Transcript

[00:00:00] Janice E. Nevin, M.D., MPH: In order to develop that deeply personalized model of care, that's data-powered, technology-enabled, continues, and not about the visit, but about the relationship, we have to make investments in data and really understand what the data is telling us. For example, we've seen an explosion of virtual care and technology as a result of COVID. I think we will have missed an opportunity if we simply take what we were doing and use technology to do the same thing.

The real opportunity here is to redesign a care model that inputs all the data that we need, uses artificial intelligence, machine learning, applies predictive analytics, and then allows a team to be notified of when a patient is having difficulty so that team can then reach out virtually and in-person if necessary and change the trajectory of care. Those are the kinds of investments that we're making, taking actions that will have impact.

[00:01:15] Presenter: Welcome to A&M Healthcare Industry Group's *What's Your Moonshot?* podcast series We're world-class healthcare leaders seek to solve big problems. Listen as we talk to today's health system CEOs about the journey to achieve their moonshots.

[00:01:31] Bianca A. Briola: Good morning, everyone, and welcome to our podcast, A&M's *What's Your Moonshot?* A podcast where we get to speak to very exciting healthcare leaders and discuss what their moonshot is and how they're solving for the greatest challenges in healthcare. My name is Bianca Briola and I'm with Alvarez & Marsal's Healthcare Industry Group. I am joined by an exciting co-host, the honorable secretary Dr. David Shulkin. Hello, David.

[00:02:00] David Shulkin, M.D.: Hi. Good morning, Bianca.

[00:02:03] Bianca: I've been really excited to co-host with you because I've been listening to your podcasts and you've had some amazing guests. I know that you're really excited about today's guest too.

[00:02:13] David: Yes. I really am, Bianca. Janice, we're so pleased that you could join us today. As you probably know, the *What's Your Moonshot?* podcast is really an opportunity for leaders like yourself that people listen to around the country to be able to talk about what's on their mind, their vision, to be able to put out a courageous opportunity to really change healthcare for the better.

I know that you're interested in addressing the issue of health equity and really demonstrating that Christiana but as well as others around the country can really make a difference here. Would you mind just telling us a little bit about your moonshot?

[00:03:00] Janice: First of all thank you so much, Bianca and David, it's really great to be here and a privilege to be able to talk to you and to talk to others about the moonshot. My moonshot is by 2030, we will have achieved health equity, no disparities. I think that we're going to start by doing that here locally, but the goal would be able to demonstrate how we can spread this across the entire country.

I don't have to tell you, inequity in healthcare has been a known problem for many many years, but I think the COVID experience which really shined a light on this issue is the Latinx community is two to three times more likely to be hospitalized or to die. I think there's a new sense of what I almost called being compelled morally to really address this issue.

At ChristianaCare, we were focused on creating health so that humans can flourish. I believe if we solve for equity, it allows us then to solve for many of the issues that have affected healthcare, especially when I think about access and affordability. It also means a holistic approach to addressing all of those factors that contribute to a person's health, including their social needs.

For us, it's everyone, and I do mean everyone in all of the communities that we serve. All of those folks have the opportunity to live the healthiest life possible. It doesn't matter who they are, where they live, how much money they make, but they have an opportunity to achieve the health and quality of life that's important to them.

[00:04:54] Bianca: Dr. Nevin, I love the fact you used, that we have a moral obligation; a moral obligation as healthcare leaders to do this. As president and CEO of ChristianaCare, I'm sure that this is top of mind in almost everything that you do since you're so passionate about it. How are you working on creating systems to improve these patient outcomes, reducing costs but also making sure that the quality of life of the communities that you just mentioned are really improved? Can you tell us a little bit about your strategy?

[00:05:28] Janice: You've asked a really important question because we've been talking about what we need to do for such a long time. We need to take action and we need to take the kind of action that will have the impact that we want. This is about really what's referred to as moving upstream and really paying attention to insuring food, making sure education is accessible, affordable housing jobs, and as part of this, we have to address structural racism. It's the entire ecosystem that impacts health that needs to be addressed.

