Holyoke Medical Center (HMC) Equity Strategy

Strategic Plan for Health Equity

December 2023

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Executive Summary

Holyoke Medical Center (HMC) is a 219-bed independent community hospital with over 1,600 employees serving individuals and families throughout the cities and towns of the Pioneer Valley. The medical staff includes more than 375 physicians and consulting staff. Holyoke Medical Center is a nationally accredited hospital and is the first and only hospital in Western Massachusetts to obtain the prestigious accomplishment of becoming certified in the ISO 9001:2015 Quality Management System. HMC received the Top Hospital Award in 2020, 2016, and 2014 from the Leapfrog Group for excellence in quality of care and patient safety. This full-service hospital provides a complete line of inpatient and outpatient medical and surgical services. Holyoke Medical Center is a member of Valley Health Systems in Holyoke, which also includes the affiliates Holyoke Medical Group, Holyoke Visiting Nurse Association & Hospice Life Care, and River Valley Counseling Center.

HMC and its Valley Health Systems (VHS) affiliates are the largest employers in Holyoke as well as an economic engine impacting the community. Combined employment at all VHS Affiliates averaged nearly 2,000 over the past decade. Most workers live in Holyoke and neighboring communities. Over half of workers reside in Holyoke, Chicopee, Springfield, and Westfield. In total 94.5 percent of all VHS employees live in Massachusetts, five percent in Connecticut, and the small remainder in five other states. Wages paid to employees largely follow the geographic pattern of employment. System-Wide, VHS paid an average total wage of $108 million per year over the past decade. The above wage and employment data comes from a report prepared by Donahue Institute at the University of Massachusetts (December 2022) titled: *Economic Contributions of Valley Health System.* In sum, the UMass report suggests, the total direct, indirect and induced effect of VHS's operation create or support an average of nearly 4,100 jobs, whose cumulative earning approach $3.7 billion over the 11 years studied (2010-2020).

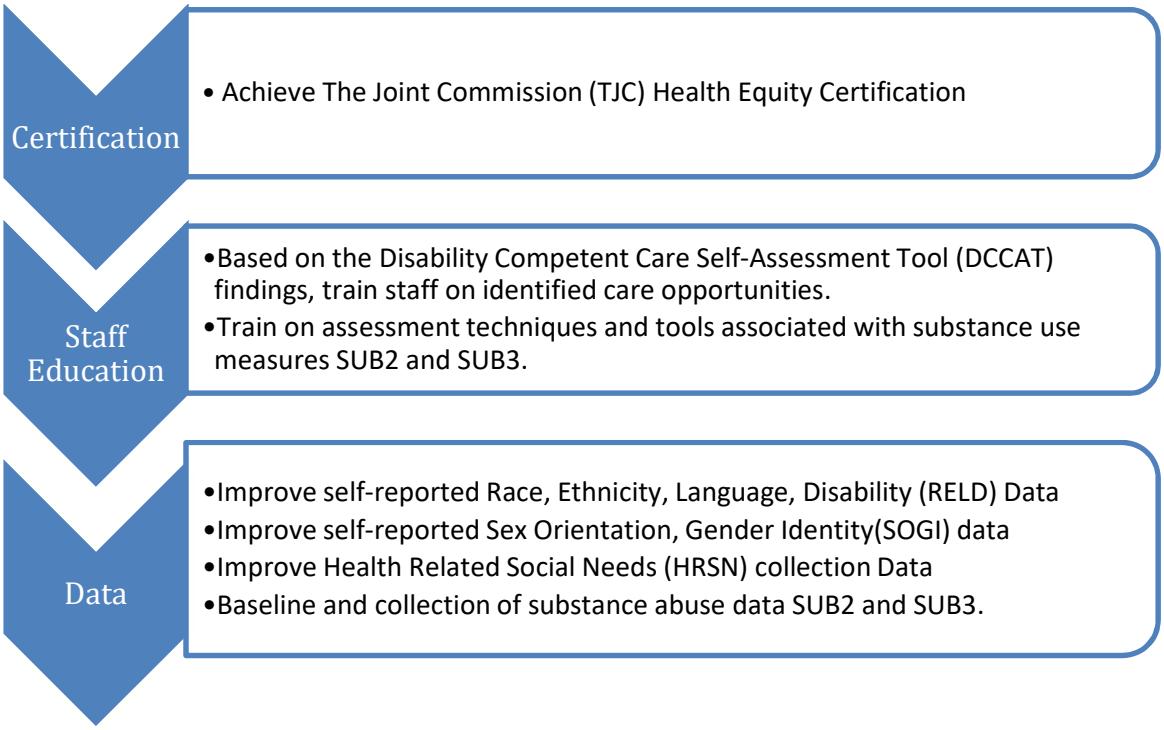
Scope and objective: The origins of HMC's Health Equity strategic planning efforts began when Massachusetts was awarded the Medicaid 1115 Waiver which propelled the state's healthcare delivery system to place renewed emphasis on health equity. This document represents the strategic planning efforts embarked upon by Holyoke Medical Center as outlined in the Commonwealth of Massachusetts-Executive Office of Health and Human Services, Hospital Quality and Equity Incentive Program (HQEIP).

