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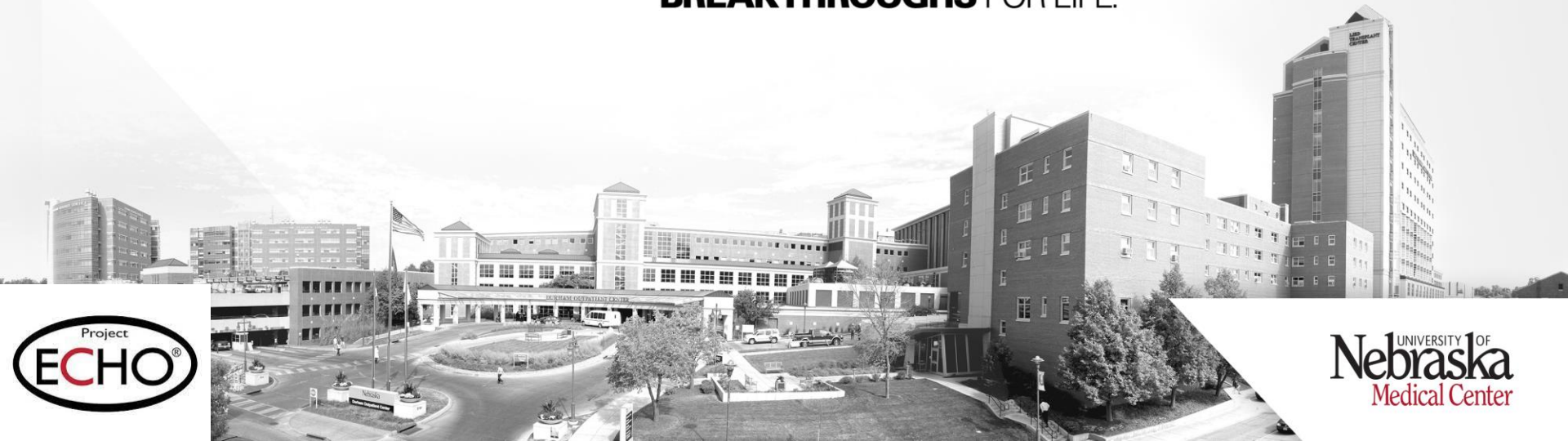

Project ECHO®

University of Nebraska Medical Center

UNMC ID ECHO Project to Reduce COVID-19 Health Disparities Through Quality Improvement

Welcome to Session 8

Project Funded by Nebraska DHHS through a CDC grant

Housekeeping Reminders

- Discussion makes sessions work best!
- Please stay muted unless you are speaking
- We love to see your face!
- Sessions will be recorded and available upon request
- Attendance is taken by filling the survey in the chat

- Reminder: Project ECHO collects registration, participation, questions and answers, chat comments, and poll responses for some ECHO programs. Your individual data will be kept confidential. This data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to create new initiatives.

Subject Matter Experts

Infectious Diseases Team

- M. Salman Ashraf, MBBS
- Erica Stohs, MD, MPH
- Anum Abbas, MD
- Kelly Cawcutt, MD, MS

Quality Improvement Team

- Jeff Wetherhold, QI Consultant
- Gale Etherton, MD
- Mahliqha Qasimyar, MD

Health Equity & Cultural Sensitivity Team

- Nada Fadul, MD
- Mahelet Kebede, HE & CS Consultant
- Shirley Delair, MD
- Jasmine Marcelin, MD
- Andrea Jones, MD
- Precious Davis, Case Manager
- Samantha Jones, Program Manager

CE Disclosures

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UNMC ID Health Equity and Quality Improvement ECHO Project

Topics: SDOH 1/6: Overview; Socioecological Model and QI Root Causes 2/6: What is your process?

Free Live ECHO Project
February 16, 2022
CID 53867

University of Nebraska Medical Center

TARGET AUDIENCE

This live activity is intended for physicians, APPs, nurses, social workers, case managers, and anyone else interested in learning about health equity in underserved populations.

ACTIVITY DESCRIPTION

Achieving health equity, addressing COVID-19 disparities, and improving the health of all Nebraskans using a quality improvement approach are the goals for our newly launched educational initiative. This COVID-19-focused health equity and quality improvement educational series will use the ECHO model for training healthcare workers.
The course is being offered through the University of Nebraska Medical Center (UNMC) infectious diseases (ID) ECHO program and is funded by the Nebraska Department of Health and Human Services (DHHS) via a CDC grant.

EDUCATIONAL OBJECTIVES

At the conclusion of this live activity, the participants should be better able to:

- Recognize the impact that social and structural factors have on health outcomes.
- Recognize the importance of process mapping as a foundational step in quality improvement projects.
- Apply process mapping to quality improvement projects in a facility.

REQUIREMENTS FOR SUCCESSFUL COMPLETION

In order to receive continuing education credit/credits, you must:

1. Participate in the live activity via ZOOM. Your attendance will be tracked by the course facilitator.
2. Complete the overall evaluation
    a. Instructions on how to access the overall evaluation will be provided on a quarterly basis.
    b. Continuing education credits will be issued for activities you attended.

For questions regarding evaluation and attendance, please contact Nuha Mirghani, MD, MBA, HCM at nmirghani@unmc.edu

ACCREDITED CONTINUING EDUCATION

In support of improving patient care, University of Nebraska Medical Center is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

PHYSICIANS/PHYSICIAN ASSISTANTS

The University of Nebraska Medical Center designates this live activity for a maximum of 1.5 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

NURSES/NURSE PRACTITIONERS

The University of Nebraska Medical Center designates this activity for 1.5 ANCC contact hour(s). Nurses should only claim credit for the actual time spent participating in the activity.

