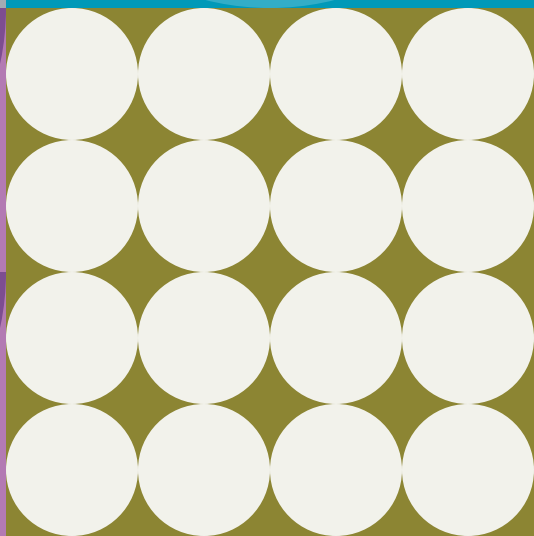


Impact Project Highlights

Fellowship
Class of 2022



Participants and Projects

- 5 Jennifer Blaha, MBA
Changing the Paradigm: Improving Healthcare Access in the City of Angels
- 6 Stella Cao, MS, MPA, FACHE
Building Bridges to Healthcare for the Underserved – One at a Time
- 7 Alesia A. Coe, DNP, RN, NEA-BC, FACHE
Partnering to Engage Patients on Their Turf
- 8 Stacy Wang Gray, MD, AM
Expanding Access to Precision Cancer Care in Southern California
- 11 Juell Homco, PhD, MPH
Integrating Behavioral Health into Primary Care
- 12 Sucharita R. Kher, MD
Building Partnerships for the Health of Linguistic Minorities
- 13 Caprice Knapp, PhD
Improving Access to Care for Postpartum Women
- 15 Rachel Manotti, MHA
Vision and Strategy for Diversified Growth
- 16 Heather M. Marstiller, MBOE
Advancing a Training and Coaching Model for Leadership Development in Principles of Organizational Excellence
- 17 Marissa I. McKeever, Esq.
Johns Hopkins Commitment to Social Innovation and Health Equity in Underinvested Communities
- 18 Stefanie R. Newman MSN, RN NEA-BC
Nurse Manager Retention
- 19 Terri Newmier, PHR, SHRM-CP
A Collaborative Strategy to Support Our Workforce
- 20 Kathleen T. (Katie) O'Leary, RN, MPH, CHES, CPHQ
Innovation in Home-Based Care
- 21 Priti Patel, MD
Improving Patient Safety Through the Optimization of Electronic Health Record Best Practices
- 22 Florencia Greer Polite, MD
Addressing Maternal Mortality in Black Women Via a Communication Tool
- 23 Angelique Richard, PhD, RN, CENP
Engage and Thrive
- 24 Garima Singh MD, FAPA
Expanding Crisis Care, Saving Lives
- 26 Elizabeth Stedina, MBA, MS
Forging Partnerships around Analytics
- 27 Brenda Sulick, Ph.D.
Advancing Health Equity and the Needs of Unhoused Older Adults
- 28 Timshel L. Tarbet, MBA
Measurable Outcomes and Transparency Through Development of a Diversity Dashboard
- 29 Lakshmi Warrior, MD, MPH, FAAN
Breaking Silos and Barriers in Neurosciences
- 30 Rahma Warsame, MD
Advancing Health Equity Education – Internal Medicine Grand Rounds

Our True North:

We are Changing the Face of Healthcare

The Carol Emmott Foundation is committed to accelerating gender equity and diversity in healthcare—this is our focus, our true north. To get there, we are building a network of women leaders, allies, and organizations. Every year, the Carol Emmott Fellowship expands the web of connections, bringing together women who are leading healthcare systems across the country and providing them with access to senior executive leaders, industry innovators, and experts in the field.

Nominated by their institution, fellows must be bold and creative thinkers, inspirational and compassionate leaders. The 2022 cohort of 22 women was the largest and most diverse group to date and included four Foundation-sponsored fellows. We also accepted a fellow sponsored by the University of Oklahoma—our first fellow from the home state of Carol B. Emmott.

Over the course of 14 months, fellows design and lead an impact project at their institutions. The project must enhance the overall wellbeing of the community that the institution serves and be outside of the fellow's day-to-day role and responsibilities. The 2022 projects are emphasizing the need to transform healthcare. They are propelling U.S. healthcare in the right direction, ensuring quality healthcare for all.

“The more we care for the happiness of others, the greater is our own sense of well-being.”

Tenzin Gyatso, 14th Dalai Lama



Jennifer Blaha, MBA

Vice President, Operations
CEDARS SINAI

Jennifer Blaha works in close partnership with Cedars-Sinai chairpersons and institute leaders overseeing the administrative operations supporting the clinical and academic missions of Surgery, Orthopedics, Neurosurgery, Neurology, Women's, Children's, Psychiatry, Comprehensive Transplant Center, Pain Center, and Anesthesia. Blaha's responsibilities encompass quality, financial, performance improvement, and service activities in all areas of these departments as well as across the Medical Center.

