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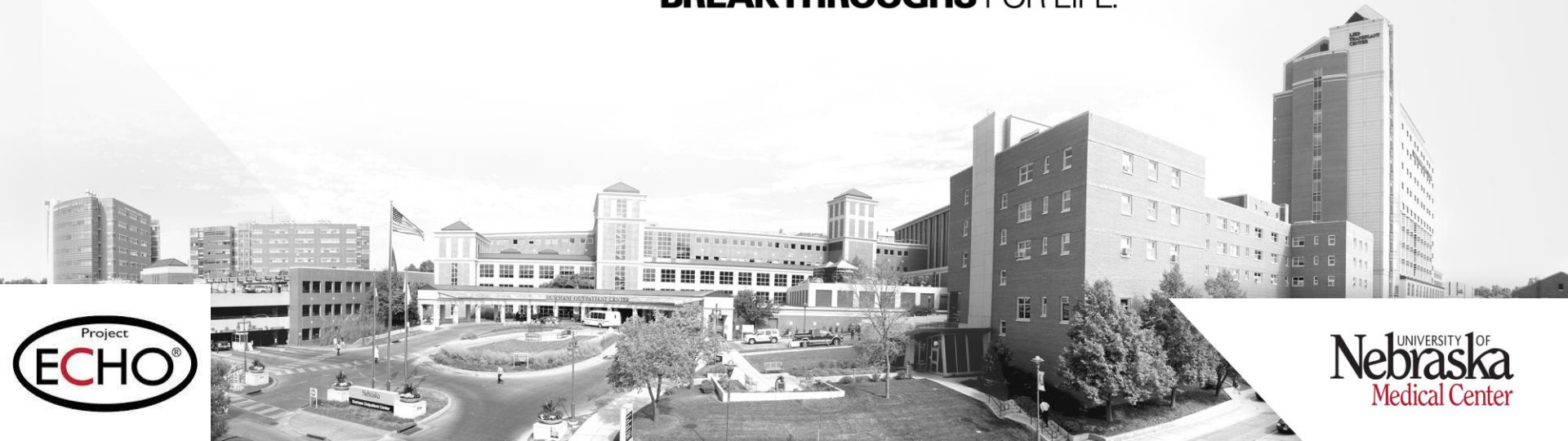

Project ECHO®

University of Nebraska Medical Center

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

Welcome to Session 31

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
- All the session presentation are available on our website

- 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.

https://www.unmc.edu/intmed/divisions/id/echo/health-equity/index.html

Subject Matter Experts

Infectious Diseases Team

- M. Salman Ashraf, MBBS
- Erica Stohs, MD, MPH
- Kelly Cawcutt, MD, MS
- Jonathan Ryder, MD

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

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UNMC ID Health Equity and Quality Improvement ECHO Project

Topics:
QI: Spread and Scale Program

Free Live ECHO Project
February 1, 2023
CID 57619

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:

- Differentiate between spread and scale as strategies for expanding on successful tests of change
- Describe the factors that indicate whether spread or scale is a more appropriate next step for your project
- Analyze project examples to determine whether spread or scale is a more appropriate next step.

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

JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL 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: 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: I00053715 Approval Number: 230000162

To claim these CEs, log into your CCMC Dashboard at www.ccmcertification.org.

DISCLOSURE DECLARATION

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
- Mahliqha Qasimyar, MD
- 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
- Precious Davis, MSN, BSN, RN
- Nada Fadul, MD
- Samantha Jones, CSW
- Mahelet Kebede, MPH
- Heidi Keeler, PhD, MSN/MBA, RN
- Nuha Mirghani, MD, MBA, HCM
- Renee Paulin, MSN, RN, CWOCN
- Bailey Wrenn, MA

www.unmc.edu/cce

POLL

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:

Poll Results

Quality Improvement:

Spread & Scale

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

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Objectives

1. Differentiate between spread and scale as strategies for expanding on successful tests of change
2. Describe the factors that indicate whether spread or scale is a more appropriate next step for your project
3. Analyze project examples to determine whether spread or scale is a more appropriate next step

Spread vs. Scale

- Spread means replicating an initiative somewhere else
- Scale-up means tackling the infrastructural problems (across an organization, locality, or health system) that arise during full scale implementation

Source: BMJ 2019:365:I2068

Why Scale is Harder

Scaling a change means working with:

- Infrastructural issues
- Greater resource needs
- Greater complexity – roles, sites, patient populations
- Greater number of relationships between adopters
- Less control

Poll Question #1

We have instituted a new process for making sure that the vital signs carts in our residential facility are reliably disinfected. We have gotten positive results during the day shift and want to try it during the night shift.