ACCREDITED CONTINUING EDUCATION

As a Jointly Accredited Organization, University of Nebraska Medical Center is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Nebraska Medical Center maintains responsibility for this course. Social workers completing this live activity receive 1.5 interactive continuing education credits.
Social work level of content: Intermediate

This program has been pre-approved by The Commission for Case Manager Certification to provide continuing education credit to CCM® board certified case managers. The course is approved for 1.5 CE contact hour(s).
Activity code: I00049474 Approval Number: 220000318
To claim these CEs, log into your CCMC Dashboard at www.ccmcertification.org.

DISCLOSURE INFORMATION

As a jointly accredited provider, the University of Nebraska Medical Center (UNMC) ensures accuracy, balance, objectivity, independence, and scientific rigor in its educational activities and is committed to protecting learners from promotion, marketing, and commercial bias. Faculty (authors, presenters, speakers) are encouraged to provide a balanced view of therapeutic options by utilizing either generic names or other options available when utilizing trade names to ensure impartiality.

All faculty, planners, and others in a position to control continuing education content participating in a UNMC accredited activity are required to disclose all financial relationships with ineligible companies. As defined by the Standards for Integrity and Independence in Accredited Continuing Education, ineligible companies are organizations whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The accredited provider is responsible for mitigating relevant financial relationships in accredited continuing education. Disclosure of these commitments and/or relationships is included in these activity materials so that participants may formulate their own judgments in interpreting its content and evaluating its recommendations.
This activity may include presentations in which faculty may discuss off-label and/or investigational use of pharmaceuticals or instruments not yet FDA-approved. Participants should note that the use of products outside currently FDA-approved labeling should be considered experimental and are advised to consult current prescribing information for FDA-approved indications.

All materials are included with the permission of the faculty. The opinions expressed are those of the faculty and are not to be construed as those of UNMC.

Disclosures

The accredited provider has mitigated and is disclosing identified relevant financial relationships for the following faculty, planners, and others in control of content prior to assuming their roles:

FACULTY
The below faculty have nothing to disclose:

Shirley Delair, MD, MPH
Gale Etherton, MD, FACP
Mahelet Kebede, MPH*
Mahliqha Qasimyar, MD
Jeff Wetherhold, M.Ed*

**Indicates on the planning committee*

Disclosures

PLANNING COMMITTEE

M. Salman Ashraf, MBBS
Merck & Co, Inc: Industry funded research/investigator

Nada Fadul, MD
ViiV Healthcare: Advisory Committee/Board

Erica Stohs, MD, MPH
ReViral Ltd.: Industry funded research/investigator

The below planning committee members have nothing to disclose:

- Valeta Creason-Wahl, HMCC
- Precious Davis, MSN, BSN, RN
- Samantha Jones, CSW
- Nuha Mirghani, MD, MBA, HCM
- Renee Paulin, MSN, RN, CWOCN
- Bailey Wrenn, MA

www.unmc.edu/cce

POLL

Case Study

A 45-year-old female with hypertension, insulin-dependent diabetes mellitus and asthma presents to clinic with chief complaint of knee pain and is accompanied by her young daughter. Upon chart review, you note that she has cancelled her annual physical appointment four times. After addressing her reason for visit, you offer age-appropriate preventive services, including COVID19 vaccine series. She appears to be in a rush and politely declines, promising to get it taken care of when she comes in for her annual physical.

Problem Statement: Patient repeatedly cancels clinic appointments

Poll Results

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Health Equity: Social Determinants of Health & the Socioecological Model

Presenters: Mahelet Kebede, MPH and Dr. Shirley Delair

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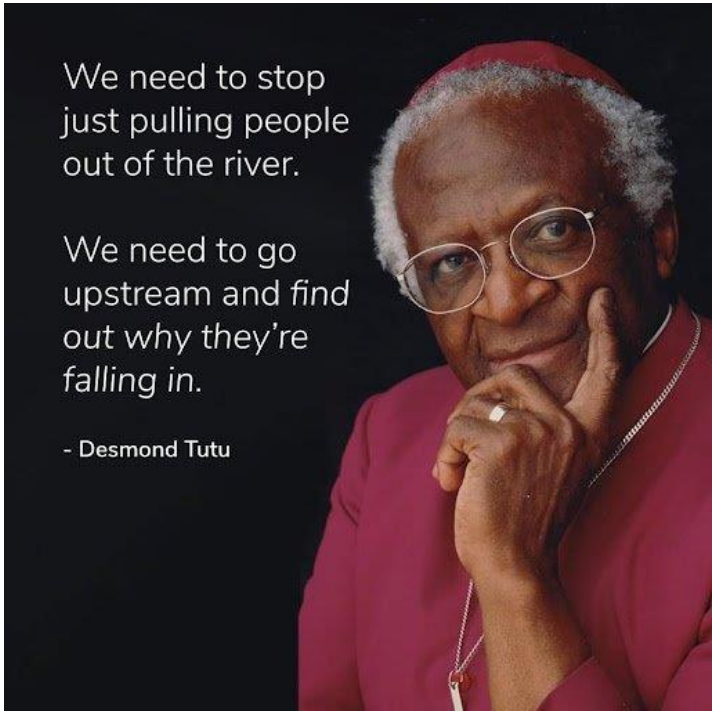
Objectives

1. Define social determinants of health.
2. Describe the socioecological model.
3. Recognize the impact that social and structural factors have on health outcomes.


We need to stop just pulling people out of the river.
We need to go upstream and find out why they're falling in.
- Desmond Tutu

Thinking Upstream

Social Determinants of Health

Definition

The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

SDOH can be grouped into 5 domains:

SDOH Examples

Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

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KFF
HENRY J KAISER FAMILY FOUNDATION

Reflection

Enter your response to the question into the chat box.