Changing the Paradigm: Improving Healthcare Access in the City of Angels

Healthcare access is not a new problem. The covid-19 pandemic not only exacerbated this problem but also highlighted the urgency to fix it. Taking one good idea at a time, Cedars Sinai has improved healthcare access for the community in Los Angeles and beyond. From online scheduling and asynchronous visits for Primary Care to telestroke offerings from the Valley to the Coast, the focus has been on getting care to the people who need it. With technology and a great amount of passion, Cedars-Sinai has brought video visits to multiple sclerosis patients in neighboring counties, as well as transplant outreach clinics throughout our southern region, taking care beyond our four walls and out to our extended community. Covid-19 forced us to deliver care in a different way; Cedars-Sinai has embraced this change and continues to build on the momentum.



Stella Cao, MS, MPA, FACHE

Director, Office of Managed Care
SAN FRANCISCO DEPARTMENT
OF PUBLIC HEALTH

Stella Cao is a healthcare administrator with over 20 years of experience in serving the underserved including Medicaid, uninsured, and other vulnerable populations. Cao has expertise in payor negotiation and contracting, program management and leading teams to improve patient experience, and operations and financial sustainability of public programs.

Building Bridges to Health Care for the Underserved – One at a Time

Navigation of care is the biggest challenge our patients face after enrolling in a health insurance program. This challenge includes patients not knowing how to make an appointment, lacking knowledge and awareness of clinic assignment and services, and having unmet health needs. Half of these patients do not speak English. As a provider of last resort, patient navigation has not been prioritized. To address this issue, Cao spearheaded a team to research the root causes. Her research pinpoints three areas the organization can focus on: promoting overall integrated services, wrap-around services, and patient experience. The initial project was to revamp the health system's website to ensure that its information is complete and accurate, to make it more user-friendly, and to integrate the standalone site with the City's website for better ongoing digital services support.

Accordingly, Cao sought out and secured funding from the City Controller's Office and worked with its Department of Communication, content owners, and City Digital Services to mobilize vendors to support the design and content writing. As of December 2022, over 40 web pages have been redesigned and translated into Spanish, Chinese, and Tagalog.



Alesia A. Coe, DNP, RN, NEA-BC, FACHE

Vice President & Associate Chief Nursing Officer,
Adult Inpatient Services
UCHICAGO MEDICINE

Dr. Alesia A. Coe, Vice President and Associate Chief Nursing Officer for Adult Inpatient Services at UChicago Medicine, has over 30 years of professional nursing experience and is a board-certified nurse executive through the American Nurses Credentialing Center. She serves as an adjunct professor and is also board certified in healthcare management as an American College of Healthcare Executive Fellow.

Partnering to Engage Patients on Their Turf

Community engagement is one of UChicago Medicine's (UCMC) Equity Plan domains. Dr. Alesia Coe is a member of the Diversity, Equity, and Inclusion (DE&I) committee and serves as Nurse Executive Sponsor for the Nursing DE&I Shared Governance (SG) committee. Dr. Coe's impact project focused on aligning the nursing community engagement process with existing programs.

The Urban Health Initiative is UCMC's community health department and has administered the community outreach programs for many years. Although nurses supported some of their programs, the communication and scheduling process was fragmented.

The nursing committee, formed in 2021, and reports to the Nursing Council. This committee facilitates information exchange and education and supports efforts to become more diverse, inclusive, and equity centered. In alignment with the Equity Plan, Dr. Coe worked with both groups to include community engagement as a strategic priority.

Dr. Coe's work to build a collaborative partnership resulted in the Community Affairs manager co-chairing a new SG community engagement sub-committee with her. The sub-committee is exceeding their target to support quarterly interprofessional activities. This partnership facilitates streamlined and collaborative processes to support organizational and nursing community engagement activities.



Stacy Wang Gray, MD, AM

Professor, Department of Medical Oncology
Division Chief, Clinical Cancer Genomics
Deputy Director, Center for Precision Medicine
CITY OF HOPE NATIONAL MEDICAL CENTER

Dr. Stacy Gray is a professor at the City of Hope National Medical Center, Deputy Director for the City of Hope Center for Precision Medicine, and Division Chief of Clinical Cancer Genomics. Dr. Gray conducts translational genomics research and implements interventions to improve the delivery of precision cancer care.

Expanding Access to Precision Cancer Care in Southern California

Precision medicine holds the potential to revolutionize patient care. The founding principle of precision medicine is to use clinical innovation to understand and target differences in people's genes, environment, and lifestyle to improve care. When implemented correctly, precision medicine identifies the right treatment for the right patient at the right time and avoids care that can be ineffective because it has been designed for the "average" person. Despite the promise, however, precision medicine remains inaccessible to most people. Approximately 50% to 80% of patients who stand to benefit from genomically tailored cancer therapy or cancer prevention never get the care that they need. Moreover, there are profound disparities in access to precision medicine. Underrepresented minorities have the lowest rates of uptake.

