CHA Health Equity Symposium Stresses Need For Cultural Competency

If there was one overriding message at the CHA Health Equity Collaborative Symposium on October 26, it was that cultural competency is lagging behind demographic changes in the United States, making the issue increasingly urgent for healthcare providers and patients.

The keynote speaker, Thomas LaVeist, PhD, the William C. and Nancy F. Richardson Professor in Health Policy and Director of the Hopkins Center for Health Disparities Solutions at the Johns Hopkins Bloomberg School of Public Health, made that point during his presentation, “The Skin You’re In,” which examined both national demographic changes and studies that show “astonishing inequities” in treatment and outcomes for people of color.

“We have not moved the ball much,” said Dr. LaVeist, adding that one obvious measure of the issue is the disparity in life expectancy between blacks and whites. “When I published my first article, the disparity in life expectancy between black and white Americans was four to six years. When I published my 100th article (25 years later), the life expectancy disparity was still four to six years.”

Dr. LaVeist also cited two of his own studies that showed disparities in access to procedures like coronary angiography and coronary revascularization among black and white patients at Baltimore hospitals, even when all the patients were compliant and had insurance. If hospitals addressed this disparity, all incentives would be aligned in achieving optimal and equitable health outcomes.

“It is simply unacceptable to have disparity and inequality in healthcare,” said Dr. LaVeist. “It is inconsistent with our values.”

That point was echoed by the Chairman of the CHA Committee on Population Health, Christopher Dadlez, who is President and Chief Executive Officer of Trinity Health New England Regional Health Ministry.

Mr. Dadlez said he has been working on this issue since 2011, when his hospital began grappling with diversity issues. He went on to help start the CHA Diversity Collaborative, as part of Connecticut’s hospitals’ commitment to ensuring integrated, equitable care, eliminating disparities, and improving health equity. This year CHA’s Diversity Collaborative began a transformation to a broader focus on health equity, reflected in the Collaborative’s new name: the CHA Health Equity Collaborative.

“If we don’t treat every single individual the same way, we won’t get the outcomes we need,” said Mr. Dadlez. “We’ll never move healthcare to the point we want it in the U.S. if we don’t deal with this very serious issue.”

Dr. LaVeist said the issue is not just an ethical one, but also economic because hospitals lose money by not performing necessary medical services. Hospitals and medical staff also face expensive litigation because of cultural incompetence and inequities in care.

The link between cultural competency and demographics is a fairly straightforward one, Dr. LaVeist said, and hospitals must either embrace cultural competency as a way of doing business or suffer the consequences, both economically and from a quality of care perspective.

Demographic studies show that not only has the U.S. become increasingly diverse over the last 50 years, but will continue to do so going forward, Dr. LaVeist said. The U.S. Census Bureau predicts that by 2070, the percentage of white people in the country will fall below 50 percent, but that’s hardly the whole story, according to Dr. LaVeist, because the immigrant population, which is increasingly from Latin America, has a greater percentage of people who are childbearing age and a have a higher birth rate.

“We’re in a transformative period in this country,” Mr. LaVeist said.

The symposium also featured a presentation on Cultural Competence in Healthcare by Troy Cicero, MulticultuReal, and a session on approaches to increasing supplier diversity by David Walsh, the Administrative Director of Supply Chain at Saint Francis Hospital and Medical Center, as well as the hospital’s Supplier Diversity Program Coordinator, Tatiana Paredes.
CHA's Advocacy Efforts Persist as Budget Talks Begin

CHA stepped up its advocacy efforts to get crucial hospital funding restored as Governor Malloy and legislative leaders held budget negotiations on October 26 in an attempt to address the state’s growing deficit.

The Governor has set the budget deficit at roughly $220 million, but Republican lawmakers believe the gap is actually closer to $431 million when other factors, such as federal reimbursement for Medicaid and Medicare Part B funding, are included in the equation.