Why do your patients and communities keep "falling into the river"?

How do SDOH impact your COVID-19 patients?

Socioecological Model

Definition

Conceptualizes health broadly and focuses on multiple factors that might affect health. This approach focuses on integrating approaches to change the physical and social environments rather than modifying only individual health behaviors.

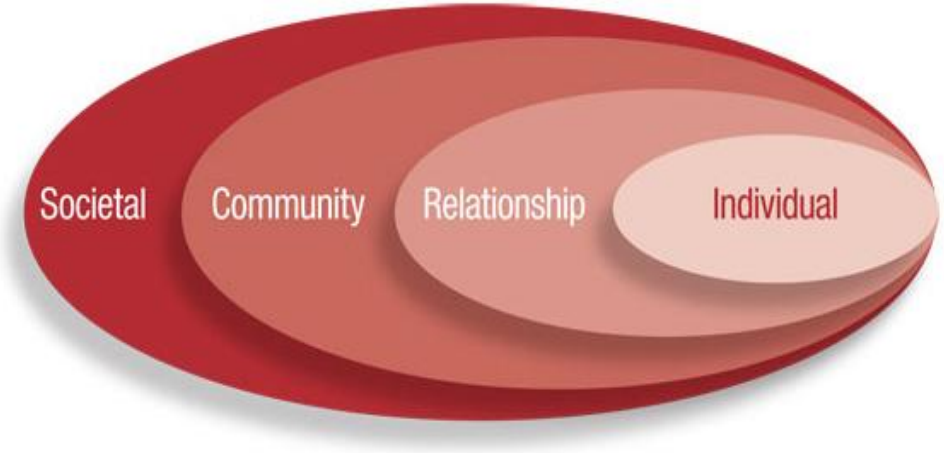
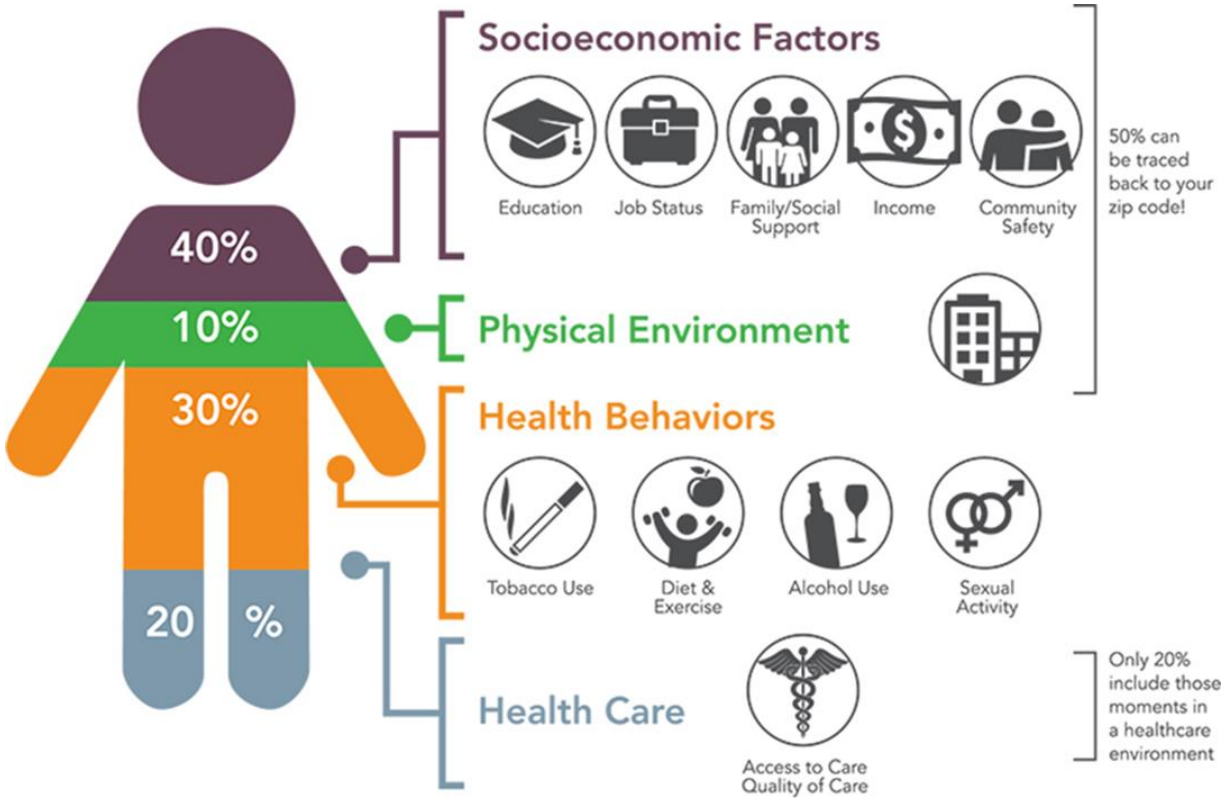