In order to address this critical problem, Dr. Stacy Gray and her colleagues at the City of Hope Center for Precision Medicine have designed and implemented an enterprise-wide program that increases access to genomic profiling. As part of Dr. Gray's impact project over the last 15 months, >8,700 patients across Southern California have joined the Precision Medicine program and, of them, >80% have had genomic testing of their cancer and/or inherited DNA. The genomic sequencing results have identified possible new molecular mechanisms that drive cancer, identified targeted therapies for patients who had no effective treatment options, and identified >1300 individuals with inherited cancer susceptibility. To magnify programmatic impact, Dr. Gray also

secured funding to expand the reach of the Precision Medicine program to family members. With the new funding, Dr. Gray developed and will be evaluating a new model of care to increase the historically low rates of genetic testing among relatives once a cancer risk mutation has been identified in the family. With such an approach, Dr. Gray will enable ~2,000-3,000 additional family members to obtain preventative care. Dr. Gray's impact project demonstrates the power of precision prevention and treatment plans to improve the outcomes and quality of life of patients and their families.

“Stick to your true north – build greatness for the long term.”

Ruth Porat



Juell Homco, PhD, MPH

Assistant Professor; Director of Oklahoma Primary Healthcare Improvement Cooperative; Director of Research and Community Analytics in Department of Medical Informatics
UNIVERSITY OF OKLAHOMA

As Director of Research and Community Analytics in the Department of Medical Informatics, Dr. Juell Homco leads the University of Oklahoma School of Community Medicine's business intelligence and analytics efforts. Additionally, Dr. Homco serves as Associate Director of the Oklahoma Primary Healthcare Improvement Cooperative, helping to lead a consortium of researchers and practitioners transform healthcare delivery through statewide dissemination and implementation projects.

Integrating Behavioral Health into Primary Care

One comprehensive, public health approach to addressing behavioral health issues in primary care is SBIRT (Screening, Brief Intervention, and Referral to Treatment). This approach aims to identify and intervene with patients with mental illness or risky alcohol and/or drug use by screening at least annually for tobacco use, unhealthy alcohol use, drug misuse, and depression. Despite agreement that SBIRT is the “right thing to do,” there are numerous barriers to implementation such as: limited physician and staff time, lack of payer reimbursement, insufficient health information technology infrastructure, and significant disruption to existing workflow.

Through a collaboration with the Oklahoma Department of Mental Health and Substance Abuse Services and the Oklahoma Primary Healthcare Improvement Cooperative, Dr. Homco led a project to implement SBIRT in more than 40 primary care practices across Oklahoma. The implementation bundle includes academic detailing, performance feedback, practice facilitation, and technology assistance. A primary focus of this work includes documenting and categorizing success stories and barriers to implementation—ultimately to identify solutions. This information is being captured through one-on-one conversations with office staff at participating practices, surveys, and observation. To date, over 6,000 SBIRT screens have been completed as part of the project.



Sucharita R. Kher, MD

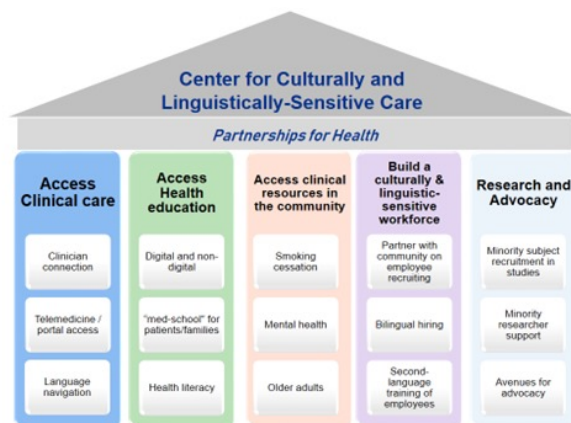
Associate Professor, Tufts University School of Medicine; Vice-Chair for Clinical Operations and Quality, Department of Medicine
TUFTS MEDICAL CENTER

Dr. Sucharita R. Kher is a pulmonary and critical care physician with expertise in asthma, COPD, and tobacco dependence. Dr. Kher oversees clinical operations and quality within the Department of Medicine at Tufts Medical Center. She is passionate about ensuring that every initiative has a health equity lens and developed the Asian Lung Clinic at Tufts Medical Center.

Building Partnerships for the Health of Linguistic Minorities

Imagine navigating a large healthcare system or a complex treatment plan without being able to communicate in the language that your medical team speaks. Each year, Tufts Medical Center (TMC) receives more than 168,000 clinical visits from patients for whom English is not their primary spoken language. Studies have shown that linguistic minorities have worse experiences than their English-speaking counterparts. They are less likely to attend medical appointments and have difficulties with care coordination.

