



Parkland

Center of Innovation and Value

Health Equity Innovations in a Safety Net: Listen, Partner, Empower

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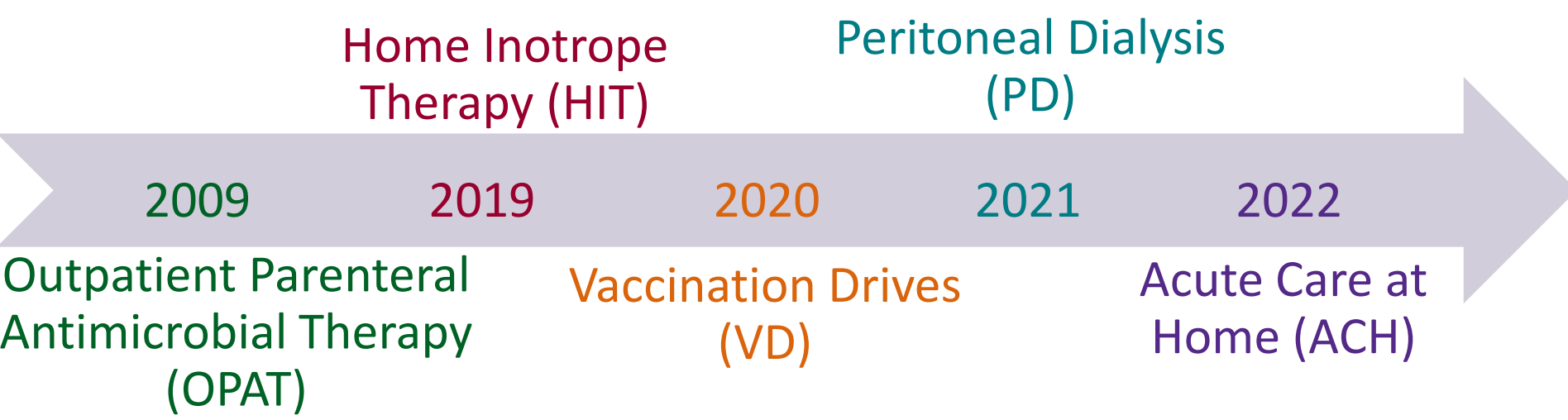
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Learning Objectives

- Identify care delivery innovations in the safety-net setting
- Discuss patient and community engagement strategies to improve health equity

