

this track and initiate similar programs in other residencies. We are committed to developing leaders and eliminating health disparities in the communities we serve.

PROJECT MANAGEMENT PLAN – Development of a Health Equity and Disparities Residency Track

Vision Statement	Kaiser Permanente is a leader in identifying, measuring, and helping to eliminate disparities in health and healthcare. We will deepen our engagement in the promotion of health equity and the elimination of health disparities through research, advocacy, education, and dissemination of such work with the communities we serve.
Team Objectives	Kaiser Permanente developed a Health Equity and Disparities track within the Internal Medicine-Oakland residency program. The residency is located in a diverse community with socioeconomic differences, as well as vast health disparities. Through advocacy, research, and direct community involvement, trainees will better understand the construct of public health, social determinants of health, and disparities. Trainees will be able to identify and implement strategies that support healthy communities.
Success Factors	We were inspired by the vision and dedication of our organization to serve the needs of the community through the development of the Health Equity and Disparities track. We received leadership support to (1) recruit a track program director, (2) expand the residency program, and (3) consider integration of the track concept into additional Kaiser Permanente residency programs.
Barriers	The largest barrier encountered was identification of a community-based continuity clinic for consistent resident rotations. We worked to overcome this challenge by considering additional community partners/sites that may not have otherwise considered resident education in their setting. The development of a Community Medicine fellowship to precept the residents reduced concerns of patient care access/faculty time.
Lessons Learned	Important advice for another team embarking on a similar initiative is as follows: <ul style="list-style-type: none"> • Ensure that executive leadership is educated early in the development of a track to receive buy-in and support, including financial resources • Allocate a project manager to coordinate communication and project milestones • Promote the track at medical student marketing events early in the interview season • Recruit a track program director early in the track development • Understand community partner concerns about resident rotations in their healthcare settings

**Main Line Health System, Wynnewood, PA
Linking Patients to Community Resources Via
a Smartphone App**

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Background: Medical student advocates (MSAs) have located and vetted more than 600 community resources for vulnerable patient populations and listed them on a Wikipedia page. Residents were disconnected from these efforts and found it challenging to efficiently provide resource information at the bedside. The Main Line Health (MLH) System Strategic Plan stresses the importance of improving the health of the community and to “seek, identify and ameliorate disparities in care.” Our aim was to provide a smartphone app to residents to facilitate referrals of patients to community services at the bedside and thereby address the strategic plan mandate.

Methods: Residents and MSAs attended a GME-sponsored dinner to learn about patient and provider needs and the resources identified on the MSA Wikipedia page. Categories include food, transportation, utilities, child care, job training, education, and legal services. Residents were asked to complete an anonymous questionnaire to assess their knowledge and opinions about linking patients to community resources and to upload a link to the Wikipedia page to their smartphones. GME collaborated with the Texas A&M School for Public Health to enlist MLH as a sponsor for the MyHealthFinder app.

Results: Of the residents who participated in the survey, 55% said that they always/often discuss nonclinical needs with their patients, while 34% said that they occasionally do, 9% said seldom, and 2% said never. When asked what the resident’s role should be in addressing nonclinical needs, 77% said that they should be involved, 14% said that they should not be involved, and 9% acknowledged time as a barrier to involvement. Residents in internal medicine and family medicine recognize and affirm their desire to play a role in properly and efficiently linking their patients with appropriate community resources. Residents also want to track whether resources are utilized.

Conclusion: Supplying a smartphone app to search for community resources at the bedside was received enthusiastically by residents and energized the MSAs’ efforts to vet resources.

PROJECT MANAGEMENT PLAN – A Community Service App to Link Patients With Needed Resources

Vision Statement	Main Line Health System, along with the Department of GME, will reduce disparities in health by affording individuals access to primary care and subspecialty care and linking them with community resources to live a better quality life for our community.
Team Objectives	Our objectives were as follows: <ul style="list-style-type: none"> • Build and define a relationship between the existing Health Student Advocate program and the residents within our sponsoring institution • Develop an app for community resources based on the Health Student Advocate’s Wikipedia page of resources that will bring awareness of community resources bedside for residents and patients in the clinical inpatient and ambulatory settings
Success Factors	The most successful part of our work was the integration and collaboration between GME and the administration of Main Line Health System as we partnered to bring this smartphone app into working form. We were inspired by the resources that our organization was willing to put into reviewing the legal contract with the creators of the smartphone app, as well as the \$10,000 to become a sponsor of the app along with the Texas A&M School of Public Health.
Barriers	The largest barrier was creating an app that our legal team and our IT team at Main Line Health System would support. We worked to overcome this challenge by teaming with the Texas A&M School of Public Health that had already created a similar app for cancer patients. We collaborated with them to populate resources in our community on their smartphone app.
Lessons Learned	The single most important piece of advice to provide another team embarking on a similar initiative is to include your legal and IT departments early if contracts with outside organizations might be required rather than getting approval when you have a prototype pilot ready. Nowadays, hospitals are particularly conservative when it comes to HIPAA-protected information and having complicated and thorough contracts in place before proceeding.

Ochsner Health System, New Orleans, LA

Discharge Planning: Promoting Provider Awareness Regarding High-Cost Medications Commonly Prescribed Upon Discharge

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Background: The CHNA provides insight into the discrepancies inherent in the care delivered to Ochsner’s patient population and identifies its most vulnerable groups. Some of the major barriers to healthcare delivery experienced by Ochsner patients include access to health services, affordability of medications, patient health literacy, and