



UNIVERSITY OF
Nebraska
Medical Center

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

Welcome to Session 23



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, EdD
- Samantha Jones, Program Manager
 - Dan Cramer, NP



CE Disclosures



UNMC ID Health Equity and Quality Improvement ECHO Project

Topics:

IPC: Vaccine Access & Vaccination

CS: Microaggressions

Free Live ECHO Project

October 5, 2022

CID 53870

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:

- Characterize how the options for COVID-19 vaccines have changed in the last eight months.
- Identify common current concerns regarding vaccination and resources in facilities or community that can be leveraged to address them.
- Define microaggression.
- Demonstrate a call-in response to a microaggression.

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 general 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: I00052236 Approval Number: 220003082

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:

- Anum Abbas, MBBS
- Precious Davis, MSN, BSN, RN*

**faculty and planning committee member*



Disclosures

PLANNING COMMITTEE

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
- Nada Fadul, MD
- Mahelet Kebede, MPH
- Samantha Jones, CSW
- Nuha Mirghani, MD, MBA, HCM
- Renee Paulin, MSN, RN, CWOCN
- Jeff Wetherhold, M. Ed
- Bailey Wrenn, MA





www.unmc.edu/cce

POLL



Participant Feedback

Last Call for QI Projects

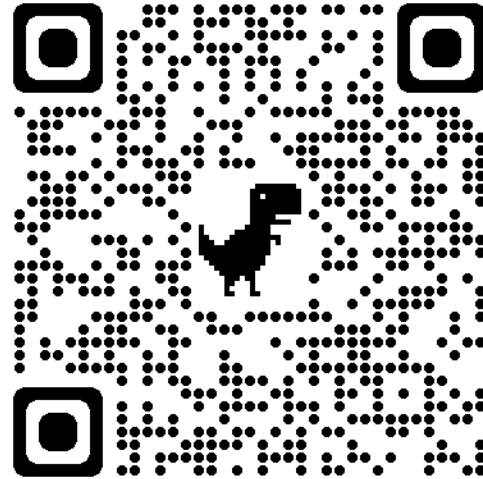
Benefits:

- Monthly coaching
- Reimbursement
- Certification

Deadline for notification:

- This week!

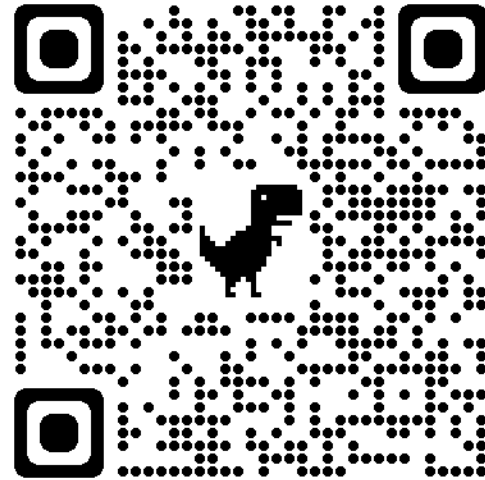
Schedule a coaching session:



Participant Interviews

- 30-45 minutes each
- Focused on how you hope to apply what you are learning to your work
- Helps us improve program content

Schedule an interview:



Discussion Topics

- Let us know how we can focus a future discussion session
- Recent example: Managing disinformation that patients receive from providers
- Send suggestions to jeff@ohiaadvisors.com (or chat them in today!)



Poll Results



Infection Prevention and Control: Vaccine Access & Vaccination

Presenter: Anum Abbas, MD



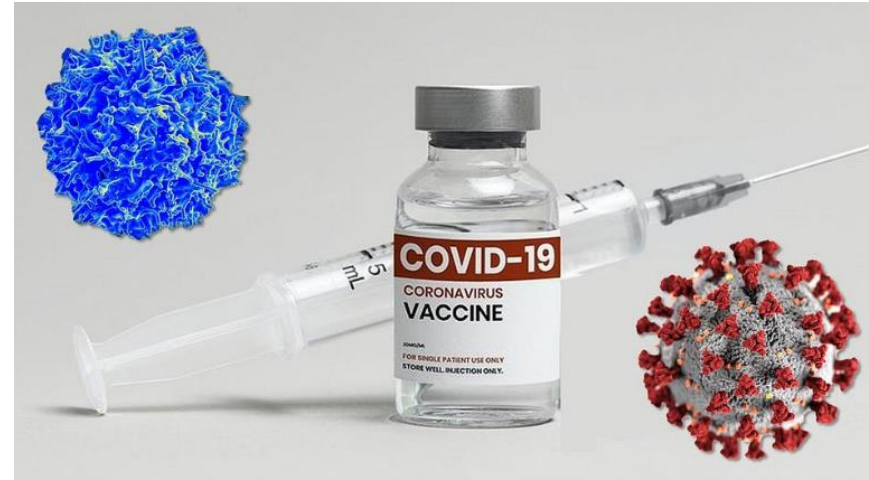
Objectives

1. Characterize how the options for COVID-19 vaccines have changed in the last eight months.
2. Identify common current concerns regarding vaccination and resources in your facility or community that can be leveraged to address them.



