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Northwell Health

Redesign of Cardiovascular Health care Delivery : Integrating the Tenets of Diversity, Humanism and Health Equity to Improve Outcomes

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November 20,2023

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Redesign of Cardiovascular Health care Delivery : Integrating the Tenets of Diversity, Humanism and Health Equity to Improve Outcomes

Agenda

The Why for an Expanded model of Health care Delivery

At the conclusion of this presentation participants should be able to recognize:

- The connection between determinants of health and adherence to a CV treatment plan
- The need for a redesign of the health care delivery with the model of the patient as a partner in improving CV health outcomes
- The importance of integrating the components of cultural awareness, health literacy, humanism and preferred language into the treatment plan for the patient with CV disease
- A Framework for DEI: -Northwell Health’s approach to Diversity and Health Equity

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The Evidence to Support an Expanded model of Health Care Delivery

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Lessons From Covid 19: Need for a Focus on Prevention in Medicine

Data pointing toward decreased overall health in U.S.

- Life expectancy has been declining over the last few years
- Increased obesity, blood pressure and glucose intolerance in younger people
- Highly educated and urban populations have superior health statistics compared with poor, poorly educated and rural populations

Public health and evidence generation infrastructure

- Make information available close to real time to enable formulation of targeted policies and interventions at multiple levels
- Reform of our global and national clinical trials infrastructure
- Improved sharing of health data

Suggested interventions

- Lifestyle (diet, exercise, tobacco, mental health)
- Medication optimization and adherence
- Align incentives for new therapy development
- Better access and sharing of information
- Avoid suboptimization

Source: Robert M. Califf. Circulation. Avoiding the Coming Tsunami of Common, Chronic Disease. Volume 143, Issue 10, Pages 1033-1034

• “The dual pandemics of our times; one biological (Covid-19) and the other cultural was a catalyst for the urgent need to redesign a model to address inequities and disparities in healthcare. A holistic framework for embedding the tenets of diversity, Inclusion and health equity into our healthcare delivery systems is critical for improving health outcomes for all”.

• **Richard Levin, MD . President & CEO Arnold Gold Foundation dedicated to Humanism in Healthcare**

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A New Health System for the 21st Century: The Epidemic of Chronic Disease

Domains of Healthcare Quality

EFFICIENT

1

EFFECTIVE

2

SAFE

3

TIMELY

4

PATIENT-CENTERED

5

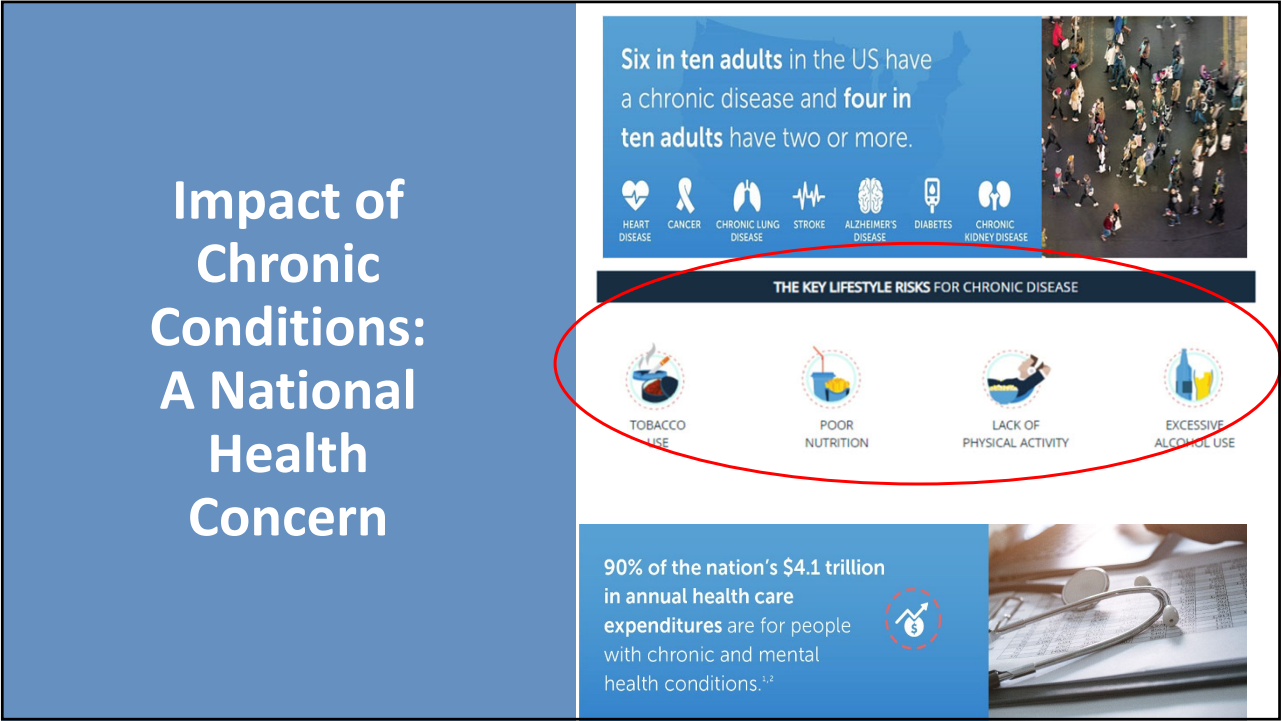
EQUITABLE

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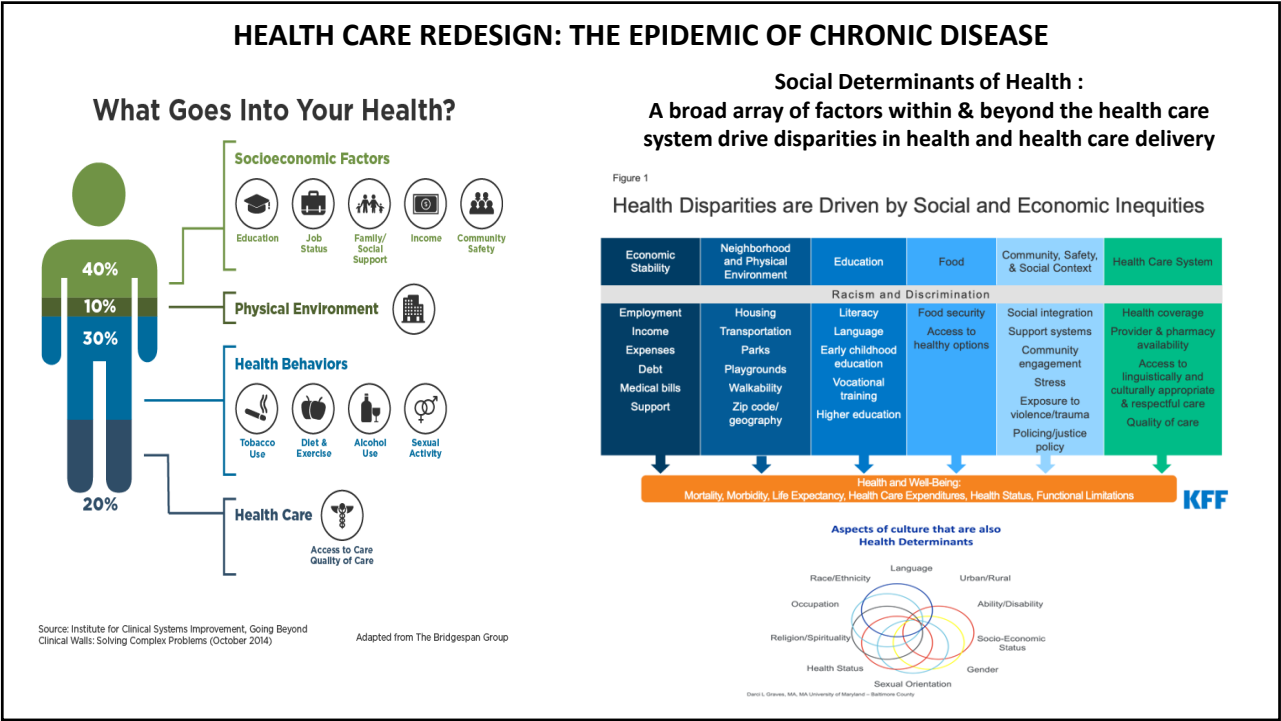
Improving Quality and Safety in Care

