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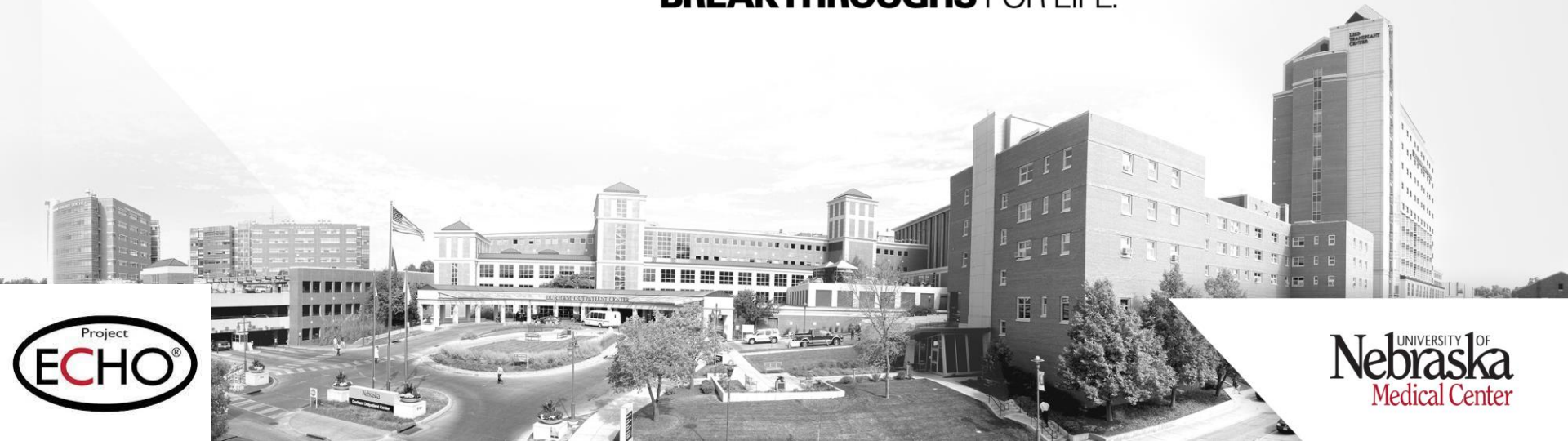

Project ECHO®

University of Nebraska Medical Center

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

Welcome to Session 21

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
- Dan Cramer, Nurse Practitioner

CE Disclosures

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UNMC ID Health Equity and Quality Improvement ECHO Project

Topics: HE: Utilizing Data to Assess Health Disparities
QI: Formulation of Solutions: Are there particular groups who are impacted?

Free Live ECHO Project
September 7, 2022
CID 53870

University of Nebraska Medical Center

TARGET AUDIENCE

This accredited continuing education 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:

- Assess data to better understand health disparities
- Name the audiences who are most likely to be impacted by improvements
- Identify early adopters to maximize success

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. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course receive 1.5 cultural competence continuing education credits.

Social work level of content: Advanced

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 hours.

Activity code: I00051847 Approval Number: 220002693

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:

- Gale Etherton, MD, FACP
- Mahelet Kebede, MPH*
- Mahliqha Qasimyar, MD
- Jeff Wetherhold, M. Ed*
- Jamin Johnson, MS, CHES

**faculty and planning committee member*

Disclosures

PLANNING COMMITEE

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

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
Nada Fadul, MD
Samantha Jones, CSW
Nuha Mirghani, MD, MBA, HCM
Renee Paulin, MSN, RN, CWOCN
Bailey Wrenn, MA

www.unmc.edu/cce

POLL

New Requirements to Reduce Health Care Disparities

- **Joint Commission-accredited organizations** R3 Report
- Effective **January 1, 2023**
- **New and revised requirements to reduce health care disparities** will apply to organizations in the Joint Commission's ambulatory health care, behavioral health care and human services, critical access hospital, and hospital accreditation programs

https://www.jointcommission.org/standards/r3-report/r3-report-issue-36-new-requirements-to-reduce-health-care-disparities/#.YxixY3bMLN8

QI Projects

Benefits

1. **Coaching:** Organizations will receive 1:1 coaching on quality improvement and health equity to develop and implement approved QI projects.
2. **Reimbursement:** Organizations are eligible to apply for up to $2,000 in expense reimbursement related to an approved QI project.

Lifecycle of a QI Project

Project

1. Scope your project

What process do you want to improve?

2. Assess your needs

Where is this process unreliable?

3. Plan for success

What can you measure to know if you are successful?

4. Prioritize ideas

What ideas could you test to strengthen this process?

Test

5. Test

Where can you start and learn the most?

6. Refine

How can you improve on your test?

7. Spread

In what other settings can you test and learn?

8. Scale

How can you expand your test within your organization?

Project Information

Deadline for proposals: October 1, 2022

Questions: jeff@ohiaadvisors.com

Schedule coaching: https://calendly.com/ohia/unmc-echo

Poll Results

Quality Improvement: What Groups are Impacted by Your Change?

