

The MetroHealth System Board of Trustees

EQUITY, INCLUSION & DIVERSITY COMMITTEE MEETING

December 20, 2023

4:00 – 5:00 pm

MetroHealth Board Room (K107) or Via Zoom

Meeting Minutes

Committee Members: Mr. John Corlett-I, Ms. Maureen Dee-I, Dr. E. Harry Walker-R, Ms. Vanessa Whiting-I, Ms. Inajo Davis Chappell-I

Other Trustees:

Staff: Airica Steed, I, Arlene Anderson-I, Laura Black-I, Jim Bicak-I, Dr. Richard Blinkhorn-I, Dr. Robert Bruce-R, Dr. Nabil Chehade-I, Karen Cook-R, Justin Gallo-R, Dr. Joseph Golob-I, Kim Green-R, Derrick Hollings-R, Dr. Olusegun Ishmael-I, Dr. William Lewis-I, Dr. Charles Modlin-I, Sonja Rajki-I, Dr. Aparna Roy-I, Dalph Watson-I Betty Halliburton-I, Dr. Doris Evans-I, Joseph Frolik-R, Kevin Chagin-R, Matthew Kaufmann-R

Guests:

Ms. Inajo Chappel called the meeting to order at 4:03 pm.

The minutes are written in a format conforming to the printed meeting agenda for the convenience of correlation, recognizing that some of the items were discussed out of sequence.

I. Approval of Minutes

The minutes of the April 26, 2023 Committee meeting were approved as presented.

II. Information Items

A. Charter Review & Committee Name Change

Dr. Steed stated she is excited to be back with this committee as it has been a few months since we last met. The first order of business is recommending that the name of this committee be officially changed to Health Equity & Diversity. We are transitioning from Equity, Inclusion and Diversity, which is a more of traditional type of committee, but given our emphasis and strategic priority on health equity, we felt that it would be wise to move in the direction of creating a namesake that is more in line with that. As stated in the proposed charter updates, the purpose and activities of this committee is meant to align

The MetroHealth System Board of Trustees

with the System focus on health equity and diversity. In part, the committee will be overseeing and championing our focus related to specifically targeting the eradication of healthcare disparities, which is the central focal point of our work. Along with the alignment of the community to zero out the death gap, to improve the life expectancy to those we serve, and to continue to break apart the barriers of access bringing to light the disparity in healthcare. Dr. Steed stated she is also proud to say from a strategic focal point that we believe that MetroHealth is going to be the first Board across the country to have a committee focused on health equity. This will position us to be a role model across the country.

Dr. Modlin highlighted some of the responsibilities of this committee, the first being monitoring metrics to effectively track the progress of reducing health disparities across our system. We will also monitor the effectiveness of the programs we have implemented to address the eradication of health disparities. Often overlooked is the financial impact of these health disparities but this committee will help to monitor that. Access to care is one of the major drivers of health inequities, but through the activities which will be reported to this committee we are going to monitor health access by working with Dr. Golob to monitor the patient, quality, and safety metrics along with racial and ethnic lines along with other demographic lines. This will carry over into recruitment and retention of minority caregivers, including our GME caregivers. We will also work with Arlene Anderson to monitor business contracts and alliances, as well as with Government Relations to help develop state and federal policies to be more effective in helping the system address health disparities.

B. Aligning our WHY and Strategic Focus on Driving Health Equity and Diversity

Dr. Modlin highlighted some common health disparities and focused his remarks on the African American population, the Hispanic population, and other minority multi-cultural populations experiencing disproportionate incidences of health disparities and outcomes. This year we have been able to create our inpatient data dashboard that is available to every staff member of MetroHealth. This shows the quality metrics and looks at every single one of them broken down by race and gender. There are not many hospitals doing this and the ability for us to do this is something that has been remarkable. We do see inequities when we look across our experience metrics. For example, communication about medication show that 76% of our white patients understand how and why to take their medications when they leave the hospital, but only 69% of the people of color feel that same. So, it is not just good to look at our overall number anymore, we must see it in this light and increase our ability to help close these gaps. We are also in the process of kicking off a Health Equity Fund and we will be one of the first hospitals in the country that is dedicating philanthropic funds specifically on eradicating healthcare disparities. Dr. Golob stated patient safety is a system goal and we are seeing a 40% reduction of our patient harms this year. We are also seeing some gaps broken down by race in care with 13 of the 18 metrics, and people of color

The MetroHealth System Board of Trustees

are significantly lower in pediatric immunizations before the age of two, but the inequities that we often find across the country is in colorectal cancer screening, and we are doing a great job with people of color getting colon cancer screening.

