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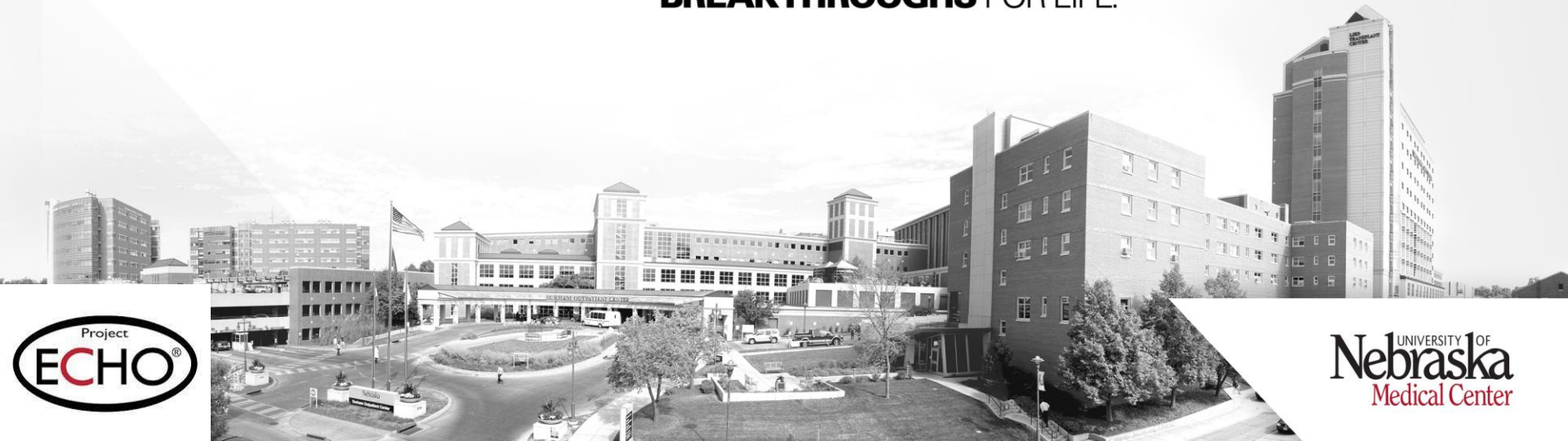

Project ECHO®

University of Nebraska Medical Center

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

Welcome to Session 22

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: Evaluate likelihood of success of solutions proposed.

Free Live ECHO Project
September 21, 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:

- Analyze data to determine health disparities.
- Describe the characteristics of effective approaches to measuring the success of improvements.
- Articulate the difference between outcome and process measures.

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 hour(s).

Activity code: I00052026 Approval Number: 220002872

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:

- Monica Arroyo, BSW
- Gale Etherton, MD, FACP
- Mahelet Kebede, MPH*
- Nicole Regan, APRN
- Mahliqha Qasimyar, MD, FACP, FHM
- Jeff Wetherhold, M. Ed*

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

www.unmc.edu/cce

POLL

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 Information

Deadline for proposals: October 1, 2022

Questions: jeff@ohiaadvisors.com

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

Poll Results

Quality Improvement: Evaluating the Likelihood of Success

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

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Objectives

1. Describe the characteristics of effective approaches to measuring the success of improvements.
2. Articulate the difference between outcome and process measures.

Measurement Starts with a 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)
- Delineates the difference between current state and ideal state in measurable/observable terms

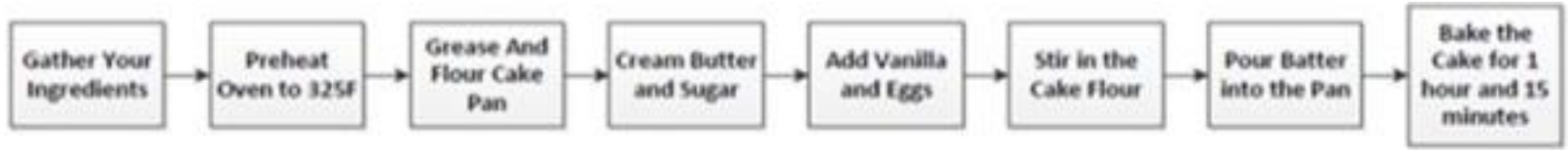
Good, Better, and Best

The narrower the scope and more specific the description, the easier it will be to identify root cause(s) and to solve the problem deemed most important