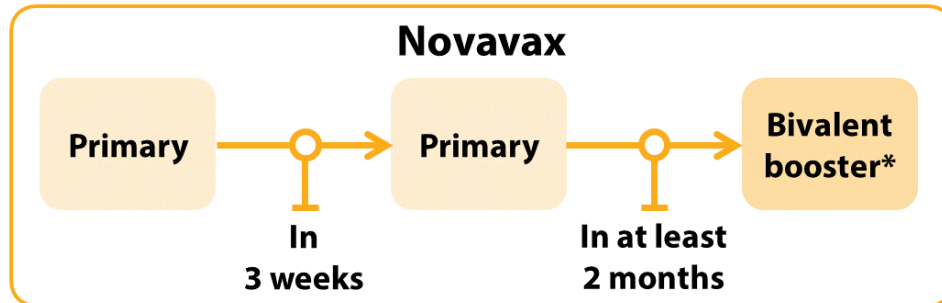
Vaccine Updates

- Novavax
- Pediatric vaccine
- Bivalent boosters
- Co-administration of vaccines



Novavax

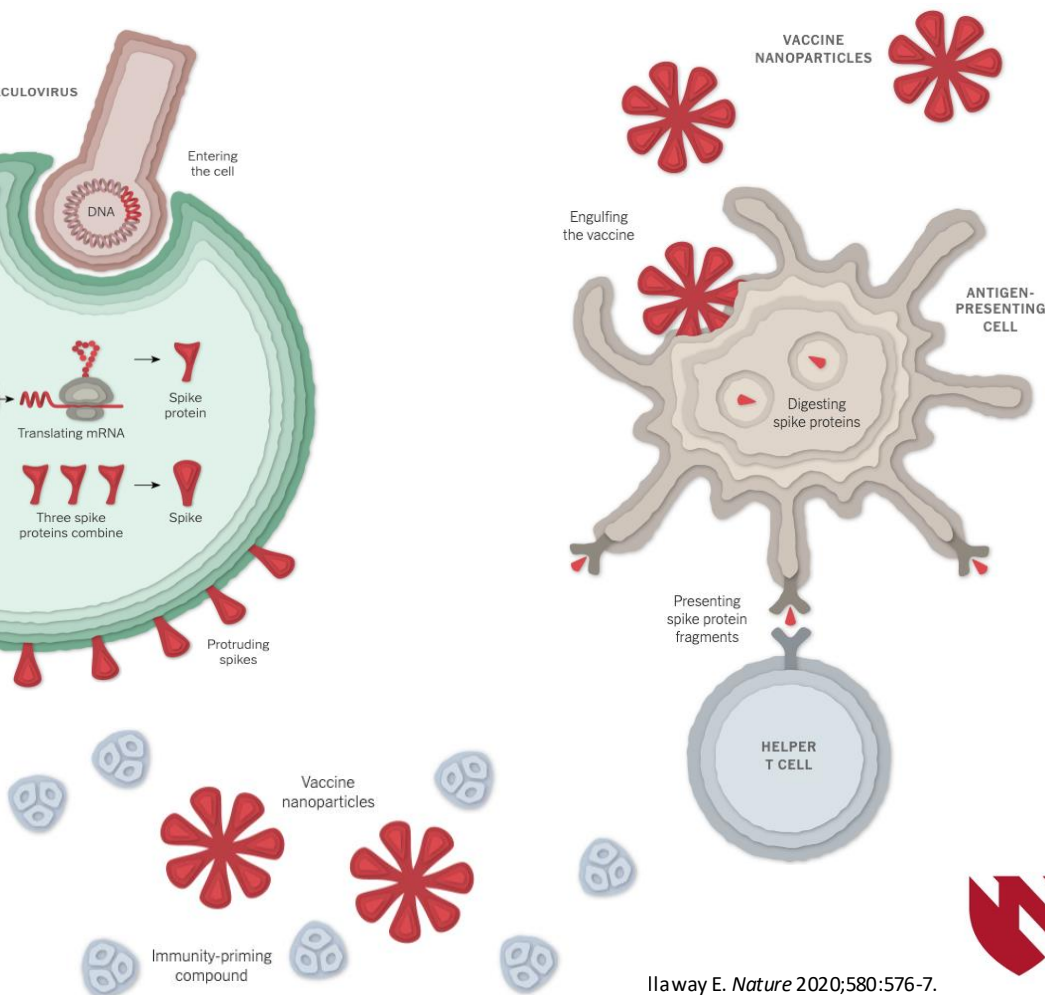
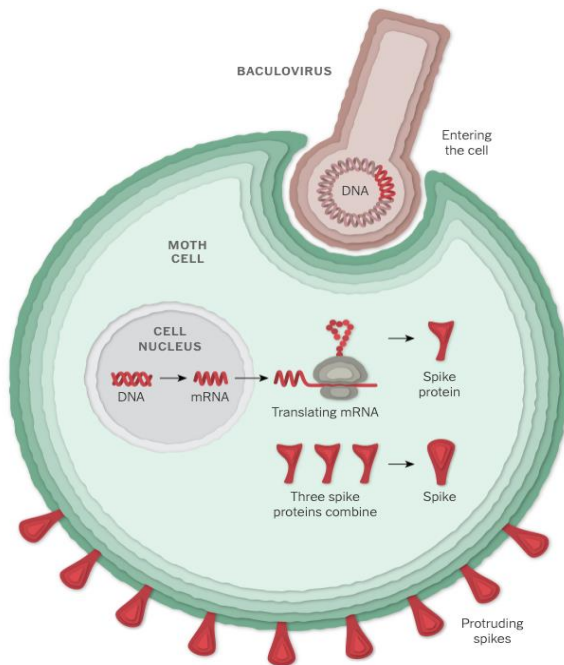
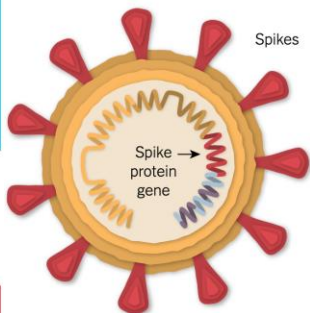
- New COVID-19 vaccine available
- EUA July 2022 for 12 years and older
- 2 dose series, 3 weeks apart
- Adjuvanted recombinant protein vaccine
- May be preferable option for those wanting a more established vaccine development