Is this spread or scale?

Poll Question #2

We have leveraged partnerships with community organizations to improve our outreach to Hispanic members of our community regarding flu vaccination. We want to try this approach with Somali members of our community.

Is this spread or scale?

Poll Question #3

We have reduced no-show rates in our South Clinic by making changes to the timing and frequency of patient reminders. We would like to implement this approach in our North, East, and West Clinics.

Is this spread or scale?

Roadmap to Spread

1. Prepare for spread
2. Make a case for change
3. Establish an aim for spread
4. Develop a spread plan
5. Execute and refine your spread plan

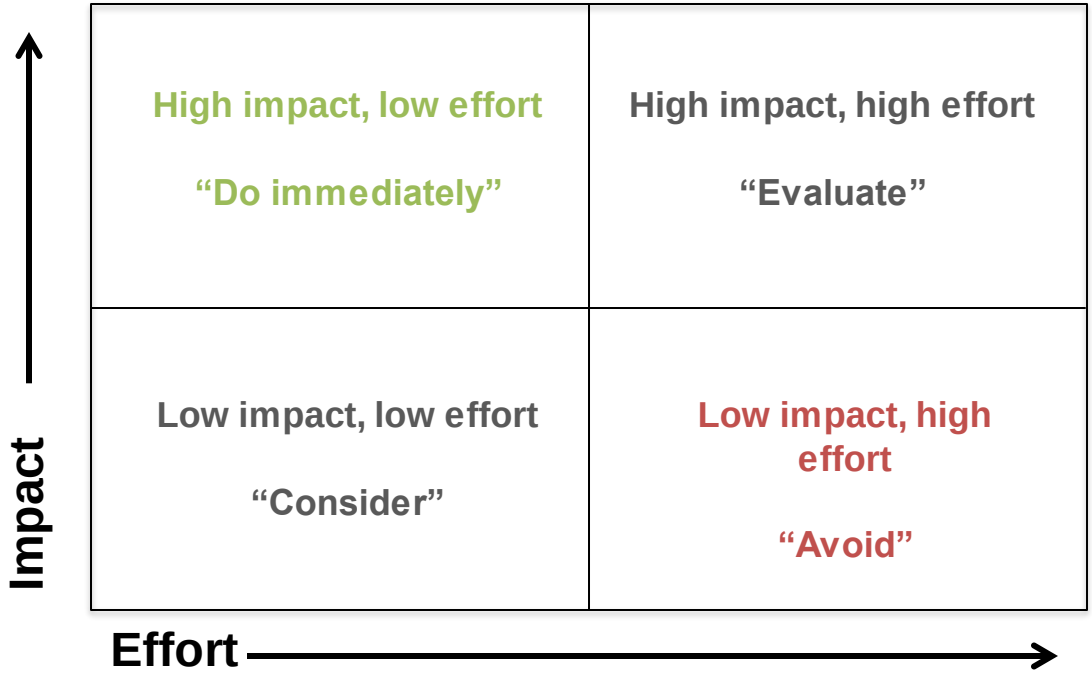
1. Prepare for Spread

Your change should be:

- Acknowledged by leadership as a strategic priority
- Supported by executive sponsorship
- Supported by day-to-day leadership
- Designed for a clear audience

Impact Effort Matrix

Problem statement: COVID vaccine booster uptake for our African American population is low because of unreliable transportation.



2. Make a Case for Change

- Make the need for change clear
- Support it with evidence
- Offer clear benefit
- Choose the right communication channels
- Put adopters to work
- Provide peer support from pilot sites

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: Case for Change

We have a instituted a new process for making sure that the vital signs carts in our residential facility are reliably disinfected. We have gotten positive results during the day shift and want to try it during the night shift.

	Audience 1	Audience 2	Audience 3
Who do you need to communicate with?	Executives	Nurses	EVS Team
What will they be most worried about?			
What do you need them to understand?			
What do you need them to do next?			

