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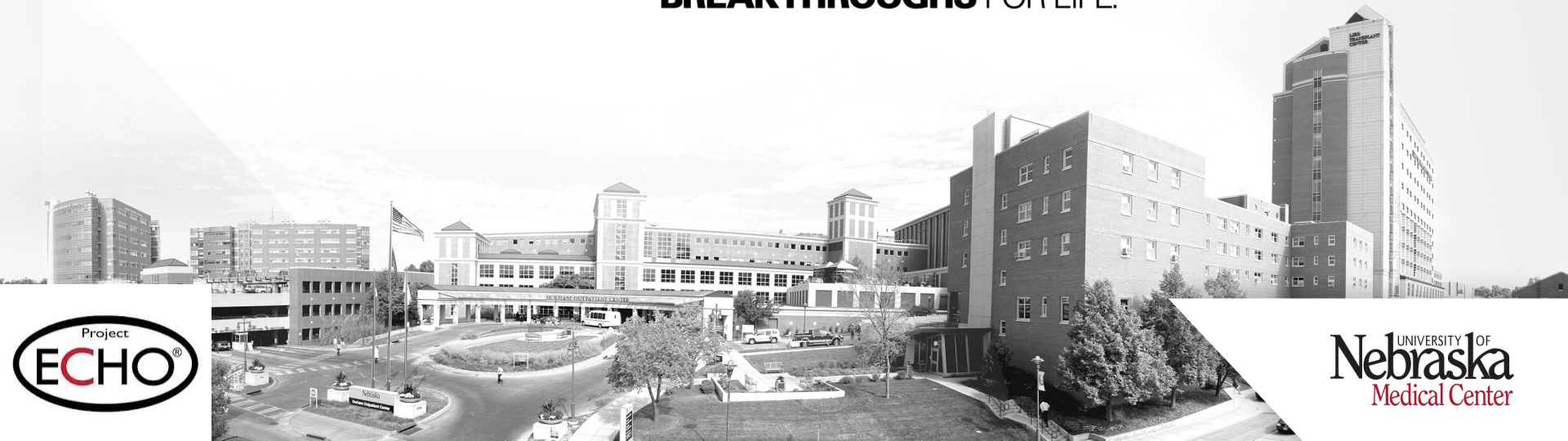

Project ECHO®

University of Nebraska Medical Center

Achieving Equitable Health Outcomes in Nebraska

An ECHO Project Funded by
Nebraska DHHS through a CDC grant

Session 10 – March 20, 2024

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

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UNMC ID Health Equity and Quality Improvement ECHO Project

Focusing Changes to Improve Health Equity

Free Live ECHO Project
March 20, 2024
CID: 59005

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:

1. Articulate how different Quality Improvement (QI) tools can be used to scope tests of change.
2. Summarize how aim statements are used to focus QI projects.
3. Discuss how contextual factors such as audience, environment, and resources impact decisions on where to test health equity changes.

REQUIREMENTS FOR SUCCESSFUL COMPLETION

In order to receive continuing education credit, you must:

1. Attend the live activity via Zoom,
2. Your attendance will be verified by the organizers.
3. Within 1-2 business days, you will receive an email from UNMC with a link to claim credit
   - Complete the online evaluation.
   - Save and print your certificate.

You have 20 days to claim credit for this activity. You will need to complete the evaluation and attest the time you spent participating in the activity. Your certificate will be saved in your UNMC MyCCE account under Certificates & Transcripts.

Questions regarding continuing education, please contact Valeta Creason-Wahl at vcreason@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 1.0 *AMA PRA Category 1 Credit*™. 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 1.0 ANCC contact hour. 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 1.0 general continuing education credit. **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 1.0 CE contact hour.
Activity code: I00058583 Approval Number: 240000655
To claim these CEs, log into your CCMC Dashboard at www.ccmcertification.org.

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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.