Background

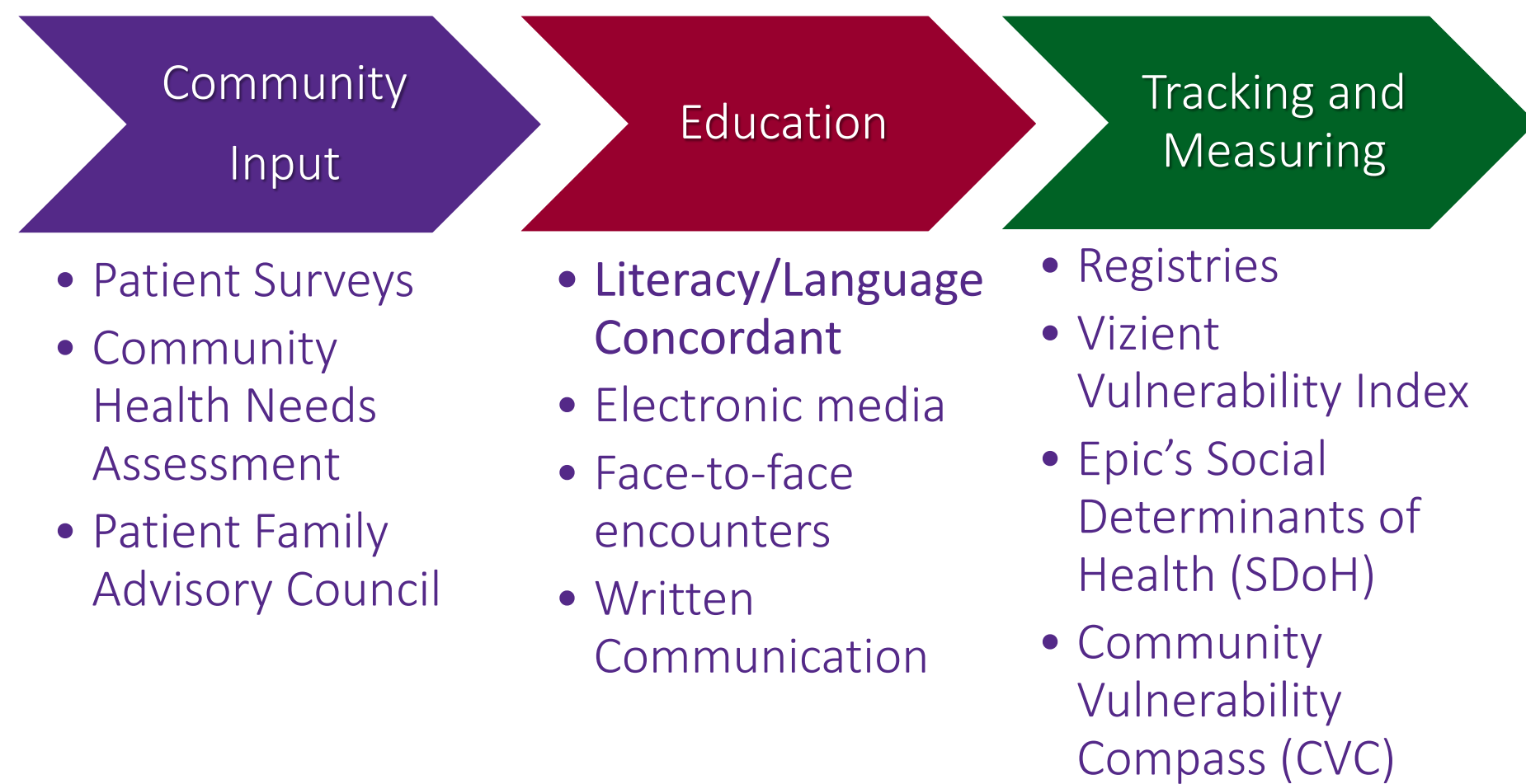
Five programs highlight how Parkland Health puts its mission and vision of advancing wellness and promoting health equity into action:



OPAT: Self-Administered (S-)OPAT teaches uninsured patients how to give themselves antibiotics at home, using a long-term IV catheter and low-cost accessories. **HIT:** Created for patients with end-stage heart failure ineligible for advanced medical therapies. **VD:** Seven drives took place between 2020 – 2023 in targeted zip codes with low pneumonia/influenza vaccination rates and high mortality rates. Health promotion was driven by Cristo Rey Dallas students attending high school in these zip codes. **PD:** Established to improve quality and allow greater autonomy compared with hemodialysis. **ACH:** This is an expansion of the CMS “Hospital Without Walls” initiative to provide acute, hospital-level care in a patient's home.

Methods

A multistep approach was used to form and sustain all programs.



Partnered approaches empowered 5,518 patients through self-care and health promotion. S-OPAT, ACH, and HIT programs resulted in 88,395 hospital days avoided