✓ Good	Cupcake recipe did not work on vacation
✓✓ Better	Family chocolate cupcake recipe used when cooking on vacation resulted in burned liquid chocolate mess
✓✓✓ Best	Following the family chocolate cupcake recipe when cooking in a new kitchen on vacation resulted in burned liquid chocolate that did not rise

Problem Statement → Metrics

- If you want to improve your process, you need to look at each of the variables in the process
- Your intervention will modify a variable in the process
- You need data to know if your intervention worked
    - Baseline Date
    - Process Metric Data
    - Outcome Metric Data



Things To Think About For Interventions And Metrics

- Whose viewpoint are you choosing to improve?
- Do you know what steps are critical in the process?
- How will you define success?
- When do you need to have results?
- Can your intervention even be done?
- Is the intervention relevant?

Examples: Process and Outcome

Process measures are actions linked to an outcome

Outcome measures are the results of actions or processes

- Vaccination conversations
- PPE usage
- Risk assessment for resident falls

The frontline are accountable

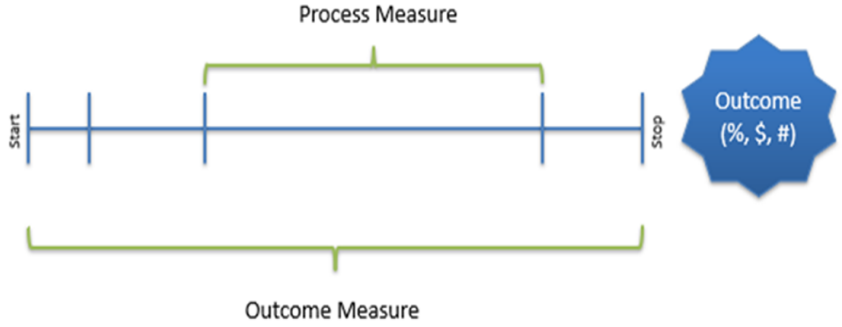
- Vaccination rate
- COVID infection rate
- Resident fall rate

Leadership or management are accountable

Discussion

Aim: You want to bake the best cupcakes in the neighborhood by December 1, 2022.

What process measures would be relevant?



Where Do We Lose Staff In Measurement Conversations?

- We make it complicated instead of simple
- We make it reactive instead of proactive
- We make it evaluative or punitive instead of making it constructive and learning-oriented
- We focus on things that are outside of our control
- We fail to get input from the frontline workers

Why Should Staff Measure Process Change?

- They design the work
- They make process changes
- They learn most quickly by seeing results firsthand
- They give you better feedback
- They can tell you whether a change can be tested and measured in the course of daily work

Data Come in Many Forms

- Spreadsheets or reports
- Yes/No questions
- Check boxes
- Thumbs up/Thumbs down
- Observations
- Conversations

How should staff measure process change?

1. Who does it?
2. When should it be done?
3. Where is it done?
4. How is it done?
5. What is needed to do it?

(+1 Why is this necessary?)

- Keep to a yes/no format whenever possible
- Start from small samples rather than all
- Ensure that designers are also data collectors
- All process users can identify the same answers to the 5+1 Questions consistently
- Have leadership conduct periodic spot checks for process implementation

Discussion

Aim: Our team will translate information on COVID-19 boosters to three languages common in our community by November 1, 2022.

What process measures would be relevant?