CHA, which took out a full-page advertisement in the Hartford Courant and organized a “Morning of Action” on the day of the budget negotiations, is urging lawmakers to restore the $240 million in rescissions to hospitals that were ordered by Governor Malloy this year, and phase out the hospital tax.

To that end, CHA sent out an advocacy request to its members requesting that hospital employees call the Governor and leaders from both parties in the House and Senate on the morning of October 26 – prior to the budget negotiations – and ask that hospital funding be restored.

CHA and its members have argued that these cuts mean reduced access to care, increased wait times, job losses, and economic pain to both hospitals and the communities in which they reside. The cuts affect everyone who depends on their hospital, including the state’s neediest citizens - the one in five on Medicaid.

Governor Malloy invited Republican and Democratic leaders back to the negotiating table following mounting criticism from both parties about cuts to hospitals and human services.

Legislative leaders have said they intend to find alternative ways to close the budget gap so a portion of the funds for hospitals and other human services can be restored, but no spending cuts were discussed during the October 26 meeting.

Meanwhile, on October 28, Governor Malloy announced his own ideas for how to address the state’s mounting budget crisis during a cabinet meeting with state commissioners. Among his ideas is a plan to overhaul the state’s pension system, $10 million in new business tax cuts, and a proposal to cut the state workforce by 500 employees.

Community Care Teams Present to Complex Care Committee

Representatives from Connecticut hospitals presented at the October 23 meeting of the Complex Care Committee of the Council on Medical Assistance Program Oversight (MAPOC) about the successes of their community care teams (CCT), while at the same time expressing concern over funding cuts to the program. Through CCTs, hospitals team up with other community-based providers to coordinate mental health and social services for high-volume ED visitors.

Terri DiPietro, Director of Outpatient Behavioral Health, Middlesex Hospital; Margaret O'Hagan Lynch, Director of Addiction Services, Connecticut Valley Hospital; and Lydia Brewster, Assistant Director of Community Services, St. Vincent De Paul, presented on the pioneering work of the Middlesex County CCT. The CCT reported improved patient outcomes, fewer ED visits and inpatient stays by patients served by the CCT, reduced pressure on community providers, and a renewed commitment to collaborate among all the care team partners.
Saint Francis Celebrates Unity with Trinity Health

On October 23, representatives from Saint Francis Hospital and Medical Center and Trinity Health celebrated their new partnership by exchanging gifts and lighting a unity candle to mark the union of the two organizations. This ceremony marked the transfer of Saint Francis and its entities, including Mount Sinai Rehabilitation Hospital, from the Archdiocese of Hartford to Trinity Health's legal entity, Catholic Health Ministries. Saint Francis Hospital and Medical Center, Mount Sinai Rehabilitation Hospital, and other Saint Francis entities began providing care under the umbrella of Trinity Health on October 1 and formed a new Trinity Health region in New England along with the Sisters of Providence Health System in Springfield, Massachusetts, and its subsidiaries.

The October 23 celebration included a reflection on the history of Saint Francis Hospital and Medical Center and Mount Sinai Rehabilitation Hospital, with spiritual and reflective readings and music. During the event, Trinity Health, Saint Francis, and Mount Sinai executives, Mission and Governance leaders, sponsors, and founders reminisced about their legacies and vision for the future.

"Today we celebrate as Saint Francis Care and Trinity Health unite as a family, marking the beginning of a new era, as well as the continuation of our most deeply rooted traditions," said Christopher M. Dadlez, President and Chief Executive Officer of Trinity Health New England Regional Health Ministry. "The compassion and reverence for human life that inspired and fueled the hearts of our founding Sisters remains at the core of who we are, and, most importantly, at the core of what we strive to be."

"As the Trinity Health New England region, we will work together in harmony to expand our Mission of providing health and healing through excellent, compassionate care," he added. "We couldn’t be more excited to be part of this ministry and to contribute our expertise in the creation of this regional health ministry."

Saint Mary’s Health System and Johnson Memorial Medical Center plan to join the new region once they obtain regulatory approval.