Protein-based Vaccines

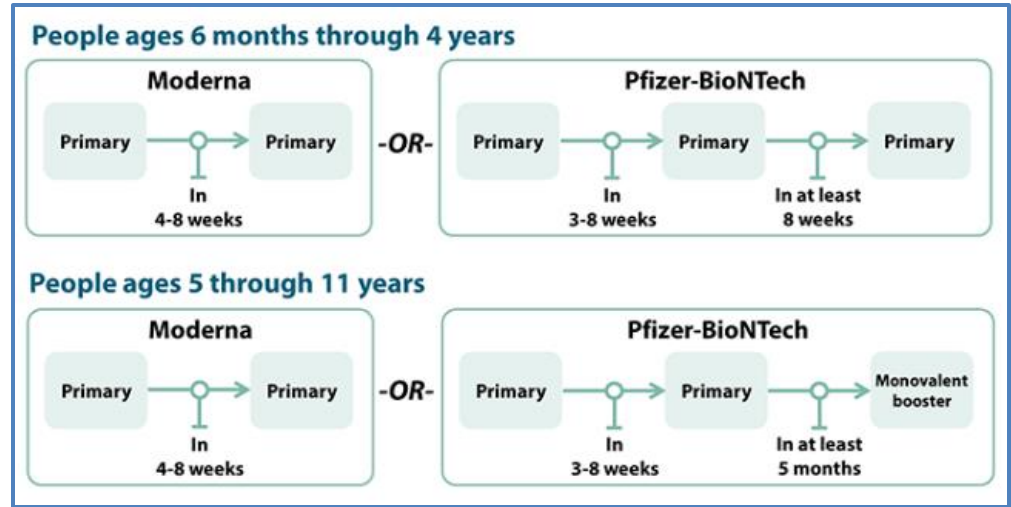
Example: Novavax

SARS-CoV-2



Pediatric COVID-19 Vaccine Update

- Pfizer-BioNTech and Moderna COVID-19 vaccines available
- Recommended for 6 months and older
- Boosters for 5 years and older

