

TESTIMONY OF TORI BAYLESS, CEO OF LUMINIS HEALTH
BEFORE THE HOUSE HEALTH & GOVERNMENT OPERATIONS COMMITTEE
IN SUPPORT OF HB 463, THE MARYLAND HEALTH EQUITY RESOURCE ACT
FEBRUARY 2, 2021

Chairman Pendergrass and Members of the Committee, we would like to thank you for this opportunity to testify in favor of this very important health equity legislation sponsored by Delegate Barron. Luminis Health, together with the Maryland Hospital Association’s 60 member hospitals and health systems, strongly supports this legislation and the measures that it includes to address the health inequalities and disparities that persist across the state of Maryland and the country.

Luminis Health, a newly integrated health system formed in 2019, serves residents of Anne Arundel County, Prince George’s County and Maryland’s Eastern Shore. Comprised of Anne Arundel Medical Center (AAMC), Doctors Community Medical Center (DCMC), J. Kent McNew Family Medical Center, and Luminis Health Clinical Enterprise (LHCE), the health system includes 635 licensed beds, more than 6,400 employees, 1,800 medical staff and 1,300 volunteers. The new health system includes more entry points for coordinated care across the region, improved access to care close to home, enhanced quality and improved health outcomes. LHCE is comprised of a 450 member multi-specialty practice, ambulatory sites and clinics, physician practices and clinical service lines.

Addressing disparities and providing equitable high-quality care to all of the patients we serve is central to our mission, vision, and values. Despite our continuous work and the progress that we have made in our efforts, disparities of care continue across the counties we serve and there is more work to be done. We feel that this legislation will provide the necessary support for the commitment we have made to address the health inequities and will help to drive change across the entire state.

Central to this legislation is the opportunity for underserved areas disproportionately impacted by poor outcomes to become designated as Health Equity Resource Communities (HERC). This proposed program is modeled after the successful Health Enterprise Zone (HEZ) Initiative that was funded in Maryland from 2013 to 2016. It would allow communities the opportunity to obtain grants, tax incentives and health care provider loan repayment assistance to increase access to high-quality care

and ultimately reduce health inequities. This funding is crucial to supporting and developing community-based initiatives desperately needed to address care disparities across the state.

AAMC received funding from the HEZ Initiative to support a partnership with the Housing Authority of the City of Annapolis (HACA) in developing the Morris Blum Community Clinic, outlined in greater detail below. The reductions in ED readmissions and improved utilization of healthcare resources brought about by the HEZ Initiative were clear indicators of the need to engage community health workers to improve care coordination and reduce costs. The broader, sustainable initiative established by this legislation will foreseeably grow the successes of the HEZ Initiative. At Luminis Health, we see this an opportunity to support the growth of our efforts across our newly integrated system to meet the needs of patients in Arundel County, Prince George’s County and Maryland’s Eastern Shore.

Importance of this Legislation

The quality of the care that Luminis Health provides to our patients is the ultimate measure of success and our guiding force. It is at the heart of our work and central to the strategy of the system. We track the quality levels of care at every patient interaction across the system through specific measures. Quality measures assess aspects of health care structure (such as types and availability of services), outcomes (such as infection rates, mortality and length of stay), or processes (such as giving antibiotics before and after certain surgery). Quality measures are also applied to the performance of our staff and providers.

We are transparent with our patients and our partners to allow informed decision making about where they access care and to hold ourselves accountable. The data is persistently reviewed by our staff and the trends we observe are used to drive our operations and to implement innovations designed to enhance patient safety and quality of care across our growing health system. Our quality data is stratified by gender, age, race and ethnicity to identify disparities. Additionally, our teams review an Inequity of Care Complaint Report where patients can report instances where they experienced perceived inequities at any of our facilities.

Analysis of our quality data has revealed disparities amongst different populations within the communities that we serve. The most apparent disparities occur in C- Section Rates, Readmission Rates,

Average Length of Stay, and Patient Satisfaction. As a system, we track these metrics on a consistent basis and have implemented a number of strategic initiatives to address them directly.

While we have made progress, the disparities of care that we observe nationally and within our community have been exacerbated during the COVID-19 pandemic. We have observed evidence that racial and ethnic minorities are bearing a disproportionate burden of illness and death related to this virus. The pandemic has adversely impacted African Americans and Hispanic residents and created a larger inequity, health and financial gaps. Older populations have also been negatively impacted by fast spread, disease complications, and increased mortality rates.

As a system, we rapidly developed a dedicated strategy to address the effects of the pandemic in our community. The Luminis Health community outreach team – comprised of health educators, public health nurses, case managers, nurse practitioners, and interns – collaborate with community partners in designated high risk and rising risk neighborhoods. The team goes door-to-door in neighborhoods and provides verbal instruction on COVID-19 prevention strategies, and provides the household with bags that include cloth masks, bilingual educational flyers from evidence-based public health programs, information on how to access CareConnectNow (a free telehealth program at Luminis Health), COVID-19 test locations – and now vaccination sites – and hygiene products such as hand soap, hand sanitizer, and detergent pods. Targeted prevention outreach is also completed in conjunction with faith based and social service community partners, at food giveaways and local businesses. Interpreters assist in Spanish-speaking neighborhoods and businesses. Since the onset of the pandemic, we have aided more than 50,000 residents across Anne Arundel and Prince George’s counties.

