Topic: Engaging Community Systems to Improve Health Equity

Date: July 20, 2023
Information for Project ECHO Faculty

• Please reference notes included throughout this template for guidance on developing a presentation aligned with the Project ECHO model. The NHPCO team may need to edit slides in order to maintain fidelity to the Project ECHO model.

• Faculty should develop content for Didactic Presentation, Case Study (Situation, Assessment, Background), Discussion and Recommendations, Key Takeaways, and References slides

• The following timeline will be utilized to guide the session, please be mindful of time allotted when developing slides. Project ECHO sessions are designed to allow ample time for facilitated discussion with participants.
  • 3:00-3:05pm EST – Announcements and Introductions (NHPCO staff)
  • 3:05-3:30pm EST – Didactic presentation and Case Study (Session Faculty)
  • 3:30-3:55pm EST – Facilitated Discussion with participants (Session Faculty and NHPCO staff)
  • 3:55-4:00pm EST – Closing Remarks (NHPCO staff)
NHPCO Project ECHO Team

Program Director
Aparna Gupta – Vice President, Quality

Program Lead
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Content Expert
India Harris-Jones – Manager, Health Equity and Diversity

Content Expert
Rory Farrand – Vice President, Palliative & Advanced Care

Curriculum Advisor
Nicole McCann-Davis – Communications Expert and Health Equity Advocate, External Consultant
Disclosures

**Disclosure**
The faculty and planners for this educational event have no relevant financial relationship(s) with ineligible companies to disclose.

**Data Collection**
In order to support the growth of the ECHO® movement, Project ECHO® collects participation data for each ECHO® program. Data allows Project ECHO® to measure, analyze, and report on the movement’s reach. Data is used in reports, on maps and visualizations, for research, for communications and surveys, for data quality assurance activities, and for decision-making related to new initiatives.

**Evaluation**
You will be receiving an email with a link to complete a short survey about this session. Please complete the survey within 48 hours. We ask all participants to take the survey as it will help us to improve future sessions.
This is an all share-all learn format; judging is not appropriate
Respect one another – it is ok to disagree but please do so respectfully
Participants – introduce yourself prior to speaking
One person speaks at a time
Disregard rank/status
Remain on mute unless speaking and eliminate or reduce environmental distractions to improve sound/video quality
Use video whenever possible; make eye contact with the camera when you are speaking
Do not disclose protected health information (PHI) or personally identifiable information (PII)
Today’s Agenda

• Introduction of Faculty – NHPCO Team
• Didactic Presentation – Faculty
• Case Study Presentation – Faculty
• Discussion – Session Participants, Faculty, and NHPCO Team
• Key Takeaways – Faculty and NHPCO Team
• Closing Remarks – NHPCO Team
Faculty

Marisette B. Hasan, BSN, RN
Program Coordinator
The SC Coalition for the Care of the Seriously Ill

Aparna Gupta, DNP, FACHE, CPHQ
Vice President Quality
National Hospice and Palliative Care Organization (NHPCO), VA
Engaging Community Systems to Improve Health Equity - *What does it look like?*
What is Health Equity?

“The attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.”

Health equity is attained when every individual has individualized and person-centered tools, resources and opportunities to achieve optimal health
What is a community?

“Community is any configuration of individuals, families, and groups whose values, characteristics, interests, geography, or social relations unite them in some way” (National Academies Press, https://www.ncbi.nlm.nih.gov/books/NBK425849/)

A health equity approach embedded in community systems is:

- Community-driven
- Multi-sectoral
- Evidence-Informed

From here to there….

Focus on the Connections

Health Equity through Transformed Systems of Health

Indicators of meaningful community partnerships:

- Diversity and inclusivity
- Partnerships and opportunities
- Acknowledgment, visibility, and recognition
- Sustained relationships
- Mutual value
- Trust
- Shared power
- Structural supports for community engagement

Didactic Presentation Q&A
Case Study

Engaging Community Systems: Every village looks different
Ms. C is a 68 y/o woman with advanced Congestive Heart Failure (CHF), diabetes and kidney failure. She is dually eligible for Medicare and Medicaid. After her last stay in the hospital, the hospitalist shared with her that her prognosis is very limited because her ejection fracture is less than 25% and her ability to rebound after her last 2 hospitalizations in the past 4 months has been limited.
The hospice liaison came to see Ms C and discussed the services and support she could receive at home, however, she was told that if she elected the hospice benefit, she would not be able to keep her home care aide from the Medicaid (MCD) Community Long Term Care program.