According to HQEIP, this Strategic Plan serves as an opportunity for Hospitals to create a plan that guides their implementation of health quality and equity activities over the next four years. To ensure an equitable and community-driven plan, Hospitals are encouraged to collaborate with their Health Quality and Equity Committee to develop their Strategic Plan.

In response to the Commonwealth's challenge/call for further investigation of health disparities as well as potential mitigation efforts to address health inequities, HMC quickly formed a Health Equity Work Group in January of 2023 that would later evolve into a Health Equity Committee in October 2023. As a Disproportionate Share/Safety Net Hospital with a long history of service and partnership across the region, the committee's efforts were aided by existing and well-established community partners, resources, tools, and assets.

Using the hospital's Community Health Needs Assessment (CHNA) and Community Benefits Strategic Implementation Plan as guides, the committee worked closely with its community partners including its Community Benefits Advisory Committee, its Patient and Family Advisory Committee, as well as other community resources to gather relative data and stakeholder feedback. The following document outlines the culmination of the work, analysis, and research that went into these planning efforts. The findings of this plan are highlighted below.

Findings and recommendations: HMC will focus its health equity efforts over the next four years in the following areas: achieving The Joint Commission (TJC) Healthcare Equity Certification; educating staff on Disability-competent care (DCC) model; improving data collection (self-reported); and assessing and providing resources to combat addiction issues.



It is clear from HMC's needs assessment, patient interviews, and analysis that conditions related to Social Determinants of Health are widespread across our communities. HMC is committed to further investigation of health disparities as well as potential mitigation efforts to address health inequities as they become evident.

Introduction

Holyoke Medical Center originally opened its doors in 1893 as Holyoke City Hospital. Former Congressman and Mayor, William Whiting, led a group to make a non-sectarian Hospital in Holyoke a reality. In 1927 the name of the hospital was changed to Holyoke Hospital, to better clarify that the institution was not a municipality. The name was changed once more in 2003 to Holyoke Medical Center.

Holyoke Medical Center (HMC) is organized under the laws of the Commonwealth of Massachusetts as an acute care facility providing patient care with a licensed 219-bed capacity for medical, surgical, psychiatric care, and an emergency room. The purpose of the medical center is to provide high-quality and equitable patient care at a level consistent with recognized standards.

HMC has served the population of the City of Holyoke and surrounding towns for more than 125 years. HMC's service area includes about 180,000 residents living in the City of Holyoke, Chicopee, South Hadley, West Springfield, and Westfield. The hospital provides direct inpatient and outpatient care to patients in the Pioneer Valley. Hospital services include Behavioral Health Care, Emergency Medicine (ER), Bariatrics, Cardiology, General Surgery, Geriatrics, Gastroenterology, Rheumatology, Endocrinology, Minimally Invasive Spine Surgery, Pain Management, etc.

The great majority of patients are from nearby. Holyoke itself accounts for two of every five patients while Chicopee, South Hadley, and Springfield combined for nearly another two-fifths. Nearly all remaining patients reside in Massachusetts. The community is racially diverse, aging, and economically disadvantaged, with 21% of the population aged 60 or older, and driven by growth within the Hispanic, Black, and Asian populations. Holyoke has a comparatively large Hispanic/Latino population at over 53% compared with approximately 23% for the total service area (HMC CHNA- *US Census Bureau ACS 5-year 2017-2021).*

HMC is one of the Disproportionate Share Hospitals in the state. The majority of hospital revenue is dependent on public payers like Medicare, Medicaid, and Medicare managed care plans. Our data shows that approximately 83% of the inpatient care is attributed to the patients covered under these payers. On the ambulatory-side, public payer payments represent approximately 74% of patient care.

