The New Normal of Governance for Quality and Health

presented by

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Today's Presenter

Meritus Health

Maulik Joshi, Dr.P.H. is the President and CEO of Meritus Health, a regional health system serving western Maryland, southern Pennsylvania and the eastern panhandle of West Virginia with 3,000+ employees and 500+ medical staff. Meritus Health includes 300 bed Meritus Medical Center, a 100 provider Meritus Medical Group, Meritus Home Health and is also a 25% owner of Maryland Physicians Care, a 230,000 Medicaid member health plan.

Previously, Maulik was the COO and Executive Vice President at the Anne Arundel Health System (AAHS). Prior to AAHS, Maulik was at the American Hospital Association as Associate Executive Vice President and President of the Health Research and Educational Trust.

Maulik has a Doctorate in Public Health and a Master's degree in Health Services Administration from the University of Michigan. He was Editor-in-Chief for the *Journal for Healthcare Quality*. He also co-edited *The Healthcare Quality Book: Vision, Strategy and Tools* (5th edition to be published in 2022) and coauthored *Healthcare Transformation: A Guide for the Hospital Board Member* and *Leading Healthcare Transformation: A Primer for Clinical Leaders*. Maulik is adjunct faculty at the University of Michigan School of Public Health in the Department of Health Management & Policy. He has served on the board of trustees for Anne Arundel Medical Center and the board quality and patient safety committee for Mercy Health System and Advocate Health System, among others.

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1

The New Normal of Governance for Quality and Health

Objectives:

- Describe Board practices of overseeing key measures of quality and health with appropriate and aligned goal setting
- Identify potential disparities in care and health
- Define how Boards can hold leadership accountable for population health and quality outcomes

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2

Governance of Quality and Health Before the Pandemic

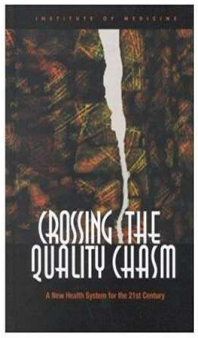
- Governance of quality was primarily focused on patient safety
- Governance of quality was hospital-centric, with limited discussion on population or community health or care outside of the hospital
- Governance tended to get into the quality weeds, because measures were few
- Minimal analysis of health equity
- Less focus on population health measures

3

3

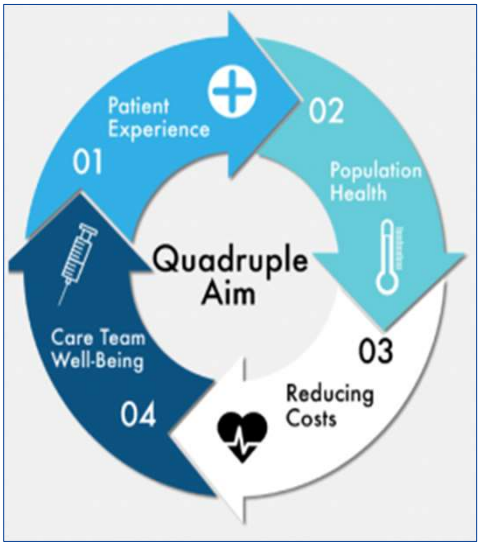
Before the Pandemic – Goal was to make sure your Definition of Quality was Comprehensive

Institute of Medicine: 6 measures of quality (STEEEP)



1. **Safety[1]-** Avoid injuries to patients
2. **Effective-** Provide services based on scientific knowledge to all who can benefit
3. **Patient-Centered-** Provide care that is respectful & responsive to individual patient needs & preferences
4. **Timely-** Reduce waits & delays for those receiving & Giving care
5. **Efficient-** Eliminate waste including ideas, equipment, supplies & energy
6. **Equitable-** Providing consistent quality of care regardless of gender, ethnicity, location or socioeconomic status

IOM, 2001



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4

Before the Pandemic - Board MUST DO

Is your organization measuring, reporting and working to improve comprehensive dimensions of quality – e.g., equity, timeliness, efficiency?