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 2)

Presenters: Mahelet Kebede, Nikki Regan, Monica Arroyo, and Jeff Wetherhold

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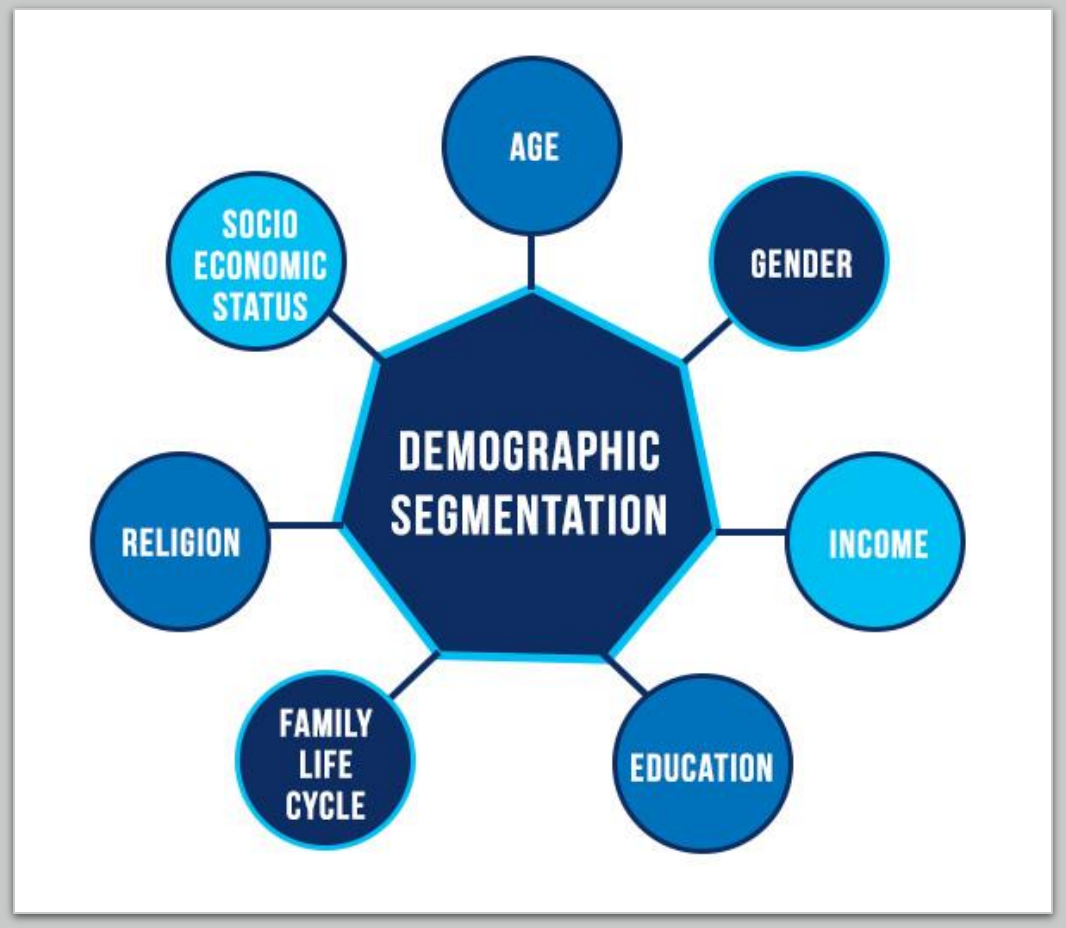
Objective

1. Analyze data to determine health disparities.

Refresher

Stratifying quality data by demographic information is an important tool for uncovering and responding to healthcare disparities.

"You don't know what you don't know."



Demographic Analysis Benefits

Using stratified quality data strategically allows organizations to:

1. Discover and prioritize differences in care, outcomes, and/or experiences across patient groups.

2. Plan equity-focused care transformations and measure impact*.

3. Tell the story of how patients experience health care

Strategic Comparisons

1. Identify how a chosen quality measure is distributed within each demographic group.
2. Compare the distribution in one group against the distribution in another.
3. Looking at the distribution within each group answers the question: **“What is happening within each group?”**
    - Comparing across groups answers the question: **“How is the quality of care for one group different from the quality of care for another group?”**

Quality Improvement at SCC

- The UNMC Specialty Care Center (SCC) provides primary and HIV-focused care to ~1200 patients with HIV in Nebraska and SW Iowa
- Team consists of MDs, APPs, pharmD, RNs, CMAs, research coordinators, client service team members, and administration

QI involves everyone, and everyone is involved in QI!