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

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Objectives

1. Name the audiences who are most likely to be impacted by your improvements.
2. Identify early adopters to maximize success.

Segmentation

Trying an idea on a portion of the population where you are most likely to succeed in order to test the idea without dealing with all the obstacles

Why does this matter?

- Provides you with greater control of external variables
- Makes you more likely to test the validity of the design
- Provides a deeper understanding of complexity and the differences between segments

Common Myths

- You should start where it is most difficult
- A good idea for improvement will work anywhere
- Your improvement will look the same in different settings
- You fully understand your idea already

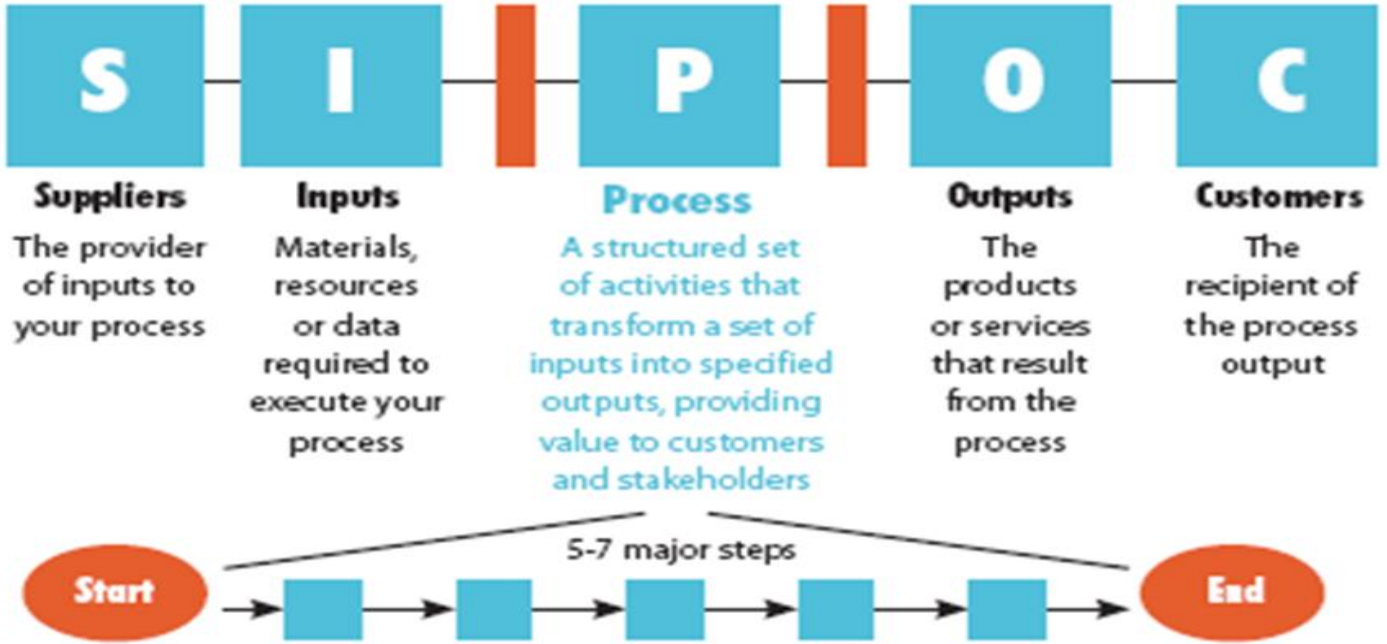
Key Steps

1. Identify your stakeholders
2. Understand where you are in terms of adoption
3. Plan your communications based on motivations
4. Understand what you can achieve