Mission Statement

Our Mission at HMC is to improve the health of all the people in our community. We do that with honesty, respect, and dignity for our patients, visitors, and staff. We do that through expert and compassionate care, education, knowledge sharing, community partnerships, fostering innovation and growth, and by inspiring hope in all we touch. We do that by being good stewards of our resources and providing efficient and cost-effective care to all.

Vision

The Best Place for Care and the Best Place to Work!

Health Equity Plan Introduction

The aim of this Health Equity Plan (HEP) is to describe how the organization's governing body, Medical Staff, Senior Management team, and all other staff members work together to support a consistent practice of providing high-quality equitable care and services to all our patients regardless of their race, ethnicity, language, disability, sexual orientation or gender identity. This plan promotes a systematic, coordinated, and ongoing approach to enhance equitable care and reduce healthcare disparities among our patient population.

HMC has adopted the health equity definition published by the Center for Medicare and Medicaid Services (CMS).

"CMS defines health equity as the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, and other factors that affect access to care and health outcomes."

Consistent with CMS's philosophy, HMC has embarked on a journey to partner with other organizations in the community to collaborate and work to reduce health disparities in our patient population. To guide the organization, a strategic plan was developed by the organization's newly formed Health Equity Committee. The committee meets regularly every week to discuss, plan, and implement the strategies to improve and enhance our efforts to deliver equitable healthcare to our patient population. The committee currently includes representation from the Senior Management Team, the department of Quality Improvement and Accreditation, Community Benefits, Case Management, Information Systems, Business Analytics, and Ambulatory Services. The committee took into consideration the patient population we serve, the latest Community Health Needs Assessment (CHNA), its accompanying CHNA Strategic Implementation Plan, and the data from the US Census Bureau to formulate this strategic plan.

Needs Assessment and Analysis

To better understand the health needs of the community, HMC worked with other regional hospitals to conduct its 2022 CHNA. During the assessment, multiple in-person meetings were conducted with over 130 area residents, community leaders, stakeholders, four local Boards of Health, as well as city and state representatives. Nearly 500 community members completed an extensive online survey available in both English and Spanish.

The CHNA identified several health-related social needs that had an impact on the overall health of the community. The most important factor amongst them was poverty. The poverty rate was 14% in HMC's primary service area compared with the statewide rate of 10%. Additionally, the unemployment rate in the primary service area of the hospital was 6.4% compared to 5.4% overall unemployment in the state of Massachusetts (source: HMC CHNA –US census ACS 5 year 2017-2021). The median household income of our primary service area was $66,200 compared to a median household income of $89,026 for the state of Massachusetts. These social indicators point to the significant income gap that hampers patients' ability to provide essentials like food, clothing, shelter, medications, etc. When paring down the data for those community members residing within city, representing nearly 50% of all HMC discharges, the economic picture becomes grimmer. For example, the average income in Holyoke is approximately $45,045 with 26% of residents living in poverty and 7.2% unemployment (HMC CHNA- *US Census Bureau ACS 5-year 2017-2021)*

HMC's primary service area is racially diverse, with 31% of our patient population identifying themselves as people of color; and 22.83% of people in our service area identify themselves as Hispanic or Latino compared to 13.1% of the population in the State of Massachusetts. Similarly, 12.14% report being disabled compared with a statewide rate of 7.9%. Again looking at Holyoke specifically, 58% of residents identify as people of color of which 53.3% identify as Hispanic or Latino.

Our data indicates that a high percentage of impoverished households primarily speak Spanish at home. Language barriers can add an additional layer of stress and confusion that can amplify issues of health disparities. Many members of our community (including our patients) prefer using languages other than English. For example, 41.3% of Holyoke residents report speaking Spanish with 20% of residents age 5+ report speaking English less than "Very Well". Across HMC's service area these numbers improve to 10% of residents' age 5+ reporting speaking English less than "Very Well". Looking within the walls of the hospital, Spanish is by far the most requested language when orders for interpretive service are sought. Other top language requests include: ASL, Polish, Arabic, Russian and Portuguese. These six languages cumulatively make up approximately 95% of all requested interpretive services with Spanish accounting for over 90% of interpreter requests.

According to the Centers for Disease Control (CDC), 32% of the adults in Hampden County were physically inactive. The rate of obesity in the City of Holyoke was relatively high at 32% compared to a statewide rate of 26%. This sedentary lifestyle increases the likelihood of health-related issues like diabetes, cancers, and other metabolic conditions. Of note: The hospital has taken steps to address these issues by setting up a new metabolic clinic.