As the pandemic continues and disparities persist in our community, Luminis Health remains dedicated and invested in expanding our Diversity, Equity, and Inclusion efforts. A clear and direct Diversity, Equity, and Inclusion strategy is the only way to address disparities of care and improve the quality of care for all patients.

Luminis Health’s Diversity, Equity, and Inclusion (DEI) Strategy

Anne Arundel Medical Center—the American Hospital Association’s (AHA) 2019 [Carolyn Boone Lewis Equity of Care Award winner](#)—first committed to reducing health inequities when, led by the Board of Trustees, the organization signed on to the AHA’s **#123forEquity** Campaign in 2012. From

there, AAMC's governing board formed the Health Equity Task Force (HETF) for the purpose of placing even greater emphasis on addressing disparities. This 22-person group included individuals from the health system, academia, county health and social service departments, clergy, and local business owners and entrepreneurs. Together, the HETF drew from their varied perspectives and experiences to devise initiatives and opportunities for ensuring the delivery of equitable care to all of AAMC's patients.

In October of 2017, AAMC implemented the Diversity, Equity, and Inclusion Leadership (DEIL) Scorecard (attachment included) as a metric-tool to ensure we demonstrate workforce diversity efforts. Goals are set by the DEIL Council and address our applicants, candidates, and existing workforce.

Executive leadership identified diversity, equity, and inclusion as a priority in strategic planning, leading to the incorporation of DEI workforce initiatives into the annual operating plans. The governing board approves two metrics in each area of Quality, Community, Workforce, Growth and Finance to be top-priority as part of an organizational dashboard called the "True North" (TN) dashboard. The TN metrics impacts leaders' incentive compensation. Diversity amongst leadership was selected as a TN workforce metric, and the new-hire selection processes was refined to require consideration of a diverse candidate in every leadership position.

The organization enhanced the selection process for the candidate slates to meet diversity goals and for hiring authorities to meet goals for new hires and the promotion of high-performing diverse talent. In FY20, 94% of all 34 open leadership positions included a diverse candidate finalist, and 11 of the 32 hired were new diverse talent.

Within the community, we use a data-driven approach to identify and address the most pressing inequities. One of the most-noted initiatives has been the partnership with the Housing Authority of the City of Annapolis (HACA) in developing the Morris Blum Community Clinic. This predominately African American low-income senior housing development was home to several "super-utilizers." While analyzing readmission data, the apartment building was identified as a "hot spot" with a disproportionately high number of 911 calls, Emergency Room visits and hospitalizations and hospital readmissions. To bring better care to this population, AAMC embedded a non-traditional primary care clinic within the resident center that coupled culturally competent primary care services with access to care coordination for behavioral and social services.

Since implementation, this population saw a 17% reduction in hospital admissions and 25% drop in readmissions over 4 fiscal years. The volumes of 911 calls fell by 32 percent during this same period. Our work with HACA and other community partners earned us the AHA NOVA award in 2018 (attachment included) and our leadership published the attached *Health Affairs* [article](#) highlighting this work.

In tandem with its effort to rectify disparities in care, the HETF was committed to creating a culture of inclusion among its employees that would naturally and positively impact interactions with patients. Several years ago, a group of nurses and employees started a Cultural Diversity and Workplace Advocacy Collaborative as a way to showcase and celebrate the organization's diversity through programs and 'lunch-and-learns'.

One model that has helped set the organization's direction is "Coming To The Table (CTTT)," a national nonprofit organization that provides leadership, resources, and a supportive environment to address and work through issues related to racism and discrimination. At AAMC—the first healthcare organization to implement an official chapter of the national "Coming To The Table"—meetings take place monthly and draw anywhere from 12 to 90 participants who discuss a specific issue and what those issues mean to them personally in an honest, safe space.

With the formation of Luminis Health through the merger of Anne Arundel Medical Center and Doctors Community Medical Center, we have expanded our DEI strategy across the entire system. The efforts stated above are being extended to DCMC and across the entire system, and we have developed a new task force. The Health Equity and Anti-Racism Task (HEART) Force, reporting to the Luminis Health Board of Trustees, was established in fall 2020 to render recommendations related to diversity, equity, antiracism, and inclusion that may be translated into strategic initiatives, policy updates, and/or additions to the system's True North Goals.

The purpose of the HEART Force is to bring together a diverse group of colleagues from Luminis Health, public health partners, and other community stakeholder groups to help develop an enduring plan with recommendations and goals towards building a more equitable and just health system. The HEART Force will build on the progressive work already taking place and be an extension of the great recommendations from the first Health Equity Task Force.

Impact of our Efforts

We have seen encouraging results from our DEI efforts over the last several years – including improvements in many of the key qualities metrics where disparities were evident. In addition, the organization has grown to understand the importance of our DEI strategy and truly embraced the efforts in daily work. It has become engrained in the fibers our culture at Luminis Health.