- 1) Provide care based on scientific knowledge to all who can benefit
- 2) Eliminate waste including ideas, equipment, supplies & energy
- 3) Avoid injuries to patients
- 4) Reduce waits & delays for those receiving & providing care
- 5) Provide care that is respectful & responsive to individual patient needs & preferences
- 6) Provide consistent quality of care regardless of characteristics like gender, age, ethnicity, location or SES

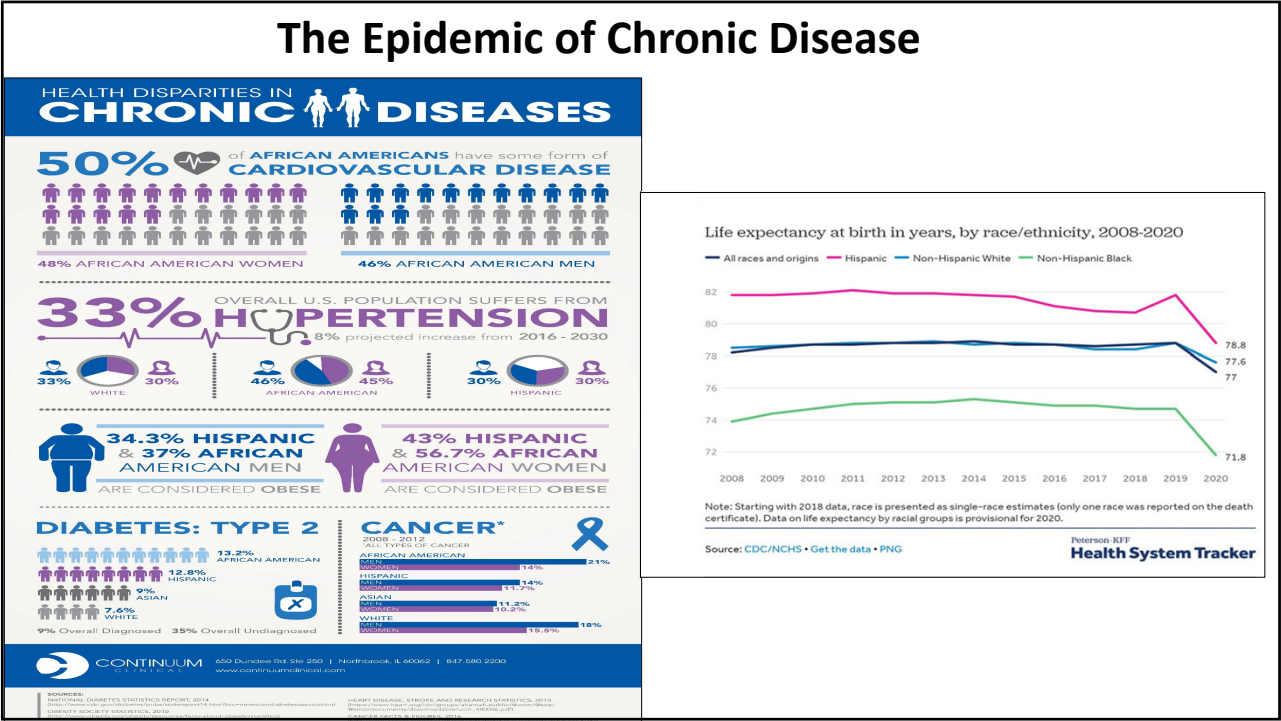
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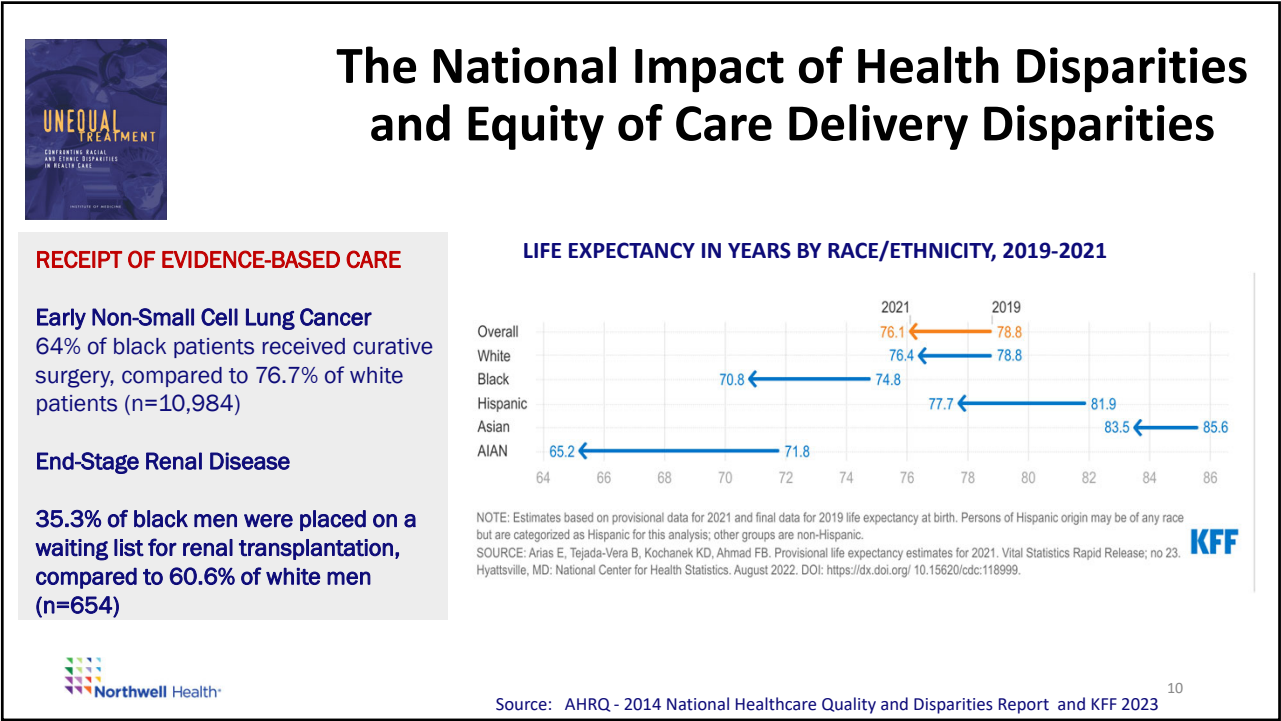
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21st Century Healthcare