SIPOC Tool

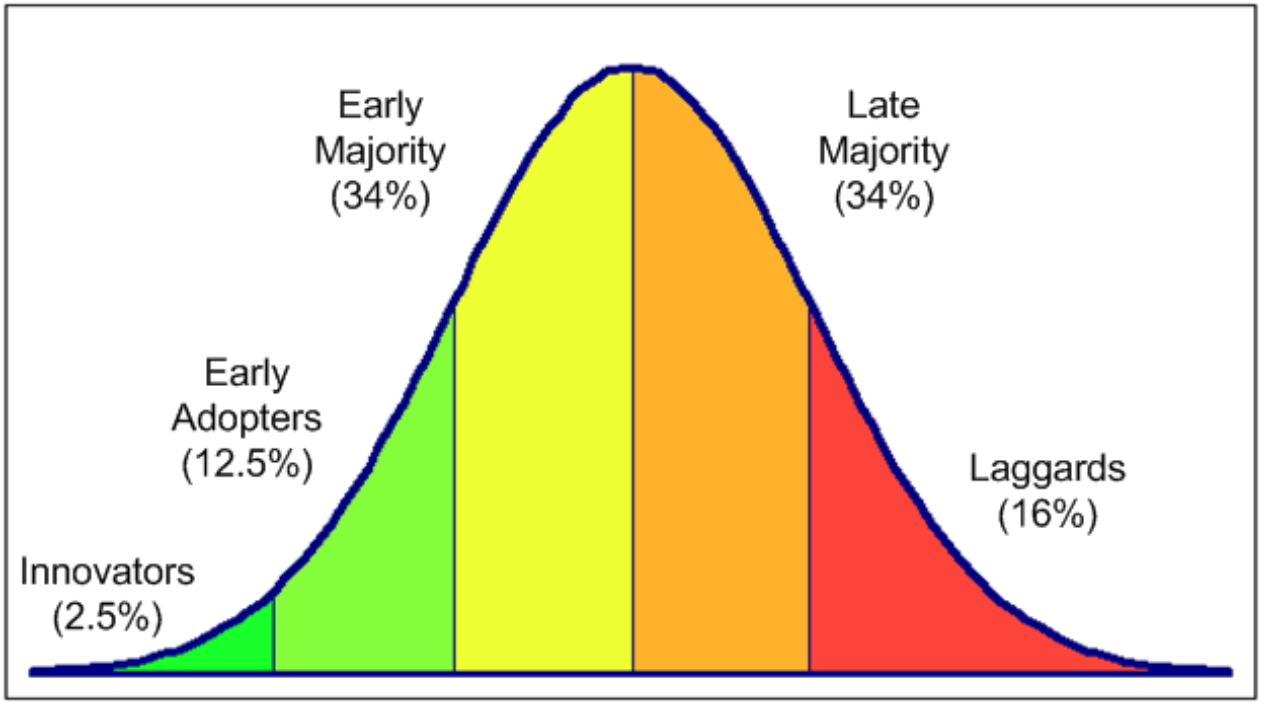
Identify your stakeholders

Figure 1. SIPOC – understanding processes



Rogers' Diffusion of Innovation

Understand where you are in terms of adoption



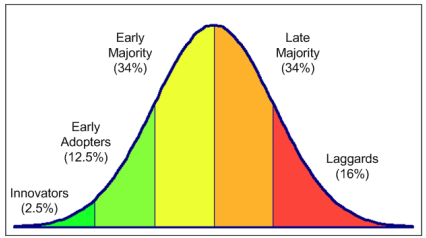
Discussion

Why do you think it is important to know where a change is on the adoption curve?

Example: Vaccine Acceptance

Results of national surveys of 20k+ adults, conducted 2020-2021

- Enthusiasts: Want to get the vaccine as soon as possible
- Watchful: Need to see friends and peers having safe, positive vaccination experiences.
- Cost-anxious: Time and financial cost are the primary barriers
- System Distrusters: Believe people like them are not treated fairly by the health system
- COVID Skeptics: Don't believe in vaccines and hold deeply held beliefs around COVID-19



Source: Surgo Ventures Vaccine Uptake Survey of US Adults

Rogers' Diffusion of Innovation

Understand where you are in terms of adoption

- Who have you already reached?
    - How can they help you?

- Who do you need to reach next?
    - What is your plan for communicating with them?

Systems Communication Plan

Plan your communications based on motivations

When addressing complex issues:

- Identify audiences and how the proposed solution will impact them
- Consider how audiences interact. Where do needs align or conflict?
- Balance the needs and interactions of your audiences to get to a systems-level view

Systems Communication Plan

Plan your communications based on their motivations

	Audience 1	Audience 2	Audience 3
Who do you need to communicate with?			
How will you reach them?			
What will they be most worried about?			
What do you need them to understand?			
What do you need them to do next?			
How can they communicate back with you?			

Discussion

What methods do you already use to hear back from team members regarding changes you make?

Hierarchy of Actions

Understand what you can achieve

Strong

- Likely to eliminate or greatly reduce the probability of an event. It uses *physical plant/architectural* or *systemic fixes* with application of human factors principles.

Intermediate

- Likely to control the root cause or vulnerability. It employs human factors principles, but it also relies upon individual action such as a *checklist* or *cognitive aid*.

Weak

- Less likely to be effective by itself. It relies on *policies*, *procedures*, and *individual action.*