Since the implementation of the DEIL Scorecard, substantial progress has been made within these various pools. Leadership diversity has increased from 14% to 26%, and full-time new hires are currently 54% diverse, with a 40% system-wide diversity. For individuals beginning their careers at Luminis Health, we are industry leaders in that diverse individuals outweigh non-diverse individuals.

At an executive leadership level, women comprise 55% of the 11-member Luminis Health C-Suite, and 36% are representative of marginalized populations, including people of color and the LGBTQ community. The system CEO and two of the three Luminis Health presidents are women and one is a person of color. Half (48%) of the members of Luminis Health Boards of Trustees are women -- having increased from 33% in 2011. Similarly, the Boards now include 35% people of color, up from 22% in 2011.

Disparities observed in key qualities metrics have improved in a number of areas. Most notable are the promising results in reducing the disparity in C-section rates. In analyzing the quality measures at AAMC, the Women and Children's department identified high rates of Cesarean birth. C-Sections present higher immediate and long-term risks to mothers compared to vaginal deliveries. The data also revealed that the C-section rates were higher for women in minority populations.

To reduce C-section rates to all patients at AAMC, the team developed a multi-pronged approach. Education and engagement for patients, obstetricians and midwives, and anesthesiologists were central to these efforts. Key initiatives introduced were provider score cards, new protocols for labor management, processes to audit patient cases, an Electronic Fetal Monitoring Certification course, and a Doula program. Since 2016, the NTSV C-section rates have dropped from 28% to 23%. The goal for this fiscal year is to reduce rates to <20%.

To specifically address the disparities in C-section rates for women of color, the team developed the Women's & Children's Counter Racism Taskforce. The primary objective of the taskforce is to

explore and lead on-going programming to address personal biases, systemic patterns of behavior, and omissions that compromise our efforts to advance equity in the care of women and children across Luminis Health. They work to inform and partner with service line institutional work groups to address biases that impact how care is delivered system wide. The goal for FY21 is to reduce the disparity in C-section rates between White and Black mothers to < 5%.

Analyses of quality metrics and outcomes data provide the ability to address disparities and barriers to culturally customized care. Our teams have been able to focus on specific diseases and illnesses that disproportionately effects minority groups. For example, Sickle Cell Anemia disproportionately affects the Black population. We see this in our own community and it is imperative for our providers to understand the nuances of this disorder and how to most effectively treat patients affected by it. Through the analysis of our patient grievances data, we identified a high volume of patients concerned with inappropriate pain management and a lack of understanding by providers. To address this inequity in care, we developed a series of forums to educate providers, including a Sickle Cell Conference (attachment included). In these sessions, we shared trends and specific patient stories with our providers. We then arm them with strategies to avoid common mistakes in treatment and to mitigate their own implicit biases.

The Potential for Greater Impact

The results of our efforts have been promising and encouraging, but there is still a long journey ahead in addressing the care disparities in our community. The pandemic has adversely impacted minority populations and created a larger gap of health inequity. Nationally, health disparities continue to grow and we see large mortality differences for minority groups.

Luminis Health remains committed to executing on our DEI strategy. We expect to continue to see positive trends from our current efforts, but we also acknowledge the need to adapt and grow our strategy. Two notable future efforts include:

- Development of the HEART Force – Over the next several months, the HEART Force will be working to develop a series of recommended initiatives and actions for Luminis Health. These recommendations will address ongoing efforts and immediate opportunities to: enhance the Luminis Health position in diverse communities; help eliminate health disparities at Luminis

Health; support the eradication of racism as it relates to the workforce, communities served, and the Luminis Health patient experience; and identify the role of Luminis Health in addressing racial injustices and inequities in healthcare that adversely impact people of color and those of vulnerable and/or marginalized communities. The recommendations will be included in our Vision 2030 Strategic Plan and guide the direction of the system.

- Addressing Disparities in the Latino Community – The Latino population in both Prince George’s and Anne Arundel Counties is growing more than all ethnicities and currently accounts for 8.4% of the Anne Arundel County population and 17.4% of Prince George’s County. This rapidly growing population faces significant health disparities, many of which have been worsened during the COVID-19 pandemic. Luminis Health is committed to addressing these concerns and holistically adapting and expanding our practices to provide the Latino population with an improved patient experience. In July 2020, Luminis Health initiated a project crafted to address patient care, communication, community relationships, financial resources, and engagement.

Over the last few months, we have made strides in addressing the key areas of patient communication (interpretation and translation), care design and delivery, community partnerships, financial resources, and patient education. We are committed to improving Latino patients’ care and outcomes.

Thank you again for the opportunity to testify in favor of The Maryland Health Equity Resource Act. This legislation will provide the support necessary to address health inequities in communities across the entire state of Maryland. We strongly urge you to give a favorable report to HB 463.

Attachments:

1. DEIL Scorecard AAMC FY20
2. Health Equity Report FY19
3. AHA 2019 Carolyn Boone Lewis Equity Award Report
4. Maryland Hospital Association CCQI – DEI Strategy Presentation
5. NOVA Awards 2018 Report
6. Health Affairs - Primary Care Where Everybody Knows Your Name
7. Sickle Cell Conference Presentation