Priority Area 3: ACCESS TO CARE

"Everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and the lack of access to good jobs with fair pay, quality education and housing, safe environment, and health care." – *Robert Wood Johnson Foundation (RWJF)*

2020 – 2022 Goals	Outcome Measures	Programs and Strategies	Performance Measures

Increase Health Equity	decrease % of adults who went without care because of cost 14.1% of adults went without care because of cost (2011-2017 BRFSS) 10-county area	**Health Equity**
		 a. Help lead and support Presbyterian to become a provider of choice for Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning (LGBTQ+) New Mexicans.
		  1. Convene an LGBTQ Equity of Care Steering Committee.
		  2. Improve collection and use of gender identity and sexual orientation information in the Electronic Health Record to improve patient care.
		  3. Identify and implement improvements to help attract and retain LGBTQ+ employees; increase environmental supports enabling LGBTQ+ employees to thrive at work.
		  4. Maintain and improve training and continuing education for clinical and all staff.
		 b. Help implement equity approach through quality plan.
		 c. Help implement equity approach through HR Inclusion, Equity, and Diversity initiative.
			# of Transgender 101/102 training attendees

Promote equity and the elimination of health and healthcare inequities. Decrease known inequities in health outcomes for the LGBTQ population.	# and % of LGBTQ+ high school students who reported persistent feelings of sadness and hopelessness by county (lower); prevention care and screening: screening for depression and follow-up stratified by LGBTQ+ identity; patient satisfaction		
		Financial Assistance Connect and provide patients Presbyterian financial assistance to support their access to medical care and services.	# receiving financial assistance by business unit; % bad debt*
Decrease known inequities in access to and outcomes for and perinatal and behavioral health by SDOH factors (e.g., race, ethnicity, language, income, zip code, health-related social needs, etc.).	maternal mortality rate ⊗ infant mortality rate ⊗ timeliness of prenatal care; postpartum care ⊗ patient satisfaction ⊗ segmented by SDOH factors	**Community Partnerships** a. Westside Shelter b. Healthcare for the Homeless c. Community paramedics d. Federally qualified health centers/community clinics	# of community partnerships
		Health Council and Local Initiative Support Partner with the county, tribal health councils and other local coalitions to impact specific opportunities to impact access to care including health literacy, service connection and transportation, prioritized by each community.	total funding provided; # of priority initiatives; # of community members reached
		Decrease Institutional Racism a. Implement implicit bias trainings. b. Develop partnerships with community organizations.	implicit bias training participants
		Strategies to Increase Healthcare Access and Reduce Cost a. Increase capacity and services of inpatient hospitals, emergency rooms and ambulatory clinics. b. Increase affordability of procedures and services.	Board & Committee scorecard measure Access to Care: composite of 2 questions from Press Ganey Med Practice Survey 1) Ease of scheduling appointment + 2) Ease of contacting the clinic # hospital beds*

*These programs and measures are implemented and reported through other Presbyterian departments

Presbyterian Healthcare Services | Community Health Implementation Goals and Outcome Measures 2020-2022