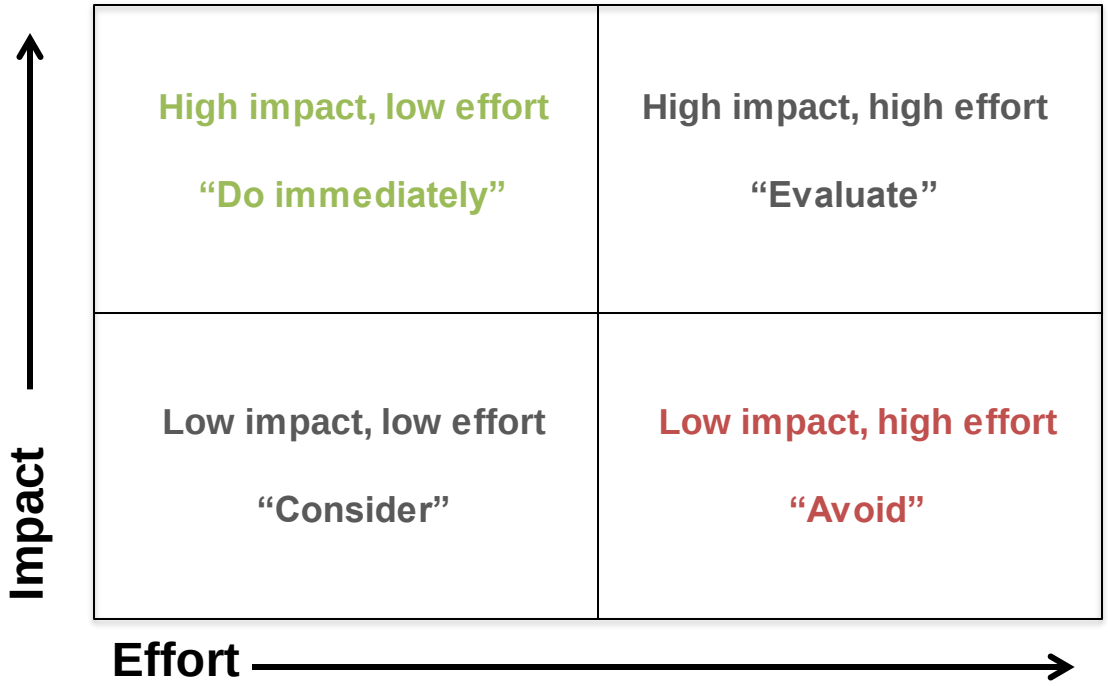
Hierarchy of Actions

Understand what you can achieve

- Is the fix something that your clinic can *actually* implement?
- What is the strength of the action?
- Is the impact from the fix going to justify the effort it takes to get it done?

Impact Effort Matrix

Understand what you can achieve



Find Your First Segment

Examples:

- Implement on a neighborhood/hall with willing participants
- Implement using only some staff
- Implement only on residents without dementia
- Implement on a neighborhood/hall with the best staffing

Midpoint Evaluation Survey

- Gives us information on what kinds of organizations are most active in the program
- Helps us tailor our curriculum to meet your needs
- Takes 5-7 minutes to complete

Survey Link: https://redcap.nebraskamed.com/surveys/?s=WRLYYX8JNFTM8TJW

Health Equity: Utilizing Data to Assess Health Disparities (Part 1)

Presenter: Mahelet Kebede, MPH

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Objective

- Assess data to better understand health disparities.

Health Disparities

Definition

The preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

Introduction

The "Why?"

To build a comprehensive profile of a given patient population and each individual patient and community health needs, hospitals and health systems must add layers of additional data sets to be able to connect all the dots

*Without data-driven decision making, assumptions are made.

POLL

Disparities Data

Examples of additional data sets can include, but are not limited to:

- Race, ethnicity and language
- Clinical data from all affiliated and unaffiliated providers, including social needs data.
- Medication adherence data from pharmacies.
- Self-reported experience and outcomes data from patients.
- Screening data for patients' social needs and community-based services.
- Demographic and socio-economic data from government, such as CDC's social vulnerability index.

Assessing Data

Investigate patterns in health disparities with queries.

PROCESS query example (treatment, procedure, encounter):

- Percentage of patients with chronic health conditions who filled prescriptions/written prescriptions, by ZIP code.

OUTCOMES query example:

- Breakdown of Hispanic patients hospitalized for COVID-19, by English-speaking and non-English-speaking.

Software or web applications to query:

- SPSS
- SASS
- Tableau

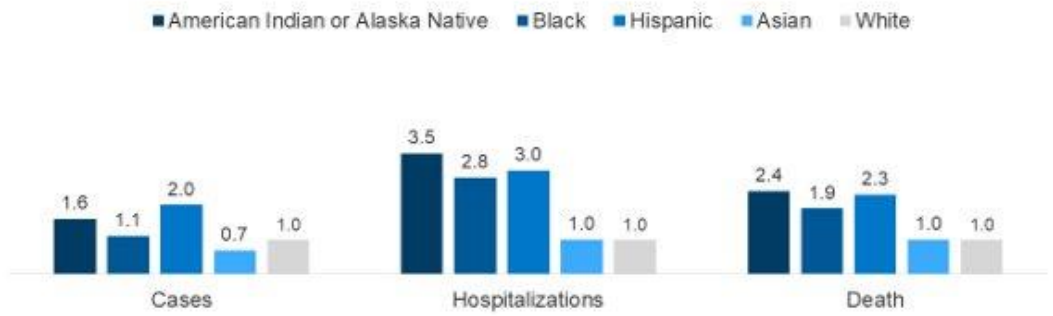
Example

COVID-19 related disparities

Figure 4

People of color have had higher rates of infection, hospitalization, and death due to COVID-19.

Risk of infection, hospitalization, and death compared to White people in the U.S., adjusted for age:



NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic.
SOURCE: CDC, Risk for COVID-19 Infection, Hospitalization, and Death by Race/Ethnicity, as of 5/12/2021, www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html accessed 5/12/2021.

