IMPROVING RESIDENCY PROGRAM AND COMMUNITY-BASED ORGANIZATION COLLABORATION: AN IMMERSION TRAINING MODEL

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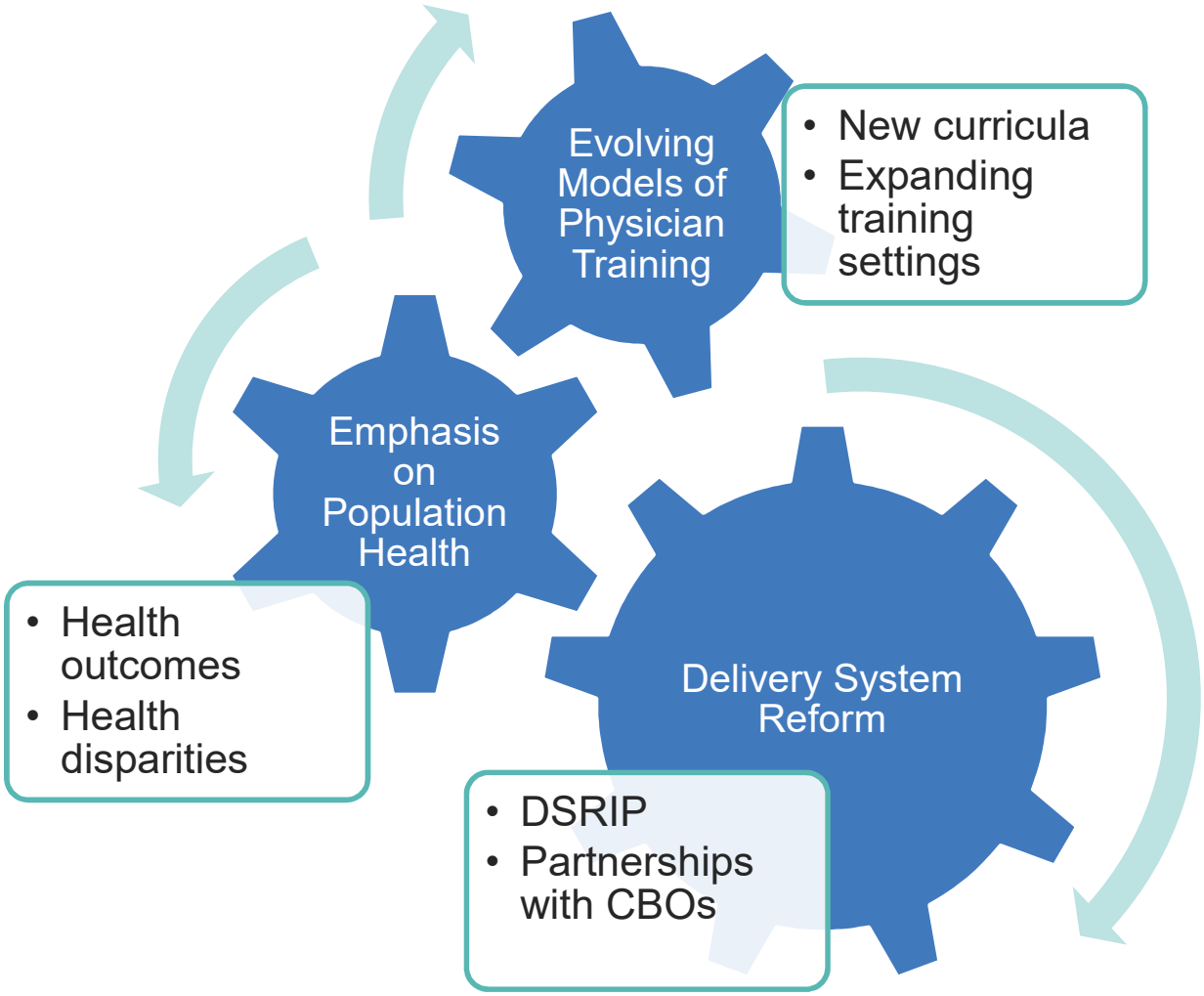
Changing Face of Health Care Delivery



Call to Action for Teaching Hospitals

Health and health care inequities—systematic, measurable, and avoidable differences in health-related outcomes between groups—persist in the United States despite decades of efforts to identify, understand, and ameliorate them. Access to healthful food, reliable transportation, safe housing, and quality education are a few of the social and economic forces, the social determinants of health (SDOH), that explain a significant proportion of these gaps in health and health care. The provision of charity care, while important, does not directly address these structural and social barriers to good health.