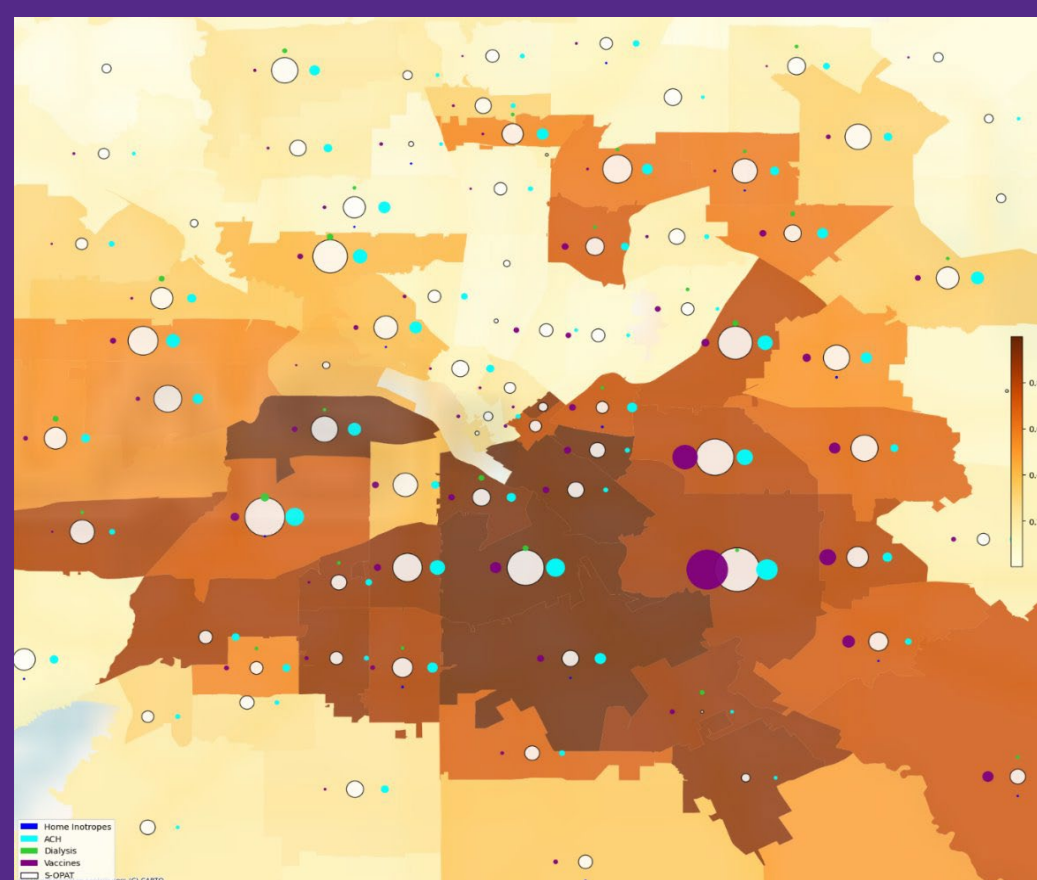
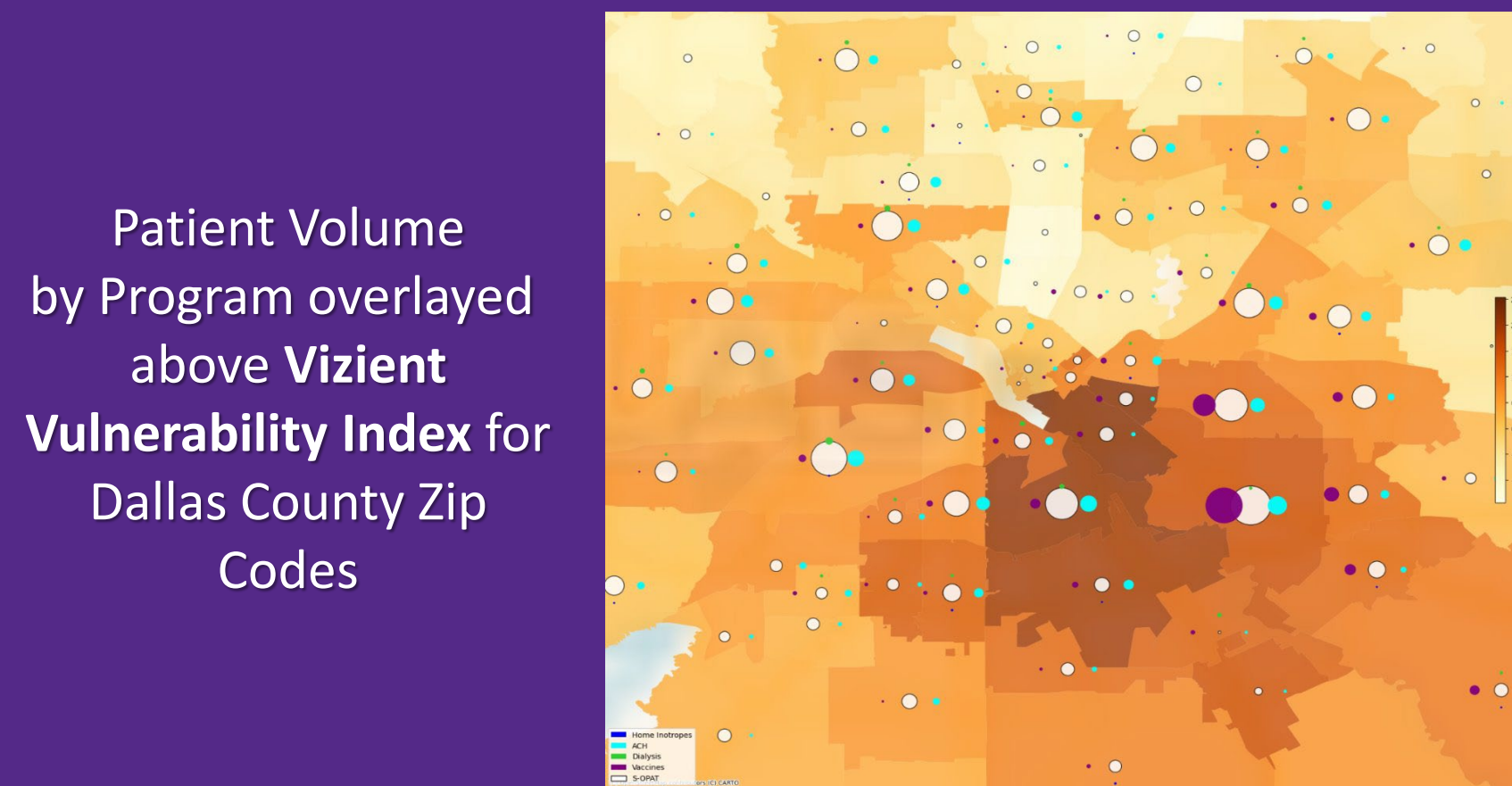