An Expanded Approach to Health Care Delivery to deal with the epidemic of chronic diseases

Call to action for a focus on Health Equity and Patient Centered Care- : Integration of the Determinants of Health

Expanded model of Health Care Delivery to include the tenets of Diversity, Equity, & Inclusion

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The Why for Addressing Health Disparities : The Business Case for Health Equity

- Health disparities are costly and there would be a positive economic impact if health equity is better implemented
- It has been estimated by the Institute of Healthcare Improvement, that health inequities cost the United States \$83 billion, and this is anticipated to grow to \$300 billion by the year 2050

**\$135
BILLION**

total economic gain
per year if health
disparities removed

**\$42
BILLION**

untapped productivity
due to health
disparities

**\$93
BILLION**

excess health care
costs due to health
disparities

**\$175
BILLION**

economic impact of
shortened life spans

**3.5
MILLION**

lost life years
associated with
premature deaths

**\$230
BILLION**

projected economic
gain per year if health
disparities eliminated
by 2050

Northwell Health*

https://altarum.org/sites/default/files/uploaded-publication-files/WKKellogg_Business-Case-Racial-Equity_National-Report_2018.pdf
<https://cmelearning.com/resources/the-case-for-health-equity/#business>
<https://www.astho.org/Programs/Health-Equity/Economic-Case-Issue-Brief/>
<https://link.springer.com/article/10.1007/s11606-016-3604-7>
<https://www.commonwealthfund.org/blog/2021/any-medicare-solvency-effort-must-include-advancing-health-equity>

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PAVING THE WAY FOR HEALTH

Health Equity: A human right that allows everyone to achieve the best attainable health and outcomes, by overcoming all avoidable barriers.

Health Disparities: Adverse health outcomes and/or health status that is attributable to systemic, avoidable, and unjust societal factors, structural practices, including racism.

Health Inequities: Systemic, avoidable, and often unjust societal factors, structural practices, including racism that create barriers to opportunity and result in avoidable adverse health status and outcomes.

Northwell Health™

Visualizing Health Equity

© 2017 Robert Wood Johnson Foundation. All rights reserved. RWJ Foundation.

Health equity ensures that all people have full and equal access to opportunities that enable them to lead healthy lives regardless of their background.

Source: RWJFoundation

Essential Components for Achieving Health Equity and Excellent Patient Outcomes

The dual pandemics of our times; one biological (Covid-19) and the other cultural was a catalyst for the urgent need to redesign a model to address inequities and disparities in healthcare. A holistic framework for embedding the tenets of diversity, Inclusion and health equity into our healthcare delivery systems is critical for improving health outcomes for all”

*Richard Levin, MD .
President & CEO Arnold Gold Foundation
dedicated to Humanism in Healthcare*

Importance of Cultural and Linguistic Competence in Medication and Lifestyle Adherence

45-year-old Alaskan man with a 10-year history of uncontrolled Type 2 diabetes and HTN

Vital Signs:

- BP: 145/90 mmHg
- Waist circumference: 38"
- BMI: 28.3 kg/m²

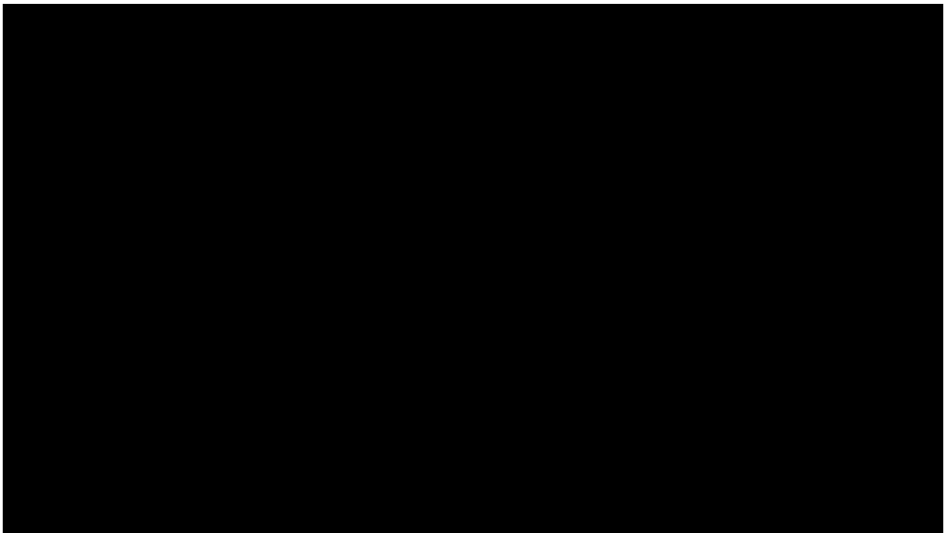
Social History:

- Lives in rural Alaska with a wife and 2 kids
- Nearest clinic is over 50 miles away
- High school diploma



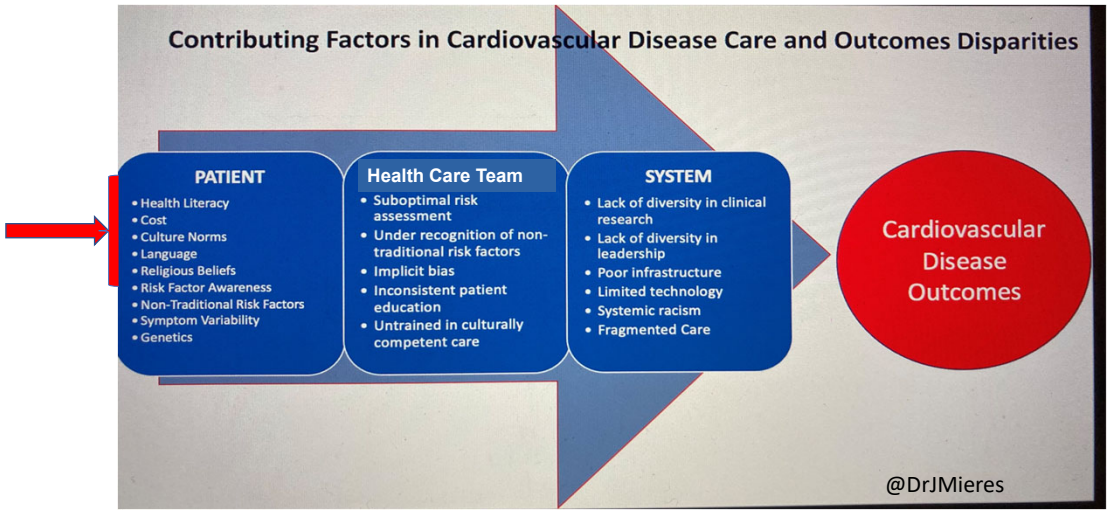
Source: <http://rxfilm.org/>

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Improved Outcomes in CVD: Address Barriers to Adherence in Medication and Treatment Strategies



Source: modified from Brown MT et al Mayo Clinic Proceedings 2011

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Everyday Discrimination & Health Outcomes

