



HIMSS podcast

It takes a village

How collaboration and inclusion drive equitable health solutions

Nicole Gyimah: When I got the discharge summary and I read it, the doctor said that the asthma was poorly managed and I knew that was not true. And that made me feel, "Oh, well, he didn't listen."

Dr. Ankoor Shah: Hello, everyone. Welcome to our HIMSS podcast: It takes a village how collaboration and inclusion drive equitable health solutions. My name is Dr. Ankoor Shah from Accenture. I lead our health equity activities for Accenture, which means basically thinking about how we humanize health care and improve patient access, experience and outcomes for the most vulnerable among us. I am so excited to talk to you today, and I'm joined by our two amazing guests, Ms. Nicole Gyimah from Washington, DC, as well as Ms. Kelly Binder from Unite Us.

And today we're going to talk about something that I know is on all of our minds. It's on the minds of health care executives as well as frontline providers. And that is how do we actually deliver care equitably and how do we achieve health equity? And the best way I think we could really think about this is let's go directly to the ground.

Let's hear from a patient, a community member, what has been their experience interacting with the health system. So I say let's just get started. Hi, Nicole. How are you doing?

Nicole: Hi there Dr. Shah. Doing well. How are you?

Ankoor: I'm doing fantastic today. Thank you so much for taking the time to chat. I would love just to hear a little bit about your story. Tell us a little bit about yourself and your experience in health care.

Nicole: Well, thank you for the opportunity to share and talk with you. And everyone today. As you mentioned, my name is Nicole Gyimah. And we live in the DMV, District of Columbia, Maryland, Virginia area. And we actually moved here from New Jersey in 2016. We've lived down here now about six years. And our health care journey as a family really started in New Jersey.

And so we and just so you know, just FYI, I work in a publishing field for a nonprofit engineer with American publishing. And my husband is a finance accounting guy and he works for an accounting firm now. And so that's a little bit about our professional

history. And back in New Jersey, before we moved to down here to the D.C. area, our journey started with health care system probably about well, we got married about 13 years ago.

And we had we have three children, two girls and we have our son, Isaiah, who has asthma. And we found out that he has asthma kind of the hard way. He was a young guy, 16 months old, and he was out playing with the sisters. And long story short, that night, he was coughing, not feeling great and we rushed into the emergency room. And next thing I know, they were saying, we have to intubate him. So he was intubated in the hospital for a total of about ten days. And the intubation was not for ten days with a total hospital stay with about ten days. And that was probably my next to having had him the whole giving birth and everything involved with labor and delivery that was probably our next really largest, most significant health care experience, if you will, because that was an extensive hospital stay and there are a lot of factors involved, a lot of doctors involved with that situation.

And we really came in contact with some great doctors. We had some amazing nurses. We have wonderful care at the hospital in New Jersey, and we all got insurance that managed us through the situation and took care of pretty much everything. And that, honestly, has been a lot of our experience with Isaiah and our children in terms of managing our health. We're grateful that our story is that we've had been able to have access to the doctors and people who will be forthright with resources and telling us where to go. And who talk to when we have these types of issues and situations or health issues that arise.

And I'd have to say that our main issues with health care have kind of surfaced when there are certain medicines that we're giving our son, who's the asthmatic, that the insurance, says, "Hey, we're not going to cover this anymore."

And then we have to figure out, okay, well, what will we use in place of that? And will that that medicine be what is really needed to keep Isaiah's excessive asthma situation managed and managed well? So we've had a couple of situations that have come up where we had to switch and the timing of it was really fast. And we just wish we could have gotten, probably just had more time and we wish we could have had a little more understanding about the whole thing so we could have planned. We like to plan, you know, plan things out especially considering we need the medicine for him. So those are probably some of our most disappointing times, it's only about two to three times what has happened over the years where we've had to change medicines for him.

And it was due to, again, the insurance changing and not covering it anymore more. We had to find another medicine or maybe try to this particular, you know, maybe they did offer a medicine. We weren't sure that that would really be work for us and we had to go to get to the doctor and find out, okay, is this going to work? What do you buy? So on and so forth. So when those types of things happen, there are little, that's a little frustrating a little hard because again, when we used to maintaining and managing his asthma successfully using certain methods, we want to continue that. Unless the doctor says we need to make a change and that's a whole other thing. But if the insurance was saying it, then that becomes "What?

What gives you the authority to make that call?" So just trying to understand how and why these things go the way they do is a little frustrating.

Ankoo: I can only imagine. And our health, the health insurance companies and those and those partners they're focused on how do they provide more equitable coverage, how do they serve their members better to ensure there's no barriers to care? So the frustration and ultimate poor health outcomes due to poorly communicated formulary changes I think is a very important point.

