Health (ECOCH)

Year 2 Action Plan

January 2020
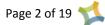
MASSACHUSETTS
GENERAL HOSPITAL
MGH 1811

Health Resources in Action
Advancing Public Health and Medical Research

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Year 2 Action Planning Process

ECOCH Subcommittees began Year 2 Action Planning for their Strategic Plan implementation in November of 2019. 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 20, 2019 to begin this process by receiving an overview of action planning and reviewing highlight of their year one implementation. Co-chairs led discussion on prioritizing strategic plan components to be implemented in year 2, 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 two plans. The draft Y2 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
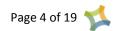Joy Rosen and Dean Xerras

Priority Area 3: Race Equity
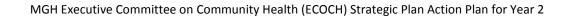Derri Shtasel and Elena Olson
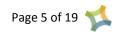
Strategic Plan Elements by Priority Area

Social Determinants of Health

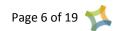| Priority 1: Social Determinants of Health			
Goal 1: MGH will recognize and address social determinants that affect the health of patients and communities.			
Objective 1.1: Utilize data from multiple existing sources to create a Social Determinants of Health Status Report that can be disseminated hospital-wide by 2021.			
Success Measures			
– SDOH Report completed and disseminated.			
Partners/Resources Required (human, partnerships, financial, infrastructure or other)			
– CCHI, Partners ACO SDOH dashboard, data source teams			
Monitoring/Evaluation Approaches			
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Strategies	**Actions**	**Lead Representative**	**Timeline Y2 January - December 2020**
1.1.3: Develop a MGH SDOH Status Report using all available data.	A. Completion of draft of the report, with all quantitative and qualitative data elements.	Anne & Jim	Jan - May
	B. Final draft completed	Anne & Jim	June/July
1.1.4: Disseminate the MGH SDOH Status Report.	A. Determination of dissemination plan for the SDOH Status Report	SDOH Subcommittee	March - June
	B. Dissemination of the SDOH Status Report to internal stakeholders and leaders	SDOH Subcommittee	July-September
	C. Wider dissemination of the SDOH Status Report to clinicians and the public	SDOH Subcommittee	October

Objective 1.2:	Foster and promote cross-disciplinary collaboration to prioritize research that focuses on SDOH.

Success Measures

   – Creation of SDOH Research Working Group, workshop event, promotion of SDOH research

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

   – Steve Bartels, the Mongan Institute, CCHI

Monitoring/Evaluation Approaches

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Strategies	Actions	Lead Representative	Timeline Y2 January - December 2020
1.2.1: Convene MGH investigators, clinicians, and trainees in a multi-disciplinary <u>SDOH Research Working Group</u> to identify research gaps, funding sources, and opportunities for cross-disciplinary collaboration.	A. Develop a "gap analysis" based on the SDOH Status Report (what is not being screened or what is missing)	SDOH Subcommittee	June - Aug
	B. Create a proposal for additional screening/data gathering across MGH	SDOH Subcommittee	Aug - Oct
1.2.2: Organize an annual research symposium to highlight SDOH research at all levels and across disciplines.	A. Complete a comprehensive list (and development of an email listserv) including SDOH researchers in all departments across MGH	Anne	January - March
	B. Plan and execute an SDOH Research Workshop involving SDOH researchers from across MGH, including identifying sources of support, location and timing of the workshop (late 2020/early 2021) 1. Workshop format – April thru June 2. Workshop event planning – July thru October	Anne & Jim (Mongan Institute)	January -October

Objective 1.2:	Foster and promote cross-disciplinary collaboration to prioritize research that focuses on SDOH.		
Strategies	**Actions**	**Lead Representative**	**Timeline Y2 January - December 2020**
1.2.3 Work with Mongan Institute and the Division of Clinical Research (DCR) to make SDOH data accessible to all researchers through the RPDR and to identify and disseminate relevant funding opportunities.	A. Improve the infrastructure for SDOH researchers at MGH: 1. Initiate an ongoing (monthly or quarterly) SDOH Research Working Group or Roundtable-- Jul-Sep 2020 2. Work with the Mongan Institute and DCR to make SDOH data accessible to all researchers through the RPDR-- Jul-Sep 2020 3. Determine how to create an updated list or web resource identifying relevant funding opportunities for SDOH researchers-- Oct-Dec 2020 4. Identify a network of key SDOH research mentors from across MGH-- Oct-Dec 2020	Anne & Jim (Mongan Institute)	July - December
1.2.4 Work with Mongan Institute, DGIM, and DCR to identify mentors for junior investigators interested in SDOH research.	A. Utilize email list to reach out to potential mentors	Anne & Jim (Mongan Institute)	July-December
	B. Include networking as part of SDOH Research Workshop		