Quality Improvement at SCC

- QI activity and documentation is required by Health Resources and Services Administration (HRSA) Ryan White Care Act grant
- Therefore, we have always “done QI”, but historically this was frustrating--efforts were lost in real time patient care, and projects were selected but often not founded on data
- Fall 2021: enlisted a QI Advisor
    - Making QI part of the culture rather than a box to check
        - Make it relevant (data driven)
        - LEARN from it
        - Take credit for the work we are already doing
    - Neutral 3rd party perspective (this can help your project too!)

Ryan White HIV/AIDS Program Part C and D Performance Measures

1. Prescribed Antiretroviral Therapy (ART)
2. HIV Viral Load Suppression
3. Medical Visit Frequency
4. Gap in HIV Medical Visits
5. Linkage to Care

2022 SCC QI Projects

1. Improving Care for Sub-populations in Ryan White Part C and D
2. Reducing No-show Rates
3. Improving Clinic Flow

Case Discussion

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Our Example for Today

- QI Project: Improving Care for Sub-populations in Ryan White Part C and D programs
- Project Focus: Identify and improve outreach to specific patient sub-populations with low HIV viral suppression

Test #1

Jan.	Feb.	March	April	May	June	July	Aug.	Sept.

"Feedback from clinic patients leads us to believe that Hispanic patients are not achieving viral suppression as well as other groups"

What questions would you ask?

What data would you request?

State Data

	2020 Nebraska	
	Incidence	**Prevalence**
Number newly diagnosed with HIV	47	1912
Race/Ethnicity		
White	19/47 40%	1043/1912 55%
Black	9/47 19%	434/1912 23%
Hispanic	17/47 36%	341/1912 18%
Asian	*/47	31/1912 2%
American Indian	*/47	29/1912 2%
Native Hawaiian/Pacific Islander	0/47 0%	2/1912 <1%
More than one race	0/47 0%	32/1912 2%

SCC Data

UNMC PART D WICY POPULATION

	CY 2018	CY 2019	CY 2020
Total WICY	258	249	255
Total Newly Diagnosed WICY	11	10	9
WICY Living with AIDS	68	64	68
WICY Living with HIV, non-AIDS	190	185	187
WICY by Race/Ethnicity			
American Indian	2	1	3
Asian	10	8	11
Black	120	114	108
Hispanic	40	41	45
More Than One Race	0	0	0
White	124	123	129
WICY by Age Ranges			

Group	Subgroup	Count	% VS
All Clinic	Total	1207	84%
Race	American Indian or Alaska Native	15	73%
	Asian	29	86%
	Black or African American	325	83%
	Native Hawaiian/Pacific Islander	1	100%
	White or Caucasian	786	85%
	More Than One	23	91%
	Patient Refused/Other	28	68%
Ethnicity	Hispanic	204	86%
	Not Hispanic	1002	83%

% VS = Percent of patients virally suppressed

Scoping Test #2

Jan.	Feb.	March	April	May	June	July	Aug.	Sept.

"Our problem statement needs to align with our data on viral suppression across groups"

What factors would you consider in choosing a different group?

Group	Subgroup	Count	% VS
All Clinic	Total	1207	84%
Age	13-24	31	81%
	25-34	178	83%
	35-44	265	80%
	45-54	322	83%
	55+	411	89%
Gender	Female	273	86%
	Male	910	84%
	Transgender	17	82%

% VS = Percent of patients virally suppressed

Group	Subgroup	Count	% VS
All Clinic	Total	1207	84%
Risk Factor	Men who have sex with men (MSM)	638	85%
	Intravenous Drug Use (IDU)	44	68%
	MSM + IDU	14	64%
	Heterosexual contact	457	85%
	Hemophilia/Blood transfusion	14	100%
	Mother w/at risk for HIV infection	14	100%
Poverty Level	Below 100% FPL	376	78%
Housing	Stable Housing	1137	85%
	Unstable Housing	67	69%

% VS = Percent of patients virally suppressed

Test #2

Jan.	Feb.	March	April	May	June	July	Aug.	Sept.