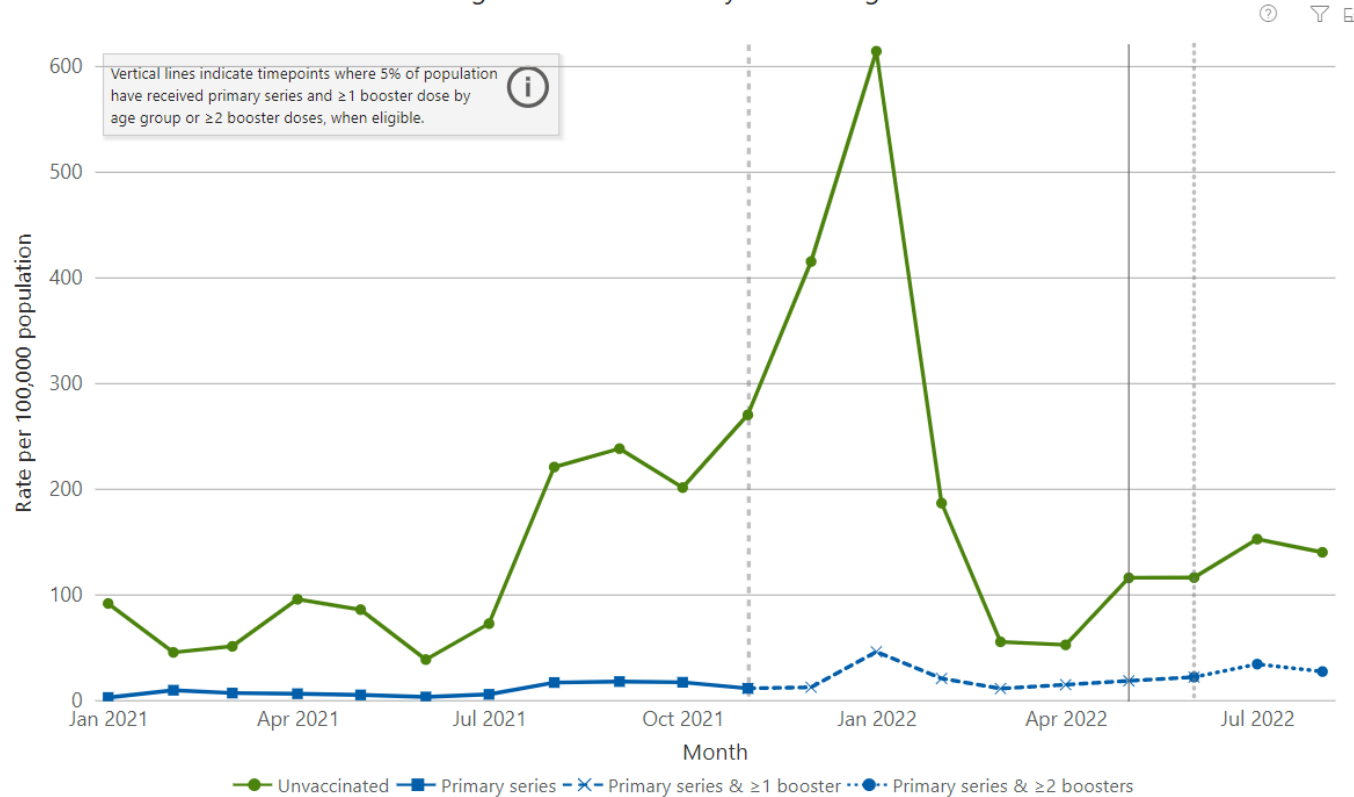


COVID-19 Bivalent Boosters



Age-Adjusted Rates of COVID-19-Associated Hospitalization by Vaccination Status

in Patients ages ≥ 18 Years January 2021 - August 2022

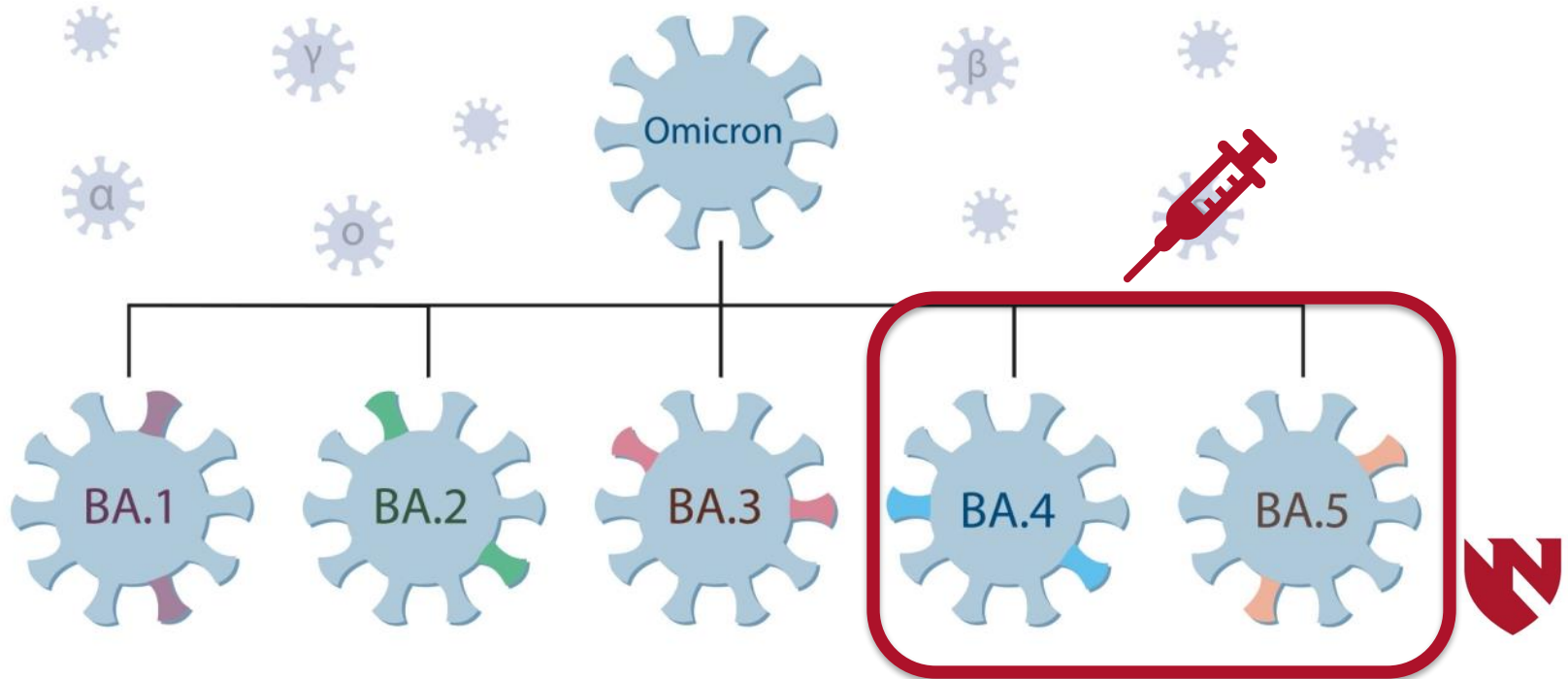


<https://covid.cdc.gov/covid-data-tracker/#rates-by-vaccine-status>



COVID-19 Vaccines: Bivalent Booster

FDA EUA and CDC ACIP Guidance: Bivalent Vaccine



Bivalent Booster Authorized

August 31, 2022

- Moderna COVID-19 Vaccine, Bivalent authorized for use in people ages **18 years and older.**
- Pfizer-BioNTech COVID-19 Vaccine, Bivalent authorized for use in people ages **12 years and older**
- Authorized as single booster dose administered at least 2 months after either:
 - Completion of primary vaccination with any authorized or approved monovalent COVID-19 vaccine, or
 - Receipt of the most recent booster dose with any authorized or approved monovalent COVID-19 vaccine



COVID-19 Vaccination Schedule

At-a-Glance

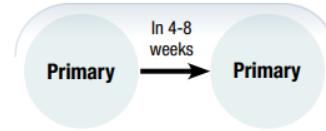
COVID-19 Vaccination Schedule for Most People

(People who are NOT Moderately or Severely Immunocompromised)