Figure 1.2. The Social-Ecological Model: A Framework for Prevention

SDOH & SEM



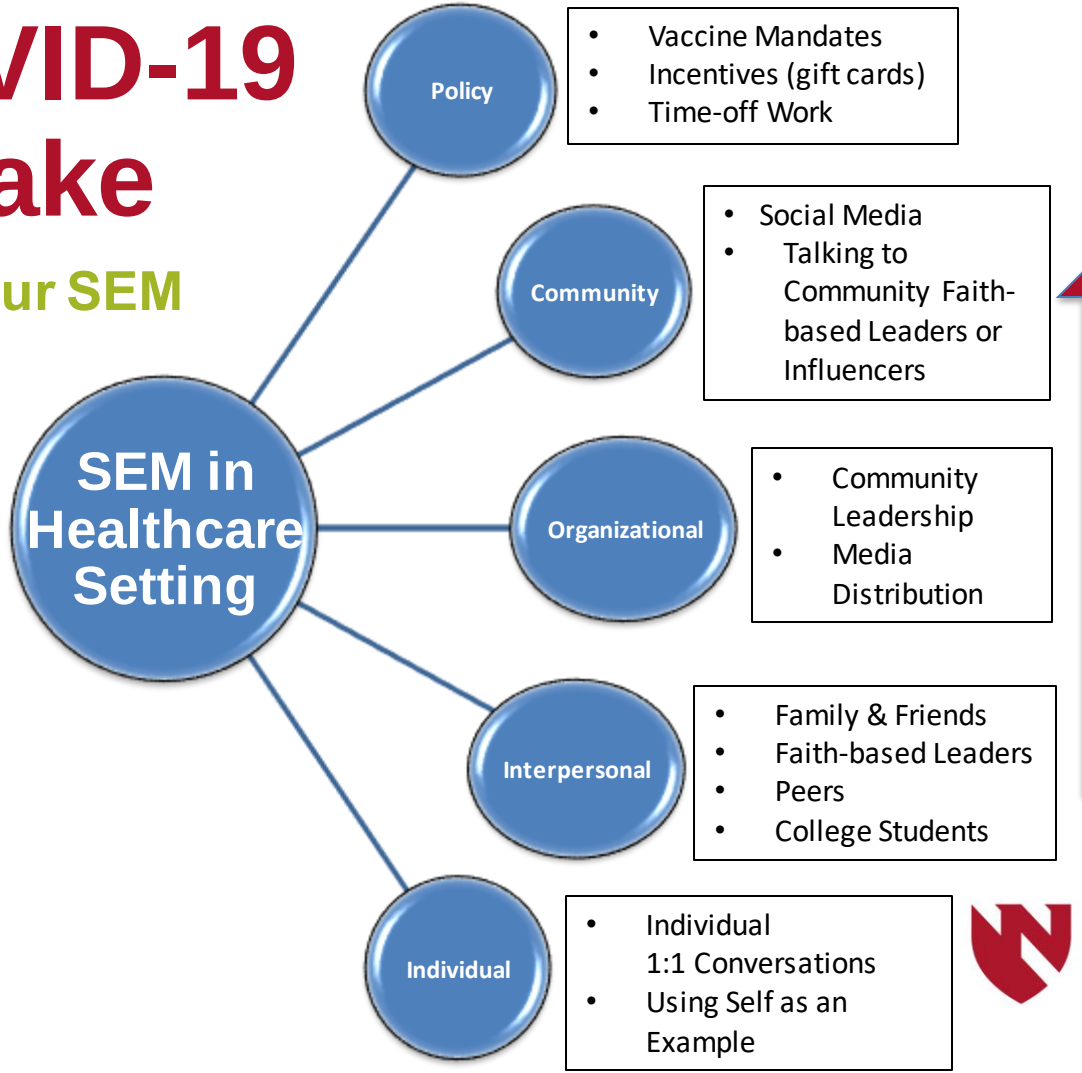
Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

SEM in Health Care Setting

EXAMPLE

SEM for COVID-19 Vaccine Uptake

Exercise – Let's create our SEM



Quality Improvement: Mapping Your Process

Presenters: Mahliqha Qasimyar, MD; Gale Etherton, MD; Jeff Wetherhold

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Objectives

1. Recognize the importance of process mapping as a foundational step in quality improvement projects.
2. Apply process mapping to quality improvement projects.

Our QI Roadmap

1. Define a problem statement
2. **Map your process**
3. Generate a fishbone diagram
4. Identify root cause(s)
5. Apply potential solutions to the hierarchy of actions and impact/effort matrix
6. Define a SMART aim statement

The Problem Statement

- A concise and focused description of the issue that needs to be addressed by the problem-solving team
- Describes what is wrong without offering theories about cause(s) or solutions(s)
    - Examples: “wrong drug given,” “wrong line inserted”
- Delineates the difference between current state and ideal state in measurable/observable terms
    - Example: “10x dose of high-risk medication almost injected”

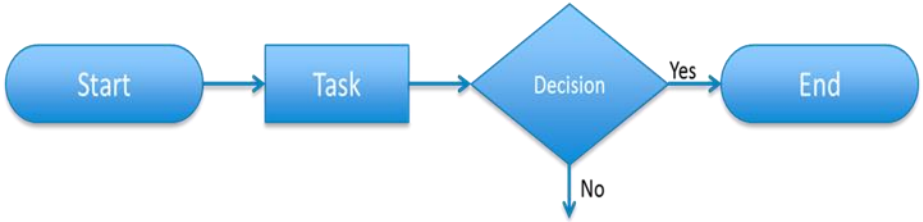
From Problems to Solutions: Understanding the Process

- In order to fix a problem, we need to:
  - Understand the processes
  - Understand what human factors are related to the problem
  - *Avoid assumptions*

- Today we are focusing on process mapping

Process Mapping

- Visual representation of all the steps involved in a workflow for any activity
- Shows the inputs, actions and outputs of a process in a clear, step-by-step fashion