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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:

The below faculty have nothing to disclose:

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Mahelet Kebede, MPH*
Joyce Mbugua, MCRP
Mahliqha Qasimyar, MD
Jeff Wetherhold, M. Ed*

*faculty and planning committee member

Disclosures

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

The below planning committee members have nothing to disclose:

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www.unmc.edu/cce

Focusing Changes to Improve Health Equity

Faculty: Dr. Gale Etherton, Dr. Mahliqha Qasimyar, Mahelet Kebede, Jeff Wetherhold
Guest Presenter: Joyce Mbugua

Project ECHO®

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Objectives

1. Articulate how different Quality Improvement (QI) tools can be used to scope tests of change.
2. Summarize how aim statements are used to focus QI projects.
3. Discuss how contextual factors such as audience, environment, and resources impact decisions on where to test health equity changes.

STATE OF IOWA DEPARTMENT OF
Health AND Human
SERVICES

Using Data and QI tools to improve health outcomes for Medicaid beneficiaries living with HIV in Iowa

Joyce Mbugua
Data and Epidemiology Program Manager
Bureau of HIV, STIs, and Hepatitis
Iowa Department of Health and Human Services
March 20, 2024

Introduction

- HRSA-funded Special Projects of National Significance (SPNS) to build capacity to improve collecting and reporting of HIV viral load suppression data to the Medicaid Adult Core Set.

- Iowa is one of the eight states selected to participate in the four-year project (Aug 1, 2021 – July 1, 2025), with NASTAD leading the Systems Coordination (SCP) team along with Academy Health and University of California, San Francisco

- SPNS project structure:
  - Learning Collaborative
  - Evaluation
  - Dissemination

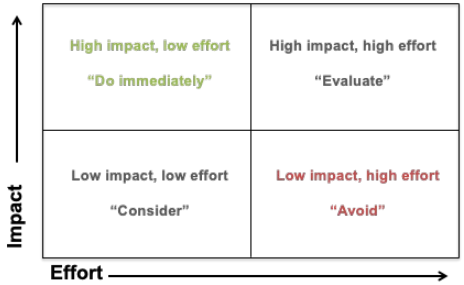
Objectives of the HIV-Medicaid SCP project

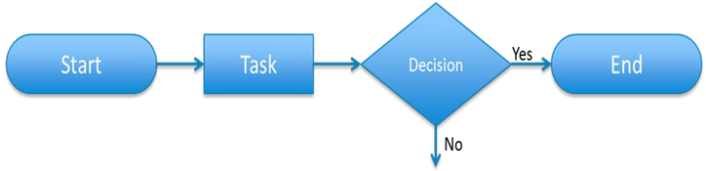
- Establish a high-quality data matching process between HIV Surveillance and Medicaid Claims and Encounter databases
- Calculate and report the HIV Viral Load Suppression for the Adult Core Set (HVL-AD) measure to the CMS Adult Core Set
- Strengthen intra-agency collaboration
- Use HVL-AD measure to improve care and treatment for Medicaid beneficiaries living with HIV

QI Tools and Measurement

QI Tools for Scoping

- Aim Statements
- Plan-Do-Study-Act Cycles
- Process Mapping
- Impact/Effort Matrix
- Hierarchy of Actions





Discussion: Measurement

What are the characteristics of a good outcome measure?

Key Considerations for Measurement

- Do you have the data, or can you get it?
- How hard it is to do so?
- Are the data reliable and timely?
- What is the lag between measurement and impact on the patient?
- Is it within your control?

Measure Description

Description	Numerator	Denominator	Data Sources
HIV Viral Load Suppression data for CMS Adult Core Set	Medicaid beneficiaries in the denominator with VL <200 c/ml	Medicaid beneficiaries, >18 years, diagnosed with HIV prior to measurement year or within first 90 days of measurement year, with at least one medical visit in the first 240 days of measurement year	HIV Surveillance database (eHARS), Medicaid Claims and Encounter databases

Quality Improvement tools in developing the HVL-AD measure

- Problem statement and explain the aim of the project
  - Identify primary and secondary drivers
  - Define a SMART Aim statement

- Process mapping
  - Identify pain points, action items, decision points
  - Documenting standard operating procedures

- Defining our value proposition

- Root cause analysis
  - Fishbone diagram

Problem Statement

- Describe why your improvement work is worth pursuing. Consider including qualitative and quantitative data, benchmarking findings, needs assessments, etc.
- Be as concrete as possible.