3. Establish an Aim for Spread

- Who and where are your target population(s)?
- What is the specific improvement that will be made?
- How much will you improve by?
- When will the change happen?

SMART Aim Statement

4. Develop a Spread Plan

- Identify existing structures to facilitate spread
- Define how are decisions about adoption are made
- Identify infrastructure enhancements
- Address transition issues
- Transition spread efforts to operational responsibilities

Discussion: Spread Plan

We have leveraged partnerships with community organizations to improve our outreach to Hispanic members of our community regarding flu vaccination. We want to try this approach with Somali members of our community.

What existing processes and/or structures could be used to facilitate spread?

Discussion: Spread Plan

We have reduced no-show rates in our South Clinic by making changes to the timing and frequency of patient reminders. We would like to implement this approach in our West Clinic.

How might decisions about adoption be made?

5. Execute a Spread Plan

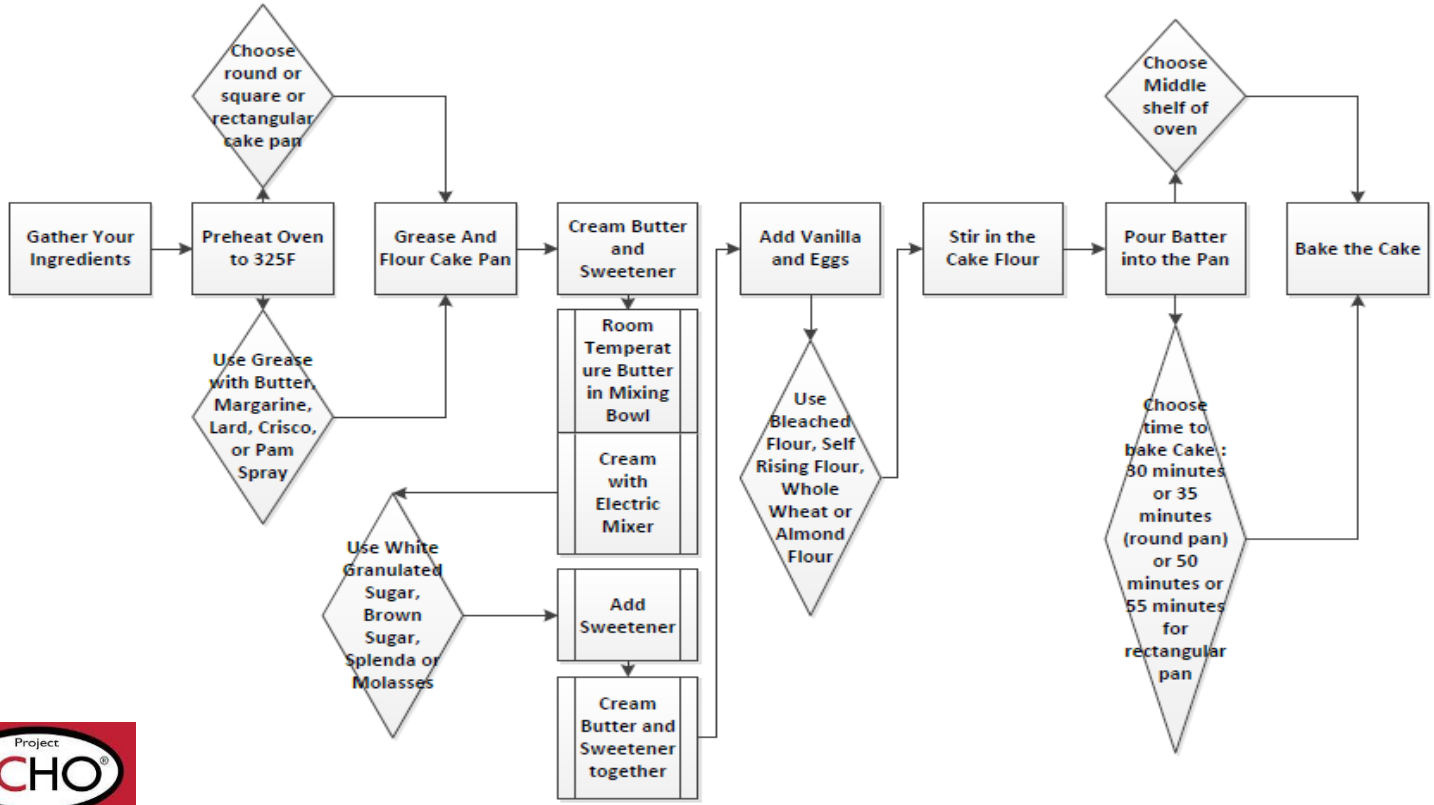
- Measure outcomes
- Monitor the rate of spread
- Assign responsibility for managing data
- Share feedback with adopters
- Systematically capture new knowledge
- Systematically receive feedback