Dr. Sucharita Kher led the first Building Partnerships for the Health of Language Minorities Summit at TMC, bringing together stakeholders including patients, clinicians, hospital leaders, community members, and DEI champions. The summit highlighted existing projects across the medical center that focused on language access, community-hospital partnerships, health equity, and inclusion of language minorities in research and advocacy, with the goal of building from smaller



team projects to an institutional strategy. A thoughtful panel discussion led to emergence of key areas of growth and opportunities (outlined in the picture below). Thanks to a timely philanthropic grant of \$100,000, Dr. Kher will help develop a Center for Cultural and Linguistic Care at the hospital to put these ideas into action.



Caprice Knapp, PhD

Principal
HEALTH MANAGEMENT ASSOCIATES

Dr. Caprice Knapp is a health economist and trained evaluator who consults with state government agencies and providers on health and human services solutions. Dr. Knapp's areas of expertise include Medicaid policy and operations, maternal and child health, quality of care measurement, and special Medicaid populations such as tribal members and the developmentally disabled.

Improving Access to Care for Postpartum Women

From 2019 to 2022, Caprice Knapp was the North Dakota Medicaid Director. In 2022, the North Dakota legislature approved the extension of postpartum care from 60 days to 365 days for women in Medicaid. This policy provides not just maternity-related services, but also the full complement of services including mental, physical, and dental. The policy was passed during a special session of the legislature without any appropriation. The Medicaid agency had to plan to implement these benefits and find funding within the existing budget. Postpartum services for women will be extended on January 1, 2023.

“Leadership is the capacity to translate vision into reality.”

Warren Bennis



Rachel Manotti, MHA

Vice President, Strategy and Market Advancement
GEISINGER

As a member of the Geisinger senior leadership team, Rachel Manotti leads enterprise strategic planning, strategic insights, and business development. Manotti advances strategic change and decision making across the integrated healthcare delivery and financing organization by managing complex planning activities, leveraging data and analytics, and working to meaningfully connect all employees to Geisinger's strategy.

Vision and Strategy for Diversified Growth

Geisinger serves nearly 2 million individuals in communities across central and northeastern Pennsylvania. Since 2010, population in this region has declined by more than 1%, running counter to 2% overall population growth in Pennsylvania and 7% national population growth over the same period. The downward trend is forecasted to continue, as it is in many other vastly rural and post-industrial parts of the US, bringing with it rising economic instability and challenges for local healthcare organizations.

To complement ongoing efforts to sustainably deliver better healthcare outcomes, accessibility, and affordability, Rachel Manotti assembled a team of senior leaders from across Geisinger's clinical enterprise and health plan operations to develop a vision and strategy for diversified growth. Manotti's leadership unified the stakeholder group as co-creators and champions for the strategic imperative. Manotti facilitated the team's strategic decision-making through an integrated evaluation of Geisinger's capabilities, market analysis, and opportunity assessment. She and her collaborators presented the resulting vision, multi-pronged strategy, and investment plan to executive leadership, and received support to advance the work as a playbook for future growth. The team is currently developing a business plan to seek funding approval.



Heather M. Marsteller, MBOE

Vice President Continuous Improvement
Duke University Hospital
DUKE UNIVERSITY HEALTH SYSTEM

Duke University Hospital is a 1,060-bed academic medical center in Durham, North Carolina. As its Vice President for Continuous Improvement, Heather Marsteller is responsible for the development and deployment of the Duke Quality Management System so that it aligns and engages everyone, every day, toward achieving the organization's "true north" goals.

Advancing a Training and Coaching Model for Leadership Development in Principles of Organizational Excellence

In 2019 Duke Hospital implemented a daily management system focused on engaging everyone every day in seeing and solving problems. Many benefits were realized through the management system implementation. However, the need for instilling a deeper understanding of the principles of organizational excellence in hospital leadership was identified in order to achieve the desired culture and results.

Heather Marsteller led a team to develop a leader training and coaching model focused on capability development in principles and behaviors of organizational excellence. To test the model, a cohort of leaders was assigned an improvement coach and led through a core set of trainings. Different from previous improvement support models, the coach role provided at-the-elbow guidance in developing the leaders' own capabilities to create and sustain a culture of continuous improvement. The cohort demonstrated improved outcomes in performance, including a 41% reduction in hospital acquired harms, a 13% lower turnover rate than peer units, a 1.74-day reduction in length of stay, and the highest nursing satisfaction results at Duke Hospital. This model has proven that the results necessary to stabilize healthcare are achievable through people and systems development, and additional cohorts are in progress to spread.



Marissa I. McKeever, Esq.

Chief of Staff and Senior Advisor, Office of the
Dean of Johns Hopkins School of Medicine and
CEO of Johns Hopkins Medicine
JOHNS HOPKINS MEDICINE

Marissa I. McKeever, Esq. serves as the Chief of Staff and Senior Advisor in the Office of the Dean of Johns Hopkins School of Medicine and CEO of Johns Hopkins Medicine. McKeever's visionary leadership includes her passion for advancing health equity and creating strategic partnerships to address social determinants of health, build community capacity, and use place-based solutions.

