Reducing the Days Children Spend in the Hospital: Creation of a Health Equity Collaborative

Cincinnati Children’s
December 2019
GOAL
move toward equity
THEORY

Creating a Health Equity Collaborative

Initial Target Divisions/Conditions
- Endocrine | Diabetes
- Hematology | Sickle Cell
- Adolescent Medicine
- Trauma
- Asthma
WHAT IS THE HEALTH EQUITY COLLABORATIVE?

- A chance for divisions interested in achieving better, more equitable outcomes for their patients to come together and share best practices (*All Teach, All Learn*)
- An opportunity for agreed upon measures to be looked at in new ways thereby informing new care strategies
- A way to re-think how we provide care so as to ensure that the right child gets the right care at the right time and place
- A chance for us to see where there are internal equity gaps in how resources are distributed
- Opportunities for true partnership and expertise alignment
OVERARCHING MEASURE

Reducing days children spend in the hospital

FY 20 Goal: retain 18% reduction from baseline without special cause

County IPBD rate
MEASURES FOR THE EQUITY COLLABORATIVE

IPBD (bed day rate, admissions)

Equity Collaborative (number of engaged divisions)

Endocrine: T1D  Hematology: Sickle Cell  AIC: Asthma

Trauma: injuries  Ado Med/CPC: Behav Health

- For each condition, measure Admissions and ED encounters for a cohort of patients in our target IPBD neighborhoods (Avondale, EPH, LPH) and beyond

- Additional possible measures of disease control:
  - For Diabetes: HgA1c, weight
  - For Sickle Cell: HgbF, ANC, medication adherence (Hydroxyurea, PCN), connection to primary care
  - For Asthma: ACT score, medication adherence (if can be obtained), symptom-free days
  - For behavioral health: ED visits, readmissions
  - For trauma: ED visits, admissions, loss to follow up

Remains our overarching measure
We asked each subspecialty to complete a baseline assessment across 4 domains. *Preliminary results:*

**Data and Measurement Domain**
✓ Assesses what type of data is accessible to the team and how often is it reviewed
➢ Learned that there is a **WIDE RANGE**! Some with no ability to subdivide population data to full capabilities.

**Equity Mindset Domain**
✓ Assesses the team’s awareness of health disparities and their ability to act to narrow them
➢ Learned there is variability in how and when social and medical complexity risk stratification occurs
➢ Very **LITTLE** to **NO** Social Determinant of Health and Cultural Competency/Implicit Bias training

**QI and Change Management Domains**
✓ Assesses teams QI bench-strength and their corresponding readiness to change
➢ Most with some QI capability and QI support; all listed **LIMITED TIME** as a big barrier to this work
We will look at data through an **EQUITY** lens

We will leverage the **POWER** in **STORY** (n of 1)

We believe we will **LEARN** with & from each other
TEAM MEMBERS

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