"We will assess the feasibility of providing priority appointments, transportation assistance, and food vouchers for active patients who have previously reported IDU or housing instability to encourage them to complete applications."

Obstacles

Jan.	Feb.	March	April	May	June	July	Aug.	Sept.

"We are encountering more logistical barriers than expected to providing vouchers and reimbursement. We continued with appointment reminders but feel like we are hitting a brick wall."

What would you do?

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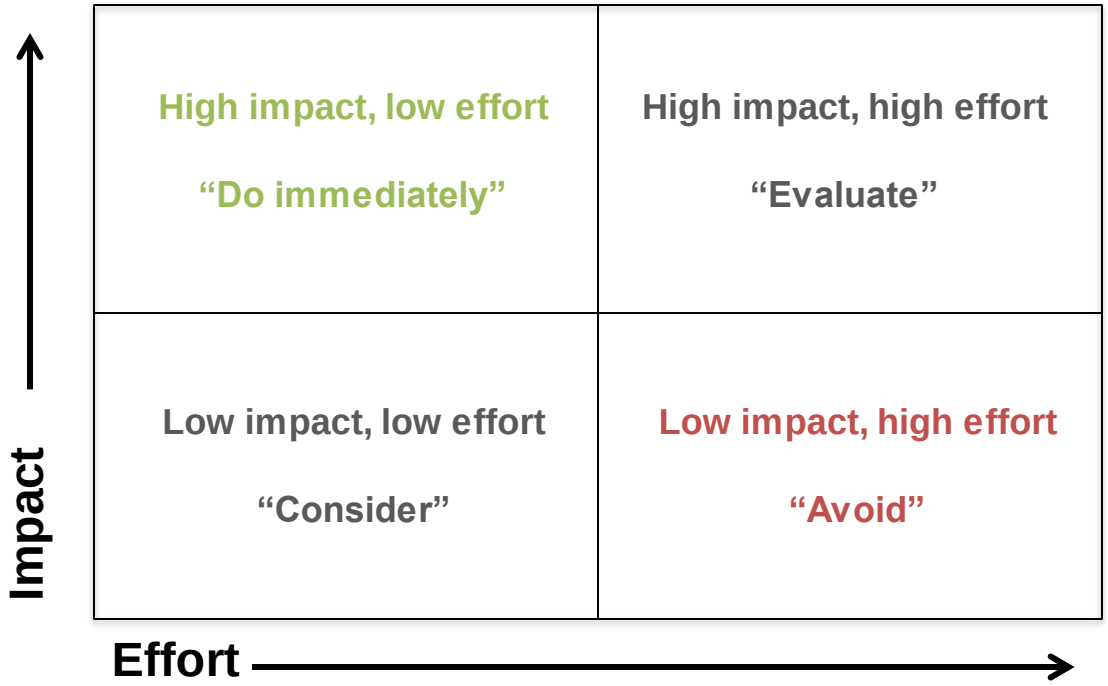
Impact Effort Matrix

Understand what you can achieve



Test #3

Jan.	Feb.	March	April	May	June	July	Aug.	Sept.

- Chose to back up and reconsider target population(s)
- Suggestion was made to review recent state data on increase in HIV diagnoses in rural areas
- Is there a similar trend among SCC patients?

Current State

Jan.	Feb.	March	April	May	June	July	Aug.	Sept.

- Building a data set for virally unsuppressed SCC patients from rural areas
- Stratified by geography to ID potential local interventions
- Includes SDOH and risk factors for treatment adherence

Discussion

What are your biggest takeaways from this example?