Johns Hopkins Commitment to Social Innovation and Health Equity in Underinvested Communities

Ward Infinity, a social innovation accelerator program co-founded by Marissa McKeever, seeks to advance health equity through the development of community-driven solutions that address the social drivers of health while creating lasting change and impact in Washington, DC's most underinvested neighborhoods. The accelerator provides funding, technical assistance, and idea incubation services to local residents and social entrepreneurs as they develop solutions to community health problems, with the goal of magnifying and accelerating their capacity. McKeever is currently partnering with key internal stakeholders to develop a funding and partnership roadmap to enable scale of the program in DC and Baltimore communities and develop a replicable model for health systems to partner with and invest in historically marginalized communities using the inclusive model of community-centered design and innovation.

In Spring 2023, the team is pursuing a Phase 1 proposal to amplify the social impact of 100 community health innovators in Washington, DC.



Stefanie R. Newman MSN, RN NEA-BC

Chief Nursing Officer and Vice President of
Patient Care Services, Henry Ford Health
HENRY FORD WEST BLOOMFIELD HOSPITAL

Stefanie R. Newman has been a registered nurse for 32 years and a nurse leader for 26 years, working in large academic medical centers, a pediatric hospital, and mid-sized community hospitals. She is currently the Chief Nursing Officer of Henry Ford West Bloomfield Hospital in West Bloomfield, Michigan.

Nurse Manager Retention

Stephanie Newman's impact project was to decrease the workload of the Nurse Managers throughout Henry Ford Health. Decreasing the workload would allow the Nurse Managers to focus on rounding on patients and team members. Currently, Nurse Managers spend about 75% of their time on staffing/time and attendance. If the time spent on staffing decreased, that would free up time for other critical issues.

Newman worked with a team of seven people from around the health system to look at time and attendance. The organization made the decision to upgrade the current time and attendance system which will be implemented in January 2023. Henry Ford Health also adopted a systemwide attendance policy, standardizing each business unit and holding staff accountable. Henry Ford Health is also considering adding a time and attendance position to each organization to create schedules and complete time and attendance each week for the Division of Nursing. The team continues to look for opportunities to decrease the workload of the Nurse Manager.



Terri Newmier, PHR, SHRM-CP

Chief Human Resources Officer
MARSHFIELD CLINIC HEALTH SYSTEM

Terri Newmier is the Chief Human Resources Officer for Marshfield Clinic Health System. Her work critically supports the Health System's mission and values by driving strategic initiatives that helps position the organization as a top employer in Wisconsin.

A Collaborative Strategy to Support Our Workforce

Prior to the Covid-19 pandemic, healthcare was experiencing challenges related to workforce. Demand for skilled resources resulted in increased turnover, competition, and wage inflation. These challenges have only deepened since 2020. Employee needs are also changing, not only around compensation and benefits, but also culture, work-life balance, and recognition, which have become increasingly important.

In response to the changing environment, Terri Newmier created the Workforce Excellence Council as a platform for engagement and feedback between Human Resources and operational leaders across Marshfield Clinic Health System. The cross-functional team fosters collaboration to optimize communication and decision-making for matters that affect employees.

The Council provides strategic framework for outcomes related to engagement, personnel policies, compensation, benefits, recruitment and retention, and more. During its first year, the Council prioritized wage adjustments that impacted nearly 40% of the health system's employees. Recruitment and referral bonus enhancements, as well as compensation education for leaders have also been important initiatives. Positive changes have been made for benefit offerings, and new education programs have been implemented to support candidate pipelines for key positions.

The Workforce Excellence Council has become an important mechanism for better informed and timely decisions that positively impact employees and help position the health system as an Employer of Choice.



**Kathleen T. (Katie) O'Leary, RN,
MPH, CHES, CPHQ**

Vice President, Post Acute Care Services
YALE NEW HAVEN HEALTH

Katie O'Leary is a registered nurse with nearly two decades experience as a safety science and quality improvement leader. In 2019, she became leader of the Yale New Haven Health System's newly formed home-based services business line. She actively leads more than 1,000 employees taking care of more than 3,000 patients every day, with the goal expanding the comprehensive home-based service program to all of the system's patients in the Connecticut community.

Innovation in Home-Based Care

When the Covid-19 pandemic stressed our historic systems of healthcare, it provided an opportunity to accelerate the concepts of home-based care. Home-based care is not just conventional home health and hospice services. It includes many other types of safe and effective delivery of care in the comfort of a patient's home. Programs such as home infusion, home hospital, and technology-assisted RN/MD tele-visits were rapidly developed and implemented during this time. Outcomes of these programs demonstrated success in cost-effectiveness, safety, reliability, and patient satisfaction. Long-term sustainability of home-based programs require innovation in many areas of operational, clinical, and financial domains. Perhaps the most critical is building a stable and competent clinical care workforce. Considering that home-based care largely requires a nursing workforce, long-term planning seems like a large task because of the severe nursing shortage for programs such as these. Creating long-term sustainability also provides an excellent opportunity for business planning around nursing in home-based care.