5

5

New Normal for Quality and Health Governance

1. Must include quality measures of health equity
2. Must include some population health measure

6

6

What quality measures that have disparities are you overseeing?

- Wait times?
- Mortality?
- Diabetes control?
- ?

7

7

Measuring Health Disparities

Understanding Our Community

The patients that Meritus Health cares for closely reflects general demographic trends in Washington County, MD.

Washington County Population Estimate by Race (left) and Ethnicity (right)

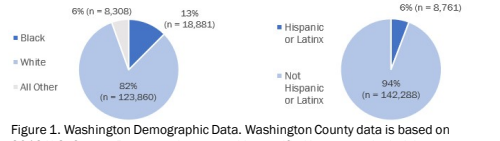


Figure 1. Washington Demographic Data. Washington County data is based on 2019 U.S. Census Bureau estimates and is stratified by race and ethnicity.

Identifying Health Disparities at Meritus

Thirteen quality and safety measures were analyzed across race, ethnicity, and language using FY2020 data and were chosen following the Institute of Medicines six domains of healthcare quality (STEEEP): safe, timely, effective, efficient, equitable, and patient centered.

Quality and Safety Measures Analyzed for Health Disparities:

- Readmission rate
- Mortality rate
- Patient harm events
- Sepsis core measure non-compliance
- Preterm births
- Early elective delivery
- C-sections
- Exclusive breast milk feeding of newborns
- Inpatient and emergency department opioid administration
- Hemoglobin A1c ≥ 9.0%
- Inpatient and observation average length of stay
- ED throughput time
- Patient experience top box scores for care and communication

8

8

Meritus Health's Health Disparities

Sepsis Core Measure Non-compliance

44% *higher sepsis core measure non-compliance for Black patients compared to White patients*

Pre-term Birth Rates (birth prior to 37 weeks gestational age)

27% *higher preterm birth rate for combined Black patients and Hispanic or Latinx patients compared to White patients*

50% *higher preterm birth rate for Spanish-speaking compared to English-speaking patients*

Newborns Exclusively Breast Feed

36% *lower rate of exclusive breast milk feeding for combined Black newborns and Hispanic or Latinx newborns compared to White newborns*

Opioids Administered in the Emergency Department

21% *lower ED opioid administration rate for combined Black patients and Hispanic or Latinx patients compared to White patients*

Poorly Controlled Diabetes (HbA1C ≥ 9)

74% *higher chance of poorly controlled diabetes when comparing combined Black patients and Hispanic or Latinx patients to White patients (24.2% versus 13.9%)*

Emergency Department Throughput Time (discharge time for non-admissions)

Spanish-speaking patients on average spend ***11%*** *more time in the ED than English-speaking patients*

9

9

New Normal for Quality and Health Governance

MARYLAND | PENNSYLVANIA | WEST VIRGINIA

The Herald-Mail

MONDAY, AUGUST 2, 2021 | HERALDMAILMEDIA.COM — HAGERSTOWN, MD. | PART OF THE USA TODAY NETWORK

Meritus plans work on health inequities

Study last year leads hospital to make more moves

Mike Lewis The Herald-Mail
USA TODAY NETWORK

A Meritus study has reported six inequities in health care related to race, ethnicity and language preference.

"The reality is we've known this for years in health care, unfortunately," said Maulik Joshi, president and CEO of Meritus Health, which recently studied health disparities. "And it's not, again, a problem that has just surfaced over the last decade, but it's literally hundreds of years of systemic inequities. But now we have the data."

Joshi

Professor Stephen B. Thomas, of the University of Maryland School of Public Health in College Park, praised Meritus for gathering and sharing that data. What's critical, he said, are the next steps to address those disparities.

"Simply knowing is not enough. No," Thomas said. "We must do."