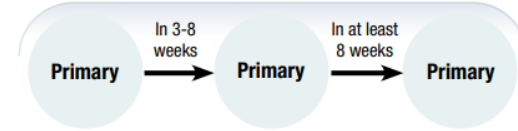
People ages 6 months through 4 years

Moderna



-OR-

Pfizer-BioNTech



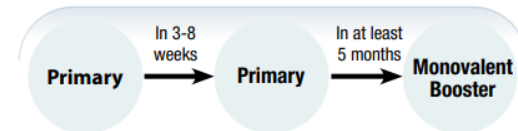
People ages 5 through 11 years

Moderna



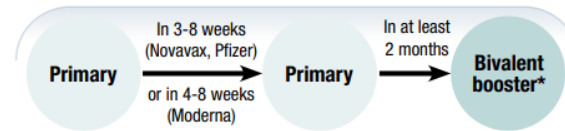
-OR-

Pfizer-BioNTech

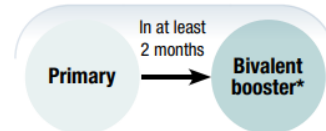


People ages 12 years and older

Moderna, Novavax, or Pfizer-BioNTech



People ages 18 years and older who previously received Janssen primary series dose†



For more specific clinical guidance, see:

- [Pre-exposure prophylaxis](#)
- [Interim COVID-19 Immunization Schedule](#)
- [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#)





cdc.gov



Summary


Monovalent COVID-19 vaccines

50µg  Moderna COVID-19 vaccine
50µg of spike protein from
'ancestral' ('original') SARS-CoV-2


30µg  Pfizer-BioNTech COVID-19 vaccine
30µg of spike protein from
'ancestral' ('original') SARS-CoV-2

Bivalent vaccines have the
same total antigen amount
as monovalent vaccines

Updated (Bivalent) COVID-19 vaccines

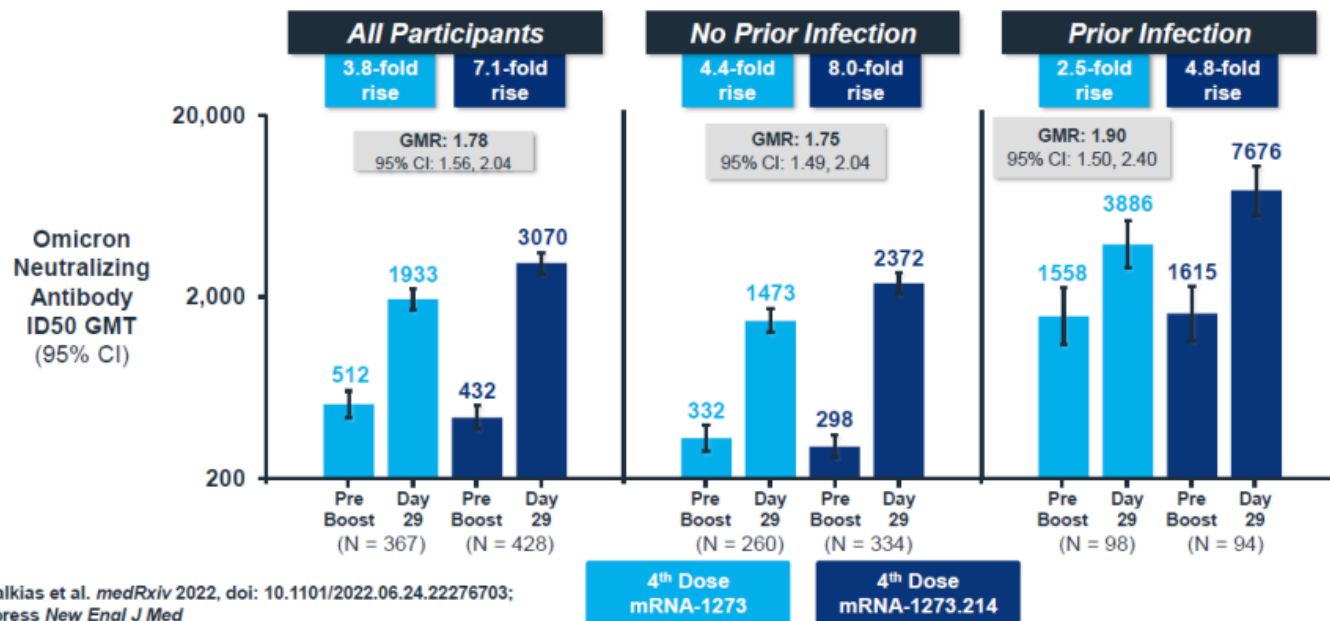
50µg  Moderna COVID-19 vaccine
25µg of spike protein from
'ancestral' ('original') SARS-CoV-2

25µg of spike protein from
Omicron (BA.4/BA.5) SARS-CoV-2

30µg  Pfizer-BioNTech COVID-19 vaccine
15µg of spike protein from
'ancestral' ('original') SARS-CoV-2
15µg of spike protein from
Omicron (BA.4/BA.5) SARS-CoV-2



