



# Understanding MBQIP Through An Equity Lens During the COVID-19 Response

## ► Best Practices in Hospital Communications in the “New Normal”

NC Critical Access Hospital Statewide Meeting

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Uniting hospitals, health systems and care providers for healthier communities

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# Objectives

- ▶ Identify key communication challenges amid COVID-19 response as it relates to culturally competent care and racial equity
- ▶ Discuss evidenced based practice communication tools
- ▶ Describe hospital early successes in adapting to communication challenges during COVID-19

# Cultural Diversity in Organizations: Things to Consider

- ▶ How does your organization support staff to ensure culturally competent care practices are in place?
- ▶ Does your organization have a Diversity Council to look at issues of racial, health, and health care equity?
  - Patient and Family Perspectives
  - Staff Perspectives
  - Organizational Leadership
- ▶ How does this translate into organizational culture? Strategies for communications with the patient, family, and the community? Population Health?

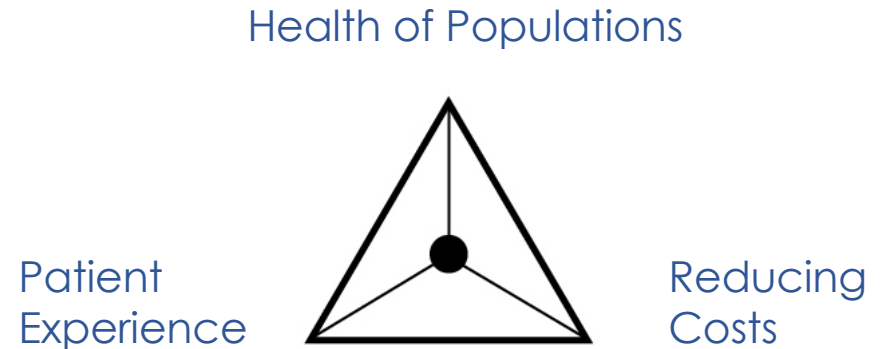
# Patient and Family Engaged/Centered Care

"The **most** direct route to the **Triple Aim** is via patient- and family-centered care in its fullest form."

~Don Berwick

Washington, DC – June 5, 2012

**HOW** do we know when we have reached the fullest form?



# COVID-19: Adaptations to Patient and Family Centered Care

- ▶ Take a moment to remember the initial impact of COVID-19 and the disruption to how we deliver care
- ▶ What were some of the key words that come to mind as it relates to:
  - Interdisciplinary Care Team
  - Patients
  - Families
  - Communities
- ▶ How did we know there were gaps? Improvements along the way?

## SICK, SCARED *and* SEPARATED *from* LOVED ONES:

A REPORT ON NYS HOSPITAL VISITING POLICIES AND  
HOW PATIENT-CENTERED APPROACHES  
CAN PROMOTE WELLNESS AND SAFER HEALTHCARE



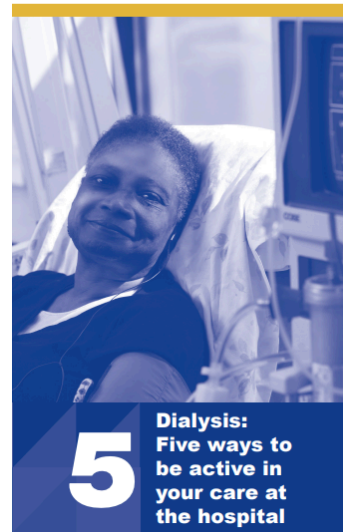
—A Report by—  
NEW YORKERS FOR PATIENT & FAMILY EMPOWERMENT  
NEW YORK PUBLIC INTEREST RESEARCH GROUP