In Iowa, about 43% of PLWH whose diagnoses were reported to Iowa HHS are Medicaid beneficiaries, and of those, 90% are virally suppressed. In 2022, those receiving Ryan White services attained much higher viral suppression rates compared those not receiving Ryan White services, at 91% to 77%, respectively.

Coordination between Medicaid, Ryan White and HIV surveillance programs is a vital part of ensuring all PLWH in Iowa are receiving care, are virally suppressed, and programs and payers are optimizing the use of resources.

Aim Statement

- Set your Aim and identify 2-3 concrete goals for your improvement work.
- Elements should include: what will improve? When will it improve? How much will it improve? For whom will it improve?

Overarching Aim Statement:
Improve viral suppression through increasing the utilization of Ryan White case management services among Medicaid beneficiaries. Apply quality improvement strategies to achieve equitable health outcomes for all people living with HIV in Iowa.
Goals: • By 12/31/23, define IA's value proposition for the HIV-Medicaid SCP project • By 12/31/23, engage Medicaid Quality Management leadership team in discussions on viral suppression data, HVL-AD performance measures and performance gaps for Medicaid beneficiaries • By 01/31/24, continue to disaggregate and assess HIV viral load suppression data for gaps based on specific subpopulation groups or mode of service delivery

Measure Validation and ascertainment

- Data quality assurance
    - Assessing data match file to only include Medicaid recipients who met measure eligibility specifications

HIV negative (removed)
PLHIV diagnosed before March 31, 2022
Vital status = Dead (removed)
< 18 years (removed)
*Living outside of Iowa at the end of 2022 (removed from denominator pending verification from Medicaid)
**Individuals living outside of Iowa who had labs in IA at some time in 2022 (added back into denominator)
***Individuals living outside of Iowa for whom no labs were located or whose labs were entered into eHARS in 2023 (were not included in the denominator)
Had at least one medical visit (any lab) in in the first 240 days of 2022
Viral load <200 c/ml at last viral load test

- Standardize data matching process to assure high quality data
- Using HVL-AD measure to guide quality improvement

Leadership Buy-in

Leadership Buy-in: Communicating Change

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

	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: Buy-in

Leadership buy-in can fail because:

- You can't reach them
- They don't trust you
- They don't understand your change
- They don't value your change

Where do you struggle most?

Stakeholder Engagement – current and future

Who will/has your team shared data with?	Why this group/person?	Next Steps Generated
Ryan White team	Manages HIV care services	Share data insights
Medicaid leadership	Communicate value of Ryan White for PLWH to attain viral suppression	Develop MCO communication strategy
Managed Care Organizations	Strengthen knowledge of RW services available for PLWH	Disseminate information on RW services with Medicaid beneficiaries

Value proposition: cultivating leadership buy-in

- Identify stakeholder group
- What types of policy or programming does this stakeholder have influence over?

The Medicaid Strategic Plan defines priorities that would be met by improving the viral suppression rates of people living with HIV in Iowa. These strategic plan priorities include:

Obj 1a: Identify and mitigate program gaps in meaningful service delivery.
Obj 1b: Increase access to high quality services that improve health outcomes for Medicaid members regardless of geography, race or economic status.
Obj 2: Shift program operations and planning to focus on outcomes.

Value proposition: cultivating leadership buy-in

- What are possible uses for the information/data within this sphere of influence?
- What is the impact of the proposed use of data (both pros and cons)?

Utilizing existing structures within the MCO case management system to improve awareness of RW services available to people living with HIV is a resource mindful and minimal intensity solution.