During the interviews with community members, it was identified that members had a longer wait time for mental health services due to lack of providers. Social isolation was prevalent especially during and immediately after the COVID-19 pandemic. People felt more anxious, depressed, and suicidal. Other issues like addiction to gambling, substance use disorders, and other chronic medical problems were also identified. These health-related issues combined with the prevalence of poverty create a perfect storm and adversely impacts the physical, mental, and spiritual well-being of the population we serve.

The above findings indicate that HMC serves a population that is more racially diverse, poor, and with a higher disability rate than the State of Massachusetts.

The top concerns identified by CHNA were as follows:

- Need for mental health services
- Help with substance use disorders
- Management of chronic illness
- Food insecurity
- Homelessness

To bring closure to this analysis and to serve as a segue to community engagement, it is important to denote that as a Medicaid Disproportionate Share/Safety Net Hospital, HMC's continued journey towards equitable health is shaped, and will continue to be shaped, by its engagement with the community it serves. It is clear from our needs assessment, patient interviews, and analysis that conditions related to Social Determinants of Health are widespread across our communities. HMC is committed to further investigation of health disparities as well as potential mitigation efforts to address health inequities as they become evident.

Member and Community Engagement

All organizational planning and strategy at HMC is shaped by continuous learning and engagement with community members. This acquired knowledge comes in the form of informal interactions, i.e. conversations, compliments to staff, as was well as more formal routes such as patient experience surveys, interviews, and compliant mediation. Note: All avenues for patient engagement incorporate the voices of Medicaid members since patient experience surveys are hardwired given HMC participation in a MassHealth ACO.

When looking strategically toward a health equity plan, HMC pulled from its array of informal/formal engagement methods, while also heavily relying on previously created community resources, tools, and assets. In particular HMC's Community Health Needs Assessment, its related Community Benefits Strategic Implementation Plan with its collaboration of community partners aided in the development of this document.

Beyond the hundreds of surveys and interviews that comprise the CHNA—the Community Benefits Advisory Committee worked for months to analyze the information. The committee sought clarity and input from their vast network of community contacts to formulate a plan that optimizes impact. The Advisory Committee members include representatives from: housing authorities, non-profit human/social service agencies, the Mayor's Office, law enforcement, religious organizations, legal advocacy and welfare originations, and local businesses. Additionally, Community Benefits Advisory Committee recommendations receive further consultation from HMC's Patient and Family Advisory Committee before final review by Hospital Leadership.

An excerpt from the Community Benefits Strategic Implementation Plan, followed by the Community Benefits Mission Statement, nicely summarizes HMC efforts to compile data and engage with community members in pursuit of both strategic efforts- 1) community benefits planning and 2) the creation of this Health Equity Strategic Plan:

> "Holyoke Medical Center's Community Benefit Strategic Implementation Plan (SIP) was developed in response to the Community Health Needs Assessment (CHNA) findings, and completed in January of 2023. The SIP is the organization's multi-year guide of goals and strategies to address significant health needs identified in the CHNA, while also aligning with the Department of Public Health and Executive Office of Health & Human Services health priorities. The goal is to improve the health status of our community, particularly of those most at risk. HMC also looks to continue partnerships with a broad range of community non-profit organizations to support their efforts that align with CHNA needs identified, and unite us in achieving a common goal.
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> Holyoke Medical Center Community Benefits Mission Statement: Holyoke Medical Center will collaborate with community partners to assess and improve the health needs of our residents. We will do this by providing resources, education, and services to address the needs of our most vulnerable community members." (Source:https://www.holyokehealth.com/wp-content/uploads/2023/02/HMC-2023-CB-Strategic-Implementation-Plan-1.pdf)

Health Equity Strategic Goals and Barriers

The Board of Directors along with the Senior Management Team is committed to continuously identifying and reducing health disparities in our community. HMC has taken several steps to solidify the structure and processes to address health equity. The goals established for the upcoming years are as follows:

Achieving Healthcare Equity certification

To establish a robust structure, the hospital has started working with The Joint Commission to achieve Healthcare Equity Certification. The initial review of the hospital regarding the certification was conducted in August of 2023. The hospital demonstrated compliance with basic equity standards and is committed to working with the Joint Commission to achieve the Healthcare Equity Certification by 2025.