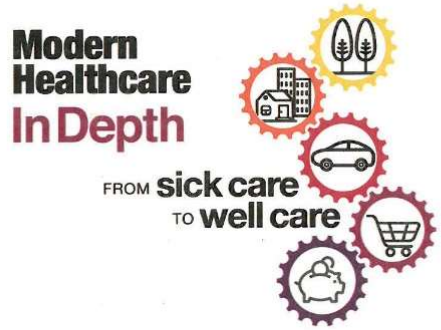
Locations of Reviewed Implementation Strategies: 97 in 33 States and the District of Columbia

Since 2010, nonprofit hospitals and health systems, including teaching hospitals, have been required to conduct a triennial community health needs assessment (CHNA) that identifies and prioritizes local health needs. Each hospital must make the CHNA widely available to the public and develop an implementation strategy (IS) that describes how the hospital will address selected health needs.

To understand how AAMC member hospitals and health systems are addressing the SDOH through this work, the AAMC analyzed the most current CHNA and IS documents from 97 hospitals in 33 states and the District of Columbia (see map).

When considered together, the SDOH were the fifth most targeted prioritized health need across the analyzed IS reports. Food access, social support, and poverty were the top three social factors that AAMC member hospitals addressed.

See the opposite side for examples of how teaching hospitals are addressing the SDOHs.



By Steven Ross Johnson

DEALING WITH COLD WINTERS was not Chimera Campbell's biggest challenge after moving from Florida to Chicago in 2012.

The 39-year-old couldn't manage her asthma, and that led to frequent emergency visits to Mount Sinai Hospital, a part of Sinai Health System. "I was in the ER constantly with chest tightness, pain and having problems breathing," Campbell said, estimating she visited the ER six times a year.