The aide provides Ms C in-home support for custodial care and bathing 24 hours per week (roughly three hours a day)
Assessment

Ms. C lives alone and has no one to be with her during the day. She is dependent for her activities of daily living (ADLs) and instrumental activities of daily living (IADLs) upon the aide who is provided under MCD services. In the absence of these personal services, Ms. C would be unable to take care of her basic needs and her quality of life would be adversely impacted.

Ms. C is not willing to give up these services.
Discussion and Recommendations
Discussion and Recommendations

• What matters most for Ms. C and her care?
• What kind of community programs and services are available for Ms. C that would fulfill her care needs?
• If Ms. C would elect the hospice benefit – would she gain a better quality of life or lose current (life sustaining) services with no alternatives?
• When there are no family and next of kin available for the beneficiary, how do community systems engage with the individual to enhance and improve quality of life?
• How can community health and support systems enhance and improve the delivery of equitable and accessible care to all?
Key Takeaways

• Key Points
  - Health inequities are closely linked to social determinants of health, which, in turn require innovative conceptual models for community engagement
  - For communities to engage in improving health equity, there must be shared power and a willingness to share resources
  - The consumer must be at the center of care delivery
  - Health disparities exist everywhere - on an individual and very personal level
Key Takeaways

• Actionable Steps
  ✓ Cultivate comprehensive health equity science (through the collection and sharing of key data and evidence
  ✓ Optimize interventions
  ✓ Reinforce and expand robust partnerships
  ✓ Enhance capacity and workplace diversity, inclusion and engagement
Key Takeaways

• Conversation Starters / Questions to Consider:
  ✓ What current community-based systems and programs in serious illness and end of life are available to individuals?
  ✓ Does the Medicare Hospice benefit provide an all-comprehensive, person-centered, need-based care delivery model for all?
  ✓ What matters most to individuals who are experiencing serious illness or are at their end of life but with disparate resources and opportunities for self-care?
References

- [https://innovation.cms.gov/key-concept/health-equity](https://innovation.cms.gov/key-concept/health-equity)


- [https://www.cdc.gov/healthequity/core/](https://www.cdc.gov/healthequity/core/)

- NHPCO DEI Report
Session Evaluation and Certificate of Completion

- Your feedback is valuable as we plan upcoming sessions!
  - Please complete the Project ECHO Session Evaluation

- Project ECHO sessions are not accredited for continuing education, but we are able to offer a confirmation of completion for each session. To receive confirmation of completion, please complete the following within 10 days of each session using the links found on the Project ECHO webpage.
  - Project ECHO Session Evaluation
  - Project ECHO Post-Session Knowledge Check
Would you like to demonstrate your commitment to delivering culturally competent care across the continuum of serious illness in an equitable, inclusive, and person-centered manner?

- NHPCO is pleased to offer a Health Equity Certificate for individuals who participate in at least 17 sessions in the *Equity Where It Matters* series.

To receive participate in the Health Equity Certificate, please complete the following within 10 days of each session using the links found on the Project ECHO webpage.

- *Project ECHO Session Evaluation*
- *Project ECHO Post-Session Knowledge Check*
Upcoming Sessions

Date: August 3
Topic: Identifying Cultural Needs to Enhance the Care Experience

Date: August 17
Topic: Intentional Inclusivity in the Workplace
Additional Information

NHPCO Project ECHO webpage:
https://www.nhpco.org/regulatory-and-quality/quality/projectecho/

NHPCO Project ECHO session recordings and Key Takeaways:
https://www.nhpco.org/regulatory-and-quality/quality/projectecho/2023-project-echo-session-recordings/

NHPCO Project ECHO Registration Link:
https://nhpco.zoom.us/meeting/register/tZEsfu-trz4oGtQeKFW41UEIYNwjSli8QCBF

For more information:
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