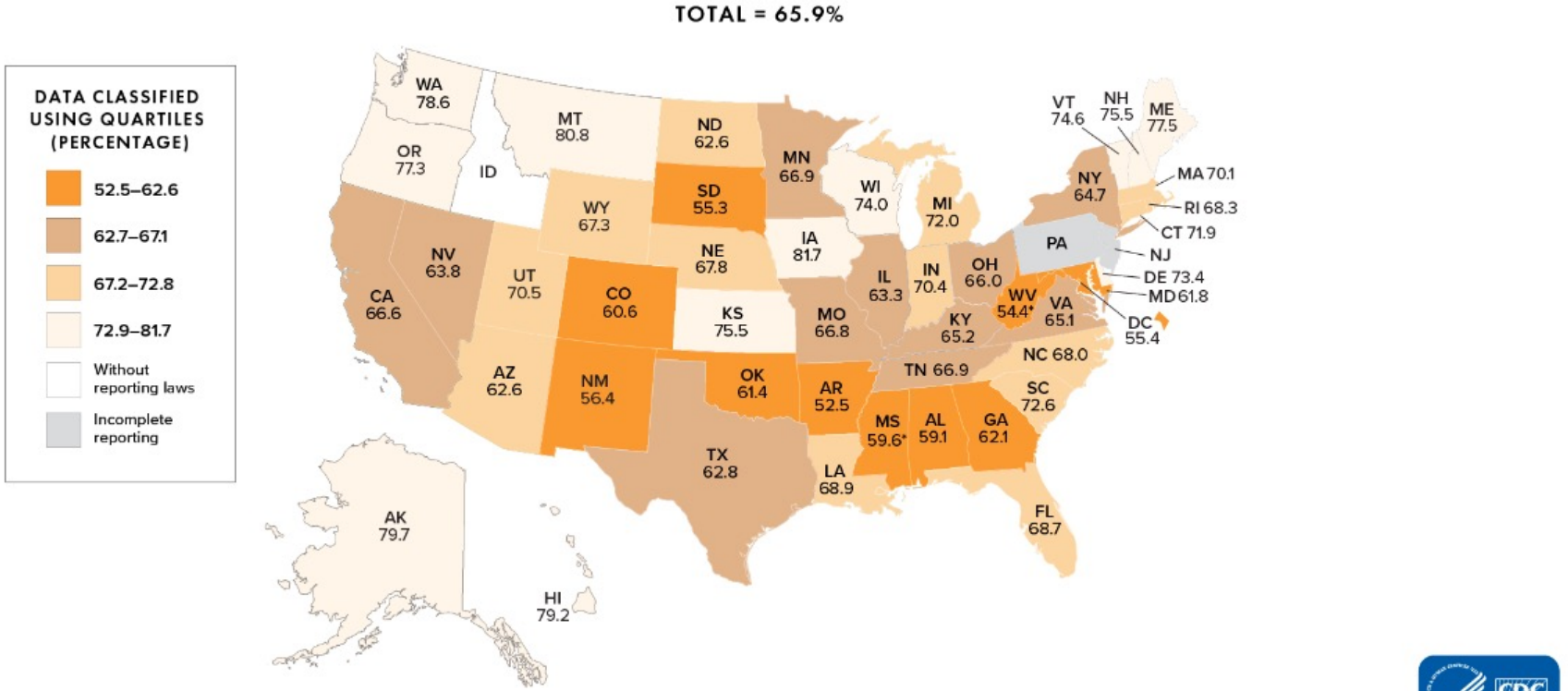
Connecting Medicaid beneficiaries with RW services improves delivery of patient-centered care for people living with HIV, which ultimately improves their health outcomes

Using Data to Understand Inequity

UNMC

FIGURE 11

Viral suppression during 2021 among persons aged ≥13 years living with diagnosed HIV infection, by area of residence—47 states and the District of Columbia



Note. Data for the year 2021 are preliminary and based on deaths reported to CDC as of December 2022. *Data should be interpreted with caution due to incomplete ascertainment of deaths that occurred during the year 2021. See Guide to Acronyms and Initialisms, Data Tables, and Technical Notes for more information on definitions and data specifications.