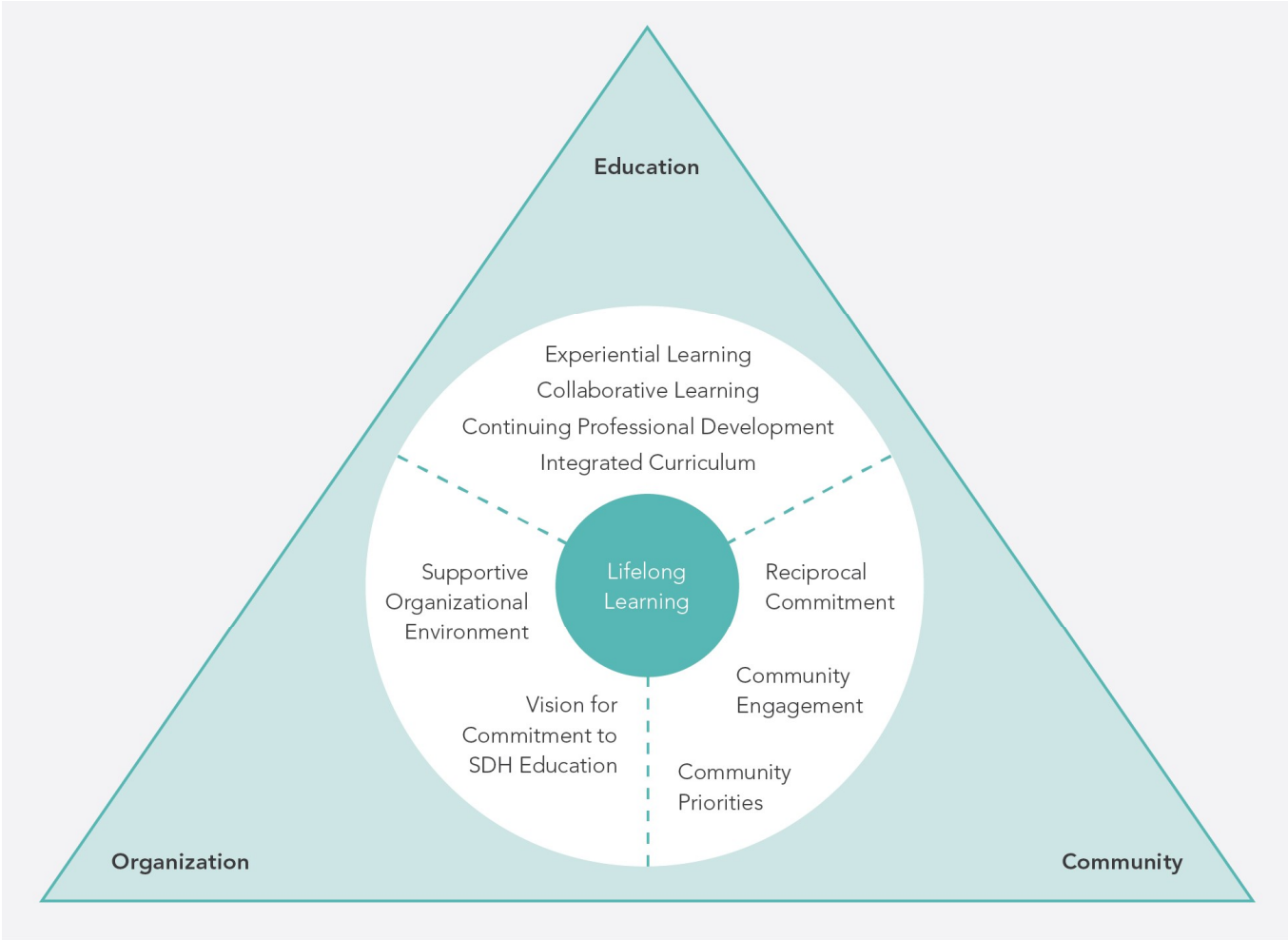
Then, Campbell received a phone call from a staffer for the safety-net system asking whether a community health worker could visit her home and identify and get rid of any environmental factors that could be aggravating her asthma.

Campbell agreed and the worker, Kim Artis, discovered that household dust and secondhand smoke were the culprits. "Patients don't come into the clinic saying their house is dusty or their husband is a smoker," Artis said. "So that is the missing link we provide once we go to the home."

Since working with Artis for the past two years, Campbell has not visited the ED for her asthma. Artis "helps me with my health, my mind, the body and my spirit," Campbell said.

Hospitals tackling social determinants are setting the course for the industry

Educational Framework on Social Determinants of Health



Source: National Academies of Science, Engineering and Medicine

Incorporating Social Determinants of Health into Residency Training

ORGANIZATION	EDUCATION	COMMUNITY
Aligning ACGME requirements and DSRIP activities	Developing resources on social determinants of health	Developing partnerships with CBOs for immersion training