Original Article

Discrimination and Hypertension Risk Among African Americans in the Jackson Heart Study

Allana T. Ford¹, Mario Sims, Paul Muntner, Tené Lewis, Amanda Onwuka, Kari Moore, Ana V. Diez Roux

Items

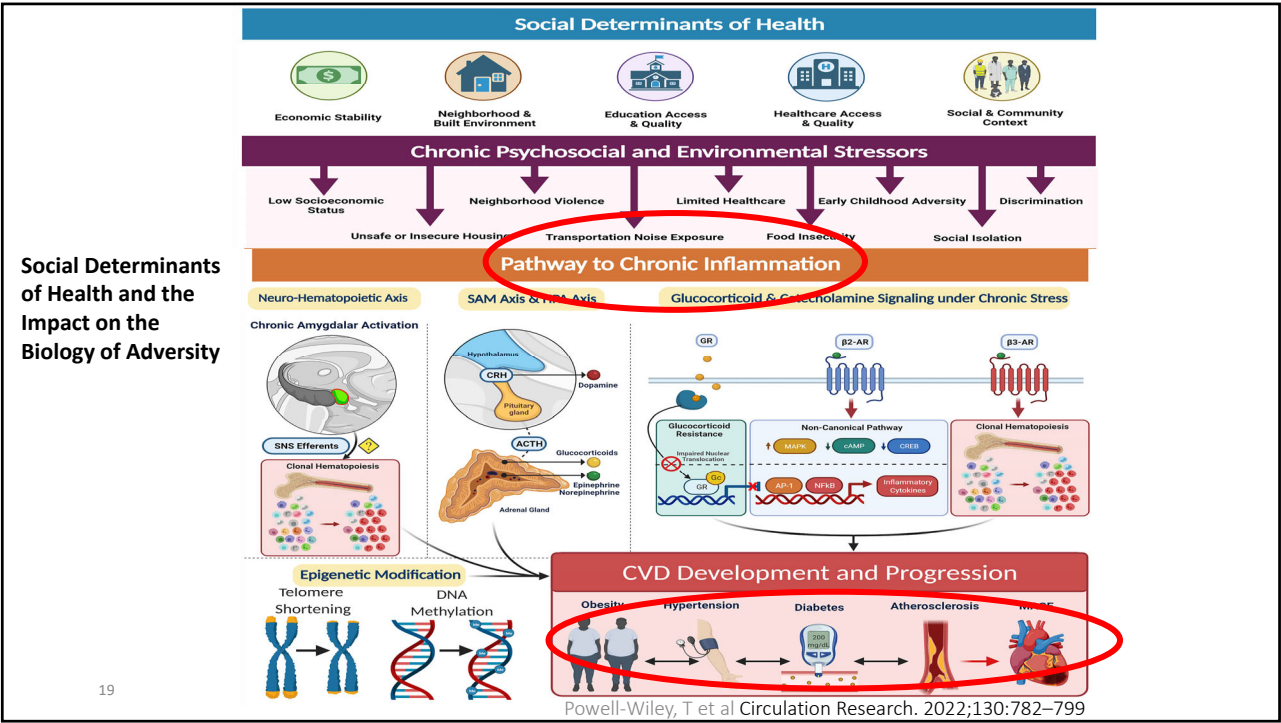
1. Frequently treated with less courtesy than others
2. Frequently treated with less respect than others
3. Frequently received poorer service than others
4. Frequently people think you're not smart
5. Frequently people are afraid of you
6. Frequently people act like you are dishonest
7. Frequently people act better than you
8. Frequently called names/insulted
9. Frequently threatened/harassed

OUTCOMES

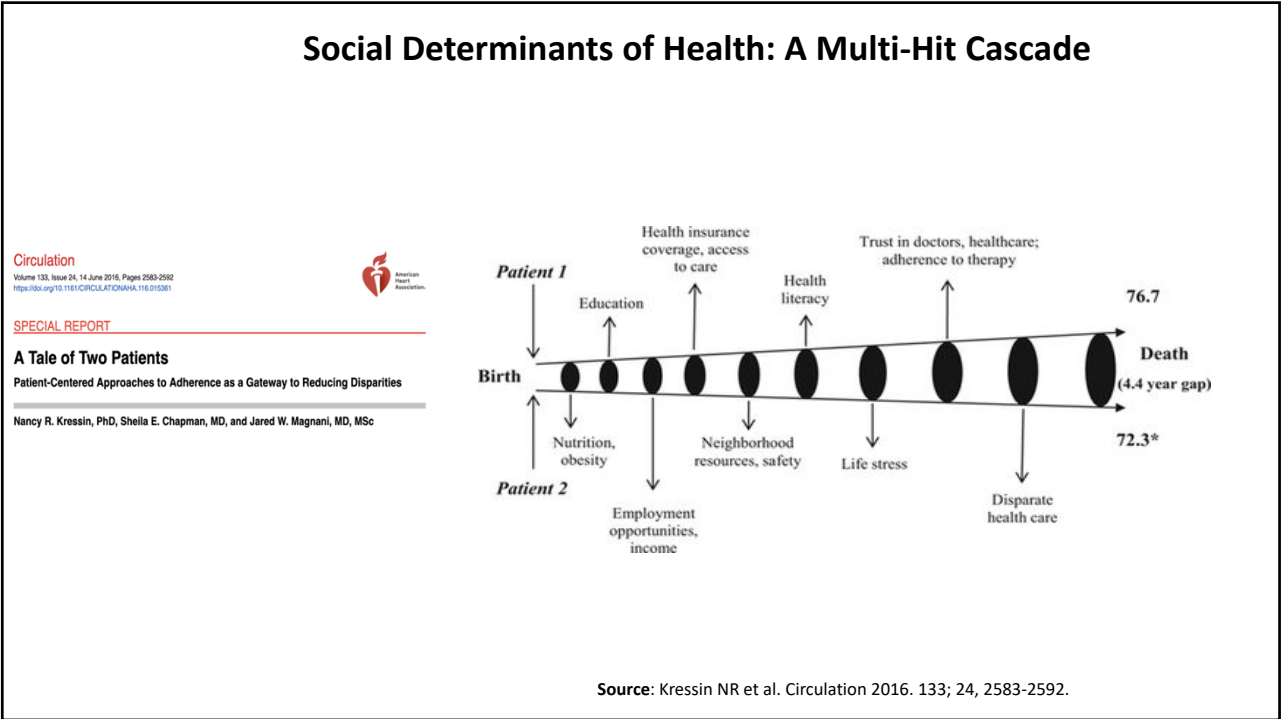
- ↑ C-Reactive Protein
- ↑ Diastolic Blood Pressure
- ↑ Coronary Artery Disease
- ↑ Hypertension
- ↑ Cortisol Levels
- ↑ Norepinephrine Levels

1. Curr Cardiovasc Risk Rep. 2014 January 1; 8(1): 365–. doi:10.1007/s12170-013-0365-2. 2 May-Jun 2014;85(3):989-1002. doi: 10.1111/cdev.12213. Epub 2014 Feb 5. 3. Measuring Everyday Racial/Ethnic Discrimination in Health Surveys. Du Bois Review, 8 (1), 159-177. 4. Hypertension. 2020;76:00-00. DOI: 10.1161/HYPERTENSIONAHA.119.14492