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

Example Complex Process Map



Process and Outcome Measures

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

Questions for Scale Up

1. How will you motivate adoptees?
2. Do you have a strong foundation to build on?
3. Do you have a revised aim for scale?
4. Do you understand the context for scale?
5. How will you use networks to support scale?

References

- Massoud MR, Nielsen GA, Nolan K, Nolan T, Schall MW, Sevin C. A Framework for Spread: From Local Improvements to System-Wide Change. IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2006.
- McCannon CJ, Schall MW, Perla RJ. Planning for Scale: A Guide for Designing Large-Scale Improvement Initiatives. IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2008.

The Joint Commission Important Updates

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Elevation of Health Care Equity Standard to a National Patient Safety Goal

- **Effective July 1, 2023**, Leadership Standard will be elevated to a new National Patient Safety Goal **NPSG.16.10.01** for ambulatory care organizations, behavioral health care and human services organizations, critical access hospitals, and hospitals.

- To increase the focus on improving health care equity versus reducing health care disparities.

- Organizations will still be required to implement the following six elements of performance (EPs) as risk areas :

1. Identify an individual to lead activities to improve health care equity.
2. Assess patients' health-related social needs.
3. Analyze quality and safety data to identify disparities.
4. Develop an action plan to improve health care equity.
5. Act when the organization does not meet the goals in its action plan.
6. Inform key stakeholders about progress to improve health care equity

Case Discussion

Today's Topic

Strategies for Applying Data to Health Disparities

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.

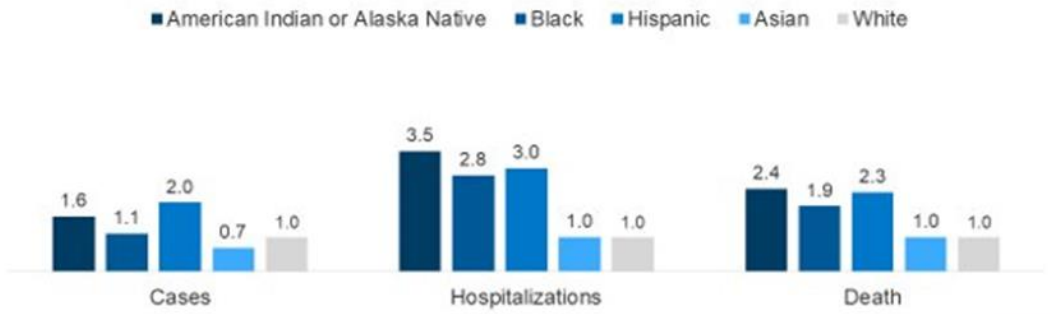
Example

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

You are operating a clinic in rural Nebraska, and you think you have a health disparity in the uptake of COVID vaccine boosters in your Black/African American patients as compared to your White patients.

You have a colleague who works at an inpatient hospital that is part of a large medical system in an urban area. They have successfully implemented an intervention to improve vaccine uptake within the Black/African American community in their city. You are considering adopting this intervention.

Clarify the Problem

What data would you get to establish if there really is a disparity in the uptake of COVID vaccine boosters in your clinic population?