ORGANIZATION: Aligning ACGME and DSRIP Requirements

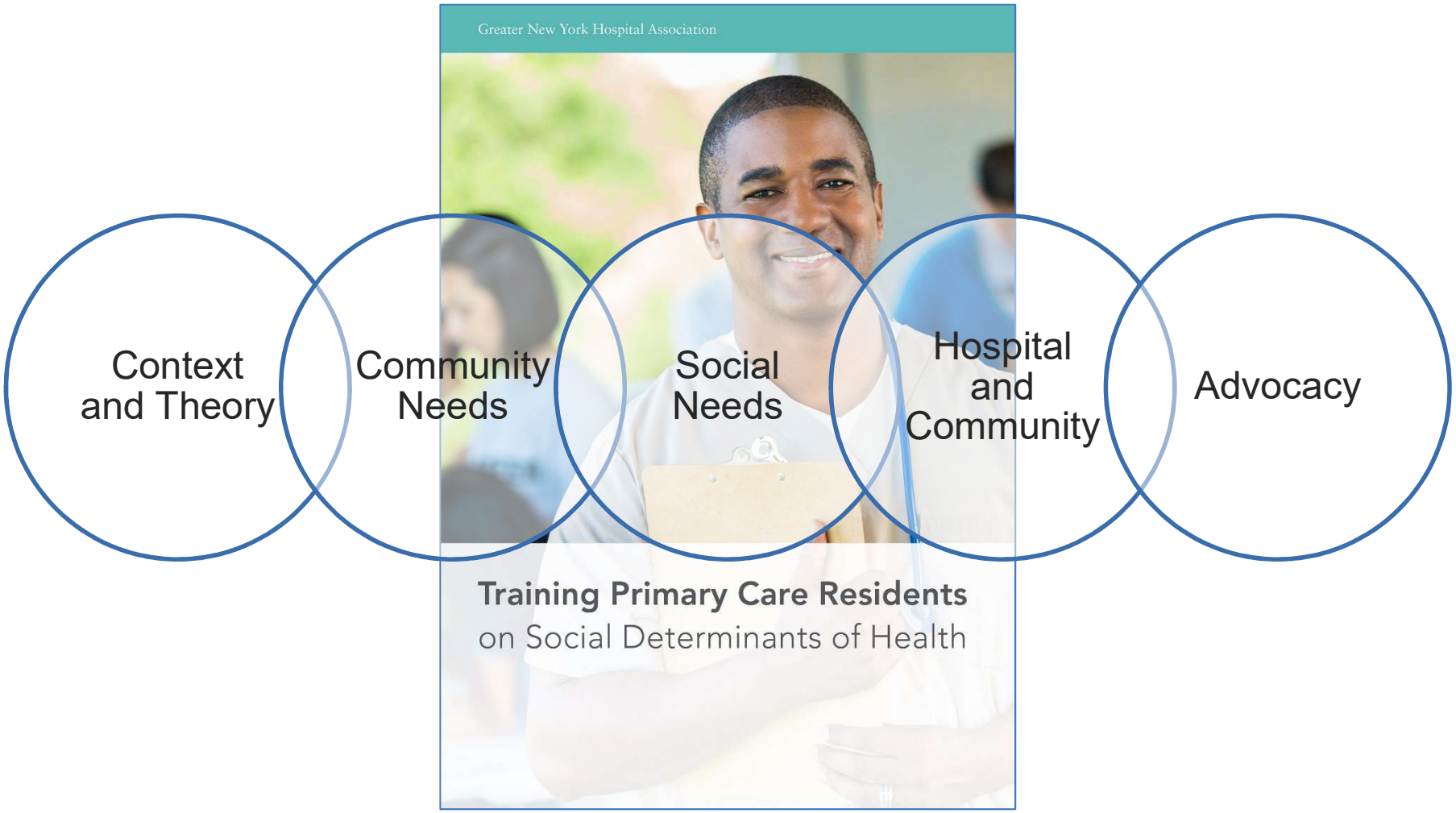
ACGME Requirements

- Residents should have access to data to improve systems of care, reduce health disparities, and improve patient outcomes
- Residents (and faculty) should receive education on identifying and reducing health disparities relevant to the population served at the clinical site

DSRIP Requirements

- DSRIP partners should engage patients in the integrated delivery system through outreach and utilization of community service plans
- DSRIP partners should develop “hot spotting” strategies and work on programs in high risk neighborhoods

EDUCATION: Developing Resources on Social Determinants of Health



EDUCATION: Learning Series for Hospital/CBO Leadership

- Home visits
- NYS Bureau on Social Determinants of Health
- Screening tools
- Referrals to CBOs
- Health Access and Equity
- Vulnerable Populations
- Care transitions
- NYS Medicaid First 1000 Days
- Childhood Health
- Pediatric Bundle

COMMUNITY: Creating Partnerships between Residency Programs and CBOs

- Surveyed primary care residency program directors to assess current partnerships and gauge interest in specific social determinants
- Performed outreach to CBOs to assess interest and capacity to host residents
- Developed a funding opportunity for CBOs to design on-site training for primary care residents
- Requested formal applications from interested CBOs and residency programs