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Journal of the American Heart Association

ORIGINAL RESEARCH

Impact of Race on the In-Hospital Quality of Care Among Young Adults With Acute Myocardial Infarction

Valeria Raparelli¹ MD, PhD²; Diana Benesi³; Marcela Nunez Smith, MD, MHS; Hassan Behrouz, PhD⁴; Terrence E. Murphy⁵, PhD; Gal D'Oroho, MD; Louise Piroe⁶, MD, MPH; PhD; Rachel P. Dwyer⁷, PhD

- N= 2846 young adults with AMI (median 48 years ,67.4% women, 18.8% Black race)
- Black individuals, especially women, exhibited a higher prevalence of cardiac risk factors and social determinants of health and were more likely to experience a non-ST-segment-elevation myocardial infarction than White individuals.
- Black individuals with AMI received lower in-hospital quality of care and exhibited a higher rate of cardiac re- admissions than White individuals. Black individuals had a lower quality of care if unemployed, highlighting the intersection of race and social determinants of health.

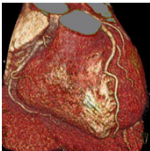
Table 2. In-hospital Quality of Care Indicators for Young Adults with AMI Stratified by Race

	White (N=2312)	Black (N=534)	P Value
In-hospital QCS tertiles			
<63%	706 (34.7)	194 (40.8)	0.003
64–80%	751 (36.9)	181 (38.1)	
>80%	577 (28.4)	100 (21.1)	
In-hospital quality indicators			
Young adults with STEMI			
Any reperfusion therapy	1030 (66.3)	178 (84.8)	0.56
Door-to-balloon exceed benchmark	414 (46.2)	65 (43.1)	0.48
Door-to-needle exceed benchmark	54 (50.5)	7 (70.0)	0.24
Young adults with NSTEMI			
Any reperfusion therapy	786 (74.9)	254 (82.7)	0.07
All young adults with AMI			
Stress test in conservatively treated individuals	14 (0.6)	2 (0.4)	0.52
Echocardiogram predischARGE	1551 (67.3)	393 (73.9)	0.003
Cardiac rehabilitation counseling	1139 (49.3)	181 (33.9)	<0.0001
Smoking cessation counseling	1547 (66.9)	346 (64.6)	0.35
Diet counseling	2120 (91.7)	487 (91.2)	0.71
Aspirin at discharge	2164 (93.6)	495 (92.7)	0.45
P2Y12 receptor antagonist at discharge	1620 (70.1)	351 (65.7)	0.05
DAPT at discharge	1554 (67.2)	334 (62.6)	0.04
Statins at discharge	2127 (92.0)	495 (92.7)	0.59
Beta-blockers at discharge	2117 (91.6)	476 (89.1)	0.08

AMI indicates acute myocardial infarction; DAPT, dual antiplatelet therapy; NSTEMI, non-ST-segment-elevation myocardial infarction; QCS, quality of care score; and STEMI, ST-segment-elevation myocardial infarction.

Source: Raparelli V et al. J Am Heart Assoc .2021 Sep 7; 10 (17)

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Mortality Rates 2008 to 2018 : Race and Ethnicity

Impact of Race on the In-Hospital Quality of Care Among Young Adults With Acute Myocardial Infarction

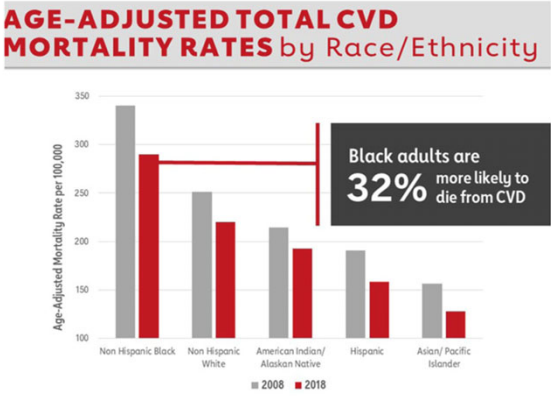
New : Clinical Perspective:

- Black individuals with acute myocardial infarction received lower in-hospital quality of care and exhibited a higher rate of cardiac readmission than White individuals did.
- Black individuals had a lower quality of care if unemployed, highlighting the intersection of race and social determinants of health.

Clinical Implications

- Suboptimal in-hospital quality of acute myocardial infarction care is of immediate concern among young Black individuals, especially Black women.
- Beyond addressing traditional cardiovascular risk factors, social interventions such as facilitation of employment might mitigate racial disparities in the quality of acute myocardial infarction care and improve cardiovascular outcomes in young Black adults

AGE-ADJUSTED TOTAL CVD MORTALITY RATES by Race/Ethnicity



Age-adjusted total CVD mortality rates per 100,000 people by race and ethnicity in 2008 and 2018.

Source : Virani SS et al . Circulation. Heart Disease and Stroke Statistics—2021 Update, Volume: 143, and Raparelli V et al. J Am Heart Assoc .2021 Sep 7; 10 (17)

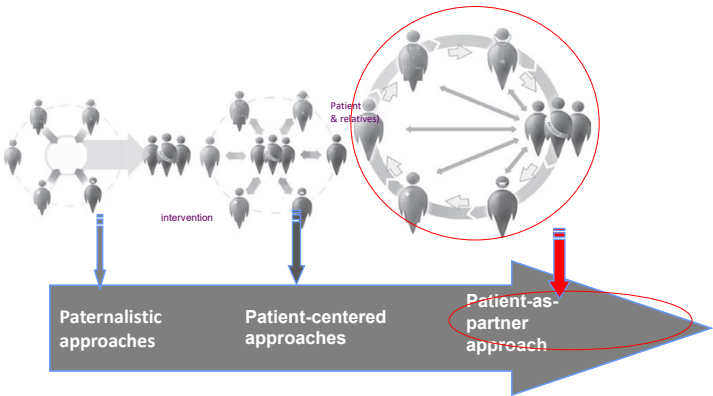
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CV Health Care Delivery Redesign to include Diversity, Equity and Inclusion: The Patient as a partner

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Health care delivery Redesign: The Patient-as-Partner Approach in Health Care



A patient is an individual to be cared for, not a medical condition to be treated. Our patients are our partners and have knowledge that is essential to their care. Patient-Family Centered Partnership Care is the core of a high-quality healthcare system and a necessary foundation for safe, effective, timely and equitable care



- 80% of a population's well being: quality of life factors and social determinants of health
- 20% of health and well being: actions in health care

Source : Karazivan P et al. Academic medicine 2-2015)

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Cardiovascular Health Care Delivery Re-design/ Expansion : Including the Patient as a Team Member

Interdisciplinary and Interprofessional



PHYSICIAN TEAM

NURSES

SOCIAL WORKERS

DIETICIANS

PHARMACISTS







PATIENT & FAMILY /SUPPORTERS

COMMUNITY HEALTH WORKERS

PATIENT ADVOCATES

PATIENT CASE WORKERS

Integrating Social Care Into the Delivery of Health Care

-  Routinely ask about social needs and cultural preferences
-  Check your assumptions, judgements and bias
-  Don't forgo using an interpreter
-  Incorporate a patient's social needs into your treatment plan
-  Finish with teachback
-  Leverage your power, you are in a position to advocate for your patient