Table 2. Screened positive for social need within each program

n (%)	S-OPAT	HIT	VD**	PD	ACH
Financial	229(19.5)	3(21.4)	22(10.5)	11(22.9)	69(18.9)
Food	377(31.0)	5(35.7)	77(34.5)	26(54.2)	132(34.6)
Housing	219(21.1)	2(14.3)	15(7.9)	12(25.0)	77(22.8)
Social connect	50(4.2)	2(14.3)	4(1.8)	1(2.2)	8(2.2)

Results

Table 1. Demographics by program

	S-OPAT N-3183	HIT N-21	VD** N-1748	PD N-48	ACH N-518
Age Avg(sd)	50.0(14)	40.6(11)	31.5(19)	48.0(14)	52.2(16)
Female n(%)	1144(36)	2(10)	962(55)	10(21)	252(49)
Language n(%)					
English	1414(44)	14(67)	402(23)	12(25)	173(33)
Spanish	1670(53)	7(33)	1238(71)	36(75)	339(65)
Other	99(3)	0(0)	98(6)	0(0)	6(1)
Eth/Race n(%)					
Hispanic	2081(65)	8(38)	1588(91)	35(73)	382(74)
Non-Hispanic					
Asian	84(3)	0(0)	3(0.2)	0(0)	6(1)
Black	454(14)	12(57)	31(2)	6(13)	61(12)
White	452(14)	1(5)	37(2)	1(2)	29(6)
Other	112(4)	0(0)	79(5)	6(13)	38(7)
Payor n(%)					
Charity	2188(73)	13(62)	-	40 (83)	291(56)
Private	65(2)	0(0)	-	3 (6)	11(2)
Medicaid	50(2)	3(14)	-	1 (2)	55(11)
Medicare	22(1)	0(0.0)	-	3 (6)	52(10)
Self-Pay	610(21)	5(24)	-	0 (0)	106(21)
Other	59(2)	0(0)	-	1 (2)	3(0.6)

**total number of vaccines administered 2,160

A substantial number of inpatient hospital bed-days was avoided. (S-OPAT: 82,608, ACH: 3,069, and HIT: 2,718)

Lessons Learned

- SDoH complexities must be taken into consideration when building programs
- Attaining health equity requires linkage to SDoH resources, in addition to medical care
- Bilateral trust between the medical institution and the patient is necessary when building new programs

Key Takeaways

- Implementing new programs requires cross-collaboration between departments, community organizations, and patients for sustainability
- Real-time data resources should be a part of the planning and maintenance phases of all programming

No one in a position to control the content of this educational activity has relevant financial relationships with ineligible companies.