Social Determinants of Health

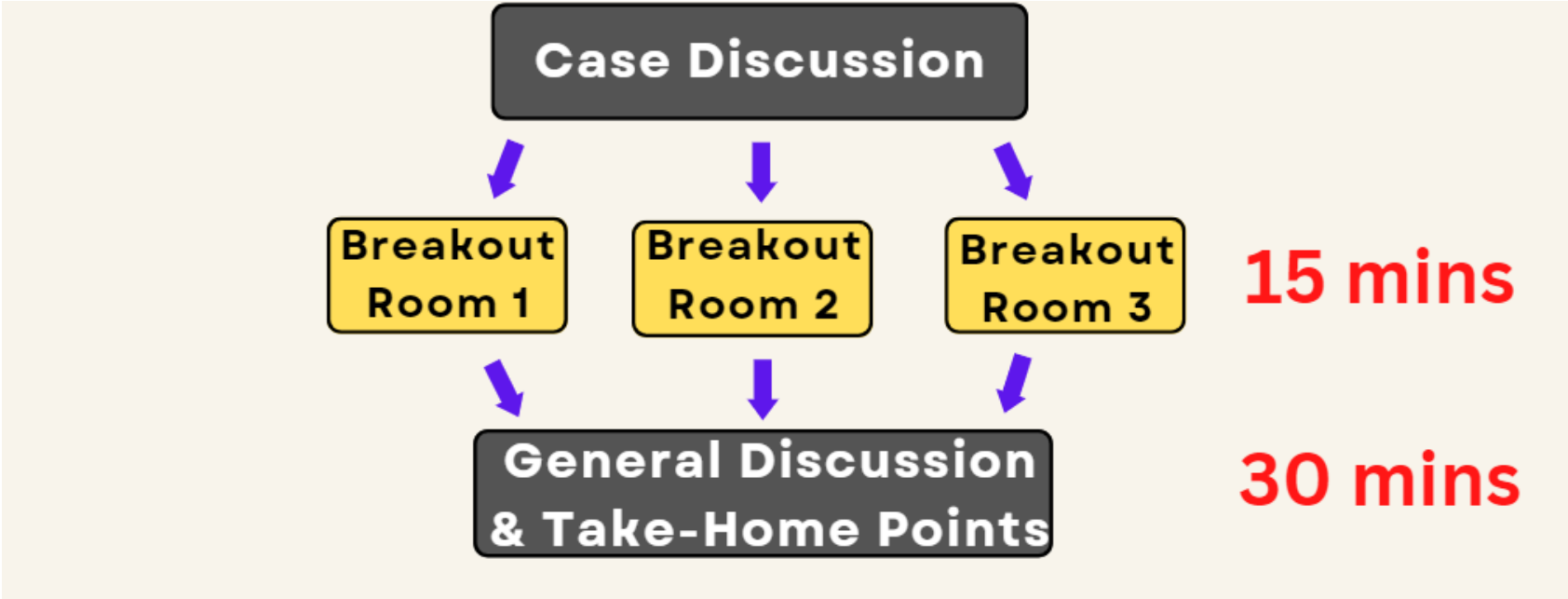
Breakout Groups

Instructions:

Assume that you have identified a disparity in the Black/African American patient population in your community.

1. What social determinants of health may disproportionately impact Black/African American patients in your rural community?
2. How might these social determinants impact your rural population differently than an urban population?
3. What issues might come up as you spread any intervention to a rural setting?

[Miro Board]


Case Discussion
Breakout Room 1
Breakout Room 2
Breakout Room 3
15 mins
General Discussion & Take-Home Points
30 mins

Ground Rules

1. Be present & turn on your videos
2. Make Space, Take Space
3. ELMO: Enough Let's Move On
4. Take the lessons, leave the details
5. Assume positive intent
6. Be open to learning
7. Building, not selling
8. Yes/and, both/and

General Discussion

Instructions:

Assume that you have adapted this intervention and implemented it to reduce the disparity in your community. You are scheduled to speak with another rural clinic in a community 90 minutes away that is interested in your work.