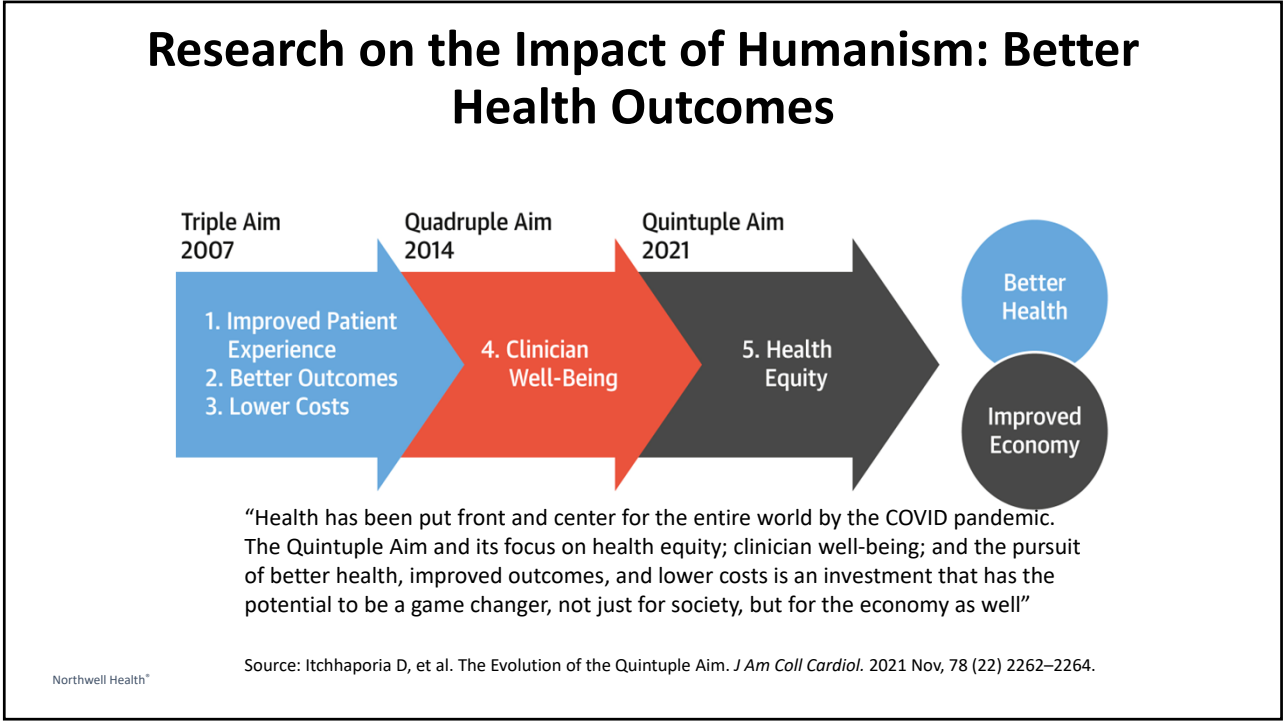
Source: from Karazivan P et al. Academic medicine 2-2015 and AFP Healtj Equity tool kit

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Expanding Cardiovascular Health Care delivery: Integrating Diversity, Equity and Inclusion In Cardiovascular Care




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Recommendations for Academic Medical Centers : Mission-Specific Strategies for Advancing Health Equity

 Education Shaping the Providers and Culture of Care of the Future	 Research Advancing the Knowledge Base on Effective Strategies to Eliminate Disparities	 Care Delivery Dismantling Inequities in Access, Quality, Experience and Outcomes of Care
<ul style="list-style-type: none">a. Invest in educational pathwaysb. Bring an equity lens to the admissions processc. Support people who are underrepresented in medicine in funding their trainingd. Bring an equity lens to the curriculume. Support the retention and advancement of diverse faculty (see Internal Strategies → People and Culture → (b))	<ul style="list-style-type: none">a. Invest in the science of health disparities interventionb. Engage in community trust-building activities to achieve greater diversity in clinical trialsc. Engage in community-based participatory research and codesign	<ul style="list-style-type: none">a. Embed health equity metrics into quality improvement strategy and set bold goals on eliminating disparitiesb. Eliminate race-based adjustments that have no medical basis from clinical decision support algorithmsc. Bring an equity lens to care delivery processes and access strategies (sites of care, payer contracting strategies)d. Screen patients for unmet social needs and connect to community resources

AMC Levers for Advancing Health Equity, July 2021
| Manatt Health Strategies, LLC

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Evidence to Support the 2022 ACC Health Policy Statement on Building Respect, Civility and Inclusion in the Cardiovascular Workplace

CENTRAL ILLUSTRATION: Components, Prevalence, and Consequences of Hostile Work Environment in Cardiology

Components

Emotional Harassment
Overall 29%
(Women 43%/ Men 26%)

Sexual Harassment
Overall 4%
(Women 12%/ Men 1%)

Discrimination
Overall 30%
(Women 56%/ Men 21%)

Prevalence

56%
44%

63%
37%

33%
67%

Overall Men Women

60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%

Africa Central America South America North America Asia Eastern Europe EU Middle East Oceania

Discrimination Sexual Harassment Emotional Harassment

Consequences

79% report adverse effects on professional activities with colleagues and patients

15%
21%
64%

No Effect
Some Effect
Significant Effect

Sharma, G. et al. J Am Coll Cardiol. 2021;77(19):2398-409.

Hostile CV Work Environments Are Common Across the Globe

Northwell Health*

Uncivil behavior is common

Prevalence: Reported by 25-75% of cardiologists, regardless of race/ethnicity, sex or country

Impact: Negatively affects targets, patient care & healthcare organizations

Adverse effects on individuals, teams, institutions and patients

Risks: Legal, regulatory, funding, wellbeing

Building a culture of respect requires:

- Institutional leadership, resources, policies
- Individual education and upstander practice
- Continuous improvement/culture change

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ACC Health Policy Statement on Building Respect, Civility and Inclusion in the Cardiovascular Workplace

JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY
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HEALTH POLICY STATEMENT

2022 ACC Health Policy Statement on Building Respect, Civility, and Inclusion in the Cardiovascular Workplace

A Report of the American College of Cardiology Solution Set Oversight Committee

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Michael J. Mack, MD, MACC, Co-Chair
David A. Acosta, MD
Emilia J. Benjamin, MD, S.M., FACC
Caroline Rigo, MD, FACC
Sharonne N. Hayes, MD, FACC
Nwachinyere N. Ijoma, MD, FACC
Lisa Jay-Pich, MD, MBA, RN