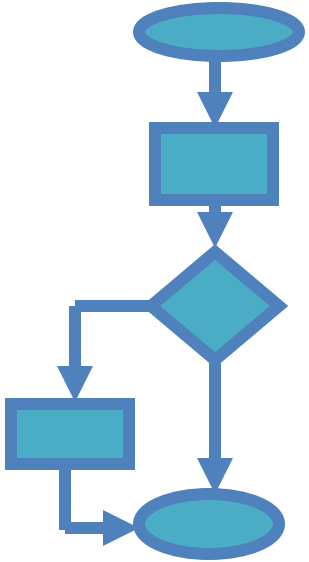
Basic Flow Chart Symbols

Start/stop

Steps

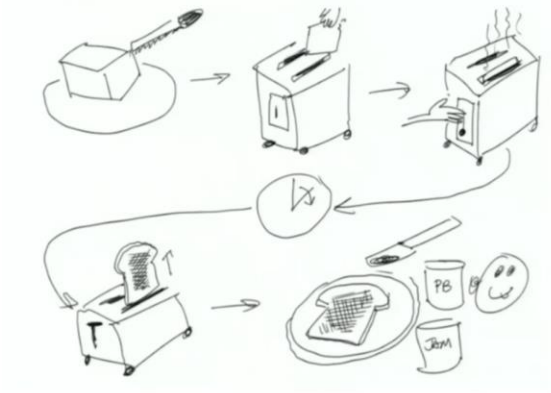
Decision Point

Shape Connector



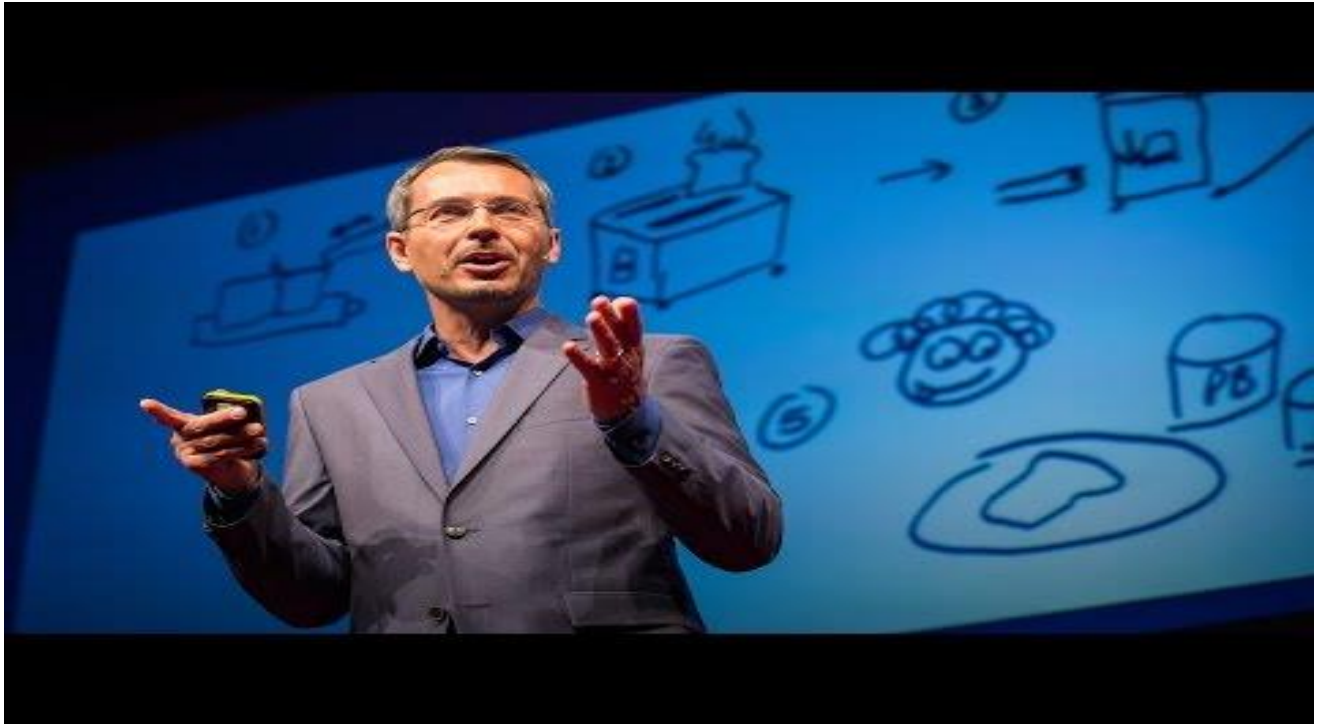
Purpose of Process Mapping

- Visualize steps of the process
- Guide decisions
- Identify gaps in process
- Identify waste in process
- Improve efficiency
- Improve productivity



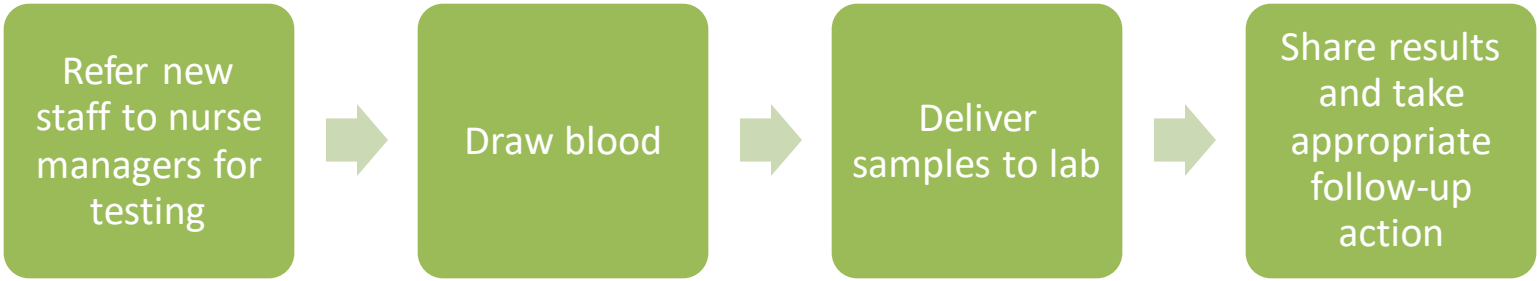
Purpose of Process Mapping

Tell me how to make toast



Example High Level Process Map

Administering a one-step TB test to new staff



Example Basic Process Map

Process Map for Baking a Cake

Gather Your Ingredients → Preheat Oven to 325F → Grease And Flour Cake Pan → Cream Butter and Sugar → Add Vanilla and Eggs → Stir in the Cake Flour → Pour Batter into the Pan → Bake the Cake for 1 hour and 15 minutes