1. What questions would you ask them?
2. What data would you advise them to gather?

Current State of COVID-19 in Nebraska

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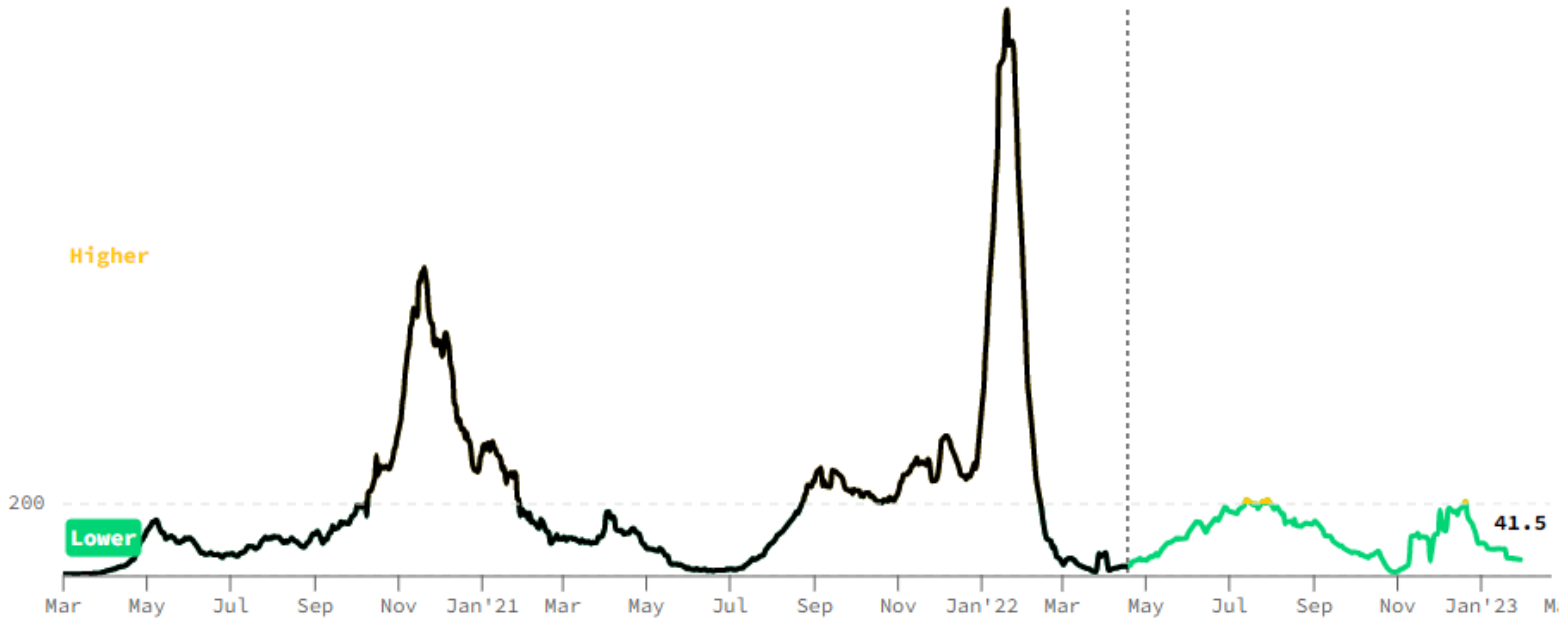
Nebraska COVID-19 Statistics

Community risk level metrics

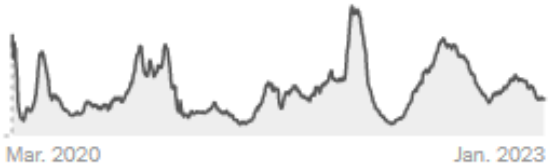
WEEKLY NEW REPORTED CASES	WEEKLY COVID ADMISSIONS	PATIENTS W/ COVID
41.5 PER 100K	5.0 PER 100K	3.3% OF ALL BEDS



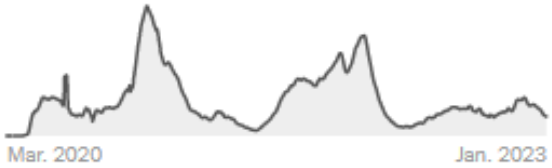
https://covidactnow.org/us/nebraska-ne/?s=45093260