COMMUNITY: Creating Partnerships between Residency Programs and CBOs

Matching

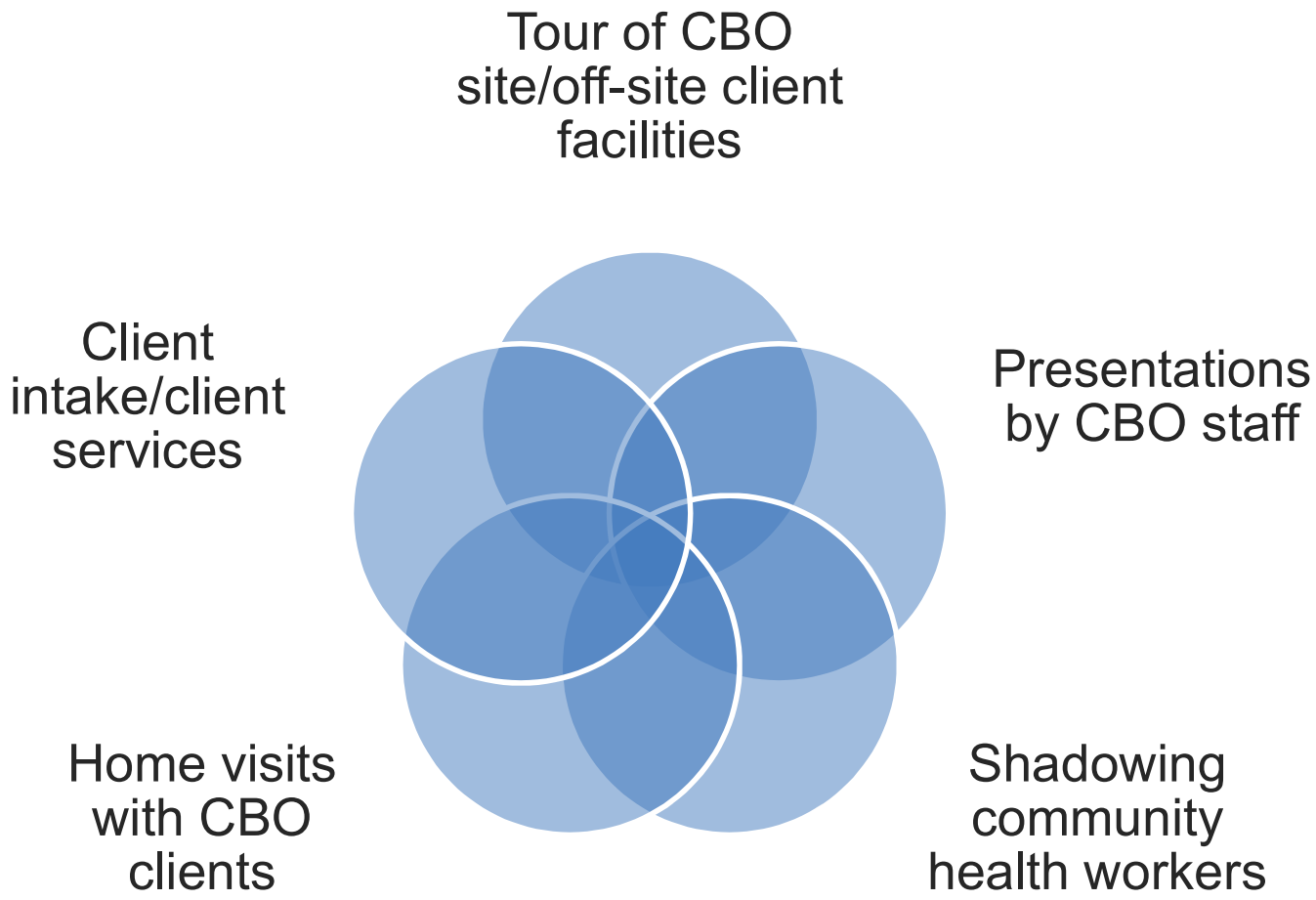
- Matches made based on area of interest and location
- Goal was for partners to create a sustainable, replicable experience

Convening

- Discussion focused on development of mutual mission statements, short-term and long-term goals
- Emphasis on orienting the residency program to the CBO and the community served by the CBO