Project Information

Deadline for proposals: October 1, 2022

Questions: jeff@ohiaadvisors.com

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

Current State of COVID-19 in Nebraska

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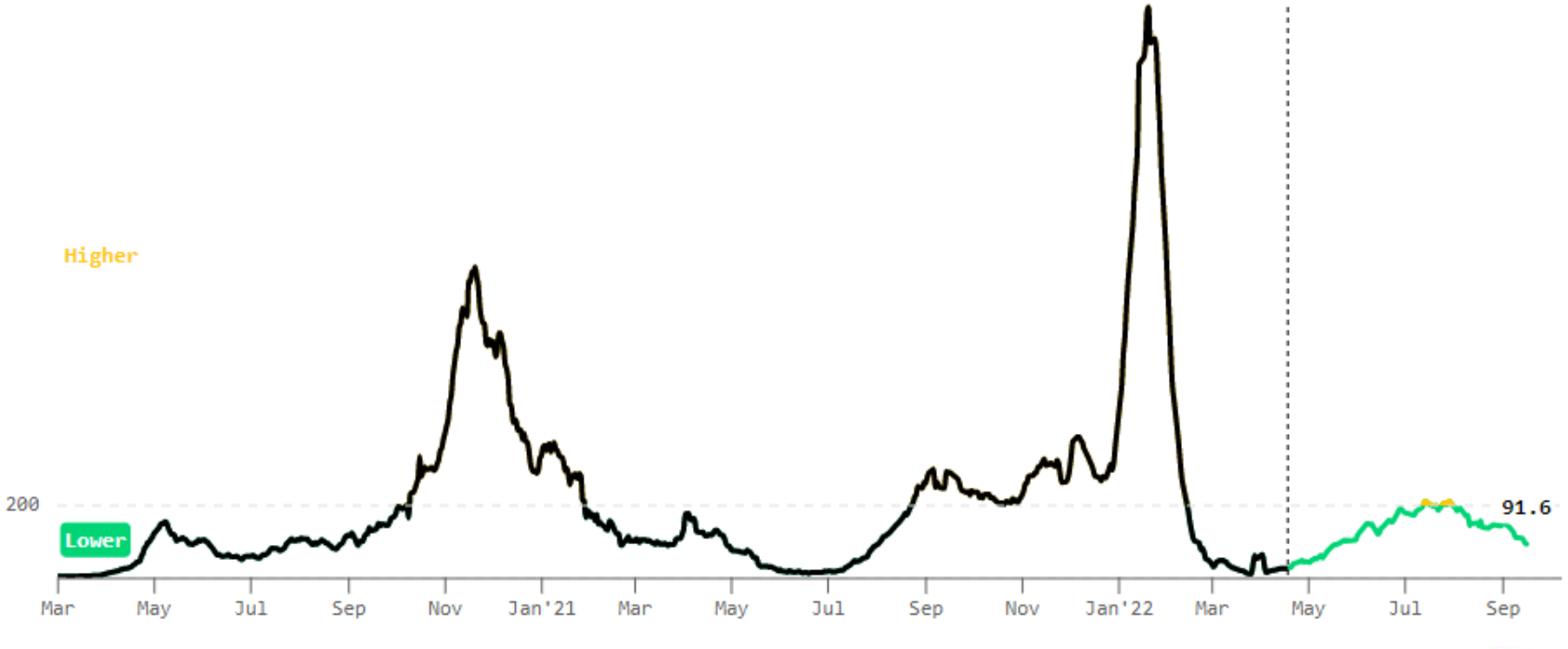
Nebraska COVID-19 Statistics