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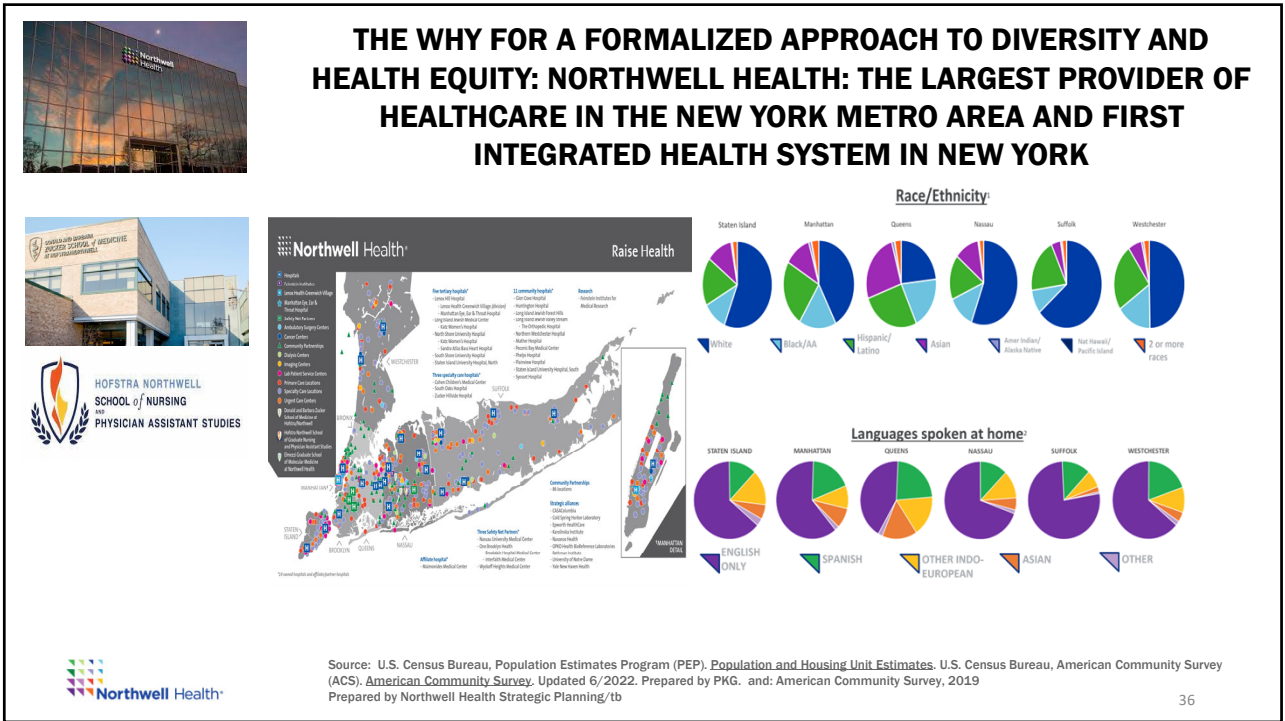
- BDBH is common, harmful and must be addressed with intention, transparency and consistency
- Cardiovascular organizations and individuals are responsible for ensuring a safe, supportive, and respectful workplace environment
- Leadership commitment is key to success of efforts to
 - Promote civility, diversity, equity and inclusion as system values
 - Create a resourced, dedicated anti-BDBH structure and operations
 - Raise BDBH awareness; provide anti-BDBH education
 - Assure accountability by charging individuals, upstanders, and leaders to modify behaviors and perform objective evaluations
 - Insure confidential, protected reporting for targets

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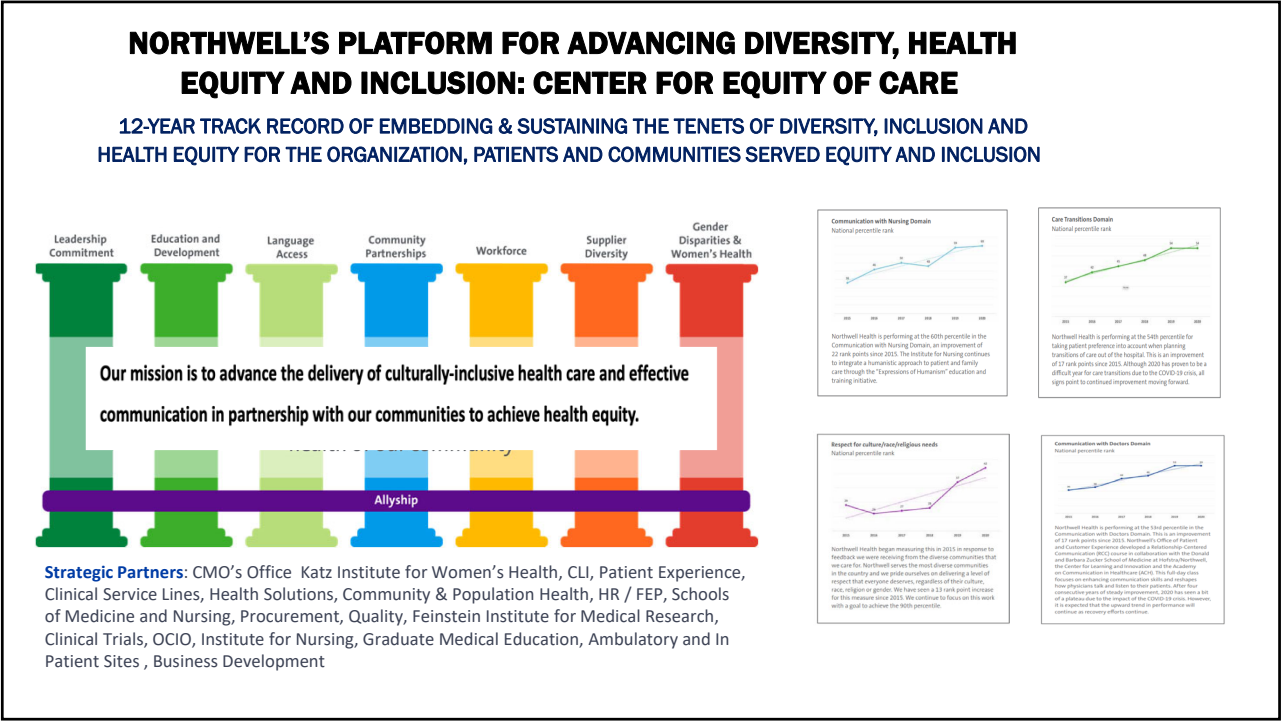
**NORTHWELL’S APPROACH TO RAISING
HEALTH FOR ALL: EQUITY, DIVERSITY,
INCLUSION, AND BELONGING -
ADVANCING HEALTH EQUITY**