August 2012

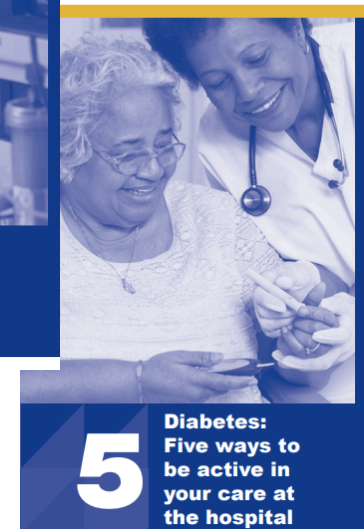
# The Joint Commission

- ▶ **S**peak up
- ▶ **P**ay Attention
- ▶ **E**ducate Yourself
- ▶ **A**dvocates (Family member and friends)
- ▶ **K**now about your new medicine
- ▶ **U**se a quality health care organization
- ▶ **P**articipate in all decisions about your care

**SpeakUP™**



**SpeakUP™**



**Speak Up:**  
AVOID A RETURN TRIP  
TO THE HOSPITAL



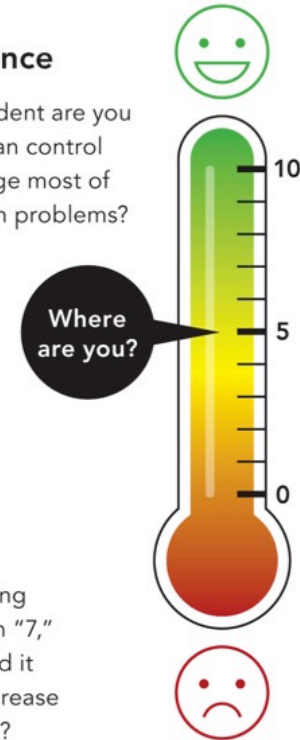
# Health Confidence and What Matters Index

- ▶ Health Confidence
- ▶ Pain
- ▶ Emotions
- ▶ Polypharmacy
- ▶ Adverse effects from medicines

**Whenever You Think About  
Your Health and Health Care  
Ask Yourself These Questions**

## Health confidence

How confident are you  
that you can control  
and manage most of  
your health problems?



If your rating  
is less than "7,"  
what would it  
take to increase  
your score?

# Teach-Back Methodology

- ▶ A way to make sure you, as the health care provider, explained information clearly
- ▶ Asking a patient (or their family member/friend) to explain in their own words what they need to know or do in ongoing care
- ▶ A way to check for understanding and, if needed, re-explaining and checking again for understanding
- ▶ Research-based health literacy intervention that improves communication between patients and providers and patient outcomes