I would say there are two major components that we think about, and the first is what I would say is being with the community, for the community. It's how do we build trusting relationships with members who live in the communities that are most vulnerable. For example, one of the changes that we've made in how we do our Community Health Needs Assessment is we've gone beyond looking at the usual data set, doing focus groups, and speaking to community leaders. The last time through we actually hired teams from the community, and not only got their perspective, but they were our interviewers, so you had community members talking to community members, and then helping us more deeply understand what it is that we need to do to create trust. That was the message. It's how do we build trust so that we can truly partner to start to take action that will have impact.

We have a number of programs that we've developed. We have community health workers that are partnered with some of our practices, especially in primary care and women's health. We know that infant mortality, maternal mortality, and morbidity are areas where there are great disparities. They will say their job is where healthcare meets real life, so they become part of the relationship with the patient, can get to know them, build that trust, and then really start to develop, to take action, to make a difference in outcomes. We've started a program, we do cultural consults. If there's a patient in one of our hospitals, we've addressed the language barrier, but we're still struggling to understand what that patient needs.

We can actually do a cultural consult and get a member of our team who understands the culture, who can really get in and more deeply understand the needs of that patient again building trust. One of the investments that we've made is in Unite Delaware which is on the Unite Us technology platform, a closed-loop referral that allows providers to refer patients to community-based organizations and other programs who are expert at meeting some of their other needs.

That's one really important strategy is building that trusted relationship and using new tools that we have to actually engage and make a difference. The other is in order to develop that deeply personalized model of care, that's data-powered, technology-enabled, continues, and not about the visit but about the relationship. We have to make investments in data and really understand what the data is telling us.

For example, we've seen an explosion of virtual care and technology as a result of COVID. I think we will have missed an opportunity if we simply take what we were doing and use technology to do the same thing. The real opportunity here is to redesign a care model that inputs all of the data that we need, uses artificial intelligence, machine learning, applies predictive analytics, and then allows a team to be notified of when a patient is having difficulty so that team can then reach out virtually, and in-person if necessary, and change the trajectory of care. Those are the kinds of investments that we're making, taking actions that will have impact.

[00:10:09] David: Janice, I really want to congratulate you. I think that having the level of specificity about how you're going to achieve this moonshot and how you're going to get there is really important. You've clearly thought through these strategies and many of them are quite innovative.

Let me ask you a little bit more. You're in 2021, you want to get there by 2030, how are you going to know if you're making progress? How are you actually measuring the success as you're going? Secondly, do you think about this in terms of a normal budgeting initiative? Are you putting financial resources to this, and if so, how do how much some of these initiatives are going to cost?

[00:10:58] Janice: Absolutely, I should say that the board at ChristianaCare is completely supportive of all of this work. It is a priority for them. I think without board support, it would be a real challenge. Our goals show up in our annual operating plan. We're in the midst of doing a new long-term strategic plan. Again, equity is embedded in all of the work that we do.

We're having a really good conversation about our long-term strategic planning goal. It will be zero disparities. Again, is it aspirational? Yes, but we believe it's possible and we want to put a stake in the ground. In the same way that zero preventable harm has made such an impact in improving quality and safety, we believe taking the same stance or around equity and disparities will again move us further faster.

The board, very much supportive of that for long-term strategy, and again, it appears in our annual operating plan, which then allows us to design the resource allocation that's necessary from a budgeting perspective. We have a lot of support to be able to do this work. Just an example of how it shows up, in our current annual operating plan, we have an explicit goal, and I should say these are the goals that the leadership team's annual incentive is related to.

Again, they show up in a very meaningful way, but this year we had a very specific goal to reduce the disparity and hypertensive outcomes for black and white patients. It's so important to be explicit about these. It was fascinating to do the work. We assumed that the disparity existed because black patients weren't getting the same quality of treatment as

white patients. What did we learn from the data? This is why it's so important to invest in data.