And I know I just when we think about on the ground and your child knows how to use the orange inhaler and the orange inhalers for every day and the red inhaler or the blue inhalers for as needed. Well, when that orange inhaler turns a different color, that can transform and disrupt the whole care model within your home, within your school, within any other caregivers who are administering the medication.

So that type of change, even though medically in pharmacies from pharmacological point of view, it's the same efficacy of medicine, the actual just the change of color is a complete disruption to a family's life. And I think that's a very important point. I would love to. And that's why it's not only having hospitals and doctors and health insurers in this conversation. We have to think about other partners, I think, as well. So I'd love to bring in Kelly Binder from Unite Us, which is a fantastic organization. To, I would love to hear a little bit about what Unite Us is and your thoughts and basically Nicole's experience.

Kelly Binder: Yeah, thanks Ankoo and nice to meet you, Nicole. Just happy to be here as well today. I think this is just a great kickoff to a wonderful conversation. I am Kelly Binder, Chief Solutions Officer at Unite Us. Unite Us is an enterprise technology company connecting health and social care services. And Nicole, in just what you are sharing with Isaiah you know and and Ankoo, your point on this does take a village and I think the color changing of an inhaler is such a great example because when you think of someone's care team you think immediately about the clinical partners that support the different medical needs.

But we need to also think about the everything from our coaches and maybe sports that they may play to teachers to whatever after school activities to other individuals they're coming into contact with and I think that's where Unite Us really unites different sectors to identify gaps in care because individuals they may be patients to a hospital, members to a health plan, clients to a community based organization.

At the end of the day, they are all human beings. Their our loved ones. And I think when it comes into a care perspective, having that care team be a part of their experience is really important. So that's how we we look at it at Unite Us and just really how we bring all of these pieces together to increase quality care and also reducing trauma, whether that may be raising your hand for support or as the care continuum journey happens so that we look to bring in technology.

But to Ankoor to your point earlier, humanizing it, you know, is such an important element and that's never going away. But what I think we can talk about is how we can make that more efficient, where the care where those human elements are more impactful and genuine, maybe not as fast, maybe there's more education that can happen, more conversations that are more beneficial, you know, versus kind of I think all of the administrative burden and things like that that come into play.

Yeah, go ahead.

Ankoor: No, no, no. After you.

Kelly: Yeah. I was just going to share from my background, you know, just as a human being as well. You know, I was born and raised in New Jersey. So, Nicole, we should trade notes on where we might have been neighbors, but yet born and raised in New Jersey by a wonderful single mother, first of my household to attend college.

So health equity has been a big part of my life, whether I didn't have health equity to name it. But as I now as an adult reflect on some of, you know, the opportunities and the privilege that I was able to go to college and things like that. And, you know, coming from a very loving home, you know, definitely recognize that.

But also take a step back and say, you know, how how did I make that decision and how was I supported in my journey and really not taking that for granted. You know, when I was younger and my mom and I were splitting a Happy Meal, I thought that was great. But that was because that's all she had in the bank.

You know, I was just focused on the toy and like, I'm good with the fries. I didn't realize that until now. You know, as I've become an adult, we've had those conversations and I've come into this field and feel really passionately about making health care and social care accessible to all and that it is not a traumatic experience.

And we know that happens a lot today. And I think there's a lot of smart ways we can all come together. And between lived experience and technology and the human touch being able to improve that. So again, just super happy to be here today. And thanks for for bringing us into the conversation.

Ankoor: I should have started with as a human as well. And so as a human, I grew up in a small town in Arkansas and have a probably similar to other first generation immigrant experiences. My family immigrated from India in the late seventies and I grew up in a town that did not have a lot of Indian and a lot diversity.

But did have a lot of love and I think faced some similar barriers that you both have mentioned by some. They're probably a little different as well. But I think the fact that I'm just reflecting right now that at least for me, it took me a little bit into this podcast to talk about me as a human because we jumped right into us in what we do as well.

And that human touch going back to this idea of Nicole, your example of insurance company changing a formulary that disrupts the care of life and Kelly talking about how Unite Us is really trying to bring a human touch into the care journey. I often think about well, what role can

technology play? And if I'm thinking about myself, who's very analog in general and when I use technology as simple as a phone, I am not a human. I'm not connecting to humanity at that point. I am just scrolling, zoning out and when I think a larger level around technology. So how technology helps close gaps, I think that during our COVID pandemic, during times for virtual school and early in the pandemic, it was families who had access to computers and technology that were able to lose less of their education for their children than those who didn't.

So we had kids who may have been a little further behind, get even further behind as well, because not everyone had access to that technology solution. But Unite Us is a great example of trying to think about how technology can help humanize health care. So, I wonder, I would love to hear your thoughts on how do you see technology playing a role in making care better for you individually as humans and then for the community you serve.

