



University of Michigan  
C.S. Mott Children's Hospital

# Creating Access to Comprehensive Specialty Healthcare for All Children

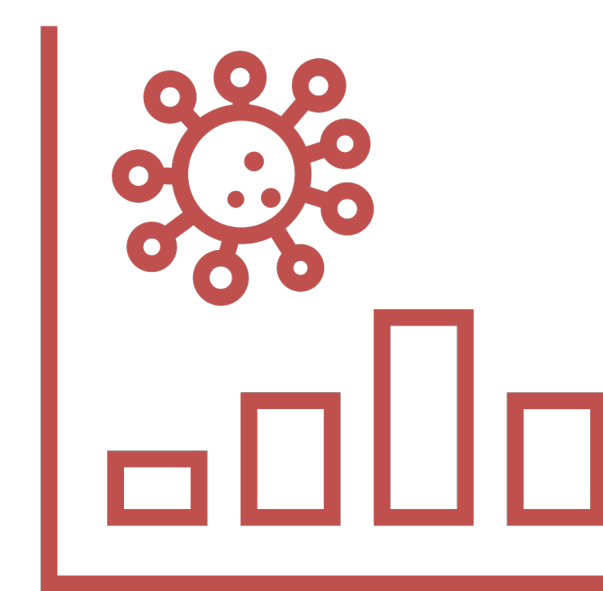
Erika Adams Newman, MD, FAAP, FACS

Executive Sponsor/Mentors: Justin Dimick, MD, MPH and Ronald Hirschl, MD  
CS Mott Children's Hospital, Department of Surgery, The University of Michigan, Ann Arbor, MI



## Significance

- The COVID19 pandemic shed light on well-known disparities in outcomes and access to healthcare in the United States.
- Vulnerable communities have higher mortality rates in nearly all diseases, and healthy Black children have a higher risk of death after routine surgery compared to other ethnicities.
- It is imperative that Academic Health Centers prioritize improving access to high quality specialty care for all children, including vulnerable communities.

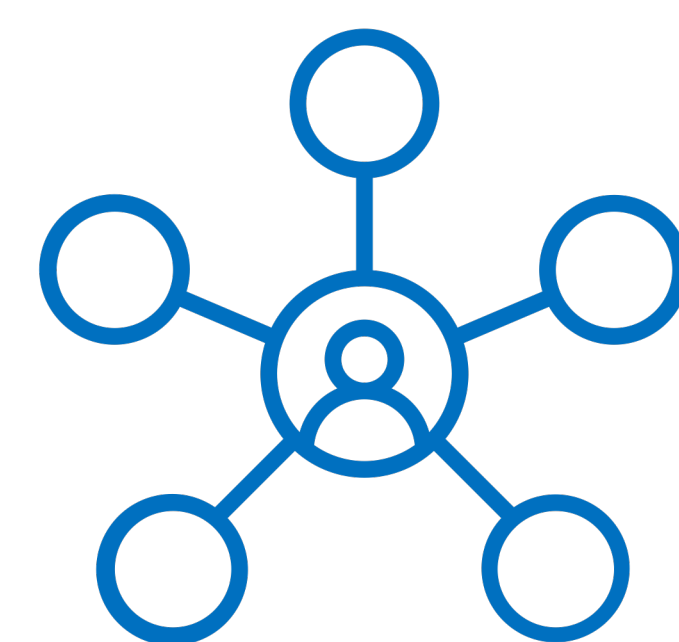


## Objective



To create robust and sustainable partnerships between The University of Michigan and Community Healthcare Systems that will overcome barriers to modern specialty care access for children in underserved and vulnerable communities.

## Approach



To implement a full networking strategy in pediatric subspecialty multidisciplinary care in collaboration with local community hospital systems. We will use the following methods:

- Utilize the American Community Survey (ACS) from the United States Census Bureau and
- The Social Deprivation Index (SDI) to identify the most vulnerable communities in Michigan
- Identify and assess distinct disease-focused clinical market gaps
- Expand multidisciplinary teams for local care in the community, based on establishment of new contractual partnerships and integration with local community health care systems

## Milestones

1. Identify distinct clinical markets (based on ACS data and SDI)
2. Assess and identify current services and disease-focused clinical service line gaps
3. Establish new partnerships with local community health care systems
4. Integrate pediatric multidisciplinary clinical programs and programmatic growth in the community



## Outcomes

Successful multidisciplinary specialty care access for children, including those from the most vulnerable communities



## Impact

Systemic inequities in healthcare have a major impact on access to high quality multidisciplinary care for children in impoverished communities. It is imperative that AMCs work to improve access to specialty care for all children. Strategic focus will:

- ✓ Improve access to specialty care for all children, including those in vulnerable communities
- ✓ Enhance the institution's commitment to serve as an economic anchor in the community
- ✓ Establish new organizational partnerships with community health care centers
- ✓ Grow clinical volume
- ✓ Increase clinical revenue



## **ABSTRACT: 2022 ELAM Institutional Action Project**

**Project Title:** Creating Access to Comprehensive Specialty Healthcare for All Children

**Name and Institution:** Erika A. Newman, University of Michigan, Ann Arbor, MI

**Collaborators and Mentors:** Justin Dimick, Ronald Hirschl

**Topic Category:** Clinical

**Background, Significance of project:** The University of Michigan (UM) has a world-class pediatric clinical enterprise with a broad catchment area across the state and region. Despite this success, there is insufficient representation of children from impoverished neighborhoods with lower socioeconomic status seeking and receiving specialty care at UM. The COVID19 pandemic shed light on well-known disparities in outcomes and access to healthcare in the United States. Vulnerable communities have higher mortality rates in nearly all diseases, and healthy children have a higher risk of death after routine surgery. Given this, it is imperative that Academic Health Centers prioritize improving access to high quality specialty care for all children, including patients in vulnerable communities.

**Purpose/Objectives:** To create robust and sustainable partnerships between Academic Health Centers and Community Healthcare Systems that will overcome barriers to modern specialty care access for children in underserved and vulnerable communities.

**Methods/Approach/Evaluation strategy:** To implement a full networking strategy in pediatric subspecialty multidisciplinary care in collaboration with local community hospital systems. We will use the following methods: a) utilize the American Community Survey (ACS) from the United States Census Bureau and b) the Social Deprivation Index (SDI) to identify the most vulnerable communities in Michigan, and c) identify and assess distinct disease-focused clinical markets. Based on this, we will expand multidisciplinary teams for local care in the community, based on d) establishment of new partnerships with local community health care systems. These partnerships will be based on contractual agreements and full local integration.

**Milestone 1** Identify distinct clinical markets (based on ACS data and SDI)

**Milestone 2** Assess and identify current services and disease-focused clinical service line gaps

**Milestone 3:** Establish new partnerships with local community health care systems

**Milestone 4:** Integrate multidisciplinary clinical programs and programmatic growth in the community

**Outcomes/Results:** Successful multidisciplinary specialty care access for children in all communities, including those from the most vulnerable communities.

**Discussion/Conclusion with Statement of Impact/Potential Impact:**

The growth of managed care in the United States and known systemic inequities in care over the past decade have had a major impact on access to high quality multidisciplinary care for children in impoverished communities. It is imperative that AMCs work to improve access to specialty care for all children. Strategic focus in this area will:

- 1. Improve access to specialty care for all children, including those in vulnerable communities.**
- 2. Enhance the institution's commitment to serve as an economic anchor in the community**
- 3. Establish new organizational partnerships with community health care centers**
- 4. Grow clinical volume**
- 5. Increase clinical revenue**