We learned, in fact, that was not the case. Black patients were being prescribed appropriate medication and appropriate treatment plan, actually even more so than white patients, but the outcomes didn't change. The data told us where we need to go next to actually more deeply understand what it is that needs to happen in order to change the outcome. I know you know, David, so much of healthcare measurement is around process. We're really focused on certainly looking at the process, but fundamentally it's that outcome that impacts quality of life and health. For me, this was a great example of having a plan, specific goal, making the investments, engaging our caregivers, understanding those metrics, and then being able to shift to what we really need to do to have impact.

I think the other piece that I would say is, we have made a commitment to change how we talk about community benefit. We talk about community investment and we talk about deeply partnering with community organizations that address the needs that are identified through the Community Health Needs Assessment. We've made a commitment to not only taking from them, learning from them what the issues are, but we are involving them in the solutions and then we've committed to sharing the data back because again, we believe that the community, the people who live in the community are best positioned to help us really understand the impact that we're having.

[00:15:00] **David:** Janice, I just wanted to follow up with you on one thing that you talked about. You can hear the passion that you have over this issue. You mentioned that your board is fully behind you. How do you know that this message is connecting with your staff and your physicians? Is this something that you have a sense about how they're reacting to this?

[00:15:23] **Janice:** We can't do this without all of our caregivers being on board and without them helping foster these trusting relationships. Of course, we're such a large employer that many of the people that we employ live in the communities that we're trying to serve. Yes, this has been a front and foremost issue for our organization for a number of years. Our physicians, our caregivers, are very much on board, they help us create our annual operating plan and our long-term strategic plan. They're telling us that this needs to show up, they're asking for us to support the work that they want to do.

Frankly, they're really proud to be part of an organization that has made this commitment. I think all of us as we reflect over the last 15 months, not only think about the COVID pandemic, but also all of the social unrest that followed George Floyd's murder last summer. For us as an organization, it was a moment in time that I'll never forget, we took a knee in support of white coats for Black lives, and across the organization, 8 minutes 46 seconds of silence and that was very meaningful. We also issued an anti-racism commitment, we are committed to being an anti-racism organization. We did that inside the organization and we made it public. That allowed us then to go even more deeply with our caregivers.

We have had a series of courageous conversations inside the organization. We've had national experts come in and help us better understand the issues. We're taking action and we're being transparent with our caregivers. Our diversity and inclusion strategy is on our website for them to see. The numbers for caregivers, the specific numbers of race-ethnicity, they're on our website for our caregivers to see. I firmly believe that transparency is the way to go, particularly when there are difficult issues. It's a way that we engage people in having the right kind of conversation and holding us accountable to take action.

[00:17:51] **Bianca:** Dr. Nevin, I have a question for you. I think that it's an incredibly ambitious goal, but a measurable goal to have zero disparities. I love the specificity that

you've added to your balanced scorecard. What advice do you have for other healthcare organizations, other executives, as they aspire to also have zero disparities? It sounds like one of the strategies you use is to offer some teeth to executive compensation. What other ideas do you have to push other organizations in the same direction?

[00:18:28] Janice: I think that it starts at the top in terms of being very clear about the vision and the commitment. It's critical to have the support of the board, but leaders in organizations set the tone. We have an obligation to do that. Health system leaders, in particular, have a voice, a very unique voice, and a very powerful voice and we need to use that voice to put a stake in the ground and make a commitment.

I also think sharing stories about what's possible and those successes is really important. One of the successes, one of the stories that you know truly filled my heart with joy, this June was that we opened our first what we call access point at Kingswood Community Center, which is in the most vulnerable community in the city of Wilmington, a community that hasn't had access to care.

We created a very different access point. When you walk in the door, you're greeted by a PDA, a Patient Digital Ambassador who gets you connected to a device because what's important is the access is now available to that community 24*7, 365. There's an opportunity to meet with a nurse. We've got a piece of equipment that enables blood pressure, EKG, auscultation, all kinds of medical exam procedures that connect virtually to a provider. Then the patient meets with a community health worker to assess their other needs and make sure they're getting the support that will make a difference to their health.