Nicole: Well, if I may I jump in.

Ankoor: Yes, please.

Nicole: I think for us, for my or my family, for our our immediate situation, I saw it happen during the pandemic where those what is it that telemedicine appointments that I can't recall if that was an option prior to the pandemic, but because of this situation, it became what we needed to do and we had a chance to experience that.

And it was amazing, really, really appreciate being able to go to the doctor from home and being able to, you know, just have that option, not having to be forced to leave here and to go out to the office and do to things traditionally.

I think technology can be challenging and seeing today with my issues getting in this meeting.

But anyway, at the same time, is absolutely amazing and it just really makes life that we lead our in 2022 a lot a lot better. I mean I still work for the same company, if you will. That's in New Jersey. I live in Maryland right down here in D.C. It's just an amazing tool. And it just has to be. We have to take time out and understand.

And I know I also mentioned to you all that I'm not this technique, technical person, if you will. So I don't recall like all of the ways to use my iPhone or the best ways to have my microphone work on my computer and so on and so forth. But I'm willing to stop and learn and take time to figure things out and I'm just really glad to have that option.

And I like that doctors and whether it's for mental health or whether it's for your physical health, you know that the option is there. And I'm grateful for that. And I think that speaks to them caring about patients and making life, you know, better for us. Now, I hope that the technology continues to evolve and continues to give us more options in terms of even just simple things, if you will, when it comes to, as my manager says, asthma, I'd love to see something like a some type of a reminder tool.

I mean, I know we have our phones in our clocks, but just when it comes to certain medicines that he uses that requires maintenance and sometimes we forget that, "Oh, we have to call this in" or the reminders are not there with the pharmacy or they're not happening for whatever reason.

I just want to see additional ways that technology can enhance those types of instances where we need to get access to the medicines and we need to be reminded to refill the medicines.

Then I'm looking forward to seeing what else, how else it's going to be improved in terms of accessing medicines and appointments and everything that health care has to offer.

Kelly: Yeah, absolutely. I think asthma is such a great example of where in this context it was medical at pure, you know, how you discovered it and all of that. So when we're talking with some of our health care partners, sometimes the discovery of asthma can be environmentally based. And that's why I think it's really important with some of these diagnoses being able to have a social care screening and making sure that everything in someone's environment, you know, like it could be an air conditioner, could it be a carpet and if those are things and that puts added expense on a family that may not be in a position to replace one of those things.

And I think one of the pieces you talked about Nicole to being able to bring in, you know, making it easier for reminders and things like that. But I do think some of technology can take that burden off of you and make that a bit more automatic and make it a part of the process. And I think at Unites Us we think a lot about how the health care and social care can unite in that way and how we can make those things a bit more automated. So your experience and even selfishly my experience too, as a patient and a member can be enhanced.

And I think just to note on what the pandemic helped us see a little bit more clearly, is how social care and social needs can become any of our need so quickly.

And I know within the first few months of the pandemic, we saw one of the ways you can use Unite Us technology is to send and receive referrals between health care and social care partners and they skyrocketed to over 200%, which felt like overnight and access to food, housing, transportation, were some of the highest needs. And when you especially think about children and schooling and things like that like some children their one meal a day was coming from their school.

So what does food access look like for families and things like that. And I think that's highlighted a lot of inefficiencies in care when we think about you know, we think in terms of the clinical side. But what about the environmental factors and the social care factors that come into play? And I think that just goes back to how do we serve someone and improve their overall experience no matter where they are kind of in that journey? So just thinking about it like that.

Ankoor: And Kelly in our research, you know, we saw that 57% of providers and provider organizations who responded are not considering a partner right now for their health equity initiatives and outcomes. But there is a high level of prioritization for instilling a health equity approach among our provider organizations in which 71% of those who respond, C.E.O.s own the health equity initiative.

How do you and how does Unite Us approach an organization to really share where the value is?

Kelly: It's a great question. And health equity needs to become more than a buzzword. And I think there's a few ways to think about it. You know, one at Unite Us internally, diversity equity inclusion needs to be real actionable goal oriented. So health equity initiatives sitting at a CEO level is great. But if the entire C-suite and the entire group, whether it's a system plan, do not feel like their goals align with that. how much action are we going to drive? So I think one of a major first step not to delay the process in taking action, but is really looking inward and thinking from how a team hires, to how a team trains, to the conversations that are really encouraged having uncomfortable conversations, bringing in trainers, thinking about how, you know, whether how care is provided, what feedback we're getting, I think is a big component. I think from a return on investment and from just how to take actionable steps. You know, if someone is concerned about becoming unhoused or they're food insecure at the time, how are they going to live their healthiest life?