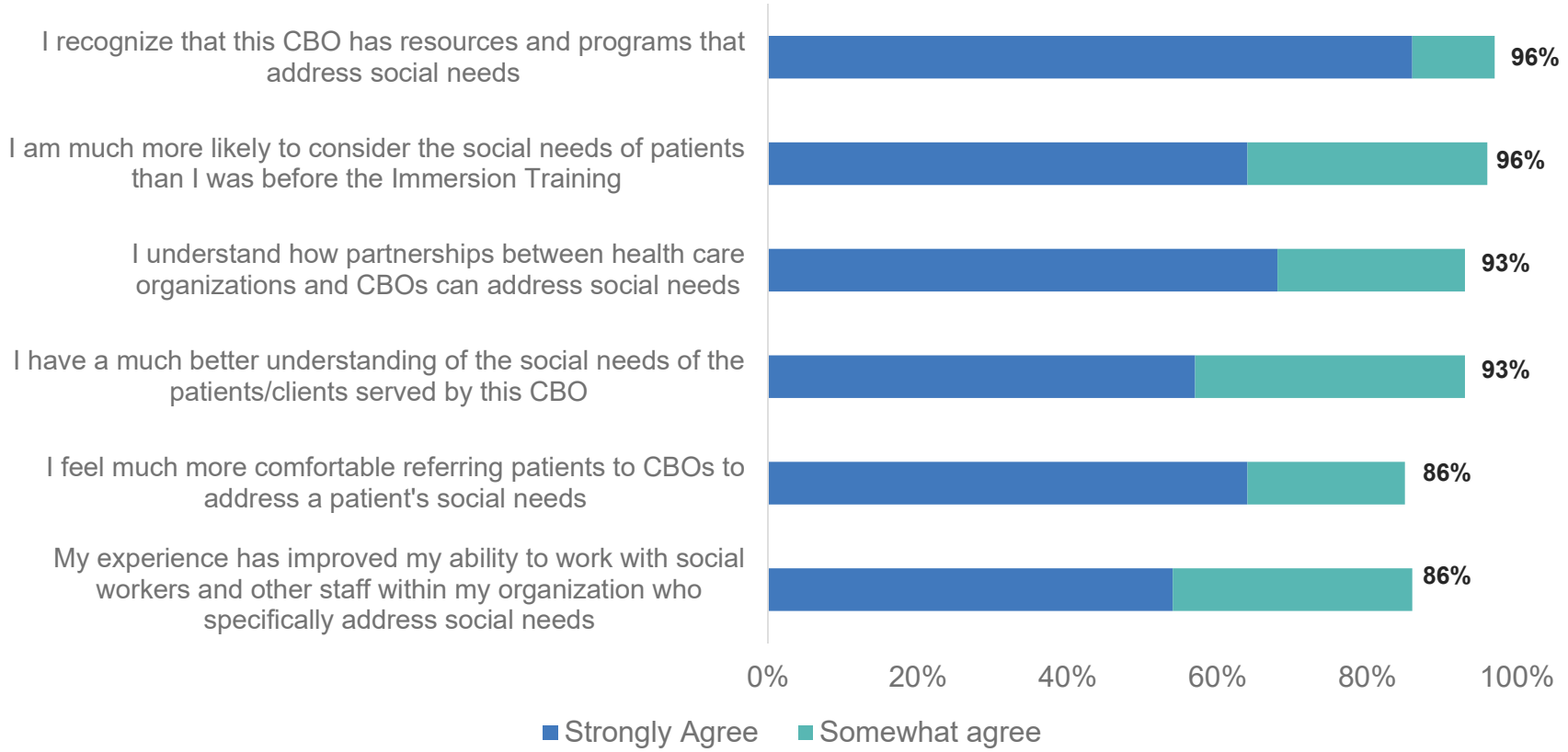
Matches were required to inform GNYHA of planned activities prior to commencement of immersion training