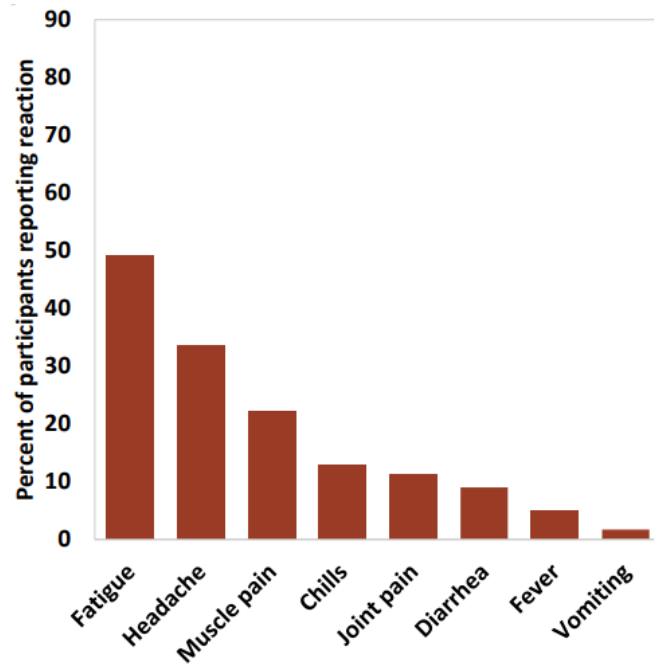
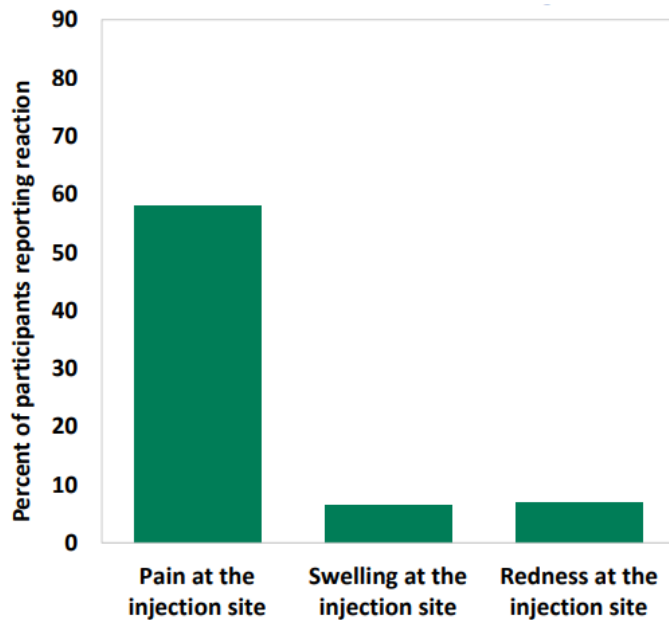
Immunogenicity: Moderna Bivalent Booster



Chalkias et al. *medRxiv* 2022, doi: 10.1101/2022.06.24.22276703;
in press *New Engl J Med*



Local and systemic reactogenicity: Pfizer bivalent booster, ages > 55 years



Helpful COVID-19 Booster Tool

Find Out When You Can Get Your Booster



Boosters are an important part of protecting yourself from getting seriously ill or dying from COVID-19. They are recommended for most people.

Use this tool to determine when or if you (or your child) can get one or more COVID-19 boosters.

[Find Out When to Get a Booster >](#)

This tool is intended to help you make decisions about getting COVID-19 vaccinations. It should not be used to diagnose or treat COVID-19.

Timing of Vaccination After Recent Infection

- COVID-19 vaccination recommended in everyone > 6 months of age regardless of history of symptomatic or asymptomatic infection
 - Defer until recovery from acute illness
 - Recent SARS-CoV-2 infection can consider waiting 3 months
 - COVID-19 vaccination not recommended for post-exposure prophylaxis



Bivalent vaccines: What we do not know

- Rate of myocarditis after bivalent COVID-19 vaccines
- Incremental increase in vaccine effectiveness
- Duration of protection



Summary of Data: Bivalent Boosters

- Bivalent booster doses (Moderna & Pfizer) increase immune response to those who have completed a primary series and previous boosters
- Demonstrate superior response to Omicron
- Demonstrate non-inferior response to ancestral strain
- Similar reactogenicity profile to primary series
- Bivalent vaccines provide more diverse response overall, likely improving response to future variants



Coadministration of COVID-19 Vaccines and Influenza

- Providers should offer influenza and COVID-19 vaccines at the same visit, if eligible.
 - This includes adjuvanted or high-dose influenza vaccines; administer in separate limbs.
- With both influenza and SARS-CoV-2 circulating, **getting both vaccines is important** for prevention of severe disease, hospitalization, and death.
- Getting both vaccines at the same visit increases the chance that a person will be up to date with their vaccinations.



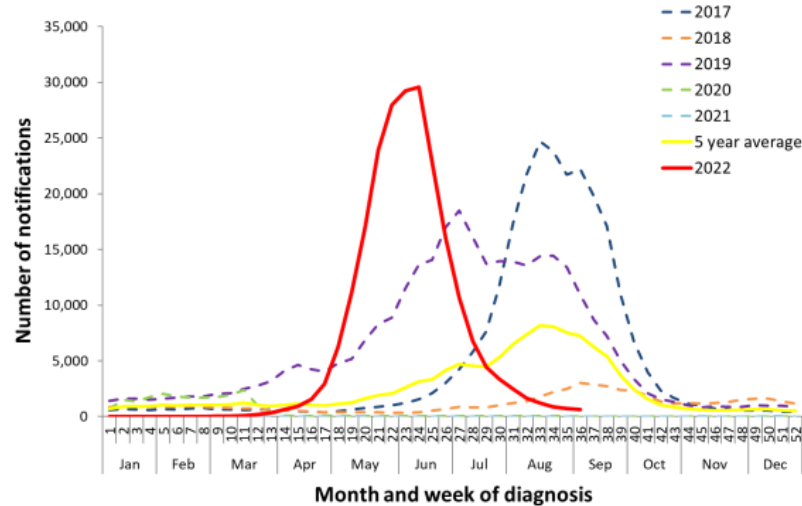
Estimated Benefits of Influenza Vaccination

- Vaccine effectiveness varies, affected by:
 - Season/predominant viruses.
 - Degree of match between circulating and vaccine viruses.
 - Age and immunity of the recipient.
- In a season during which most circulating viruses are similar to those represented in the vaccine, can expect 40%-60% effectiveness overall.
 - Generally better for older children and younger adults vs older adults.
 - Generally better for influenza A(H1N1) and influenza B viruses than for influenza A(H3N2) viruses.
 - But, vaccination still provides important benefits even in a season of low overall effectiveness.



