Dismantling Systemic Racism in Community Health
Your Trainers:

Adrienne Mann
Columbia, MO

RN BSN, Project Manager, Digital Process Redesigner & Trainer. Columbia, MO. Adrienne Mann (Meier) worked for a Federally Qualified Health Center (FQHC) in Chicago, IL where she started a Care Coordination and Clinical Education Program for her colleagues. Her team dramatically improved the patient flow at her site when they engaged with Coleman and did a DPI™ collaborative program. She has since moved to Columbia, MO where her husband, Doug, is attending law school. With Coleman, Adrienne is our Data Wizard and has developed training on Tactical Nurse, Care Coordination, and Patient-Centered Management and has led the High Impact Management Training Program. She has also spearheaded the Coleman content and materials upgrade. Adrienne is an NCQA PCMH Certified Content Expert, see www.ncqa.org. Adrienne manages DPI™ Learning Collaboratives, presents at conferences, and is a Rapid DPI™ Team Leader.
Your Trainers: Harpreet Sanghera
Sacramento, CA

Harpreet truly enjoys the California sunshine, which is why she was born, raised, and hasn’t left the state. She was a Clinic Manager at a Federally Qualified Health Center (FQHC) right outside Sacramento, CA. She started as the front office lead, worked as a Medical Assistant and Flow Coordinator. Harpreet also worked on her Quality Improvement team at her health center, and she is a graduate of the Clinic Leadership Institute (CLI) Program. Before becoming a process redesigner, she went through a Rapid DPI™ at her health center when she excelled and learned how to manage change and become a coach herself. With Coleman, Harpreet manages Rapid DPI™ projects, DPI™ collaboratives, leads the High Impact Management Program, leads many phone room redesign projects, and was a key Coach aka Passion Ignitor in redesigning immigration and naturalization services.
Learning Objectives

Participants will define systemic racism.

Participants will identify and explore how systemic racism manifests in healthcare.

Participants will compare practical solutions for addressing systemic racism in healthcare.
Systemic Racism is NOT...

Good People VS Bad People
Prejudice and Discrimination

Individual Actions

Can be anyone, but isn't everyone.

Isolated Events

DiAngelo, Robin J. White Fragility (p. 20). Beacon Press

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Systemic Racism

Collective prejudice “backed by the power of legal authority and institutional control”

Underlying structure of society

Everyone participates

DiAngelo, Robin J.. White Fragility (p. 20). Beacon Press
The Bird Cage of Systemic Racism

Photo by Charles Postiaux on Unsplash
The Good News:

If systemic racism is a series of interlocking processes, we can redesign them.
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Historic Distrust

MEDICAL APARTHEID
THE DARK HISTORY OF MEDICAL EXPERIMENTATION ON BLACK AMERICANS FROM COLONIAL TIMES TO THE PRESENT

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Representation
Providers

25%
Medical Assistants

46%
Quality Metrics
Hospital Admissions for Uncontrolled Diabetes

222% More Likely
Hospital Admissions for Asthma in Adults

249% More Likely
Hospital Admissions for Hypertension

323% More Likely
Hospital Admissions for Asthma in Children

381% More Likely
New HIV Cases

770% More Likely
Bias and Masking in Quality Metrics
Vaccine Clinics

Photo by CDC on Unsplash

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Michigan Health Centers - Patient Characteristics 2019

Racial and/or Ethnic Minority: 45%
Not a Racial and/or Ethnic Minority: 55%
Michigan Health Centers - Childhood Vaccination Rates 2019

31%
Possibility #1

Vaccination Rates by Race

- Racial and/or Ethnic Minority: 31%
- Not a Racial and/or Ethnic Minority: 31%
Possibility #2

Vaccination Rates by Race

<table>
<thead>
<tr>
<th>Racial and/or Ethnic Minority</th>
<th>Not a Racial and/or Ethnic Minority</th>
</tr>
</thead>
<tbody>
<tr>
<td>10%</td>
<td>48%</td>
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</table>
Learning Objectives

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- Participants will compare practical solutions for addressing systemic racism in healthcare.
Where to Start?

Photo by Jon Tyson on Unsplash

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Collecting Data

- Race/Ethnicity
- Sexual Orientation and Gender Identity
- Socioeconomic Status

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Addressing Access

Phone Hold Times     Appointment Availability

Technology

Transportation     Cycle Time

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Patients want...

- Appointments within 24-48 hours, so that they can get help when they need it.
- Early morning, evening, and weekend appointments that don't interfere with work and school.

We offer...

- Available appointments that are often weeks or months away.
- Mostly appointments that are during the work and school day.
Patients Also Want Lower Cycle Times
Visit Prep

- An MA or cross-trained front desk staff person
- Clinical decisions are not made here

ARE YOU READY FOR YOUR PATIENTS?