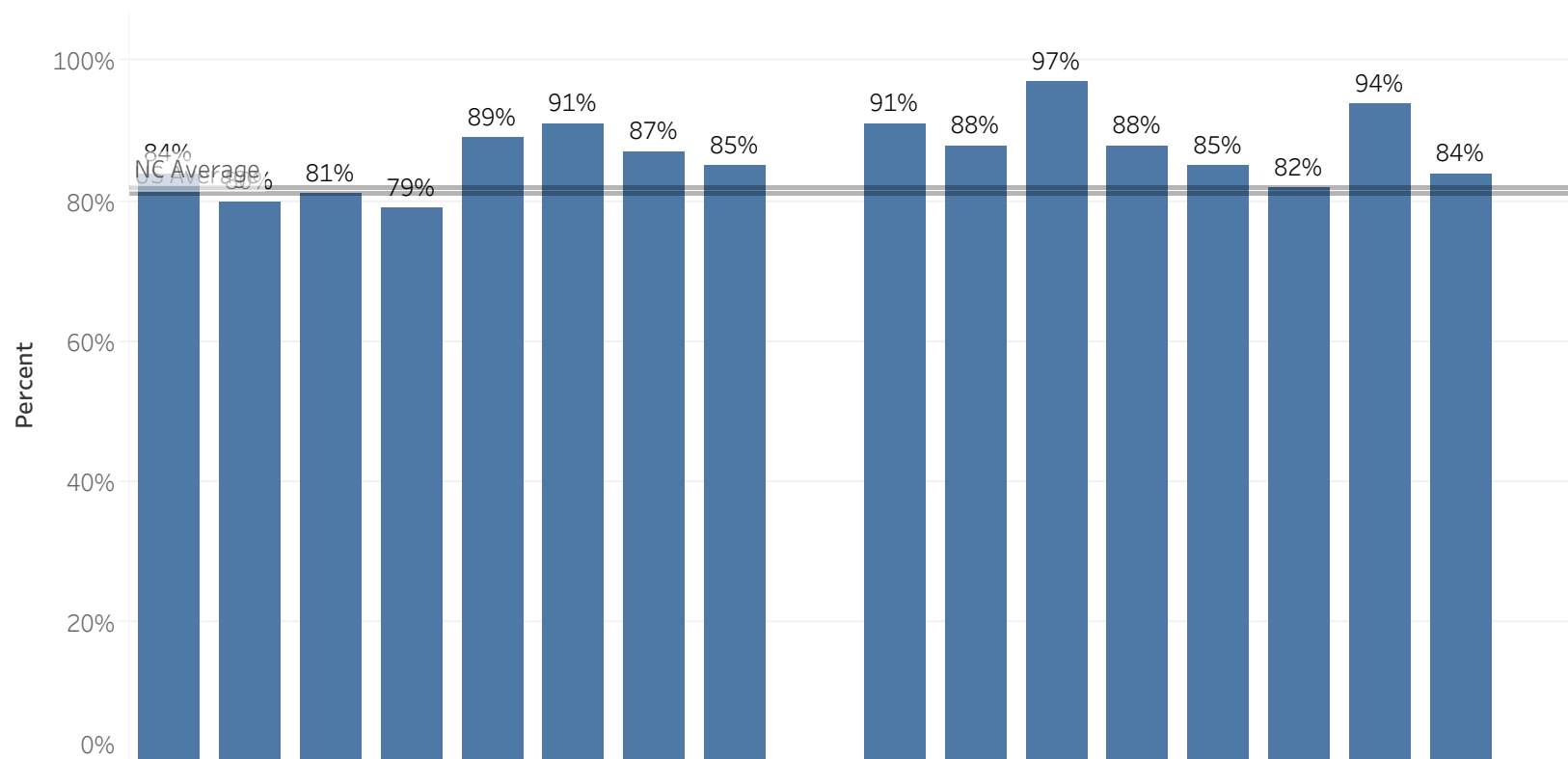


## More Tools...

- ▶ **Ask Me 3:** A set of three questions developed by the National Patient Safety Foundation to prompt patients to be more active members of their health care teams
- ▶ **The Batz Guide for Bedside Advocacy:** Available as a free download and as an iPad app (in versions for adults and children), this tool developed by the Louise H. Batz Patient Safety Foundation helps patients and families partner more effectively with their care team to promote patient safety
- ▶ **CFAH Engagement Behavior Framework:** Developed by the Center for Advancing Health (CFAH), this tool provides a comprehensive list of behaviors and actions both patients and caregivers may take to optimize their health care