Australian Flu Season: Foreshadow in the U.S.?

Figure 4. Notifications of laboratory-confirmed influenza, Australia, 01 January 2017 to 11 September 2022, by month and week of diagnosis*



Source: NNDSS



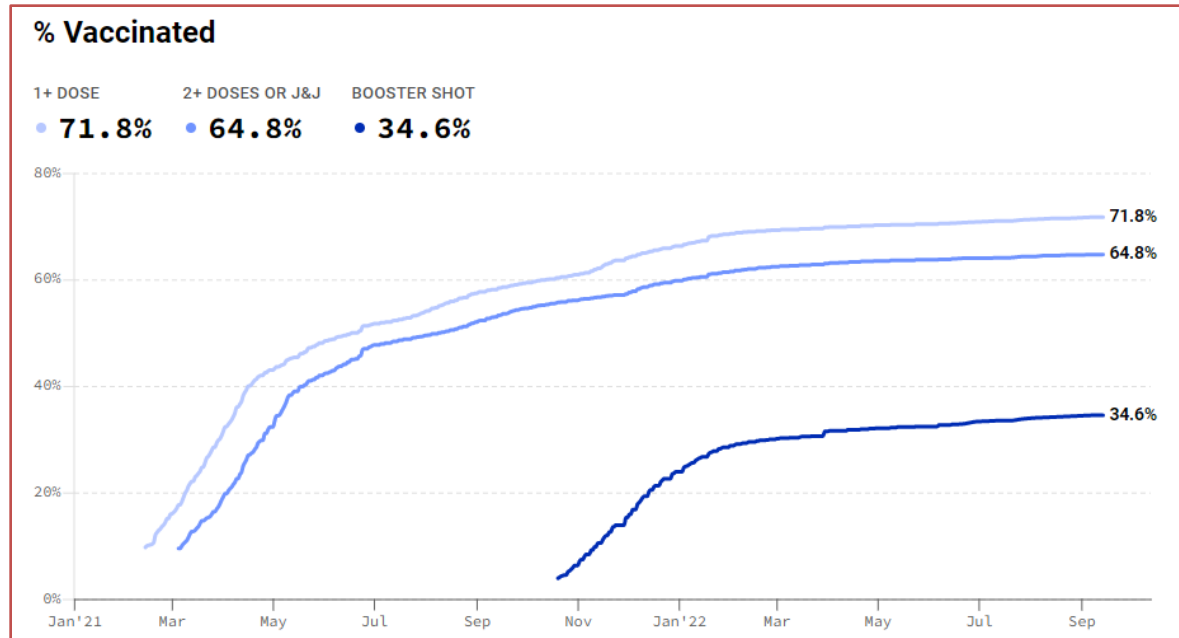
[https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-ozflu-flucurr.htm/\\$File/flu-12-2022.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-ozflu-flucurr.htm/$File/flu-12-2022.pdf)



CDC Survey: 63% of respondents were “extremely” or “somewhat” willing to get an annual flu shot and updated COVID booster at the same visit this fall (n=171)



Vaccine Uptake Nebraska: Room for Improvement



<https://covidactnow.org/us/nebraska-ne/?s=40262774>



Summary

- Several COVID-19 vaccines now available: Pfizer, Moderna, Novavax, J&J
- COVID-19 vaccine recommended in everyone 6 months and older
- Bivalent booster authorized for use in 12 years and older; added protection against Omicron variant
- Influenza vaccine is also recommended, coadministration of both vaccines is ok



Cultural Sensitivity: Microaggressions

Presenters: Precious Davis, EdD; Mahelet Kebede, MPH



Objectives

1. Define microaggressions.
2. Demonstrate a call-in response to a microaggressions.



Word Cloud Activity

What word(s) do you think of when you hear the term "Microaggression"?

Mentimeter



Microaggression Definition

“Brief and commonplace daily verbal,/nonverbal behavioral, and environmental indignities whether intentional or unintentional that communicate hostile, derogatory or negative racial/ethnic, gender, sexual orientation, and religious slights and insults.”



Microaggressions/ Microinequities

“Oh great, she’s pregnant again.”



“You can’t be a doctor and a mom at the same time – you have to choose one.”



“You’re from the Caribbean? You’re so well-spoken!”



Reflection

Have you experienced a microaggression? Please share the example.

Have you witnessed a microaggression? Please share an example.



Microaggression Video



A Latina doctor is starting her emergency medicine residency at Mayo Clinic, but shortly after starting her mom needs surgery.

She goes to visit her mother at work with her employee badge.

Her mom's nurse says, "*Wow, you matched Mayo Clinic for residency! Did you pull some strings to get in?*"

- What is the nurse implying?
- As a member of the team, would you respond?