VISIT PREPARATION - FOR ADULTS

- Review the chief complaint.
- If the chief complaint has similar symptoms to those of COVID-19, jot down what you need to ask the patient during the Robust Confirmation Call.
- Review the problem list looking for chronic diseases that may need follow up (HTN, depression, DM, abnormal paps, etc).
- Read the visit notes from the last few visits to see if any labs, lab results or diagnostic test results will be needed for the visit. If so, be sure they were done and then get the report or results NOW instead of waiting.
- Check for health maintenance needs.
- Be sure the patient has documented hx of Tdap, flu, and pneumonia vaccine. Note any vaccines that are due? For in-office visits only.
- Review the notes to see if the patient has been hospitalized or in the Emergency room recently. If so, where, when and for what? Are there records in the chart? Can we get them now instead of waiting for the patient’s visit?
- Ensure the advance directive is up to date. Do we have any notation on advance directives or a past advance directive discussion?
- Check if PHQ-9 (yearly Depression screening) is up to date? Note, this may be needed sooner depending on the diagnosis and to assess for loneliness/depression from COVID-19.
- Other things to consider for diabetic patients:
  - A1C/BMP or CMP/lipids q6mo minimum (every 3 months if A1C was > 7)
  - Microalbumin q1 year
  - EKG q5 yr. HTN/DM
  - Vision exam yearly
  - For diabetics: Is education due?
Robust Confirmation Calls
ROBUST CONFIRMATION CALLS

☐ Gather notes from Financial Prep and Visit Prep

☐ Ask the patient if their appointment time still works for you?

☐ Explain the screening and appointment process

☐ Review any pending items from Financial Prep or Visit Prep

☐ Confirm the reason for visit

☐ Consider completing Pre-Registration or the intake over the phone
Huddles

- Who: MAs/LPNs, Front Desk, Provider, BH, Nurse

- What other services do you offer?

  - Review each patient’s chart one-by-one.

  - Look at the reason for the visit; be sure that it is clear and specific.
    - If COVID-19 related, was the patient reached? If yes, share what the patient stated with the team. If no, make a plan for trying to reach the patient.

  - Review the following in the patient’s chart:
    - What stands out on the problem list?
    - Were any Labs, x-rays, diagnostic imaging done?
    - Will the patient need to be sent for labs?
    - Any pending referrals? Does the team need to do anything to move them forward?
    - Any recent ER visits or hospitalizations? If yes, are they COVID related?
    - Are there any pending health care maintenance items?
    - Are the vaccines up to date?

  - Share what else was learned from Visit Prep & the Robust Confirmation Call.

  - If needed, make a plan for when patients can come in to receive any in-office services such as vaccines that can not be administered virtually.
Language Barriers

- Can cause misunderstandings or miscommunication
- Creates frustration
- Relies on family or friends to interpret for the patient
  - Without a clinical background, this can create more confusion or misunderstandings
Overcoming Language Barriers

- Consider interpretations services based on the demand
  - Volunteer interpreters
- Appropriate signage to help patients navigate in-person services
- Patient Education Materials
  - Offer in multiple languages
Telehealth

1. Understanding patients’ digital access and skills
2. Connecting patients with technical support
3. Evaluating the patient experience
1. Understanding patients’ digital access and skills

- Call patients 1-2 days before their appointment
  - Ask them about their technology knowledge
    - Do they have a smartphone or tablet?
    - What do they use their devices for? Apps?
  - Set them up with technical support
- Partner with local community agencies to provide Wi-Fi
  - Schools
  - Libraries
1. Understanding patients’ digital access and skills
2. Connecting Patients with Technical Support

- Survey the digital equipment your patients have at home
  - Walk them through how to access the web platform
  - Test technology 1-2 days in advance
- Film a tutorial for patients
- Setup a designated Technical Support line for your patients

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# 3. Evaluating for Telehealth Patient Experience

<table>
<thead>
<tr>
<th>Question</th>
<th>Disagree</th>
<th>←</th>
<th>→ Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. It was easy to access my services via the instructions the health center provided.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. I received the appointment date and time I wanted.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. The registration process the day of or the day before my visit was smooth and easy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>4. I did not have to repeat myself when I spoke to different staff members.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. My provider addressed my questions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. I felt that this was a high-quality visit.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. The instructions provided at the end of my visit were clear.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. I know what to do to keep myself healthy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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A Quick Way to Survey Patients

- MAs or Providers ask a couple brief questions at the end of the visit
- A quick Google Form survey that is pushed out at the end of the visit
- A survey accessible via your health center’s website
- A text message
- An easy survey available via your telehealth platform
## Share Data Publicly

<table>
<thead>
<tr>
<th>Providers</th>
<th>Civic</th>
<th>Rate</th>
<th>Team</th>
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<tbody>
<tr>
<td>Dr. Naidu</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lisa Wangerien</td>
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<td>Leon Sherrell</td>
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<tr>
<td>Dr. Simpkins</td>
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<tr>
<td>Dr. Singh</td>
<td></td>
<td></td>
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<tr>
<td>Sarah Houck</td>
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</tbody>
</table>

*Team Booked*

*Provider All Stars!!*

*Awesome!!*

*Team Player*

*Nice Work*

*Overfill Your Capacity Projects!!*

*Don’t Do This*

*Overlay*

*Way Back*

*Providers All Stars!!*

*Don’t Touch*
Ask for Feedback

Photo by Headway on Unsplash
Education and Training
Implicit Bias Training

Photo by Josh Riemer on Unsplash

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References