And I think we're seeing correlations between ED visits and readmission rates and things like that. When you start to address not only the clinical care aspects, but you also look at the other social needs that may be at risk or are in current, you know, in current process, being able to think about that holistically is ultimately returns that return on investment.

So we're working with some great partners now. I'm excited about some studies that we're going to be releasing throughout the year. You know, like one of the things I do at Unite Us is I support our data and analytics team, and I know that data means a lot,

but I think that if you ask us whether we're health care professionals or we are patients or clients of these services, if I have that on my mind, I may not be navigating the system as efficiently as I could be because I can't be at my healthiest when the when these basic human needs are at risk.

So thinking about it like that, but really making sure as an organization it's not just conceptual. There are actions that we can take to improve patient experience and overall quality someone's receiving from a system or from a plan.

Ankoor: I love that we need to get our heads out of the clouds and get to tactics to how we actually could reduce disparities and a health equity approach is not only the right thing to do, it's actually good business as well, because what we're talking about is improving access, improving experience, improving health outcomes for specific communities, which means for payers, you know, reducing unnecessary utilization or improving patient experience surveys for providers.

You could help I get a handle on ED recidivism. So in readmissions, as you mentioned, and ultimately having a healthier population that you care for. So I think that is wonderful that we're now moving away from health equity as a buzzword to really thinking about tactics. You know, as we close out our conversation. I would love to hear from you, Nicole.

And I think, you know, that from this conversation, your family, especially with Isaiah, has had a upfront experience into how the U.S. health care system works.

Talking to insurers, changing meds to or changing what's covered, to going into a health care system, seeing great doctors and nurses having good access, maybe having some not so great experiences and having some not so great access as well.

So thinking about that and seeing the folks that are listening to this, are those people who make these decisions from the health care payer side and the health care delivery system side as well. What would your action be or your takeaway for those listeners? Our call to action for all of us. Any advice you could give?

Nicole: Well, it would be what Kelly's background says, be a good human right. But that's what's sitting back there behind her, but really making the choice to take action and to really keep that human focus. At the end of the day, we all have families. You may not have children, but someone in your family has children.

Or at some point you were a child with parents or guardians who were caring for you and had to make the best decisions possible to, you know, raise you or raise someone in your family. We're just I'm just a parent trying to give my all to see my child stay healthy and grow into the best possible adult human that he possibly can.

And I need some support along the way, though. You know, when the doctors are becoming doctors, for example, in school and getting training and getting specifically maybe like that bedside training, if they can remember to communicate well, like listen really listen to people, really focus and really understand that most of us are just, again, parents not trying to be negligent, but juggling many things, doing the best we can to provide the best care for our kids.

And this brings me to a situation that happens one time when Isaiah was in the hospital, we were getting ready to be discharged. And when I got the discharge summary and I read it, the doctor said that the asthma was poorly managed and I knew that was not true. And that made me feel "Oh, well, he didn't listen." And he didn't, you know, he didn't focus and really take time out to understand how we ended up in this emergency room visit and how we ended up in this admission, this hospital stay.

And so I let my son's primary doctor read it and let her know what I felt as well. And she's an amazing doctor. And she agreed she wasn't agreeing just to pacify me, but she truly was in line with the thought that they didn't pay attention. They don't know that we are, and they didn't take the time out to see that we were really good parents.

Again maybe we just made a couple of mistakes which caused the asthma to not be managed quite as great in that time period and which landed us in the hospital. But the big scale is we're doing the best we can, work with us and, you know, don't make us feel like villains or make us feel that we're not doing the best we can. Point out if something is done wrong that's fine.

But understand that it's there's no book you know for parenting and we're managing your child's health, if you will. You're just, again, doing the best you can. So we just need for people to really be kind, we need for them to really stay focused on that human level. Don't get so caught up with all the data. I know that's important to understand the research and the data and technology we need all of these things to work together.

But at the end of the day, we're all people and we have to connect, we have to communicate, we have to keep first things first. And those first things firsts involve our hearts and our souls and our families and making the best decisions that we can you know, for those people.

Ankoor: That was moving. I can't, I think it's the, you put it so eloquently and so simply sometimes we get our heads wrapped around in tech data thinking about systems. But at the end of the day, let's put humans at the front of health care and truly how do we develop systems products? Have design with that in mind, putting humans first and that humanity.

And when we do that, the rest will follow and we will. And when we do it intentionally achieve or advance health equity as well. So with that, I would like to thank my fellow humans, Kelly and Nicole for joining today. I would like to thank Accenture for sponsoring this podcast. And for all of us still listening, I think if we take a human centric approach to our current work, how we interact in our personal lives, in our community and in our professional lives, and be intentional about how we can lift communities up through our design and products and services, I think we'll all live in a world we are more proud of and feel proud to be a part of. Thank you all.