Think about the question



Reflect on your experiences



Share your ideas with your colleagues later



@DrJRMarcelin



Example

Theme	Examples	Underlying Message
Inferiority or pathology of marginalized culture/identity: assuming that certain groups are abnormal, deviant or pathological. Assumes dominant cultural norms are correct and superior.	Saying to a Black person, “You are no well-spoken/eloquent.” “That food smells really funny.” Not putting a person with a disability in a visible position, e.g., reception.	Who you are is not acceptable or not as good as people from the dominant culture.

Example

Theme	Examples	Underlying Message
Ignoring/Denying Differences: unwillingness to acknowledge or admit seeing someone's social identity and thus the significance of it.	"I don't see color; I just see people." "You're so pretty I forget that you're a lesbian"	Your identities don't matter.

Discussion

During the height of the COVID-19 pandemic, can you remember the public's response to the Asian American/Pacific Islanders (AAPI) community?

...and what do you think that looked like in the *health care setting*?



Countering Microaggressions as an Upstander



Step 1: Acknowledge the bias in the interaction



Step 2: Make a conscious decision to address the bias



Step 3: Strategies to counter the bias



- Humor
- Redirect
- Reject the stereotype outright
- Ask questions
- Acknowledge discomfort



Step 4: Continue the conversation beyond the interaction



Countering Microaggressions (cont.)

... **PROMOTE EMPATHY.** Ask how they would feel if someone said something like that about their group, or their friend/partner/child.

"I know you don't like the stereotypes about (their group), how do you think he feels when he hears those things about his group?"

"How would you feel if someone said that about you/did that to your sister or girlfriend?"

.... **TELL THEM THEY'RE TOO SMART OR TOO GOOD TO SAY THINGS LIKE THAT.**

"Come on. You're too smart to say something so ignorant/offensive."

... **PRETEND YOU DON'T UNDERSTAND.** As people try to explain their comments, they often realize how silly they sound.

"I don't get it....."

"Why is that funny?"

... **USE HUMOR.** Exaggerate comment, use gentle sarcasm.

"She plays like a girl?" You mean she plays like Serena Williams?" Or Mia Hamm?



Microaggression

verbal, nonverbal, environmental slights, snubs, insults. Intentional or unintentional, they communicate hostile, derogatory, negative messages based solely upon a marginalized group membership.



A

Ask for clarifications to help understand intentions.

I want to make sure I understand. Were you saying...



C

Come from curiosity, not judgment.



T

Tell others what is problematic in a factual manner.

I noticed that...



I

State the Impact of the action on others.

What do you think others think when they hear that?



O

Own your thoughts by using first-person language.

When I hear your comment, I think...



N

Request Next steps and check in with the target.

I'd appreciate it if you'd stop making these types of comments, because...



Case Discussion



Case Discussion

The patient came to the hospital for treatment for Staph bacteremia (MRSA), and through admissions screening the resident learned that the patient has COVID-19. The resident presents the case to you and states that the patient refused vaccination.

- *What impact might this resident's thoughts/feelings, as expressed during an initial history and physical, have on the patient's quality of care?*

Case Discussion

When you reenter the room together, the resident makes a comment to the patient regarding their vaccination status. “Well, we have had vaccines for almost two years. If you don’t have it, then you must not want it.”

- *How might the patient feel about the resident’s comment?*
- *What additional questions might the resident have asked?*

Case Discussion

This resident is a peer in your organization.

- *How might you address this microaggression with the resident?*
- *How might you address this microaggression with the patient?*

Current State of COVID-19 in Nebraska



Nebraska COVID-19 Statistics

WEEKLY NEW REPORTED CASES

● **63.3** PER 100K

WEEKLY COVID ADMISSIONS

● **6.3** PER 100K

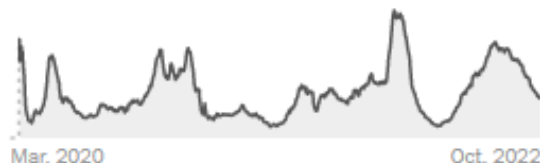
PATIENTS W/ COVID

● **3.4%** OF ALL BEDS

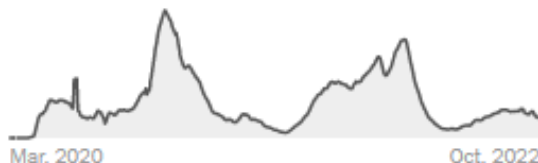


Nebraska COVID-19 Statistics

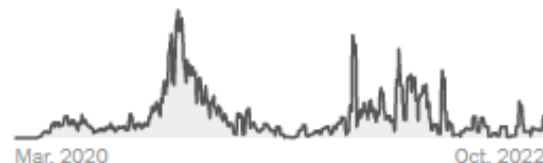
Test positivity rate



Hospitalized



Deaths



DAILY AVG. ON OCT. 4

PER 100,000

14-DAY CHANGE

Cases	175	9	-21%
Test positivity	12%	—	—
Hospitalized	155	8	-26%
In I.C.U.s	22	1	-14%
Deaths	5	<1	+157%

Nebraska COVID-19 Statistics

Week	Weekly Cases*	Weekly Admits*	COVID-19 Hospitalizations	% COVID Hospitalizations
10/5/22	63.3	6.3	175	3.4%

*Per 100,000. ¹Percent of entire state population vaccinated. ²Source prior to June 2022 was NE DHHS, % based on age 5y+. June/July. ³Source for June 2022 -present: COVID ActNow & 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 19th** on:
 - Cultural Sensitivity: *Recap*
 - Quality Improvement: *Measurement: How Will You Know That You Have Improved Your Process?*



Poll Results



Thank You!