KFF

Case Discussion

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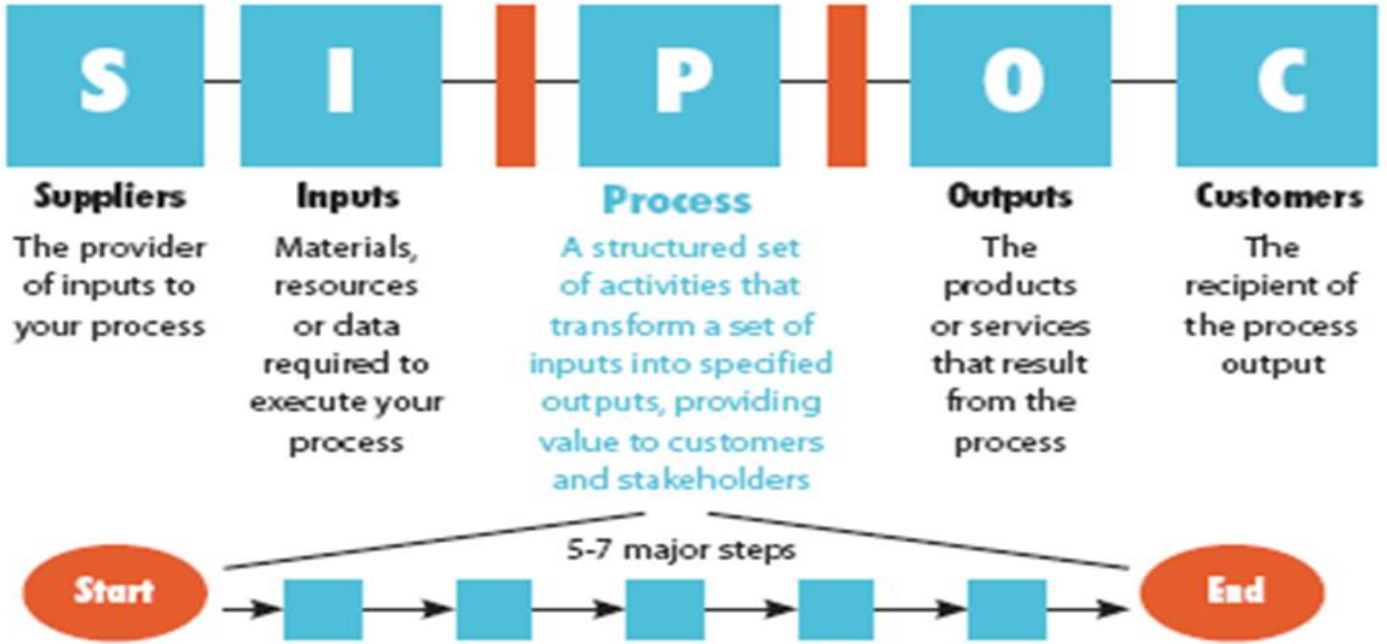
SIPOC Tool