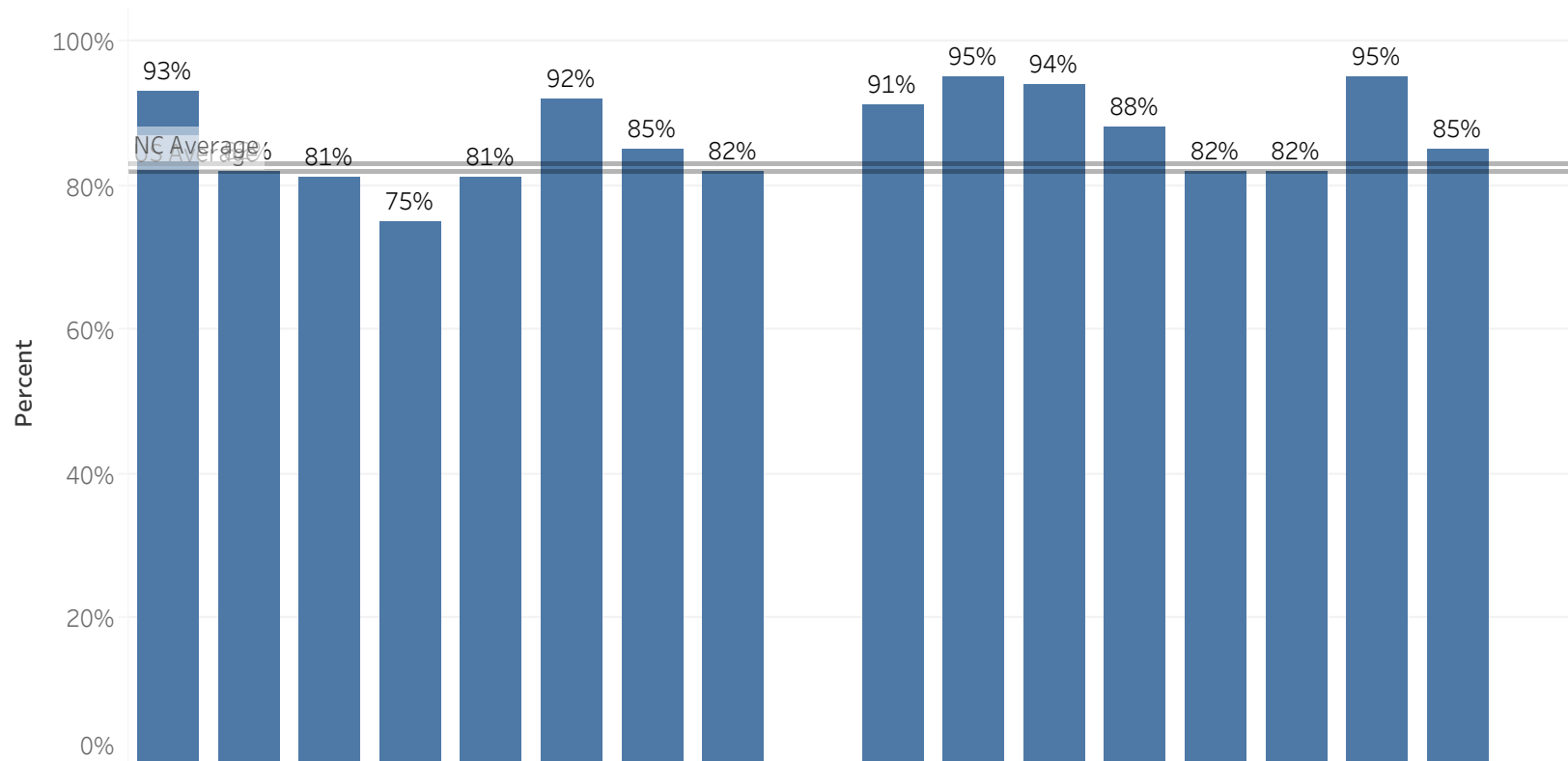
# MBQIP Communications by the Numbers

HCAHPS 1- Communication With Nurses, 3Q2019



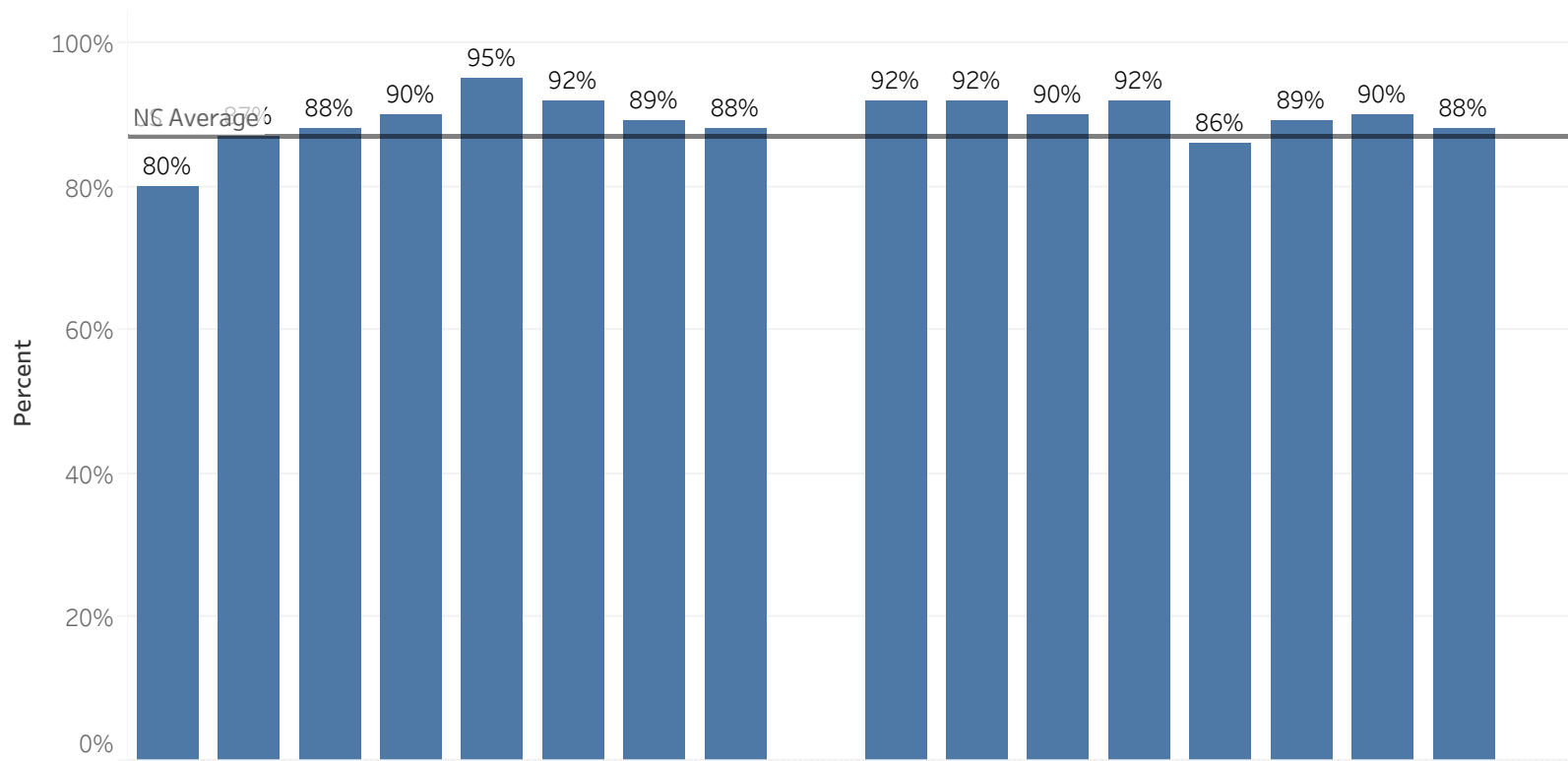
# MBQIP Communications by the Numbers

HCAHPS 2- Communication With Doctors, 3Q2019



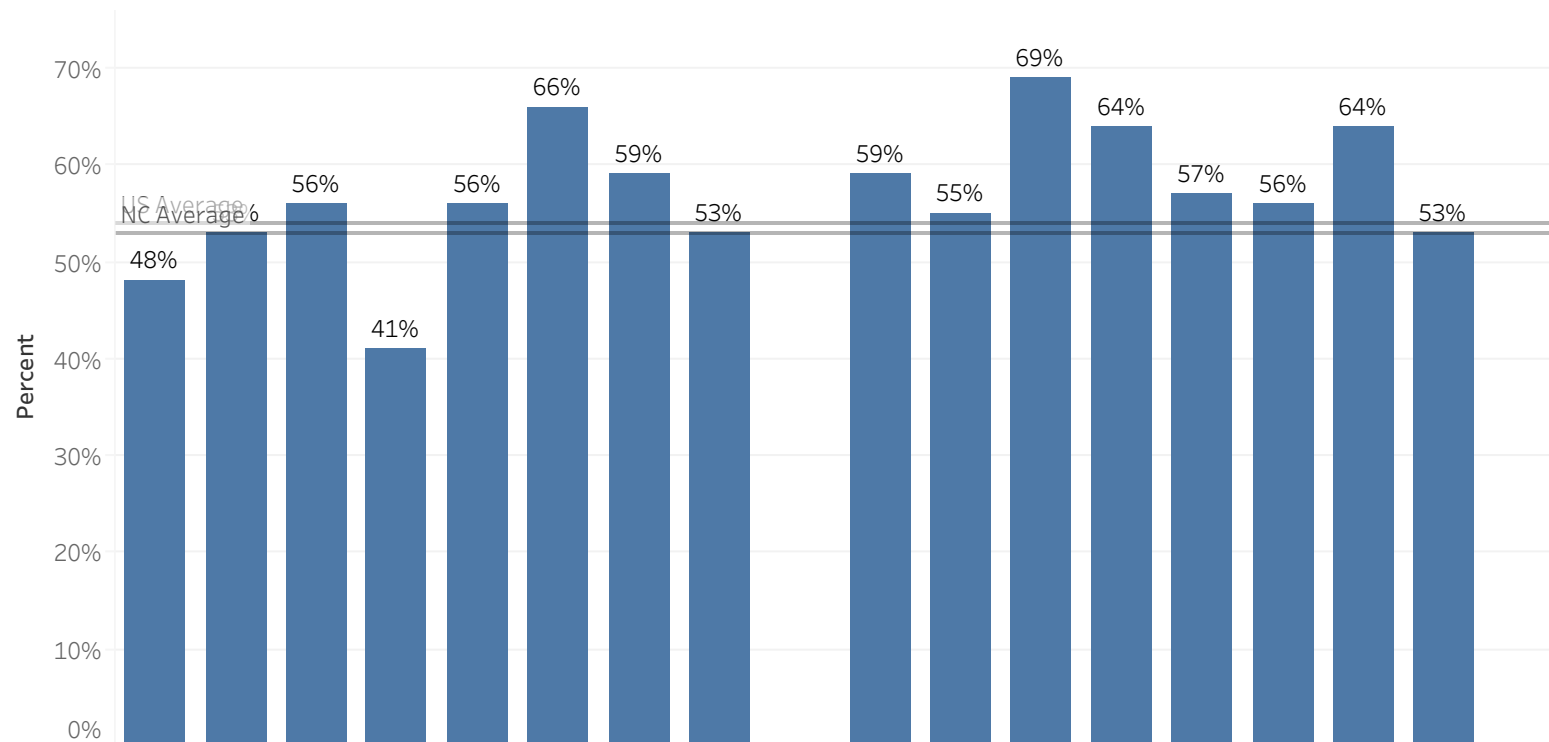
# MBQIP Communications by the Numbers

HCAHPS 6- Discharge Information, 3Q2019

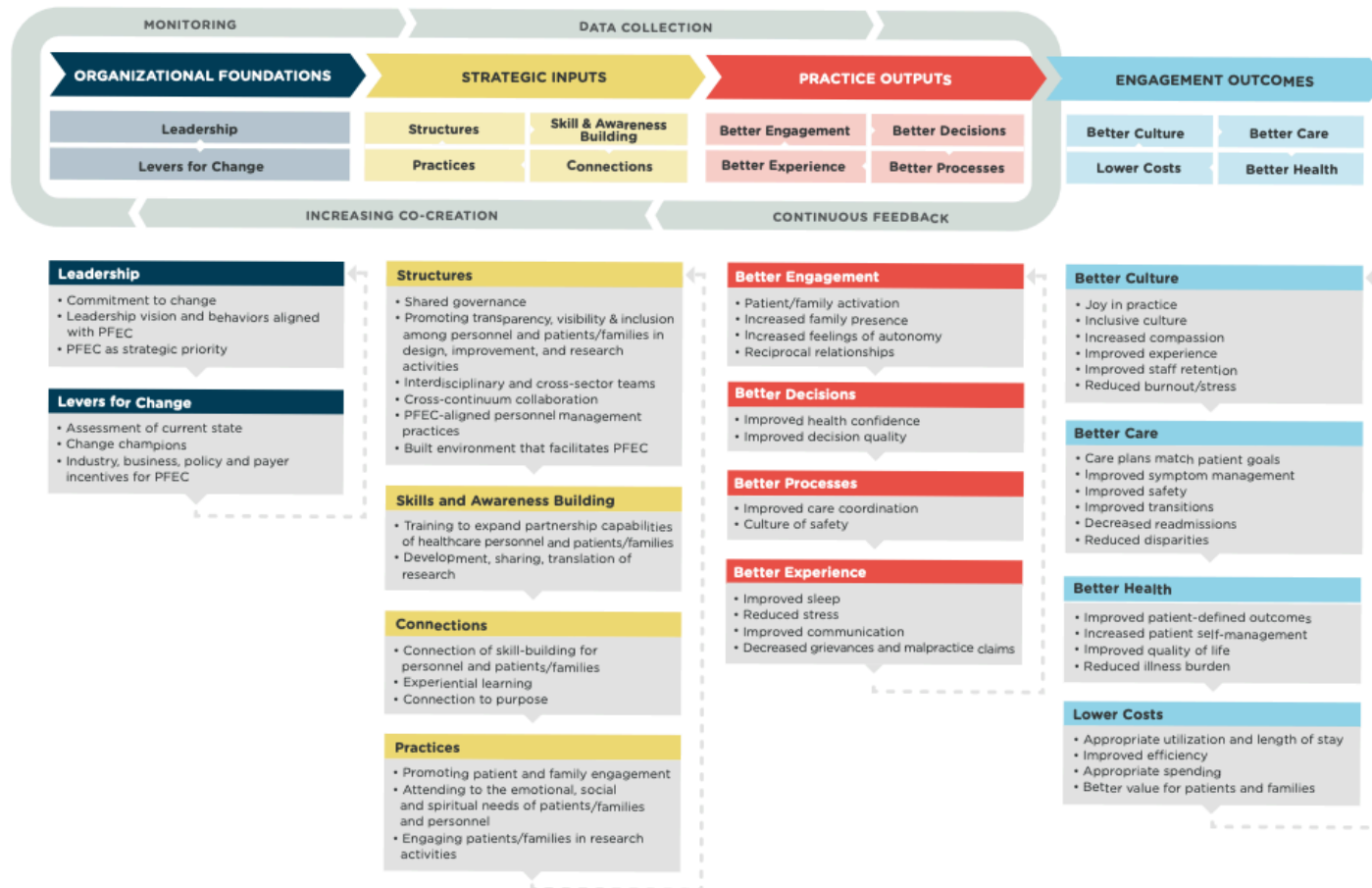


# MBQIP Communications by the Numbers

HCAHPS 7- Care Transitions, 3Q2019