See MERITUS, Page 5A

USA TODAY NETWORK

Student was apprentice at county fine arts museum

Barbara Ingram grad worked behind scenes

Sherry Greenfield The Herald-Mail
USA TODAY NETWORK

Arianna Marriott loves the arts. So it's no surprise, the 18-year-old

10

10

New Normal for Quality and Health Governance

1. Must include quality measures of health equity

2. Must include some population health measure

11

11

Goal Setting

- Consider your baseline
- Consider meaningful improvement
- Consider comparison to national and state averages and top quartile or top decile
- Consider goals for incentives versus goals for improvement
- Weigh stretch and achievable
- **Goals can become floors and ceilings**

12

12

QUALITY AIMS	IOM	FY19 Result	FY20 Goal	Best in Class
Reduce Hospital-Acquired Infections	Safe	CAUTI cases = 12; Rate = 1.15 C. diff cases = 63; Rate = 0.55 *(Jul 18- Feb19)* SSI Colon =9; Rate = 3.73 *(Jul 18- Jan19)* SSI Spine = 0: Rate = 2.54 *(Jul- Dec 18)*	CAUTI =0; Rate =1.00 C diff =0; Rate = 0.60 SSI Colon =0; Rate = 2.48 SSI Spine =0; Rate = 2.00	CAUTI =0; Rate= 1.09 Cdiff =0; Rate= 0.94 SSI Colon =0; Rate= 2.29 SSI Spine=0; Rate= 1.06 (NHSN 2017 summary reports)
Decrease ED Core Measure Minutes/Hospital Diversion	Timely	ED-1b = 450 mins OP-18b =189 mins Diversion = 12.1% *(Jul 18- Mar 19)*	ED-1b = 335 mins OP-18b=177 mins Diversion = 5.8%	ED-1b = 90th %tile = 251 mins 75th %tile = 301 mins OP-18b = 90th %tile = 130 mins 75th %tile = 167 mins (Emergency Department Benchmarking Alliance) Diversion = 2.69% (Top state performance from MIEMSS)
Increase Inpatient and Organizational (Composite) Patient Satisfaction	Patient Centered	Inpatient= 78% Composite =98.6% *(FYTD 19)*	Inpatient=78.5% Composite= 100%	Inpatient= 83% (Top decile nationally of all hospitals) Composite = N/A
Decrease Readmissions	Efficient	11.61% *(CY 18)*	11.12%	8.95% (Top state performance from preliminary HSCRC data)
Eliminate C-Section Disparity	Equitable	White = 21% Black/African American = 35% Disparity = 14% *(July 18- Mar19)*	Disparity= 10%	Overall C section rate= 14.29% (Top decile nationally of all hospitals from ORYX) Disparity= N/A
Improve Diabetes Control	Effective	HgA1c >9%= 41% *(Jun- Nov 18)*	HgA1c >9%= 25%	Hb A1c >9%= 15.75% (Top decile from the CMS Quality Payment Program)

13

Healthcare Aims FY20

	Metric	Calculation / Measurement of Metric	FY 2019 Results	July 2019	Aug 2019	Sept 2019	Oct 2019	Nov 2019	Dec-19	Jan-20	Feb-20	Mar-20		Annualized FY 2020 YTD	FY 2020 Target
Safe	Zero harm events	Monthly incidents of IHI defined harm (hospital acquired conditions/infections, falls, preventable injury w/ treatment)	98	4	5	4	9	5	3	4	4*	2*		45	0
	Improve survival	Survival rates	95.57%	96.94%	97.02%	97.04%	97.00%	97.06%	96.97%	96.37%	96.46%			96.97%	>96.14%
Effective	Improve sepsis outcomes	Sepsis core measure compliance rates	60.55%	53%	60%	72%	59%	62%	79%	67%	62%	66%		65%	>90%
	Reduce potentially avoidable complications	Maryland Hospital Acquired Conditions cumulative total CYTD	106	54	59	68	75	80	86	11	4	13		86	<80
Efficient	Reduce readmissions	Case mix adjusted readmission rate; overall CYTD	11.27%	11.60%	11.80%	10.06%	11.74%	12.03%	10.96%	10.13%				10.83%	<11.12%
Patient Centered	Improve health system patient experience	Patient experience composite score (inpatient overall hospital rating, ER overall rating, HH overall rating, MMG likely to recommend) compared to goal	N/A	105.6%	93.8%	93.4%	95.3%	94.8%	101.2%	104.5%	97.1%	108.9%		99.4%	100.0%
Timely	Give Time Back to Patients	Median ED arrival to discharge in minutes (Epic)	216	234	200	211	206	197	201	236	206	201		211	<150

14

14

What population health measures and goals are you overseeing?