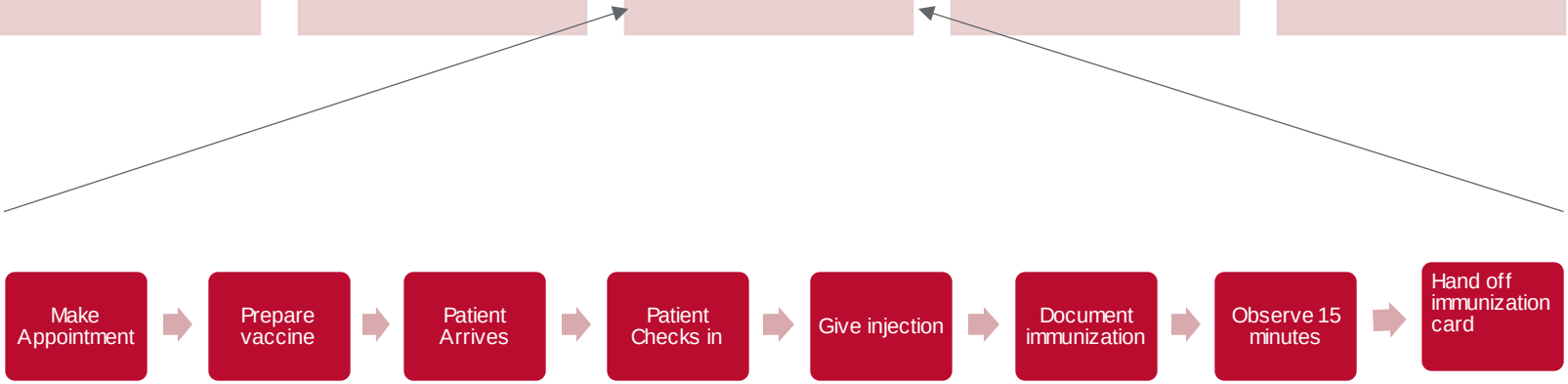
Identify your stakeholders

Figure 1. SIPOC – understanding processes



Discussion: CoVID-19 Vaccination

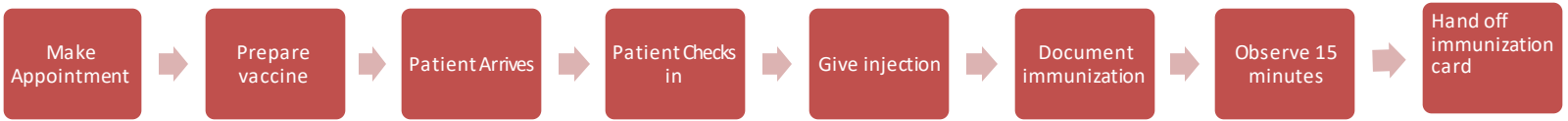
Supplier	Inputs	Process	Outputs	Customers
• *Who are your suppliers?*	• *What are your inputs?*		• *What are your outputs?*	• Eligible patients



CoVID-19 Vaccination

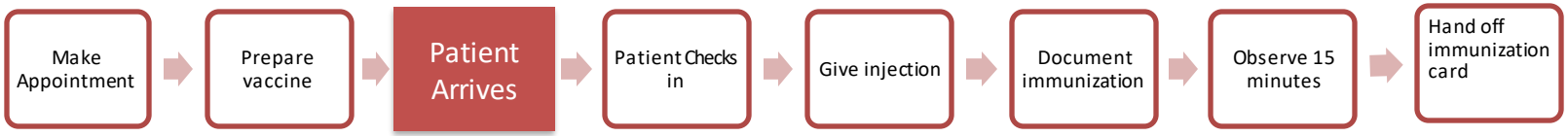
Supplier	Inputs	Process	Outputs	Customers
• Pfizer • Moderna • Cardinal Health Supplies • FDA	• Vaccines • Nurses • Pharmacists • Providers • Injection supplies • Clinical site • Documentation tool • Freezer storage • Database for eligibility determination		• Immunization • Vaccination record	• Eligible patients

Discussion: Data Collection



What opportunities do we have to gather data in this process that will help us better understand health disparities?

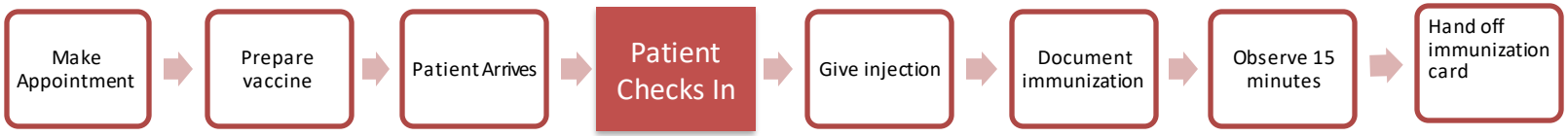
Discussion: Patient Arrival



For Patient Arrival:

How might inequity be evident at this stage of the process?

Discussion: Patient Check-in



For Patient Check-in:

How might inequity be evident at this stage of the process?

CoVID-19 Vaccination

Supplier	Inputs	Process	Outputs	Customers
• Pfizer • Moderna • Cardinal Health Supplies • FDA	• Vaccines • **Nurses** • **Pharmacists** • **Providers** • Injection supplies • Clinical site • Documentation tool • Freezer storage • Database for eligibility determination		• Immunization • Vaccination record	• Eligible patients