Education Updates

Transitional From Staff to Management: What's Next?
Monday, November 2, 2015
8:30 a.m. - 3:30 p.m.
View Brochure | Event Registration

Whether recently assigned to the role of manager or a seasoned veteran, it is important to determine how well your problem solving, critical thinking, and decision making skills are keeping pace with the ever-changing healthcare environment. For those who attended "Staff to Management: Starting the Transition" in September or May 2015, this is the second course in the two-part program and provides additional development for all managers who want to continually improve their skills.

Continuing education credits will be awarded.

Coaching Skills to Improve Performance
Tuesday, November 3, 2015
9:00 a.m. - 3:00 p.m.
View Brochure | Event Registration

What does it take for a manager to be an effective coach? Is there a difference between managing and coaching employees for improved performance? Building trust, appreciating differences, encouraging growth, providing constructive criticism, and overcoming roadblocks to goal achievement are all part of the process.

Continuing education credits will be awarded.

OSHA Guidance
Friday, November 6, 2015
9:00 a.m. - 4:00 p.m.
View Brochure | Event Registration

Representatives from OSHA will provide members with a general overview of OSHA's recent guidance on workplace violence; musculoskeletal disorders/ergonomics; slips, trips, and falls; and bloodborne pathogens; explain OSHA's record sharing addendum, and provide practical steps organizations must take to ensure compliance.
Continuing education credits will be awarded.

**HRO Train-the-Trainer**
Wednesday, November 11, 2015
9:00 a.m. - 4:00 p.m.
Event Registration

After leadership training takes place with hospitals and ambulatory practices, individuals who embody a commitment to high reliability should be chosen from those organizations. Those are the trainers of the next generation of high reliability participants. They can include educators, front-line managers, and senior leaders.

Medicine, Nursing, Quality, and Radiology continuing education credits are offered for this session.

**HRO Cause Analysis - Two-Day Program**
Thursday, November 12, 2015
Friday, November 13, 2015
8:30 a.m. - 4:30 p.m.
Event Registration

Cause analysis teaches staff how to evaluate events, patterns of events, and causes of events and then helps staff ascertain how to implement solutions.

The sessions are for quality staff, safety staff, risk management staff, and other staff that respond to events.

Medicine, Nursing, and Quality continuing education credits for this session (must attend the entire two-day session to receive these credits).

**Perinatal Care (PC) Core Measures: Updates for Fall 2015**
Wednesday, November 18, 2015
12:00 p.m. - 1:30 p.m.
Live Webinar, Presented at your Facility
Event Registration

Please join Celeste Milton as she presents an update on The Joint Commission’s Perinatal Core Measure Set. Effective with Jan. 1, 2016 discharges, the threshold for mandatory reporting of the Perinatal Care performance measure set will change from a minimum of 1,100 births annually to a minimum of 300 births per year. This expanded threshold means that all Joint Commission-accredited hospitals with 300 or more births per year will be required to collect data and report on all five measures in the core measure set. This represents a significant change to the requirements and hospitals that meet the threshold are encouraged to participate in this webinar.

The program is being presented as part of the Partnership for Patients HEN 2.0 educational series.

**VTE/DVT Webinar**
Thursday, November 19, 2015
12:00 p.m. - 1:30 p.m.
Live Webinar, Presented at your Facility
Event Registration

We will host a VTE/DVT webinar on Thursday, November 19, 2015 from 12:00 p.m. to 1:30 p.m. and repeat it on Wednesday, December 16, 2015 from 12:00 p.m. to 1:30 p.m. Ian Jenkins MD, an expert in VTE/DVT prevention, visited a number of our hospitals during HEN 1.0 and will discuss approaches that you can use to bring down the incidence of VTE/DVT in your hospital. Many of the hospitals in Connecticut are still struggling to control their VTE/DVT incidence.

The program is being presented as part of the Partnership for Patients HEN 2.0 educational series.