- Reducing smoking prevalence in the community?
- Reducing weight in the community?
- Reducing suicides in the community?
- ?

15

15

New Normal for Quality and Health Governance

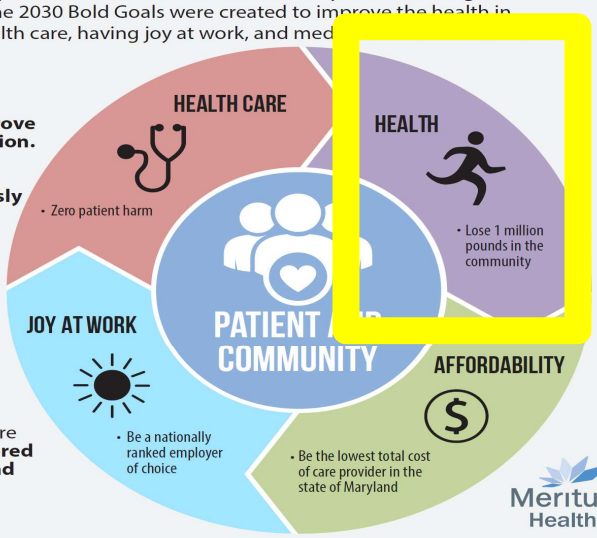
2030 Bold Goals
The Meritus Health strategic plan has Bold Goals to be achieved by 2030. Utilizing the quadruple aim framework, the 2030 Bold Goals were created to improve the health in our community, improve health care, having joy at work, and med for our community.

Mission
Meritus Health exists **to improve the health status of our region.**

Vision
Meritus Health will **relentlessly pursue excellence.**

Values
Our culture is driven by a set of values that focus on the **patient and family first:** respect, integrity, service, excellence and teamwork.

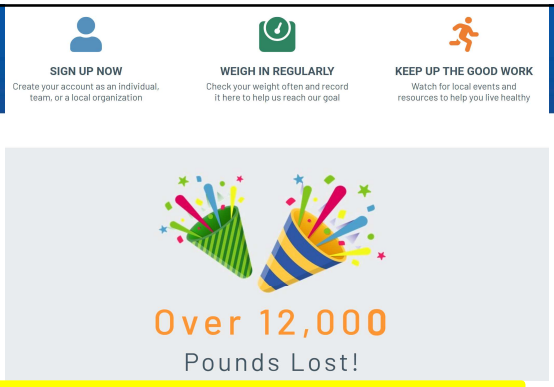
Cultural Attributes
Meritus Health fosters a **compassionate** healing environment through a culture of **team trust, patient-centered care, focusing on quality and safety, while promoting joy at work.**



16

16

Lose 1 Million Pounds



17

17

Holding Leadership Accountability

- Annual Operating Plans Connected to Long term Strategic Plan with specific, measurable actions
- Transparent, monthly Dashboard Reporting
- Alignment of Incentives

18

18

Leadership Accountability for Annual Operating Plans

AIM	2030 Bold Goal	Strategy	Proposed FY24 Strategy Goal	FY22 Action	FY22 Action Goal
Improving Health	Lose 1,000,000 pounds by 2030	Increase Annual Wellness Visits	30% of patients attributed to Meritus have annual wellness visits	Complete annual wellness visits for 20% of our attributed population, prioritized by risk including diabetes and obesity	5,000 Wellness Visits total
			All wellness visits include age friendly care	Integrating age friendly care in ambulatory visits	50% of AWV include 4 M documentation (mentation, mobility, medication, matters)
		Lose 1 Million Pounds	200,000	Engage partners and employees to improve reporting of weight	4,000 registered users in community with individuals active in weight tracker
					Partner and employees document 25,000 pounds lost in FY22