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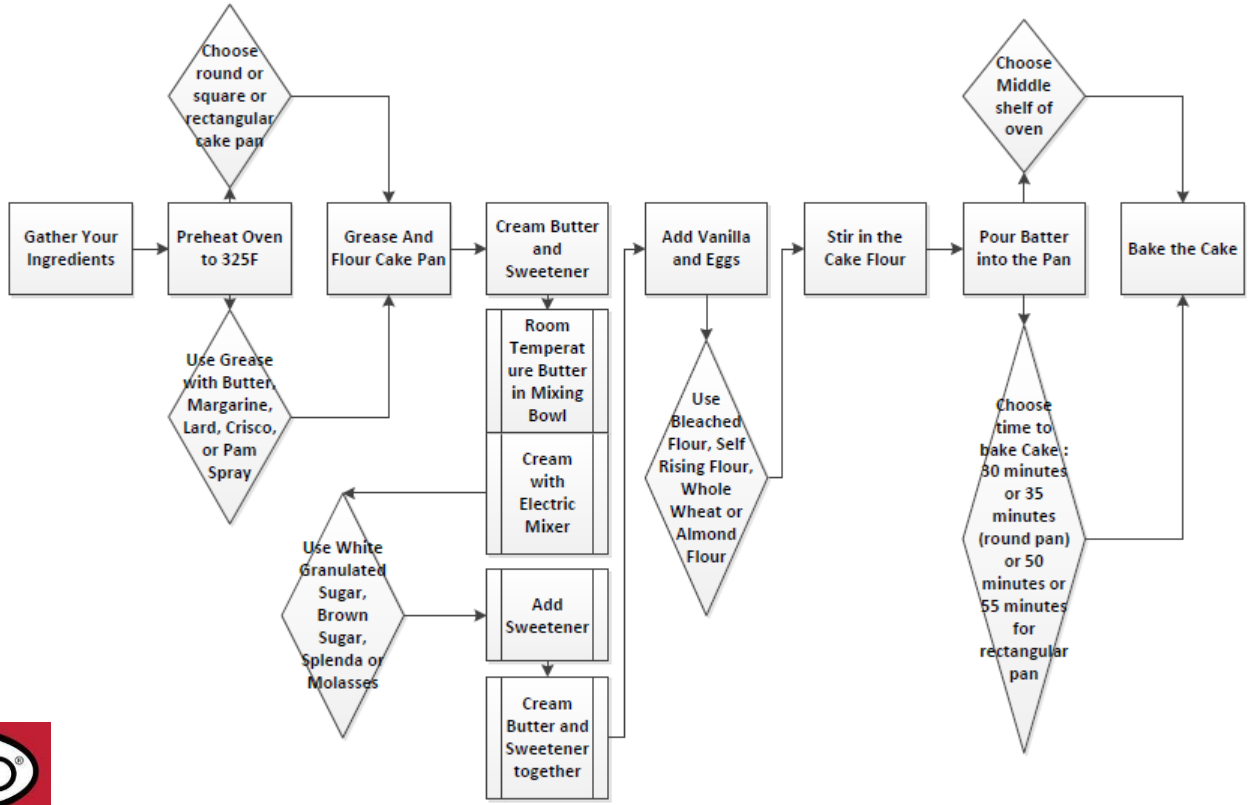
Example Complex Process Map



Case Study

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Case Study

A 45-year-old female with hypertension, insulin-dependent diabetes mellitus and asthma presents to clinic with chief complaint of knee pain and is accompanied by her young daughter. Upon chart review, you note that she has cancelled her annual physical appointment four times. After addressing her reason for visit, you offer age-appropriate preventive services, including COVID19 vaccine series. She appears to be in a rush and politely declines, promising to get it taken care of when she comes in for her annual physical.