The next Minority Men's Health Fair is scheduled for April 27, 2024. This will be conducted at two locations simultaneously, Cleveland Heights, and the Tri-C Metro Campus. On September 30th we held our first annual multi-cultural Women's Health Expo which was a great success. We also held a children's event and are planning another children's event in the summer of 2024. Dr. Modlin stated that we are in the process of developing programs throughout the system called Multi-Cultural Health Centers of Excellence. This will be well received by the community and the goal is to develop greater clinical expertise throughout the system in every clinical department. Dr. Modlin stated this will be discussed in more detail at future meetings.

C. Review of Lown Institute Rankings

Mr. Chagin stated that he wanted to go over the Lown Institute Social Responsibility Index and where we currently scored this year in comparison to where we were last year. The Lown Institute is a non-partisan think tank that works on research in conversations around bridging the gap between current public healthcare. They created this index which they call the Social Responsibility Index to basically rank hospitals on how well they do at serving their communities on social responsibility. They look at this from an equity standpoint and hospital outcome standpoint. We currently ranked in 2023 a Grade A and ranked 325th nationally and 13th in Ohio. This score looks at is three categories, Health Equity, Value and Outcomes. Each of these areas is broken down into smaller components and then ranked. They then use this information to then put hospitals into grades A, B, C or D. This information comes from multiple locations, and we fall within the public non-federal hospitals, which they say is gathered from available public records. The information we are discussing today is from 2020 data. The Worker Compensation comes from CMS report information systems. The next area of equity is Community Benefit, and this looks at our financial assistance to provide free or discounted care provided to patients eligible for assistance based on their income as a share of total hospital expenses from the Centers for Medicare and Medicaid's Hospital Cost Reports. We did quite well and improved from last year. The last area of equity is Inclusivity, and this measures the degree to which a hospital's patient population reflects the demographics of its community area. This looks at race, ethnicity, and education within our patient population and how it reflects the community that we serve. We improved in this area and went from a Grade B to Grade A. The next section of the measurement is Value, and this looks at avoidance of use of low-value services and cost efficiency. This data is collected from Medicare claims FFS inpatient and outpatient claims from 2019 to 2021. We did well last year, and we continue to do well in 2023. The next value is Cost Efficiency, and this measures mortality outcomes over the cost

The MetroHealth System Board of Trustees

of care as a mortality cost ratio at 30- and 90-days after a hospitalization. We maintained our score of A from 2022 to 2023. The last value is Clinical Outcomes, and this measures mortality rates (in-hospital mortality, 30-day mortality, and 90-day mortality) and readmission rates (7-and-30 days). Again, we did well at maintaining our Grade A from 2022 to 2023. The next area of measurement is Patient Safety and uses indicators from the CMS Care Compare website for hospitalizations. CMS composite measures (PSI-90) that has 10 separate indicators for patient safety as well as five hospital acquired infections (HAI) measures from July 2019 to March 2022. We decreased quite a bit in this measurement where we went from a Grade of B to a D. The last measurement is Patient Satisfaction which uses the annual Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey to give a rating of patient experience across 10 factors from July 2021 to March 2022. We maintained that same score from 2022 to 2023 of a Grade C. The overall assessment of this score is called Social Responsibility Ranking but health equity only accounts for about one-third of the total score and the hospital's performance makes up the remaining two-thirds. They cannot break this down by race or ethnicity, this is just the overall hospital score and in the area of health equity we do quite well, and we are improving from last year.

Ms. Vanessa Whiting asked for a motion to move into executive session to discuss hospital trade secrets as defined by ORC 1333.61; to consider the appointment, employment dismissal, discipline, promotion, demotion, or compensation of a public employee. Ms. Chappell made a motion, Ms. Dee seconded and upon roll call vote, the Committee went into Executive Session to discuss such matters at 4:55 pm.

Members of the public were excused.

Following Executive Session, the meeting reconvened in open session at 5:07 pm.

There being no further business to bring before the Committee, the meeting was adjourned at approximately 5:08 pm.

Dr. Airica Steed, President & CEO
THE METROHEALTH SYSTEM