19

19

Leadership Accountability for Annual Operating Plans

AIM	2030 Bold Goal	Strategy	Proposed FY24 Strategy Goal	FY22 Action	FY22 Action Goal
Improving Health Care	Zero Harm Events	Reduce Unwarranted Variations in Care and Outcomes	Reduce Harm Events by 50%	Reduce unnecessary orders or treatment	Reduce avoidable utilization by 10,000 unnecessary orders or days of therapy
				Improve surgical outcomes	Improve surgical site infection observed to expected ratio from 2.0 to 1.0
				Reduce hospital associated conditions	Decrease overall hospital associated pressure injury by 50% for stage 3, 4, and unstageable
				Improve ambulatory diabetic clinical outcomes	Increase percentage of adult diabetics with hemoglobin A1c less than 9% to 85% or more
				Goals of care are established in the ambulatory care setting prior to acute stay	Advanced directives are documented on 20% of patients 55 years and older
			Implement Age Friendly Practices in 50% of Care Settings	Incorporate IHI's 4Ms initiatives to improve patient centered care	50% of all inpatients are asked what matters to you during each stay
		Become HRO (High Reliability Organization)	Integrate Best Practices	Exceed customer expectations system wide	Achieve 100% patient experience composite score in ambulatory practices, ED, Home Health, and Inpatient areas
				Data driven decision making	50% of leaders attend data literacy training
				Disseminate learnings from adverse events or root cause analysis	>75% of event reports that reached the patient will include documentation of a brief, debrief and huddle
		Improve Access to Care	Every resident has access to timely care	Every patient will be seen when needed and timely	Composite score: ED18b < 209 minutes, ED LWBS < 2% and 9% of appointments scheduled via direct scheduling and discharge follow up care for more than 80% of adult discharges

20

20

Leadership Accountability for Annual Operating Plans

AIM	2030 Bold Goal	Strategy	Proposed FY24 Strategy Goal	FY22 Action	FY22 Action Goal
Having Joy at Work	Employer of Choice and Best Place to Work in Country	Retain our valued employees / physicians	Reduce overall turnover by 25%	Reduce overall turnover	Reduce overall turnover by 10%
		Increase pride at Meritus Health	Improve net promoter score (or some other metric like the happy/sad buttons)	Overall, physicians, nurses, employees. Baseline survey; quarterly pulse survey	Implement promoter infrastructure by October 2021 and increase overall rating by 20% by June 2022
		Increase employee and provider well being	Improve employee and provider joy at work	Decrease provider time performing work tasks at home by 20%	Decrease total physician time in the chart by 5%
				Improve nurses time to care for patients	Decrease nurses time documenting in flow charts by 10 minutes
				Empower employees to create a culture of inclusion behaviors and work culture	100% employees receive unconscious bias training
					100% employees are trained in cultural competency
			Improve employee engagement	Employees find joy at work by engaging in team based activities for overall well being	One-third of the employees in 50% of departments participate in team challenges or well being events