This community has never had this kind of access to primary care. It's a coming together of it all. It's a coming together of everything we've learned from technology, the need to apply that in a way that works for vulnerable communities, and is holistic in its approach. We have plans to really grow this across the entire region. Again, telling those stories, showing those pictures, is another way to really engage people in getting this done.

We've talked about the importance of it showing up on the plan, tying compensation to it, investing in data, in the systems that will allow the kind of measurement that enables the learning that results in the programs that have impact.

[00:21:17] Bianca: This is so exciting. Dr. Shulkin, any final thoughts, any ideas?

[00:21:23] David: No, it's really inspiring. It's really terrific to hear your thoughts on this, your passion, your leadership, and so we really want to thank you for spending the time with us today, Janice. We certainly hope that you can do this before 2030, but we know it's a big goal that you've taken on.

[00:21:43] Janice: Yes. My pleasure. As always, I love talking to you. Thank you so much.

[00:22:14] David: Bianca, I was really impressed with the way that Dr. Nevin had such specific strategies for accomplishing her goal of no health disparities by 2030. What did you think about that?

[00:22:30] Bianca: I agree. The fact that they're willing to make the financial investment into this commitment, it says a lot. The fact that she said, "Our goal is zero disparities," I was floored by that. It seems like she has a moral obligation when she immediately started to say, "We have a moral imperative to do this." I think she really sets the tone. I'm hoping other organizations will follow suit.

[00:22:58] David: Yes. I also think when you listen to the way that she talks about this, you can see her passion about this issue. What I often find, leaders can often say that things are important, but when they have that level of detail and they can talk about the specifics that they're working on and why it's so important, those are the people who actually get things done. I think we're going to see some pretty interesting things come out of ChristianaCare.

[00:23:27] Bianca: I agree. The fact that they want to include the community in this journey is so critical. We know that that's not something that one organization can do on their own, they have to have engagement from, to your point, providers, staff, as well as their board and the global community. I'm excited to follow them and see what happens.

[00:23:48] David: Yes. There are two specific things that she mentioned that I was excited about. One is, you could see how she would keep coming back to technology solutions and using ways to connect with people using more modern tools. I think that's the way that you begin to really build and hardwire these improvements into your system.

The second thing that she talked about, which I'm a big believer in, is transparency. She talked about how she would put their posting on their website, the representation that they have from the community, and what these goals are. I think when you commit to that level of public disclosure, that's also very bullish for being able to make this type of progress.

[00:24:32] Bianca: Absolutely. For so long, organizations have been scared to address the issue and really hear, even if they were doing a good job. That transparency is very inspirational, and I hope that that could be a leading practice.

[00:24:47] David: Yes, look, most moonshots are big risks, and there's no doubt that this is not going to be easy to do because, frankly, it's not all in the control of a healthcare system. This is really working to solve issues that traditionally have not been able to be addressed by healthcare systems, food and housing, and economic security, and cultural differences. Yet, she's not afraid to jump in there and tackle it. I think she understands that not only does a health system, like Christiana have the responsibility, but they're probably one of the largest employers and they're going to have a big impact. It's really terrific to see leaders like her taking this on.

These issues have always existed for hospitals and healthcare systems that frankly always saw the results of these disparities; often with people coming to emergency rooms and not being able to afford preventative care, but I think in the past, what leaders of healthcare organizations would do is they'd throw up their hands and they say, "These issues are too big for us to tackle. This is the government's problem." What you're not hearing from leaders like Dr. Nevin and others that we've spoken to, they're not waiting for the government.

They're not blaming them and saying, "Well, they need to do more." They're taking real accountability and saying, "No, we have a role in this, and we're going to do what we need to do to get this done." I think that's a very different attitude than we would have seen a couple of years ago.

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