## Patient and Family Engaged Care A Guiding Framework



**Figure 3 | Patient and Family Engaged Care: A Guiding Framework**

NOTE: linear placement of each element of the framework is not meant to suggest order or hierarchy

# Health Equity and Guiding Framework for PFEC

- ▶ Emphasize and explore health equity as an integral component of a culture of patient and family engaged care (PFEC )
- ▶ Understanding population health cannot be achieved without progress toward a culture of patient and family engaged care (PFEC) that ensures all populations (and members within populations) have equitable opportunities to achieve and maintain health
- ▶ Key Challenge: Guiding frameworks for building a culture of PFEC presumes that those implementing a culture of PFEC will foster equity by reaching and improving health for all
- ▶ Evidence shows that health equity will not organically evolve through these strategies, but must be through a deliberate and explicit priority and foundational element when implementing the Guiding Framework for Patient and Family Centered Care

# Understanding Communications Data

- ▶ Where should we explore in the documentation for data that points to racial equity?
- ▶ Look at the feasibility of matching quality data around your patient experience data to identify disparities in patient and family communications
  - Race
  - Ethnicity
  - Sexual Orientation or Gender Identity
  - Disability Status
  - Transportation Access
  - Socioeconomic Status (payer mix, employment status)
  - This will also be explored in the REal data discussions from the Patient Safety Lens
- ▶ How does considerations for these factors translate into how care is planned?