Current State of COVID-19 in Nebraska

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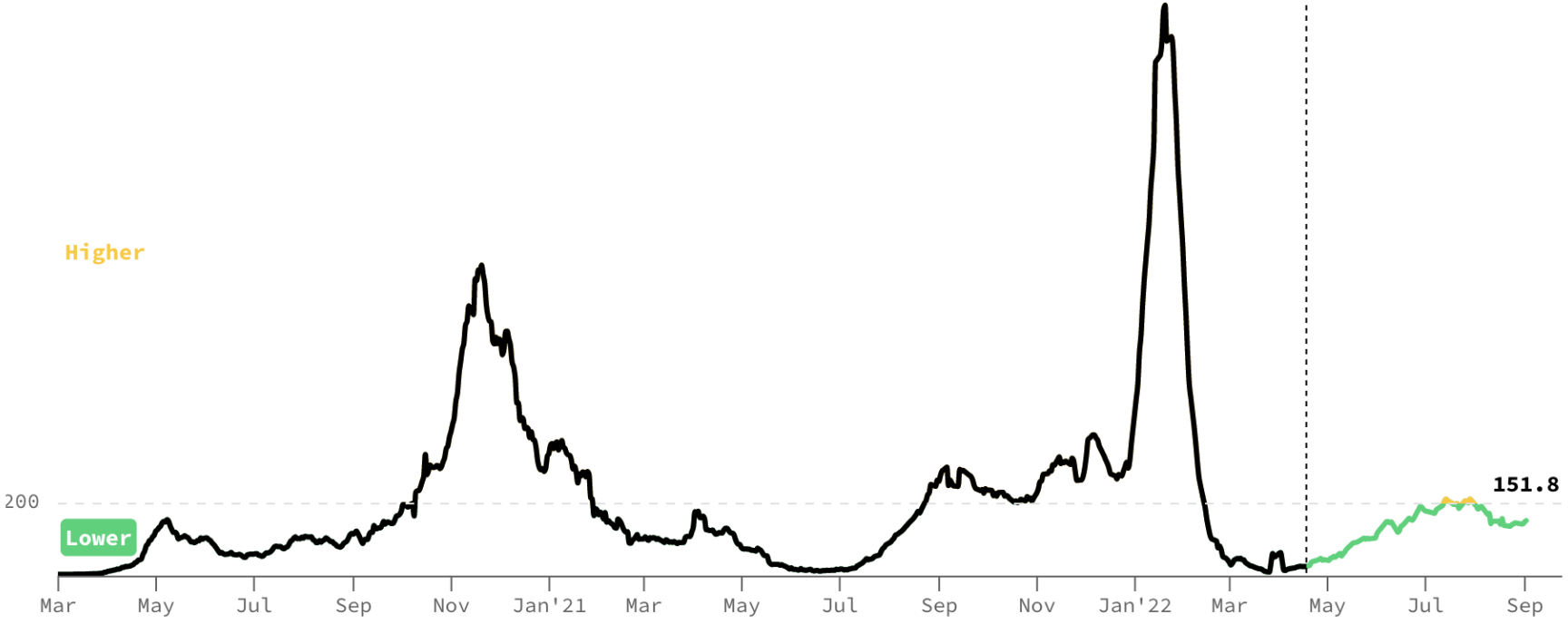
Nebraska COVID-19 Statistics

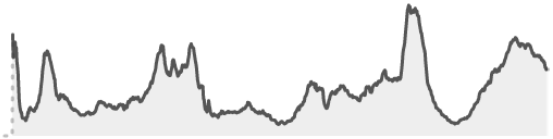
WEEKLY NEW REPORTED CASES	WEEKLY COVID ADMISSIONS	PATIENTS W/ COVID
151.8 PER 100K	10.1 PER 100K	4.8% OF ALL BEDS



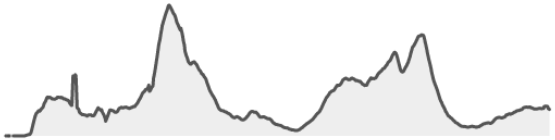
https://covidactnow.org/us/nebraska-ne/?s=39582706

Nebraska COVID-19 Statistics

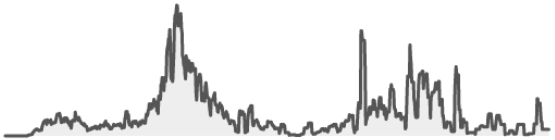
Test positivity rate



Hospitalized



Deaths



	DAILY AVG. ON SEPT. 6	14-DAY CHANGE	TOTAL REPORTED
Cases	371	–1%	531,952
Test positivity	19%	—	—
Hospitalized	204	–3%	—
In I.C.U.s	22	–13%	—
Deaths	1	–71%	4,455