Problem Statement: Patient repeatedly cancels clinic appointments

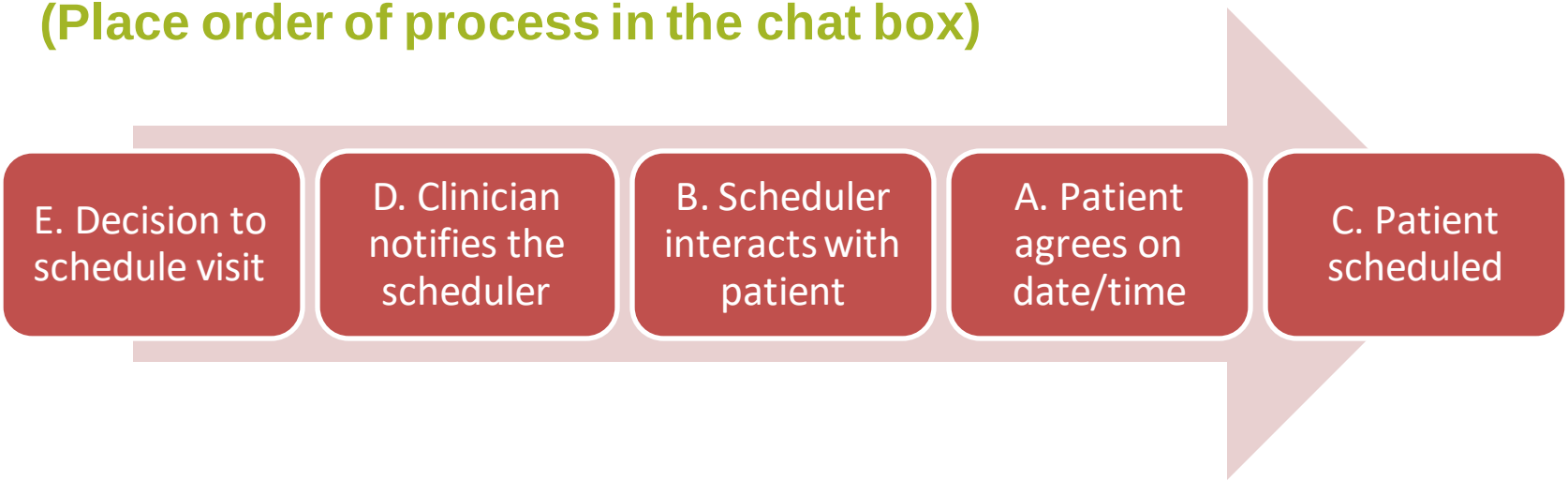
Let's Practice

Consider your current process for scheduling a visit with this patient:

What are the steps in a high-level flow chart likely to be?

Identify The Correct Order In The Scheduling Process

(Place order of process in the chat box)



Reflection: How does your process take into consideration individual, interpersonal, community, and societal factors and/or social determinants of health?

Current State of COVID-19 in Nebraska

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COVID-19 Updates

DAILY NEW CASES
• 26.7 PER 100K

INFECTION RATE
• 0.41

POSITIVE TEST RATE
• 15.6%

Nebraska Hospital Capacity & Respiratory Illness Dashboard | Nebraska DHHS

Data updated through: 2/14/2022

COVID-19 Cases

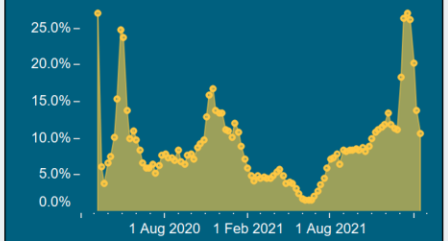
Total Positive Cases
451,718

Total Tests
5,120,851

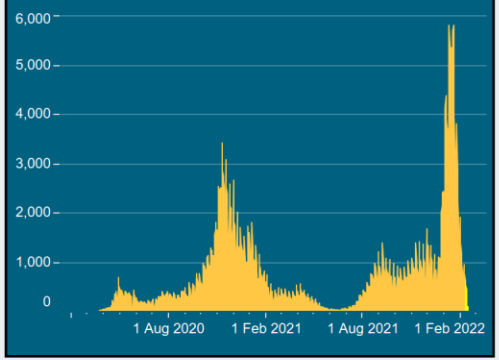
Active Hospitalizations
459

Deaths
3,155

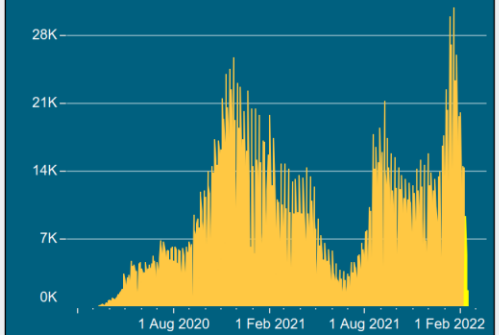
Weekly % Positive by Specimen Date
Non-Null Values Only



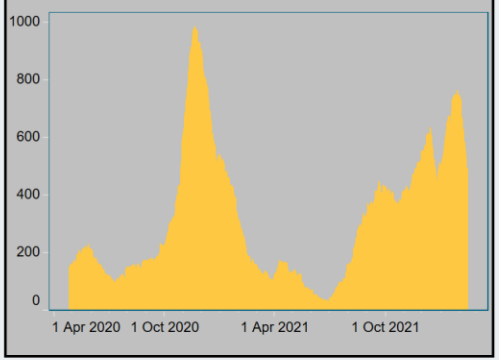
Positive Cases by Specimen Date
Non-Null Values Only



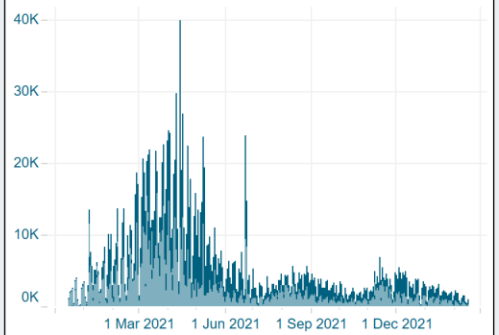
Test by Specimen Date
Non-Null Values Only



COVID-19 Active Hospitalizations
Non-Null Values Only



Daily New Vaccinations Administered
Non-Null Values Only



COVID-19 Vaccinations

Total Allocations
3,602,605

Total Administered
2,442,832

People

Fully Vaccinated
1,186,707

Partially Vaccinated
116,391

% Fully Vaccinated
66.93%

% Partially Vaccinated
6.56%

1.77 M People Ages 5+

Hospital Capacity | LHD Statistics Map | COVID-19 | County Statistics Map | Age & Gender | Race & Ethnicity | Influenza | RSV | About the Data