Objective 1.3:	Develop a proposal for a new hospital-wide Social Determinants of Health Initiative at MGH.		
Success Measures			
− Discussion with stakeholders, goals of initiative identified; SDOH initiative proposal completed			
Partners/Resources Required (human, partnerships, financial, infrastructure or other)			
− MGPO, Medicaid ACO team, CCHI, hospital leadership			
Monitoring/Evaluation Approaches			
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Strategies	Actions	Lead Representative	Timeline Y2 January - December 2020
1.3.3: Working with existing MGH stakeholders, write a proposal for a <u>MGH Social Determinants of Health Initiative</u> to present to hospital leadership.	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.	SDOH Subcommittee & co-chairs (Anne & Jim)	September - December
	B. Identify goals and specific projects of an SDOH initiative that would address gaps identified in the SDOH status report.	SDOH Subcommittee	September - December

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 Y2 January - December 2020
2.1.1: Advocate for the acceptance of a rate and other factors necessary for an affordable ConnectorCare product.	A. Find an affordable solution for ConnectorCare patients for calendar year 2021 – figure out who will take the loss on this	Katrina Armstrong, Matt Fishman	Y2
	B. Work with AllWays on their next round of analysis	Katrina Armstrong	Y2
	C. Determine whether AllWays should have a lower cost product versus BMC HealthNet plan	Katrina Armstrong	Y2
	D. Approach BMC HealthNet about getting in network	Matt Fishman, Kim Simonian	Y2
	E. Deeper dive on why higher costs at our health centers for this population	Liaison with MGPO,CPH	Y2
	F. Get aligned with the BWH	Matt Fishman, Kim Simonian	Y2

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
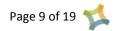- Patients never refused primary and sub-specialty service due to insurance

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

- MGPO Data and Analytics team

Monitoring/Evaluation Approaches

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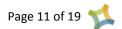| Strategies	Actions	Lead Representative	Timeline Y2 January - December 2020
2.2.1: Work with key stake holders to Identify, develop and approve 2-10 core indicators (both quantitative and qualitative) for an Access Dashboard	A. Meet monthly for 6 months with MGPO Analytics Team to develop dashboard, review data, and give feedback.	Access Subcommittee Leadership	Y2
	B. Review dashboard prototype with subcommittee	Access Subcommittee Leadership	Y2
	C. Address maintenance of dashboard	Access Subcommittee	Y2
	D. Develop dissemination plan that will include presentation to leadership bodies (GEC, Trustees Community Health Committee, etc.)	TBD	Y2

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: Develop and/or revise anonymous reporting systems that captures racism-related experiences and concerns and leads to a review process and specific remedies by January 2021.

Success Measures:
– An implementation taskforce established; inventory list and gaps in current incident reporting systems identified; centralized reporting system explored

Partners/Resources Required (human, partnerships, financial, infrastructure or other)
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Monitoring/Evaluation Approaches
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Strategies	Actions	Lead Representative	Timeline Y2 January - December 2020
3.1.1 Create implementation taskforce	A. Align with Vice President and Chief Equity & Inclusion Officer's Race Equity signature initiative.	ECOCH Race Equity Subcommittee	Y2
	B. Identify members to serve on an implementation taskforce. Must understand and assess current reporting systems, help identify new systems.	Derri Shtasel, Elena Olson, Joe Betancourt	
3.1.2: Assess existing structures and processes, identifying opportunities for improvement and centralization.	A. Meet with all leaders who have reporting systems on 12/20/19, as well as Jovita Thomas Williams, Human Resources (1/21/20).	Derri Shtasel, Elena Olson	Y2
	B. Develop inventory/process map capturing all MGH reporting systems.	ECOCH Race Equity Subcommittee, Aswita Tan-McGrory, Jeff Ecker, Kim Lopez	
	C. Determine requirements of what bias reporting system needs to do & communicate gaps of existing systems.	ECOCH Race Equity Subcommittee taskforce/committee co-chairs	Y2

Objective 3.1: Develop and/or revise anonymous reporting systems that captures racism-related experiences and concerns and leads to a review process and specific remedies by January 2021.			
Strategies	**Actions**	**Lead Representative**	**Timeline Y2 January - December 2020**
3.1.3 Pilot adaptations to the current safety	A. Review bias/ racism incident reporting pilots, including outcome metrics.	ECOCH Race Equity Subcommittee, OB/GYN, Subcommittee taskforce/committee co-chairs	Y2
	B. Determine interest in piloting incident reporting in other departments		
3.1.4 Develop and Disseminate a comprehensive bias incident reporting strategy	A. Working with HR, develop a comprehensive reporting process and system; will a new system be established as a result of the HR harassment "know the line" campaign? - do we connect existing incident reporting systems to a central place?	HR (Jovita Thomas-Williams), ECOCH Race Equity Subcommittee taskforce/committee co-chairs	Y2
	B. Establish a communication strategy – what is bias, discrimination, where & when do you report?		

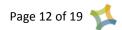| Objective 3.2:	Conduct a race equity impact assessment for all policies and decision making at MGH by January 2021.