Nebraska COVID-19 Statistics

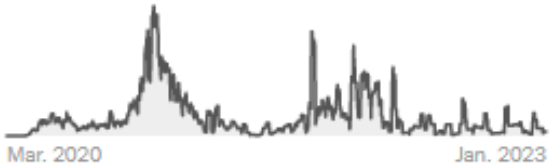
Test positivity rate



Hospitalized



Deaths



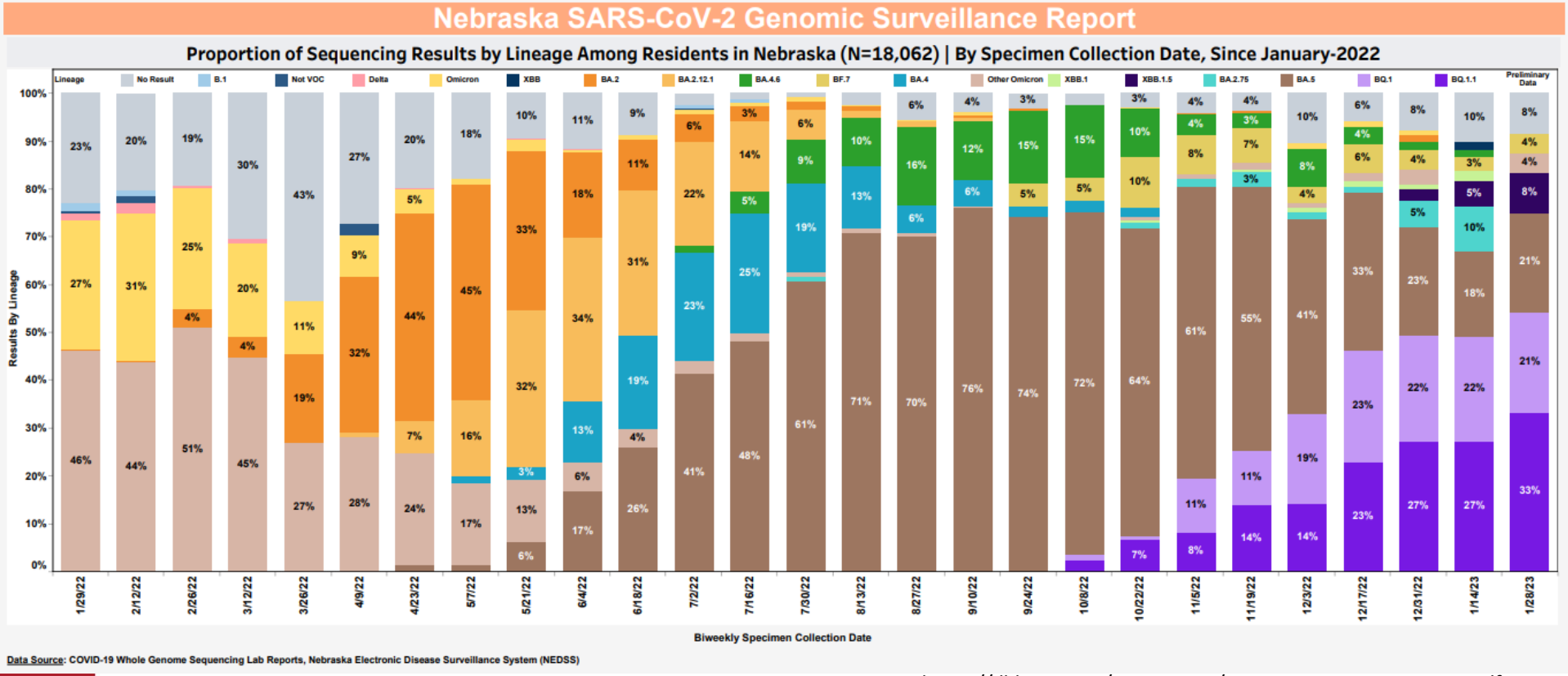
	DAILY AVG. ON JAN. 31	PER 100,000	14-DAY CHANGE
Cases	115	6	–42%
Test positivity	11%	—	–5%
Hospitalized	151	8	–28%
In I.C.U.s	15	<1	–37%
Deaths	<1	<1	–45%

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

Nebraska COVID-19 Statistics

Week	Weekly Cases*	Weekly Admits*	COVID-19 Hospitalizations	% COVID Hospitalizations
10/5/22	63.3	6.3	175	3.4%
10/19/22	54.3	4.4	160	3.1%
11/2/22	61.6	6.0	177	3.9%
11/16/22	100.3	8.2	203	4.9%
12/7/22	126.2	15	290	6.4%
12/21/22	182.5	11	300	6.2%
1/4/23	88.3	9.4	228	5.2%
1/18/23	72.7	9.0	212	4.6%
2/1/23	41.5	5.0	151	3.3%

Nebraska COVID-19 Statistics



https://dhhs.ne.gov/Documents/COVID-19-Genomics-Data.pdf

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 **February 15th** on:

- Didactic: Health Equity: ***Community and Stakeholder Engagement***

- Discussion Topic: ***Engaging with Community Partners***

Poll Results

Thanks