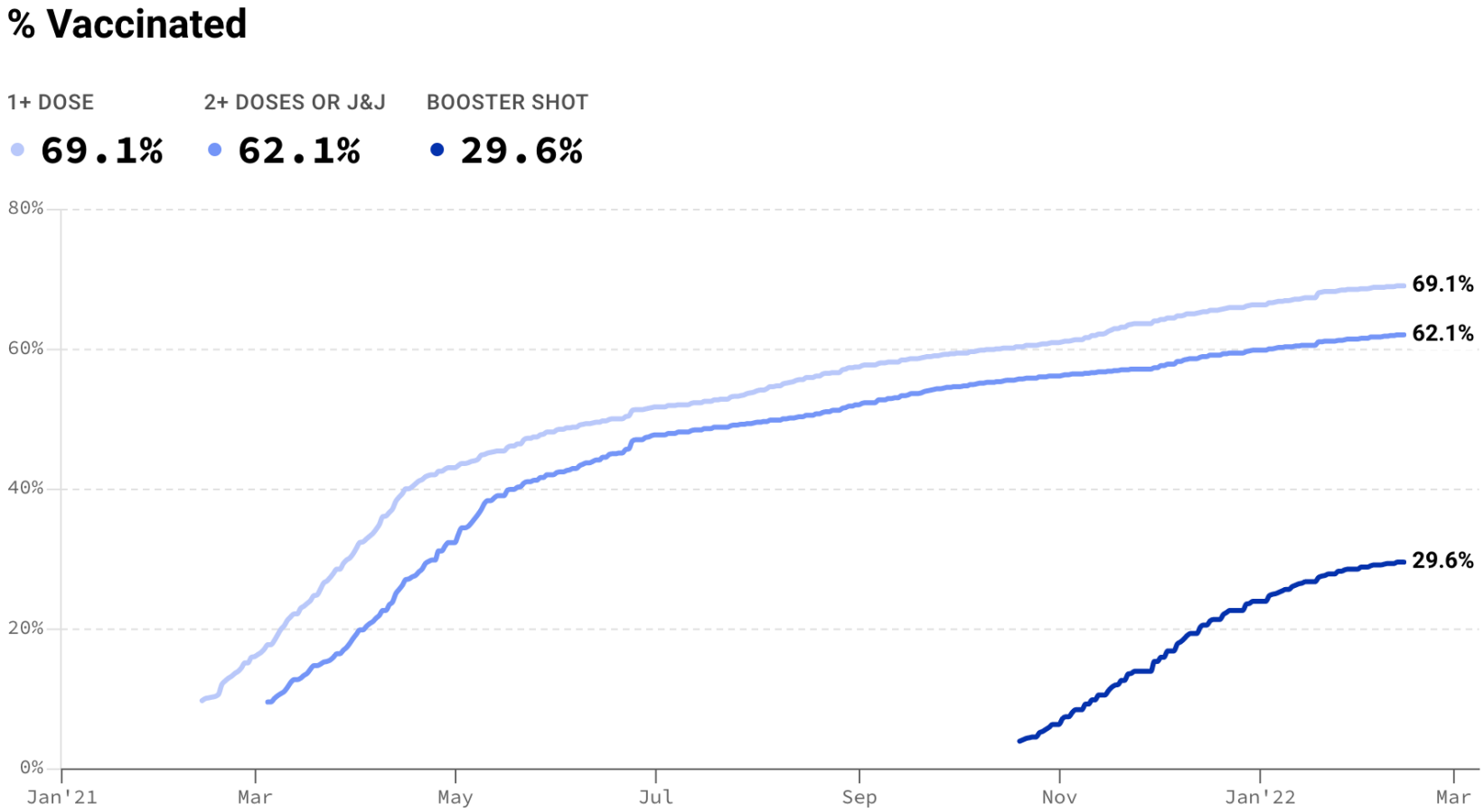
Nebraska Statistics

Week	Daily New Cases/ 100K	Infection Rate	Positive Test Rate	Number of Hospitalizations	ICU Capacity Used	*Vaccinated 1+
11/01/21	29.6	1.03	12.8%	413	80%	61%
11/15/21	44.0	1.15	14.8%	455	86%	62%
12/1/21	38.1	0.94	17.6%	545	80%	64%
12/15/21	47.4	1.01	16.2%	637	85%	65%
1/5/22	89.7	1.30	25.1%	532	84%	66.7%
1/19/22	209.6	1.33	35.4%	643	82%	67%
1/31/22	165	1.02	34.5%	754	92%	69%
2/16/22	26.7	0.41	15.6%	459	79%	69%

*Percent of the entire state population vaccinated, regardless of eligibility/age.

https://covidactnow.org/us/nebraska-ne/?s=24951410
https://datanexus-dhhs.ne.gov/views/Covid/1_DailyCharts?%3AisGuestRedirectFromVizportal=y&%3Aembed=y

COVID-19 NE Updates



CDC COVID-19 Vaccine Updates

- **No longer need to delay vaccine after monoclonal antibodies**
- Pfizer and Moderna mRNA vaccines are preferred over J&J

- 3-dose primary series for immunocompromised, booster = 4th dose
  - Booster after 3 months instead of 5 months
  - If J&J was 1st vaccine, need mRNA vaccine + booster

- Precaution for myocarditis and pericarditis history with mRNA vaccines

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html

POLL

Wrap-Up

1. You will receive today's presentation, in addition to a one-page key-takeaways document and next session's agenda through email.

2. Next session will be on March 2nd on:
   - ***Social Determinants of Health (Part 2/6) - Economic Stability***
   - ***Quality Improvement Root Causes (Part 3/6) - Where are the known or potential points of failure?***

3. If you'd like to share a case with us, kindly send it by Monday, February 28th.

Poll Results

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Thank You