Strength, Weaknesses, Opportunity and Threat to achieving goal

(S) The organization is currently in full compliance with Health Care Equity Standard per TJC survey visit. HMC currently has a dedicated Health Equity Committee with support of senior-leadership as well as a track record of committing resources to support identified community needs. (W) Staff assignments and policy adaptations may be required to meet all standards of the new TJC Health Equity Certification. Current hospital accreditation comes from a different CMS-approved entity. HMC anticipates some incongruence with TJC language and reporting procedures. (O) Certification in Health Equity will shape and help formalize existing priorities that align with hospital-wide strategic goals. (T) Achievement of TJC

Health Care Equity Certification is an expectation set by the state thus presenting potential licensing, and operational as well as financial threats.

Educating staff on Disability Competent Care

In the year 2023, the hospital conducted an assessment using a Disability Competent Care Self-Assessment Tool (DCCAT). Several opportunities were identified during the assessment. The hospital is in the process of identifying the top three pillars to educate the employees and facilitate disability-competent care. The hospital plans to have 50% of the patient-facing staff members trained on identified opportunities by the end of the calendar year 2024. The hospital will continue to work on its education efforts to educate 100% of employees by the end of calendar year 2027.

Strength, Weaknesses, Opportunity and Threat to achieving goal

(S) The organization gained valuable insight following a comprehensive self-assessment of disability competencies based a standard evaluation instrument (DCCAT). Self-assessments were conducted by a team of seven patient-facing staff members from departments across the organization. HMC has an experienced education and training department that utilizes a number of modalities to reinforce learning such as in-person training, on-line learning as well as patient facing live demonstrations. (W) Competing learning demands coupled with the fear of over-saturating staff with the sheer number of training requirements- see below barriers. (O) Increasing staff awareness as well as the potential ability to meet the needs of patients with functional limitations and to identify strategic opportunities for improvement. (T) Requirement/compliance with requisite impact on state regulatory, licensing and funding expectations—see barriers below.

Barriers: There are several barriers to achieve this goal including staff turn-over, designing appropriate educational content, identifying appropriate mediums to administer the education, engaging the employees, and providing staff with protected time for training.

Improving data collection RELD/SOGI (self-reported)

Although, much health equity data has been accumulated- particularly at a community level, HMC has identified that its Electronic Medical Record (EMR) was not well equipped to optimize data collection on Race, Ethnicity, Language, Disability, Sexual orientation, and Gender Identity (RELD/SOGI). Evaluation of the patient's healthcare social needs has not been done consistently nor documented in discrete fields. Concerns around self-reported vs imputed data have arisen. This has limited the hospital's ability to generate consistent reports and stratify patient outcome data. HMC has also identified a need to educate our employees and our patients about collecting these important data elements and demographic characteristics.

As a result, the hospital is in the process of establishing structured processes to collect Race, Ethnicity, Language, Disability, Sexual Orientation, and Gender identity (RELD/SOGI) and Healthcare Related Social Needs (HRSN) data. The hospital has made a significant financial investment in its strategy of a 'Digital Front Door' and has taken a novel approach to install check-in kiosks for our patients to conveniently self-report sensitive information using touch screens. Patients can also complete demographic

information from the comfort of their home via text/email links sent up to 7-days prior to scheduled appointments. This helps provide privacy and confidentiality for patients to report the information without interacting with the registration staff.

The hospital intends to collect RELD data for at least 50% of our inpatients in the calendar year 2024, increasing the rate at least by 20% in each subsequent year and ultimately increasing the collection rate to 100% by the end of the calendar year 2027. The hospital has a goal of collecting SOGI data for at least 30% of our patients by the end of the year 2024 increasing the data collection rate by 20% from 2025 through 2027.

Strength, Weaknesses, Opportunity and Threat to achieving goal

(S) HMC has created a new patient registration process with the assistance of a third party vendor effecting creating a "Digital Front Door" to collect data. Patients are actively using this technology across an array of HMC locations on the ambulatory side. (W) Requires a large and sustained investment of resources. The need to expand Digital Front Door concept to in-patient based services will be a challenge- see below barriers. (O) Collection of RELD/SOGI data has the potential to allow customized and targeted medical care. RELD/SOGI data analysis offers HMC increased ability to both identify and address potential health disparities. (T) Requirement/compliance with requisite impact on state regulatory, licensing and funding expectations. Overall sustainability of the "Digital Front Door" project is at risk given the level of resource allocation and financial investment- see barrier below.

Barriers: The biggest barrier to achieving this goal is patient education. We have observed that a small segment of our patient population is not comfortable responding to SOGI questions. Timely installation of the new technology and kiosks along with employee education are other hurdles the hospital has to overcome.