21

21

True North Metrics FY21

Quadruple Aim	Metric	Calculation / Measurement of Metric	FY 2020 Results	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	FY 2021 YTD	Data Measure	FY 2021 Target
Improving Health	Build infrastructure to lose 1 million pounds ★	total pounds(Meritus plus community) lost by self reporting to a weight tracker	New	2,930	3,713	4,607	5,490	7,525	11,200	11,200	Cumulative	10K pounds lost
	Residents have access to care	Composite score (ED arrival to discharge <195 min, 40% wt; video visits >250 tota,120% wt; appointments scheduled at discharge >40%, 40% wt) compared to goal, measurement Jan-June 2021	New	92.8%	99.3%	104.2%	105.8%	107.1%	107.6%	107.6% ED 220 Video 505 (cap @ 300) DC Appt 48.3%	Composite score measurement	100%
	Know patient SDOH to improve care outcomes	MMG practice patient population has SDOH documented; cumulative each month	New	24.3%	23.2%	22.9%	15.4%	12.8%	11.9%	17.0%	Cumulative	>10%
Improving Health Care	Zero Patient Harm	Monthly incidents of IHI defined harm (hospital acquired conditions/infections, falls, preventable injury w/ treatment)	64	13	7	5	7	5	1	70 Preliminary	Total	0
	Transitions patients home safely	Improve case mix adjusted readmission rate; overall will capture CYTD	11.22% Baseline CY2019	-5.57%	-1.95%	-20.38%	Pending	Pending	Pending	-6.68%	CY2020 Improvement total	Improvement by -3.07%
	Exceed patient expectations ★	Patient experience composite score (inpatient overall hospital rating, ER overall rating, HH overall rating, MMG likely to recommend) compared to goal	100%	96.4%	104.1%	93.5%	88.7%	96.7%	93.8%	94.7%	Average	100.0%
	Set goals for chronically ill patients	Patients have advanced care directives in their chart prior to discharge	13.6%	12.8%	12.1%	16.0%	16.3%	18.8%	19.2%	14.5%	Measurement is Jan-Jun; average reported	>20%
Having Joy at Work	Reduce first year turnover ★	Voluntary & Involuntary terms within first 12 months of employment / 12 month rolling number of hires	23.50%	19.8%	22.9%	18.3%	18.8%	16.9%	19.2%	19.2%	YTD	21.2% or less
	Reduce provider EMR burnout	Reduce provider EMR alert fatigue (total number of annual alerts, reduce unnecessary alerts presented monthly)	612,612 alerts/yr.	-25.7%	-25.7%	-25.7%	Complete	Complete	Complete	-25.7%	Cumulative	Decrease by 20%
Improving Affordability	Achieve operating margin ★	Budget	June YTD -2.1%	4.0%	3.7%	8.0%	20.9%	19.5%	Pending	9.1%	Year to Date	0.25%

★ Meritus Health Goal = Employee Incentive Program

22

22

TRUE NORTH METRICS FY2022

Quadruple Aim	Metric	Calculation / Measurement of Metric	FY 2021 Results	Jul-21	Aug-21	Sep-21	Oct-21	FY 2022 YTD	FY 2022 Target
Improving Health	Engage community to lose 1 million pounds	**Partner and employees document 35,000 pounds lost in FY2** ★	11,200	12,200	13,864			13,864	35,000 pounds lost
Improving Health Care	Improve access to care	**Access composite score:**							
		ED arrival to discharge (ED OP18b) (15% weight)	220	214	232			223	205
		ED Left Without Being Seen (LWBS) (40% weight)	3.5%	3.9%	4.6%			4.2%	< 2%
		MMG patients schedule appointments via direct scheduling (15% weight)	7.1%	3.8%	3.4%			3.6%	9%
		Adults will have a follow up care appointment scheduled before discharge (30% weight)	71%	83.0%	86.4%			84.5%	> 78%
	Reduce harm events	**Decrease harm events by 10%**	75 Preliminary	3 Preliminary	4 Preliminary			7	TBD
	Exceed customer expectations system wide	**Patient experience composite score** ★							
		Overall hospital rating (75% weight)	65.2%	63.4%	64.1%			63.9%	69%
		ED overall care rating (10% weight)	54.2%	57.2%	53.7%			54.2%	60%
		Home Health overall care rating (5%weight)	90.7%	90.30%	Pending			90.30%	92.5%
		MMG Likely to recommend provider (10% weight)	83.8%	84.4%	83.1%			83.5%	86%
Having Joy at Work	Reduce overall turnover	★ **Reduce overall turnover by 10%**	23.30%	25.89%	30.11%			30.11%	21.0%
Improving Affordability	Achieve operating margin	**Budget** ★	10.7%	5.20%	6.40%			5.80%	Budget (1.1%) + 0.1%

★ Meritus Health Goal = Employee Incentive Program

23

23

New Normal for Governance of Quality and Health

1. Monitor a comprehensive definition of Quality thru key, multiple measures – e.g., IOM 6 aims of quality, quadruple aim
2. Identify potential disparities in care and health and include at least one measure to monitor for disparity reduction
3. Steward a specific, measurable population health goal that is tied to a long term strategic objective
4. Ensure leadership has annual operating plans with measurable actions tied to the strategic plan
5. Align and cascade incentive measures with organizational goals

24

24

Questions & Discussion

25

25