Katie O'Leary's impact project involved research and development of an innovative plan to use inpatient nurses to continue care of their patients, post-discharge into the home. The term "wrap-around nursing" quickly became the tag line for this plan. And the plan has been widely embraced as an innovative model to not only expand nursing workforce capabilities, but also to extend a care signature experience with a trusted care provider to patients as they transition to their homes. It has also proven to be a major employee satisfier to see ill patients as they recover and return to their lives outside hospital walls. The plan and subsequent test of change

with data collection is currently being evaluated for scalability and feasibility across the Yale New Haven Health system.



Priti Patel, MD

Vice President and Chief Medical
Information Officer
JOHN MUIR HEALTH

Dr. Priti Patel is a family physician and clinical informaticist who leads the Clinical and Business Informatics Program at John Muir Health. Dr. Patel advocates for the needs of clinicians and is passionate about developing and implementing innovative digital tools to deliver safe, high-quality, and efficient patient care.

Improving Patient Safety Through the Optimization of Electronic Health Record Best Practices

The usability of Electronic Health Records (EHRs) has been linked to patient safety events due to issues such as availability of information, data entry, and interoperability. To ensure EHR reliability and safe practices, John Muir Health follows standard industry practices and recommendations, such as those from CMS, TJC, HIMSS, and Leapfrog.

Led by Dr. Priti Patel, John Muir Health implemented a new, comprehensive, and proactive approach to assess EHR system safety vulnerabilities using the ONC SAFER (Office of the National Coordinator for Health Information Technology Safety Assurance Factors for EHR Resilience) Guides, a checklist of evidence-based practices. Informatics and IT collaborated with patient safety, operational, and clinical leaders to evaluate foundational, infrastructure, and clinical-process EHR focus areas.

Completion of the SAFER assessment allowed John Muir Health to identify and correct significant findings, raise organizational awareness, and proactively mitigate EHR safety risks. In its ongoing efforts to strive for zero harm and high reliability, the health system will continue to conduct an annual SAFER guide review with a multidisciplinary team to maintain and optimize the EHR using the best standard practices.



Florencia Greer Polite, MD

Chief, Division of General Obstetrics & Gynecology
and Vice-Chair, Clinical Operations
PENN MEDICINE

Dr. Florencia Greer Polite is a professor of clinical obstetrics and gynecology and Chief of General Obstetrics and Gynecology at Penn Medicine. She is also the hospital's Vice Chair of Clinical Operations, spearheading initiatives addressing vaccine hesitancy, systemic racism, and racial disparities..

Addressing Maternal Mortality in Black Women Via a Communication Tool

Addressing the maternal mortality in Black women is a personal goal for Dr. Florencia Greer Polite and a system-wide goal for Penn Medicine. Research has shown that Black patients may have better outcomes with Black physicians than with white physicians.¹² This information has been widely disseminated and has continued to push the demand by patients for a more diverse physician base. However, in academic medical centers, Black full-time faculty make up less than 4% of the workforce.³ After non-white patients in the Penn Faculty practice brought forth a myriad of concerns (i.e., fear of not being heard, fear of inadequate pain management⁴, and fear of improper medical management), there was subjective success in addressing the concerns of Black patients through education of and dialogue with the non-Black physicians. During this smaller pilot, the team presented language on directly addressing the concerns of Black patients, coaching non-Black providers to address proactively concerns about maternal mortality and the effects of racism.

Dr. Polite's impact project implements a curriculum on racial bias and maternal mortality with communication skills and tools to aid providers in counseling patients. The goal is to address concerns about increased maternal mortality rates of Black mothers. Still in progress, Dr. Polite is implementing this initiative in one private practice and one traditional academic resident OBGYN practice. She will continue this intervention in the upcoming year and hopes to publish the results in an OBGYN journal.

1 Does Diversity Matter for Health? Experimental Evidence from Oakland (nber.org)

2 National Vital Statistics Reports Volume 68, Number 10 August 1, 2019 (cdc.gov)

3 Figure 15. Percentage of full-time U.S. medical school faculty by race/ethnicity, 2018 | AAMC

4 How we fail black patients in pain | AAMC



Angelique Richard, PhD, RN, CENP

SVP, Hospital Operations, Rush University Medical Center;
CNO Rush Health System & RUMC;
Associate Dean, Clinical Practice,
RUSH UNIVERSITY, COLLEGE OF NURSING

As Senior Vice President of Operations, (System/RUMC) Chief Nursing Officer, and Associate Dean of Clinical Practice at Rush University Medical Center, Angelique Richard assumes an active leadership role with the organization's leaders, staff, and students with a mission towards nursing/clinical excellence, strategic growth and development, patient satisfaction, employee engagement, and health equity.

Engage and Thrive

Employee engagement is instrumental to employee performance and organizational success. The Rush University Medical Center (RUMC) has identified employee engagement as a strategic goal that it measures annually. RUMC, like most health systems across the country, experienced a decline in its engagement scores over the last two years that has been significantly influenced by the global pandemic. This downturn presented RUMC an opportunity to change its traditional approach to improve employee engagement.

