



CHANGEMAKER CASE STUDY

Creating Health Equity in Baltimore with MedStar Health

SYSTEM



MedStar Health

Location: Baltimore

Disease Focus: AFib, CAD, HF & PAD

Hospitals: MedStar Harbor Hospital, MedStar Good Samaritan Hospital, and MedStar Union Memorial Hospital

CHANGEMAKERS



Cheryl Lunnen, RN
Regional Vice President,
MedStar Heart & Vascular Institute,
MedStar Health



Luke Carlson, MD, MPH
Medical Director, Care Transformation,
MedStar Health, Baltimore region

Close the Gap (CTG), a Boston Scientific initiative, collaborates with healthcare professionals to close treatment gaps for women and people of color through the Heart and Vascular (HAV) Health Equity Level-up Program (HELP).

EXECUTIVE SUMMARY

Guided by imperatives to improve the diverse patient experience through system change and build trust in the community through connection and education – and further supported by CTG’s Disparity Index Tool (DIT) – MedStar Health developed an action plan that leveraged five health equity strategies:

Improving the diverse patient experience through system change

Local Site of Specialty Care

Care Coordination

Peer-to-Peer Engagement



Community Connection

Diverse Patient Education

Building trust in the community through connection and education

As a result, they were able to make big strides toward health equity in Baltimore, particularly at MedStar Harbor Hospital, where progress included: a 10% increase in timely hospital discharge follow-up visit rates and a jump from #25 to #2 in Maryland’s ranking for its Readmission Reduction Incentive Program disparity gap measure. Plus, they were able to demonstrate a 46.5% reduction in 90-day inpatient hospitalization associated with engagement with a Community Health Advocate.



BACKGROUND

As Regional Vice President of MedStar Health’s Heart & Vascular Institute, **Cheryl Lunnan** knew that every community and every facility was different: *“A different culture, a different feel, a different patient population,”* she says. She also recognized how these differences could lead to gaps. For instance, a hospital in one area might see a large number of patients at risk for heart disease, but the closest cath lab – a procedure room with diagnostic equipment to check how well blood is flowing to and from the heart – could be miles away, at a hospital in another neighborhood. Cheryl wondered how MedStar Health could make connecting to care easier, especially for those facing the largest barriers.

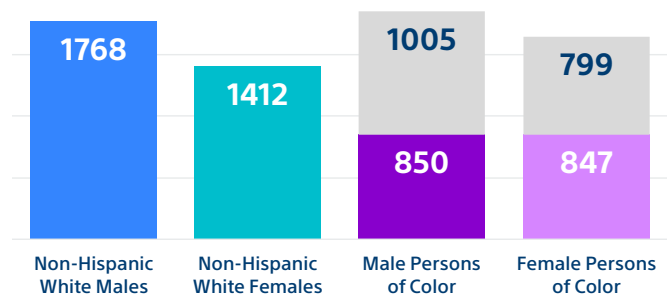
Luke Carlson, MD, MPH, Medical Director of Care Transformation for MedStar Health, Baltimore region, was wondering the same thing. *“Healthcare disparities are things that we all know are out there. We hear about it in the research that’s coming out, and we also see it day-to-day in our clinics,”* he says.

By engaging in CTG’s Heart and Vascular (HAV) Health Equity Level-up Program (HELP), Cheryl and Dr. Carlson had a chance to turn their shared passion for health equity into tangible actions and results.

THE OPPORTUNITY

CTG’s Disparity Index Tool (DIT) – an awareness-raising resource that is housed in Salesforce.com, powered by Tableau, and unique to CTG – quantifies the burden of disease in a selected community using published epidemiological studies and local claims data. This information is then represented visually to create an easily digestible snapshot of which demographics in the area are experiencing a higher disease prevalence when compared to the national average; who is getting diagnosed with the condition; and treatment inequities within the health system. The DIT data is broken down by non-Hispanic white males, non-Hispanic white females, male persons of color, and female persons of color.

For example, based on 2019 treatment rates, CTG’s DIT identified nearly 2,000 additional women and people of color who could have had the opportunity to receive percutaneous coronary interventions (PCIs) at MedStar Health’s Baltimore hospitals if treated at the same rate as non-Hispanic white males.