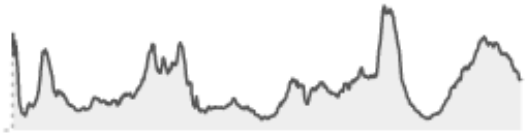
WEEKLY NEW REPORTED CASES	WEEKLY COVID ADMISSIONS	PATIENTS W/ COVID
• **91.6** PER 100K	• **8.9** PER 100K	• **4.7%** OF ALL BEDS



https://covidactnow.org/us/nebraska-ne/?s=40162764

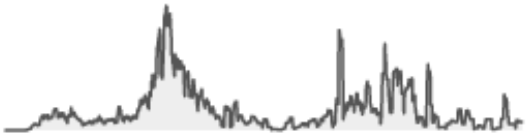
Nebraska COVID-19 Statistics

Test positivity rate



Hospitalized

Deaths



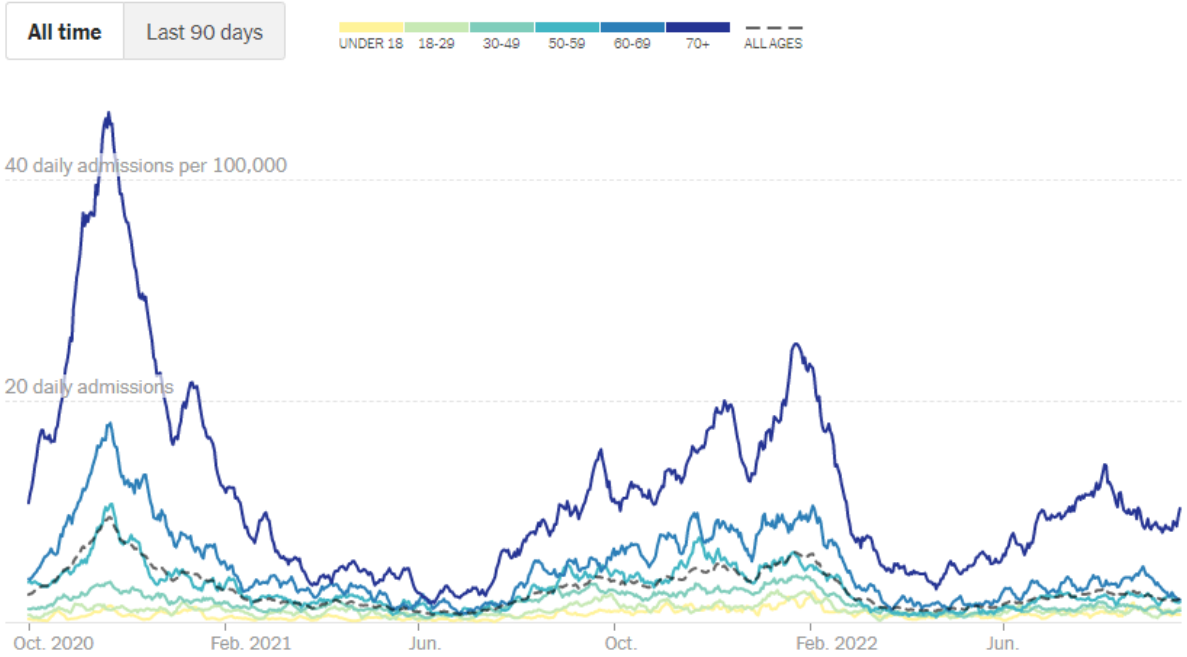
	DAILY AVG. ON SEPT. 19	14-DAY CHANGE	TOTAL REPORTED
Cases	253	−40%	534,818
Test positivity	15%	—	—
Hospitalized	211	+5%	—
In I.C.U.s	27	+21%	—
Deaths	2	+36%	4,490

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

Nebraska COVID-19 Statistics

Daily new hospital admissions by age in Nebraska

This chart shows for each age group the number of people per 100,000 that were newly admitted to a hospital with Covid-19 each day, according to data from the U.S. Department of Health and Human Services. Dips and spikes could be due to inconsistent reporting by hospitals.



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%
9/20/22	92	9	211	4.7%	71.8%	64.8%

*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

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 **October 5th** on:

- Infection Prevention and Control: ***Vaccine Access and Vaccination***
- Cultural Sensitivity: ***Microaggressions***

Poll Results

Thank You!