The goal of this initiative was to create a model for employee engagement that measures and improves staff retention and satisfaction in hospital operations. As an inspiration and guide, the team utilized the Patient Experience Model, which identifies three key drivers and focuses on key interventions and metrics. The team leveraged national best practice, research, and analysis of results to identify the top three key drivers: recognition and belonging, relationship to supervisor, and growth and development. Interventions and metrics for each key driver are currently being developed (i.e., enhancing and increasing socialization of achievements, employee/manager meetings to review professional goals and progress, and education and training opportunities).

An organized, evidence-based standard approach to driving employee engagement is key to restoring pre-pandemic organizational success, employee satisfaction, and pride and joy in the workplace.



Garima Singh MD, FAPA

Chief Medical Officer
BURRELL BEHAVIORAL HEALTH & BRIGHTLI

Dr. Garima Singh is Chief Medical Officer at Burrell Behavioral Health and its parent company, Brightli. She is passionate about expanding and improving access to mental health and committed to increasing services to underserved and marginalized populations.

Expanding Crisis Care, Saving Lives

Burrell Behavioral Health (BBH) opened its first Behavioral Crisis Center in 2020 as one of the state's first 24/7, walk-in mental health crisis clinics. Dr. Garima Singh was instrumental in expanding those services to the Columbia region in 2022.

Opioid overdoses are the leading cause of death in Missourians ages 18 to 44. With the expansion of the crisis center, Burrell can now provide Medication Assisted Treatment to patients with Opioid-Use Disorder, saving lives. Since addiction can affect so many aspects of an individual's life, having access to treatment when a person needs it has been proven to be the most crucial and successful factor in the recovery journey. Dr. Singh and her team are driven to expand access to care for mental health needs.

“There is no limit to what we, as women, can accomplish.”

Michelle Obama



Elizabeth Stedina, MBA, MS

System Vice President of Data Analytics
DARTMOUTH HEALTH

Elizabeth Stedina is the System Vice President of Data Analytics for Dartmouth Health and the head of the Analytics Institute. She and her team provide support for data driven decision making and develop analytic strategies to facilitate improvement at the organization.

Forging Partnerships around Analytics

The Analytics Institute (AI) is a division of Dartmouth Health (DH) that provides data reporting and analytic support for the clinical, academic, and research missions of the organization. DH partners with Dartmouth College's Geisel School of Medicine around research and education. However, the legal structure and HIPAA regulations make it very challenging to partner around data and analytics and for the individual entities to leverage each other's skills and knowledge to tackle clinical and operational issues.

Elizabeth Stedina recognized that both The Dartmouth Institute for Health Policy and Clinical Practice's Data and Analytic Core (DAC) and The Dartmouth Quantitative Biomedical Sciences program (QBS) provided opportunities for mutually beneficial partnerships for DH in this space. By working with the director of the DAC, general counsel and IT from both organizations to execute the needed legal agreements and provide a secure IT environment, all of the DAC analysts are now able to provide statistical and analytic support for DH researchers and clinical and administrative staff. The DAC and AI staff will also meet routinely to discuss methods and approaches for solving complex healthcare issues through data and analytics.

In addition, Stedina worked with the director of the QBS program to create opportunities for QBS students to do their capstone work using existing projects through the AI and for AI staff to participate in learning opportunities through the QBS course offerings. This benefit will help with recruitment and retention of key staff. Partnering with the QBS program also provides a pipeline of qualified candidates for the AI. The future goal for this work is to continue to bring on board analytic teams within Dartmouth College, such as the Thayer School of Engineering, and possibly industries in the surrounding community.



Brenda Sulick, Ph.D.

Vice President, Public, Government, and
Community Affairs
SCAN HEALTH PLAN

For over 20 years, Dr. Brenda Sulick has passionately advocated for improving healthcare policy and services for vulnerable older adults and their families. She is currently the Vice President of Public, Government, and Community Affairs at SCAN Group/Health Plan, responsible for developing and executing government relations strategies at the state and federal levels.

Advancing Health Equity and the Needs of Unhoused Older Adults

Dr. Brenda Sulick's impact project raised awareness about the growing crisis of unhoused older adults and initiated structural reform through federal legislation to encourage more Medicare Advantage (MA) plans to improve health equity outcomes. The first phase focused on education and advocacy. Organizational funding was secured to sponsor a virtual briefing for congressional staff and stakeholders to discuss healthcare for older adults experiencing homelessness. Over 350 people attended the briefing and heard from national researchers and advocates working with homeless populations, including SCAN's President/CEO.

Following the briefing, SCAN leadership met with high-level federal officials to share the organization's health equity efforts, such as improving medication adherence rates for different member populations and providing healthcare to unhoused older adults through its street medicine program, Healthcare in Action. Meetings were held with staff from the Administration, the Centers for Medicare & Medicaid Services, and key congressional committees, including the Congressional Black Caucus and the Congressional Hispanic Caucus.

The second phase of the project focused on making a structural (i.e., payment) reform to advance health equity. Dr. Sulick worked with SCAN leaders to develop a concept paper, proposing that MA plans receive an incentive payment for demonstrating improved beneficiary health equity-related outcomes. The concept paper was shared with congressional offices, which resulted in draft legislative text and a commitment from a member of Congress to sponsor the bill. The legislation is expected to be further refined and introduced in 2023.