Success Measures:
- Taskforce created, and members identified; assessment tool created

Partners/Resources Required (human, partnerships, financial, infrastructure or other)
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Monitoring/Evaluation Approaches
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Strategies	Actions	Lead Representative	Timeline Y2 January - December 2020
3.2.1: Identify Implementation Taskforce	A. Identify members to serve on an implementation taskforce.	Elena Olson, Joe Betancourt, Wendy Macias-Konstantopoulos, Aswita Tan-McGrory, OB, Christy Egun	Y2
3.2.2: Develop guidelines and parameters using a race-equity assessment for MGH policies and practices	Implementation taskforce will: A. Identify partnership opportunities with existing policy review committees, eg., HR and Medical Policy Committees and determine number of MGH HR and Medical policies that exist. B. Identify a tool and guidelines to measure policies (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) for their impact on Race Equity.	Elena Olson, Joe Betancourt, Wendy Macias-Konstantopoulos, Aswita Tan-McGrory, OB, Christy Egun ECOCH Race Equity Subcommittee	Y2
3.2.3 Determine a process for assessing all new and existing policies during their annual review.	A. Determine process for evaluating new and existing Medical and HR policies.	ECOCH Race Equity Subcommittee	Y2
	B. Identify a group of champions to review policies and identify policies that are biased.	ECOCH Race Equity Subcommittee	Y2

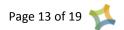| Objective 3.3:	Promote ongoing commitment by the MGH Board and senior leadership to establish and maintain race equity as an institutional priority, by January 2022.

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

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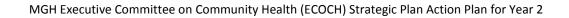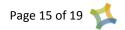| Strategies	Actions	Lead Representative	Timeline Y2 January - December 2020
3.3.1: Identify an established race equity training program for MGH senior leadership	A. Align with Vice President and Chief Equity & Inclusion Officer's Race Equity signature initiative.	ECOCH Race Equity Subcommittee; Joe Betancourt	Y2 (December)

Appendix A: Year 3 Action Steps

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 1.3:   Develop a proposal for a new hospital-wide Social Determinants of Health Initiative at MGH.
Success Measures
− Discussion with stakeholders, goals of initiative identified; SDOH initiative proposal completed
Partners/Resources Required (human, partnerships, financial, infrastructure or other)
− MGPO, Medicaid ACO team, CCHI, hospital leadership
Monitoring/Evaluation Approaches
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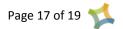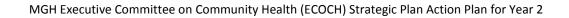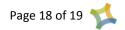| Strategies	Actions	Lead Representative	Timeline Y3
1.3.1 Work with MGPO, Medicaid ACO team, CCHI to evaluate costs (e.g. readmissions, EW visits) associated with SDOH.	A. Consult with external groups (e.g. Kaiser)	TBD	Y3
1.3.2: Convene hospital leaders with MGH SDOH experts to discuss: 1) current status of SDOH in MGH patients and implications for healthcare outcomes and costs; 2) how to foster and sustain innovation, implementation, dissemination of effective strategies; 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.	TBD	Y3
1.3.3: Working with existing MGH stakeholders, write a proposal for a MGH Social Determinants of Health Initiative to present to hospital leadership.	C. Prepare written proposal for SDOH initiative, including proposed budget D. Present proposal to hospital leadership	TBD	Y3

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 2.2:   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)
− MGPO Data and Analytics team
Monitoring/Evaluation Approaches
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Strategies	Actions	Lead Representative	Timeline Y3
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	E. Use dashboard data as leverage to inform future access strategies	Access Subcommittee	Y3

Objective 2.3:	Improve experience 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 Y3
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 Subcommittee	Y3
	B. Educate workforce during implementation of set of standards in 2.3.1	Access Subcommittee	Y3
	C. Engage Quality and Safety committee to help with gathering data about safety events that may be related to race, culture, and language.	TBD	Y3
	D. Advocate for funding to expand patient navigation and CHW programs to other MGH practices.	Access Subcommittee	Y3

Race-Equity

Priority 3: Race Equity
Goal 3: To achieve race equity at MGH by creating, embedding and sustaining a race equity framework.
Objective 3.4: Provide in-depth and continuous race equity education and training for all hospital employees by January 2022.
Success Measures:
– An implementation Taskforce is established –
Partners/Resources Required (human, partnerships, financial, infrastructure or other)
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Monitoring/Evaluation Approaches
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Strategies	Actions	Lead Representative	Timeline Y3
3.4.1: 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. Align with Vice President and Chief Equity & Inclusion Officer's Race Equity signature initiative.	ECOCH Race Equity Subcommittee	Y3
	B. Identify lessons learned from the new institutional harassment (Know the Line) training led by Human Resources.	Vice President and Chief Equity & Inclusion Officer, CDI, Director of Diversity for Nursing and PCS, ECOTE/ECOR, HR Training & Development, KNC	Y3