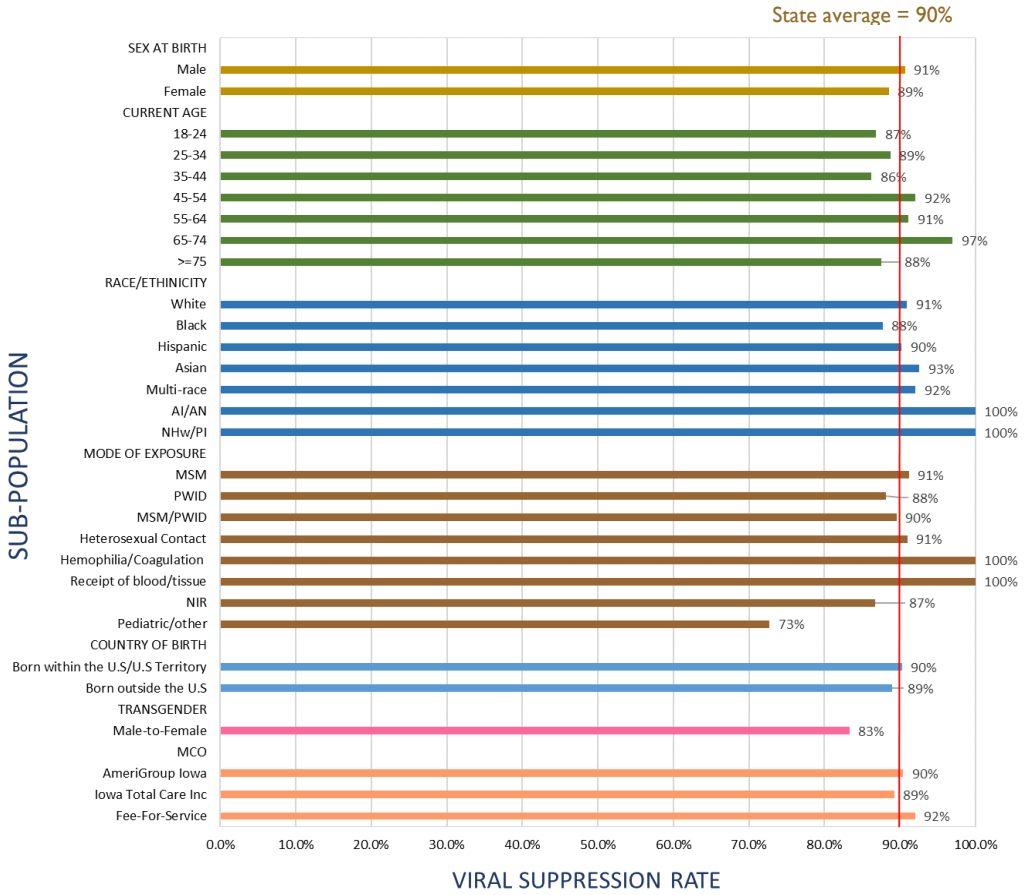
High viral suppression rates among Iowa Medicaid beneficiaries across various sub-populations in 2022

1,157

Number of Medicaid beneficiaries who met eligibility requirements in 2022

90%

Percentage of Medicaid beneficiaries living with HIV who attained viral suppression in 2022



IOWA HHS

Engagement in Ryan White services increases viral suppression rates for Medicaid beneficiaries living with HIV - 2022

1,027

Number of PLHIV who are Medicaid beneficiaries engaged in Ryan White services who had at least one medical visit in the first 240 days of 2022

938

Number of Medicaid beneficiaries with HIV in Ryan White case management or receiving RW services in 2022 who achieved viral suppression

