Advocate Illinois Masonic Medical Center, Chicago, IL

Community Health Needs Assessment: The Need for Resident Physician Engagement

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Background: The Patient Protection and Affordable Care Act of 2010 requires tax-exempt hospitals to conduct a CHNA every 3 years. Since Advocate Illinois Masonic Medical Center began conducting CHNAs, residents have not been part of the Health Council charged with designing and executing the assessment. Only one residency program in the country has been actively involved in its hospital's CHNA process, and the outcome was documented as extremely positive. We included a resident physician in the hospital CHNA process to provide a resident's perspective on community needs and interventions to address those needs.

Methods: An internal medicine resident was assigned to Advocate Illinois Masonic's Community Health Council. A mini-CHNA was conducted with the internal medicine residents to mirror the wider CHNA process. The top community needs identified by the residents were compared to the needs identified by the council.

Results: The council priorities matched the resident priorities: chronic diseases, behavioral health/substance abuse, and social determinants of health. The greatest barriers to healthcare identified by the residents were lower socioeconomic status (34%) and lack of education (33%). Eighty-two percent of the internal medicine residents had no prior knowledge of the CHNA concept, 35% reported that they do not have adequate knowledge of community resources, and 84% said they would participate in a CHNA if given the opportunity. The resident on the Health Council reported enhanced knowledge of community resources and increased comfort with discussing healthcare barriers in the community.

Conclusion: Improved communication and education about community resources will improve resident physicians' ability to care for patients. Resident physicians' perspectives of health need priorities are enhanced through front-line experience. Including a resident on the Health Council greatly benefited both parties.

Role of Medication Assistance Program in Reducing Readmission Rates at Advocate Illinois Masonic Medical Center

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Background: In 2014, 1 in 8 American adults reported skipping medicines because of difficulty paying for the prescribed medication. In 2014, a medication assistance program (MAP) was introduced to provide medicines at little or no cost to eligible patients with an objective to reduce readmissions attributable to the lack of medication access and/or adherence. From January 1, 2014 through December 31, 2016, the MAP provided assistance to 721 patients with drugs worth $3,522,652.

Methods: For analysis purposes, all medical visits to the ED, observation, and/or inpatient units were included except for admissions related to psychiatric illness, trauma, and/or pregnancy. A total of 448 patients were identified; 363 patients met the eligibility criteria. The average enrollee was 48 years old and single, with an average income of $5,546 and $436 in annual medical expenses. Sixty percent of patients were male, and the ethnic breakdown was 37% white, 32% Hispanic, 26% black, and 5% other.

Results: The average rate of readmissions was decreased by 22.4% after enrollment in the MAP. Seventy-nine patients had a reduction in readmissions after enrollment in the MAP. Flexible criteria for MAP enrollment allowed us to serve the Medicare and Medicaid population when resources were insufficient to support their needs. An active partnership with administration and medical staff enabled a robust number of patient referrals.

Conclusion: A MAP increases indigent patients' access to unaffordable treatment and thus improves patient compliance, clinical outcomes, and quality of life. A MAP directly decreases readmissions.

A Second Chance at a First Impression: Creating an LGBTQ-Friendly Environment

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Background: Advocate Illinois Masonic Medical Center (AIMMC) is located in the nation's first municipally recognized LGBTQ neighborhood and has been named a "Leader in LGBT Healthcare Equality" in the Human Rights Campaign Healthcare Equality Index for the past 7 years. The LGBTQ community is a significant portion of the patient population. Health disparities in the LGBTQ community include (1) decreased access to healthcare/insurance; (2) low rates of pap smears and mammograms; (3) higher rates of suicide, depression, and substance abuse; and (4) an unknown proportion of LGBTQ patients in the practice.

Methods: We administered a 19-question survey assessing participants' comfort in interacting with LGBTQ patients to 27 providers and staff at the AIMMC – Ravenswood Family Medicine Clinic. Response rates were as follows: attending physicians (26%), resident physicians (26%), medical assistants (19%), nurse practitioners (11%), registered nurses (4%), patient service representatives (7%), and other office ancillary staff (11%).

Results: The respondents indicated that the intake forms do not adequately capture gender identity. Providers and staff also signaled their interest in educational opportunities regarding LGBTQ issues. In response, 2 interventions were developed. The first intervention was training in providing an inclusive environment for all patients with topics on sharing difficult patient encounters, addressing patients at the front desk, asking for preferred pronouns, developing comfort discussing gender identity, and taking a complete sexual history. The second intervention was the development of a new intake form. On the current form, all questions are separated by sex. The form does not offer a gender pronoun area for transgender patients, and the number of sexual partners equates to sexual health, resulting in inadequate assessment of risk. The proposed new intake form is unisex and has space for name choice and gender pronoun. The review of systems questions are broad and can be discussed further with individual providers, and the sexual history question is more relevant to sexual risk. Plans are to conduct a follow-up meeting and administer a survey after a trial period of the new form.

Conclusion: Providers and staff are not confident in their approach to care for LGBTQ patients, but they are eager to learn how to better serve this population. Making changes to the way we address our patients does not have to be painful, and changes can be fluid and incremental.

PROJECT MANAGEMENT PLAN – Medication Assistance Program and LGBTQ Community Initiative

Vision Statement	The medication assistance program (MAP) was introduced to reduce health disparities, promote medication adherence, and lower readmissions by providing uninsured and underinsured patients access to prescribed medication. Our aim was to engage a resident physician in the CHNA to improve the process of identifying and addressing community health needs. We envision an environment where all patients, regardless of their gender or sexual orientation, have health access and equity; where all providers and staff feel comfortable and confident with each patient encounter; and where ongoing education for providers and staff on specific population-based healthcare needs is provided.