“Boston Scientific’s broader and more objective [DIT] data allowed us to show the disparities to other stakeholders in our system. Aligned with our existing population health initiatives, it gave us the push we needed to do more for our diverse patients.”

— Luke Carlson, MD, MPH, Medical Director, Care Transformation, MedStar Health, Baltimore region



THE ACTION PLAN

During their HAV-HELP engagement, CTG and MedStar Health collaborated on creating a health equity action plan centered on two key imperatives:

Improving the diverse patient experience through system change

Building trust in the community through connection and education

Guided by these imperatives and the data, MedStar Health worked with CTG on five strategies that would target their specific patient population's needs:

PEER-TO-PEER ENGAGEMENT

MedStar Health met with a local federally qualified health center (FQHC) to share disparity data, which led to improved access to MedStar Health's electronic health records and more streamlined patient referrals. MedStar Health also partnered with additional FQHCs to implement a vascular referral questionnaire, further refining the referral process.

CARE COORDINATION

MedStar Health's Community Health Advocate Program has been around for years, mainly focusing on primary care and addressing patients' social needs. However, after talking with CTG, this program expanded its focus to cardiovascular outcomes in areas where access to care was limited. *"We were able to take this established program and really target it toward a population where we knew the need was,"* says Dr. Carlson. This strategy included hiring a Community Health Advocate to support cardiology patients after inpatient discharge. Collectively, MedStar Health's care coordination strategies have yielded several positive outcomes:

- As part of statewide hospital quality monitoring, Maryland implemented the Readmission Reduction Incentive Program. In 2021, MedStar Harbor Hospital ranked #25 out of 38 hospitals statewide for the program's disparity gap measure. In 2022, however, after implementing care coordination strategies, they ranked #2 statewide.
- In 2022, MedStar Harbor Hospital improved timely hospital discharge follow-up visit rates, another statewide quality measure, from 60% to almost 70%. *"Since we've launched the mobile health center and with the work of the Community Health Advocates, we've increased our timely follow-up rates by nearly 10%, and when you divide it out by race, you see that that improvement was almost all among our patients that identify as Black or African American,"* says Dr. Carlson.
- Region-wide, Community Health Advocate engagement has been associated with a 46.5% lower rate of 90-day inpatient utilization overall, with 24% greater relative impact for patients that identify as Black or African American.

THE IMPACT

MedStar Harbor Hospital

Ranked #2

statewide for the 2022 Readmission Reduction Incentive Program disparity gap measure, up from #25 in 2021

Region-wide Community Health Advocate engagement was associated with a

46.5% lower rate

of 90-day inpatient utilization

At MedStar Harbor Hospital Timely hospital discharge follow-up visit rates

up by 10%,

from 60% to nearly 70%



THE ACTION PLAN (CONT.)

LOCAL SITE OF SPECIALTY CARE

MedStar Health leveraged an existing mobile health center to establish PAD screening days with ankle brachial testing – “bringing healthcare directly into the community, knowing that they may struggle getting to us,” says Cheryl.

COMMUNITY CONNECTION

MedStar Health participated in community events, such as the 2022 American Heart Association Walk, offering blood pressure checks and handing out education materials.

DIVERSE PATIENT EDUCATION

MedStar Health utilized CTG resources to help patients better advocate for their health.

“We’ve had a great partnership with Boston Scientific, but I will tell you that this was on a different level, and I could not be more pleased.”

— Cheryl Lunnen, RN,
Regional Vice President,
MedStar Heart & Vascular
Institute, MedStar Health

LOOKING AHEAD

MedStar Health plans to add CTG’s amputation disparity data to their 2024 Community Health Needs Assessment to further drive a strategic health equity focus.

TAKE ACTION LIKE MEDSTAR HEALTH

- Collaborate with peers to uncover opportunities for advancing health equity, such as streamlining the referral process.
- Use existing resources, like a mobile health center, in new ways to help break down barriers to care.
- Expand the focus of community health workers to include cardiovascular outcomes.
- Build trust in the community by sharing information and offering free health checks at local events.

Learn more about Close the Gap at
FightForHealthEquity.com