Improving Data Collection HRSN (self-reported)

The hospital has adopted and implemented a 'Thrive' tool to assess the HRSN of our patient population. The Thrive tool is currently being utilized at primary care practices and will be expanded to other ambulatory locations on a schedule that mirrors that of the hospital. All the inpatients at the hospital are assessed for the social needs that can adversely impact their health. Patients who screen positive (with identified needs for housing, food, transportation, etc.) are provided resources to help fulfill those needs. The hospital has a goal to screen at least 40% of the inpatient cases for HRSN in the year 2024. This goal will increase by 20 % in each subsequent year. By the end of the year 2027, the hospital intends to collect HRSN data from 100% of our patient population.

Strength, Weaknesses, Opportunity and Threat to achieving goal

(S) As of 2023, HMC has already identified and begun a standard screening for HRSN. Alignment with existing tool used at HMC's primary care locations serves as a strength. (W) Challenges to keeping current with available resource in the community. Challenges to customize or match patient's presenting needs with community resources- see barriers. (O) Potential impact on overall wellness of our patient population is an opportunity. Increased opportunity to prevent or delay exacerbation of

patient conditions/functioning. (T) Requirement/compliance with requisite impact on state regulatory, licensing and funding expectations- see barriers.

Barriers: Providing ongoing education to our staff members to assess patients for healthcare-related social needs and educating patients on the importance of collecting this data.

Assessing and providing resources to combat addiction issues

HMC serves a population with a high prevalence rate of alcohol and substance use disorders. To evaluate the rate of substance use disorders in our patients, the hospital has initiated a Quality Assurance and Performance Improvement (QAPI) project. As part of the plan, clinicians would conduct an assessment to gauge the prevalence of alcohol and other substance use disorders in our inpatient population and provide them with educational resources to overcome their addiction issues. Progress of these efforts will dovetail with those measured by HMC's compliance to contractual obligations under MassHealth Clinical Quality Incentive (CQI) contract. In particular Substances Use Measures (NQF 1664) 'SUB-2': *Patients who screened positive for unhealthy alcohol use who received or refused a brief intervention during the hospital stay.* As well as (NQF 1663) 'SUB-3': *Alcohol & Other Drug Use Disorder Treatment Provided or Offered at Discharge.* The improvement team at the facility will be working with the Information Systems department to incorporate the assessment tool in our EMR. Employees will be educated and the tool will go live in the first quarter of 2024.

Currently, the team is evaluating our baseline rates for compliance with these measures. Our goal is to improve the compliance rate with SUB-2 and SUB-3 to 50 % in the upcoming calendar year. The hospital intends to continue improving the compliance rate with these measures in the subsequent years.

Strength, Weaknesses, Opportunity and Threat to achieving goal

(S) HMC has an established comprehensive array of services to address substance use disorders which integrate with HMC's behavioral health services. Services include the Comprehensive Care Clinic (alcohol, MAT services), Recovery Coaches, and Substance Use Disorder Nurse, Addiction Consultation Services, Behavioral Health and crisis evaluation services via HMC CARE Team. (W) Adapting resources and workflows to meet specific MassHealth quality measures. The need to continually monitor patient comfort and staff sensitivity in addressing what can be a stigmatizing disorder- see barriers. (O) Opportunity to address an identified community need. Opportunity to provide customized and targeted medical care. Opportunity to reduce barriers and destigmatize treatment. (T) Requirement/compliance with requisite impact on state regulatory, licensing and funding expectations- see barriers.

Barriers: Some of the barriers to achieving these goals are related to employee education. Also, patients may be reluctant to share information about their addiction issues with their clinicians. Thus it is important to continuously train staff as well as educate patients about sharing this data.

To gauge success of our initiatives key performance indicators will be used to track progress toward the goals as follows:

- To achieve the Health Equity Certification by 2025.
- 50% of the patient-facing staff members will be trained in identified disability competent care opportunities by the end of calendar year 2024.
- To collect RELD data for at least 50% of inpatients in the calendar year 2024.
- To collect SOGI data for at least 30% of inpatients in the calendar year 2024.
- To screen at least 40% of the inpatient cases for HRSN in the year 2024.
- To establish a baseline and improve compliance rate with SUB-2 and SUB-3 to 50% in the year 2024.

HMC intends to continuously evaluate and analyze collected data and stratify it to identify opportunities for improvement and initiate new improvement projects to deliver high-quality and equitable care to our community.

**** The above plan was approved by the HMC Board of Directors on December 21, 2023. ****

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