# Understanding Communications Data

- ▶ Organizational leaders should work with staff, patients, families, and community members to better understand the potential reasons for the disparities and discuss opportunities to address them
- ▶ Create an action plan based on the findings and look to implement effective quality improvement solutions and interventions tailored to and proven to improve equity for populations who receive disparate quality care
- ▶ Are there examples in your community where this type of research has been done?

# Diversity In Patient and Family Advisory Councils

## Diversity in PFAC

- Diversity helps your patient and family advisory council have a range of views and should provide a mirror image to the demographics of the community you serve
- What are some challenges to attracting diverse members?

## What diversity in PFAC looks like

- Consider where your PFAC will be serving your needs when selecting candidates
- Diversity includes welcoming individuals from different races, ethnicities, socioeconomic status, educational levels, sexual orientation, genders, ages, and varying physical or mental abilities

## Why it Matters

- Healthcare organizations should be looking for better ways to understand diverse populations to improve patient and family experiences when interacting with the health system to improve outcomes
- Improving health and health equity through focus on racial equity supports the elimination of health disparities gaps

# Cultural Diversity In Organizations... Space for Sharing

- ▶ How does your organization support staff to ensure culturally competent care practices are in place?
- ▶ Does your organization have a Diversity Council to look at issues of racial, health, and health care equity?
  - Patient and family perspectives
  - Staff perspectives
  - Organizational leadership
- ▶ How does this translate into organizational culture? Strategies for communications with the patient, family, and the community? Population Health?

# References

- Frampton, S., Guastello, S., Hoy, L., Naylor, M., Sheridan, S., and Johnston-Fleece, M. (2017). Harnessing Evidence and Experience to Change Culture: A Guiding Framework for Patient and Family Engaged Care <https://nam.edu/wp-content/uploads/2017/01/Harnessing-Evidence-and-Experience-to-Change-Culture-A-Guiding-Framework-for-Patient-and-Family-Engaged-Care.pdf>
- Lewis, N.(2014). A Primer on Defining the Triple Aim. Institute for Healthcare Improvement. <http://www.ihl.org/communities/blogs/a-primer-on-defining-the-triple-aim#:~:text=When%20IHI%20first%20developed%20the,time%20was%20considered%20somewhat%20radical.>
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- Racial Equity Tools <https://www.racialequitytools.org/act/communicating/implicit-bias>

# Poll Question 1

One method to ensure diverse input from patients and families include:

- a. Interdisciplinary Care Rounds
- b. Executive Leadership Rounds
- c. Diverse Patient and Family Engagement Councils
- d. All of the Above

## Poll Question 2

Health systems will be able to continuously strive towards closing the health disparities gap through:

- a. Building community relationships for primary, secondary, and tertiary interventions
- b. Organizational strategic planning toward population health
- c. Patient and Family engaged care models across the continuum
- d. Focusing on improving health and health equity through intentional focus on racial equity to eliminate gaps in disparate care

## Poll Question 3

To achieve IHI's Triple Aim for improving the patient care experience, improve the health of the population, and reduce the per capita cost in healthcare, healthcare leaders will have to:

- a. Focus on patient satisfaction, quality programs, and cost of care.
- b. Focus on the full spectrum of the patient experience so that it is safe, effective, patient-centered, timely, efficient, and equitable.
- c. Delay focus on population health until they have enough community partners to look at the broader determinants of health.
- d. Think more closely about how they can control cost of care because that is good for patients and the organization.

Thank you for your thoughtful reflection  
and participation!