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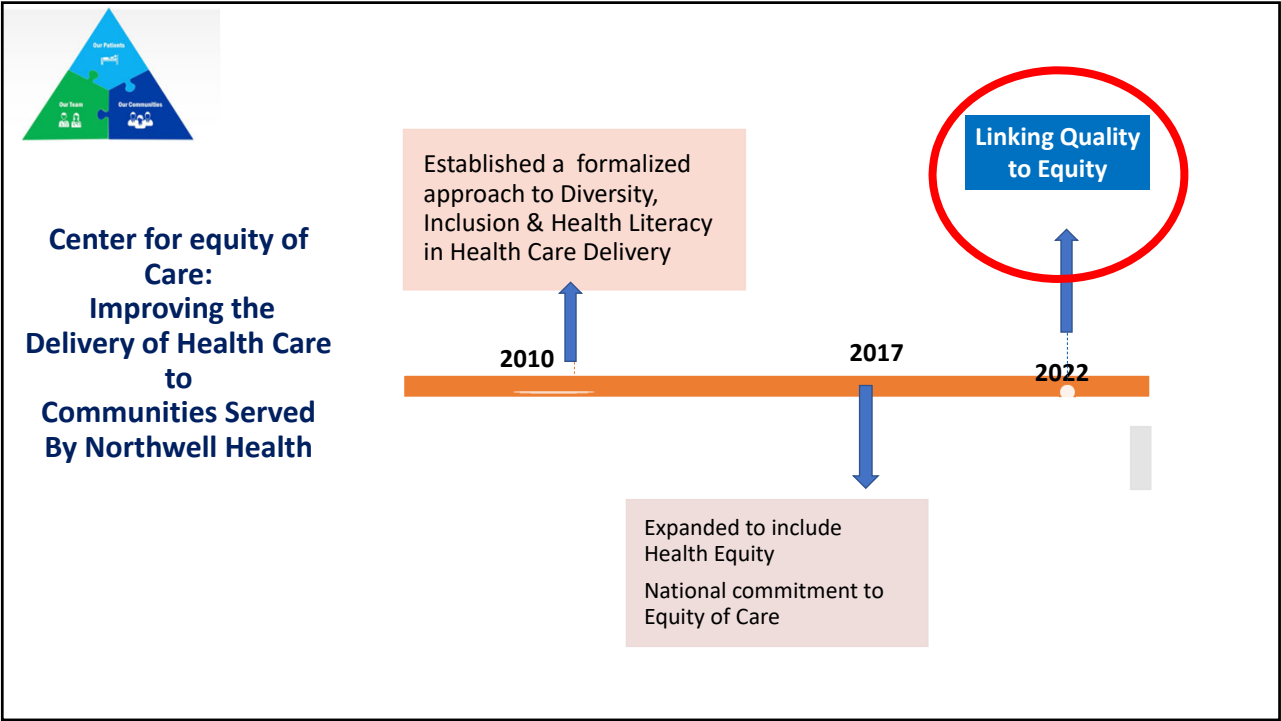


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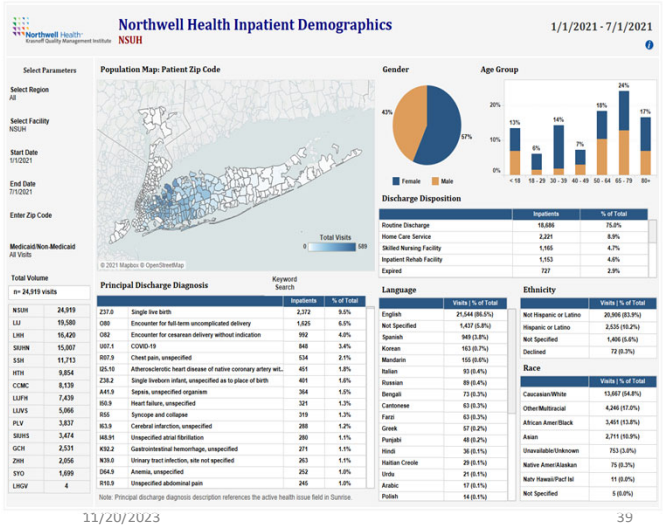


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Performance Improvement - Language other than English as an indicator of length of stay in the ER



ER : LIJ at Forest Hills Performance Improvement Opportunity:

- Looked at top 5 languages spoken – identified Russian and Spanish as linked to increased stay in Emergency Room by 30 minutes
- Education – all staff and community and increased Video Remote Tablets (VRI) in Emergency Room

Result:
After 3 months – length of stay decreased by 50%

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Developing a Culture of Health Equity




Shared Decision Making and Advancing Health Equity at the Bedside




Source: adapted from AAFP's SDOH toolkit. www.Aafp.org/EveryOne

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A Framework for Promoting Equity and Excellence in Healthcare

Essential Roles & Concrete Actions: Providers can play essential Roles and enact concrete Actions to put the Principles into practice.



Healthcare's Transforming Role

PROVIDER ROLE

Provide Whole-Person Care to Achieve Health Equity

Achieving equity and excellence is grounded in the ability of individuals to access and receive the full range of affordable care they need and experience being treated with dignity and respect.

Action 1

Actively promote and facilitate access to care for all in ways that accommodate diverse life circumstances and needs.

Action 2

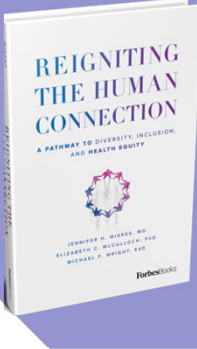
Establish and sustain a trusting environment where everyone feels they are welcomed and treated with dignity and respect.

Action 3

Provide holistic, effective, high-quality care responsive to plans co-created with individuals, families, and caregivers.

Source: RWJFoundation

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REIGNITING THE HUMAN CONNECTION
A PATHWAY TO DIVERSITY, INCLUSION, AND HEALTH EQUITY

JENNIFER H. WILSON, MD
ELIZABETH C. MCCULLOUGH, PhD
MICHAEL J. DOWLING, CEO

ForbesBooks

DiversityInc

2020 TOP COMPANIES FOR HOSPITALS & HEALTH SYSTEMS

1. Northwell Health
2. Henry Ford Health System
3. Cleveland Clinic
4. Wellstar Health System
5. H. Lee Moffitt Cancer Center & Research Institute
6. Ohio Health
7. Mayo Clinic
8. Yale New Haven Health System
9. NYU Langone Health

DiversityInc

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5. Mayo Clinic
6. Cleveland Clinic
7. Henry Ford Health System
8. Cardinal Health
9. Jefferson Health System
10. City of Hope
11. Yale New Haven Health System
12. NYU Langone Health

DiversityInc

2022 TOP COMPANIES FOR HOSPITALS & HEALTH SYSTEMS

1. Northwell Health
2. Cleveland Clinic
3. Mayo Clinic
4. Hackensack Meridian Health
5. Mount Sinai Health System
6. City of Hope
7. NYU Langone Health
8. Jefferson Health
9. Henry Ford Health System
10. OhioHealth
11. Baylor Scott & White Health
12. New York Presbyterian
13. Seattle Children's Hospital
14. H. Lee Moffitt Cancer Center & Research Institute
15. Yale New Haven Health
16. Christus

FORTUNE

100 BEST COMPANIES TO WORK FOR 2022

INSIGHT Into Diversity

Higher Education Excellence in Diversity

2022

Top Colleges for Diversity

HEALTHCARE EQUALITY INDEX

LGBTQ+ HEALTHCARE EQUALITY

2022 LEADER

Reigniting Humanism In Healthcare

Northwell Health

THANK YOU!

We are at a landmark moment and critical juncture in US healthcare. The health disparities unmasked by COVID-19 made it abundantly clear that when we do not take care of everyone in our society, all of society suffers. It is a hard-earned lesson that must forever reshape our traditional healthcare delivery model and catapult a much-needed redesign aimed at ensuring equitable care for all. As demonstrated by the dedication shown by our healthcare professionals during the pandemic, human connections will be instrumental in rebuilding trust within communities that bore the brunt of the pain and suffering.”

Michael J Dowling, President CEO Northwell Health

Reigniting Humanism in Health care: <https://youtu.be/J91WTDTK5gq>

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