COMMUNITY: Immersion Training Activities



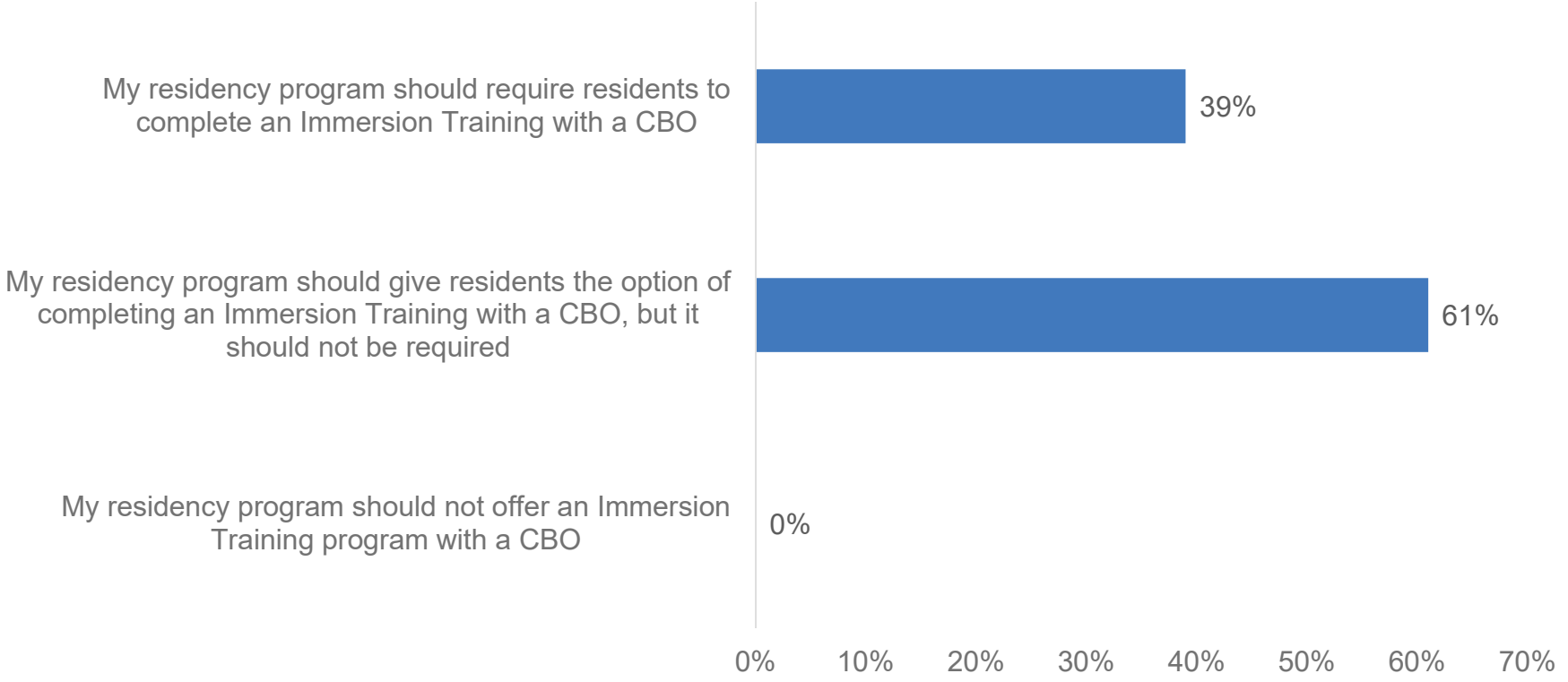
Conclusions: Residents responding overwhelmingly agreed that Immersion Training provided many benefits

"Residents can understand more about their social determinants and can educate their patients more clearly."



Conclusions: All residents responding thought their residency program should offer an Immersion Training

"Much needed program that would eventually be of benefit to both clients and doctors, especially residents who are at the beginning of their practice."



Lessons Learned

- ✓Level set
- ✓Consider logistics and scheduling
- ✓Consider the resources
- ✓Consult HR
- ✓Assess both organizations' needs
- ✓Choose a single point of contact
- ✓Factor in lead time to start training
- ✓Prepare residents and CBO staff

Final Thoughts

"We need to think upstream and differently so we can improve health rather than just improving the problems that were created by our society in not investing." —**Donald Schwarz, MD, Robert Wood Johnson Foundation**

"Why treat people only to send them back to the conditions that made them sick in the first place?"
— **Rishi Manchanda, MD, The Upstream Doctors**

Thanks All of Our Project Participants

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Project documents and additional information is available on the GNYHA website (https://www.gnyha.org/program/resident-cbo-project/)