https://www.nytimes.com/interactive/2021/us/nebraska-covid-cases.html

Nebraska COVID-19 Statistics

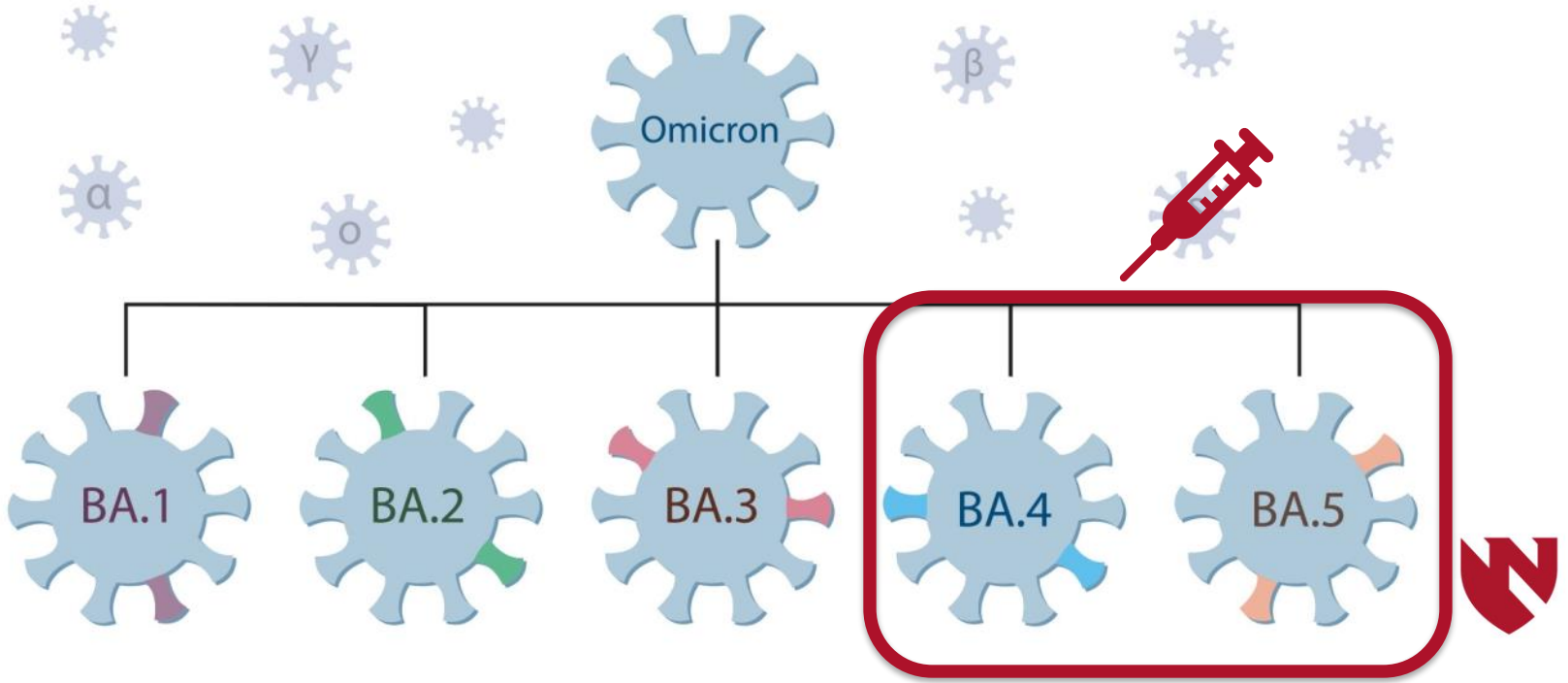
Week	Weekly Cases*	Weekly Admits*	Number of Hospitalizations	Hospitalizations with COVID	Vaccinated[1] 1+	Vaccinated x2 [2,3]
4/20/22	22.2	2.5	54	1%	70%	68.5%
5/4/22	41.8	2.1	50	1%	70%	N/A
5/18/22	71.1	2.9	92	2%	70%	N/A
6/1/22	102	5.3	282	2.3%	70.5%	64%
6/15/22	148	6.3	139	3.1%	70.6%	64%
7/1/22	184	8.2	170	3.8%	70.8%	64.2%
7/19/22	208	9.5	193	4.4%	71.1%	64.4%
8/3/22	213	13.8	220	5.1%	71.3%	64.4%
8/17/22	150	10.6	204	5.2%	71.5%	64.6%
9/7/22	152	10.1	204	4.8%	71.7%	64.7%

*Per 100,000. [1]Percent of entire state population vaccinated. [2]Source prior to June 2022 was NE DHHS, % based on age 5y+. June/July. [3]Source for June 2022 -present: COVID Act Now & NYTimes based on entire state population.

https://covidactnow.org/us/nebraska-ne/?s=24951410
https://www.nytimes.com/interactive/2020/us/covid-19-vaccine-doses.html

COVID-19 Vaccine Updates

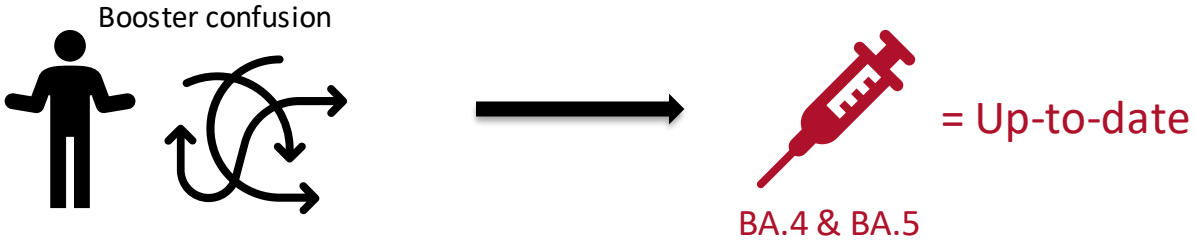
FDA EUA and CDC ACIP Guidance: Bi-Valent Vaccine



COVID-19 Vaccine Updates

FDA EUA and CDC ACIP Guidance: Bi-Valent Vaccine

- Pfizer-BioNTech: Ages 12 year and above
- Moderna: Ages 18 years and above
- Timing: At least 2 months after last vaccine or infection



https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-moderna-pfizer-biontech-bivalent-covid-19-vaccines-use
https://www.cdc.gov/media/releases/2022/s0901-covid-19-booster.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 **September 21st** on:

- Health Equity: ***Utilizing Data to Assess Health Disparities (Part 2/2)***
- Quality Improvement: ***Formulation of Solutions (Part 2/2): Evaluate Likelihood of Success of Solutions Proposed***

Poll Results

Thank You!