Timshel L. Tarbet, MBA

Vice President, Business Excellence &
Diversity Strategy
SCAN HEALTH PLAN

Timshel Tarbet is the Vice President for Business Excellence and Diversity Strategy at SCAN Health. In this role, Tarbet leads initiatives that serve new and existing senior populations in ways that are linguistically and culturally competent.

Measurable Outcomes and Transparency Through Development of a Diversity Dashboard

According to the renowned management leader Peter Drucker, “what gets measured gets managed.” Using Drucker’s words as a guidepost, Timshel Tarbet led the development of SCAN Health Plan’s first Advancing Diversity Dashboard. The dashboard addresses four critical areas of SCAN’s diversity, equity, and inclusion (DE&I) efforts: health equity, membership, employee population, and community. In addition, the dashboard measures SCAN’s efforts against key performance indicators.

Access to the Diversity Dashboard runs across several teams—from SCAN’s Board of Directors down to individual contributors—creating increased engagement, ownership, and transparency throughout the organization. Applying the “what gets measured gets managed” approach, SCAN’s Advancing Diversity Dashboard allows for efficient tracking of progress made on health equity metrics, such as medication adherence. For example, SCAN set a goal of reducing medication adherence disparities among Black and Latinx members by 25%. Through the dashboard’s consistent measurement capabilities, SCAN successfully reduced gaps by 35%, exceeding the original goal by 10%.



Lakshmi Warrior, MD, MPH, FAAN

Chair, Neurology and Interim Director,
Neurosciences Service Line
COOK COUNTY HEALTH

Dr. Lakshmi Warrior is the Chair of Neurology, Medical Director of Stroke, and the Interim Director of the Neurosciences service line at Cook County Health. Dr. Warrior is a passionate health equity champion and was recognized as an Emerging Leader by the American Academy of Neurology in 2019 and one of Crain’s Chicago 40 under 40 in 2020.

Breaking Silos and Barriers in Neurosciences

Cook County Health (CCH) is the public, safety-net system for the City of Chicago with an almost 200-year legacy of providing care for patients regardless of ability to pay. Patients presenting to CCH often struggle against multiple barriers to care, including low health literacy, language barriers, and lack of adequate housing. Patients with neurological disease face compounding challenges, including lack of mobility and cognitive decline due to their clinical condition.

In response to these challenges, Dr. Lakshmi Warrior proposed and implemented the Neurosciences service line for CCH to provide patient-centered and comprehensive care. With its implementation, Dr. Warrior was able to achieve coordination of care and optimization of resources supporting the provision of high quality, patient-centered Neurosciences care. Notable achievements of the first year included creation of a Neurosciences unit, creation of the Neurosciences Quality Council, addition of vagal nerve stimulator services for complex epilepsy, and the creation of a dashboard to track metrics across service lines



Rahma Warsame, MD

Associate Professor of Medicine and Oncology;
Associate Program Director of Internal Medicine
Residency; Associate Chair of Equity, Inclusion,
and Diversity; Consultant, Division of Hematology,
Department of Medicine
MAYO CLINIC, ROCHESTER MN

Dr. Rahma Warsame is a hematologist who specializes in treatment of blood cancers, specifically multiple myeloma and amyloidosis. Dr. Warsame is an alumna of the Kern Scholar in the Center for the Science of Health Care Delivery at Mayo Clinic, Associate chair of Equity, Inclusion, & Diversity for the Department of Medicine, and an American Society of Hematology Ambassador for Mayo Clinic in promoting future minority hematologists. Her research focuses on patient reported outcomes such as quality of life, how to ensure the patient's voice is systematically included in their care, as well as financial toxicities in cancer.

Advancing Health Equity Education – Internal Medicine Grand Rounds

Ensuring that healthcare providers incorporate education on health equity, disparities, and diversity into their clinical practice is a challenge. Frequently, any focused work on healthcare disparities, structural racism, or diverse patient populations is attended by those already passionate about the subject matter. Connecting with individuals who may not appreciate the value of this education is essential to create sustained change. The Mayo Clinic has integrated health equity topics into its Grand Rounds, which is attended by more than 600 physicians and 2,500 allied health staff and trainees. Since the initiation of this effort, there have been eight focused topics on health equity, compared to one in 2019. Intentional changes have also been made to ensure invited speakers are more representative of the population, helping to advance their careers, build their CVs, and increasing their visibility to leverage for future promotion and potential research collaborations. There has been an increase in speakers who are female and people of color since initiation of this series, and there are plans for the 2023 program to have 50% representation of women and at least 33% people of color. This work has received very positive feedback thus far, with topics like "Racism is Trauma: The significant impact that racism has on patients' mental and physical health." It is believed that these efforts will cultivate new practices and help work towards a change in culture.

**“Nothing can
stop the power
of a committed
and determined
people to make
a difference in
our society.”**

John Lewis

Changing healthcare.
Strengthening communities.
Empowering women.



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