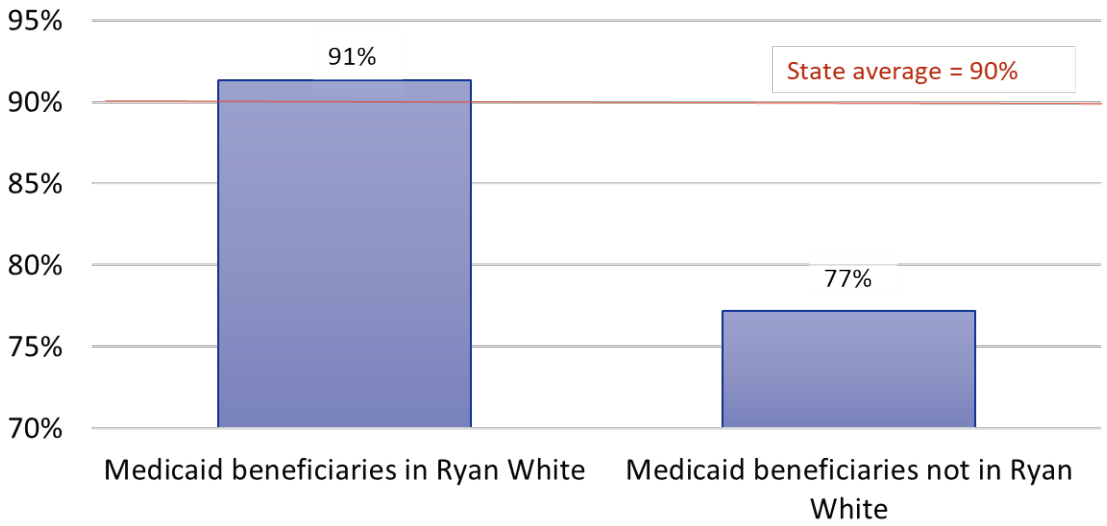
91%

Percentage of Medicaid beneficiaries with HIV in Ryan White case management or receiving RW services in 2022 who achieved viral suppression

Viral suppression rates of Medicaid beneficiaries who are not in Ryan White fall far below state average

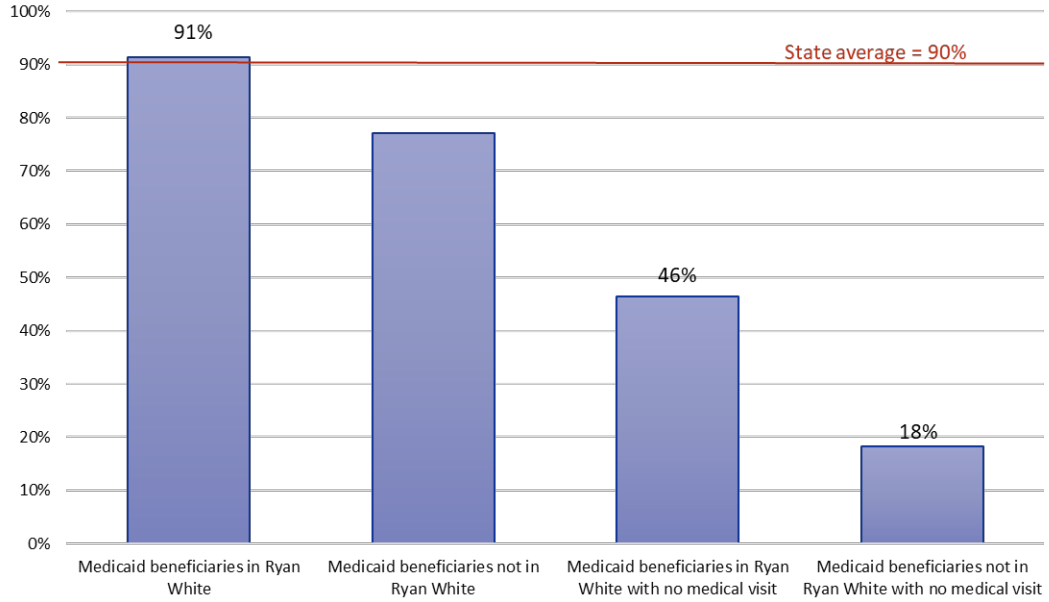
57

Number of Medicaid beneficiaries not in Ryan White case management or receiving RW services



IOWA HHS

Low viral suppression rates among Medicaid beneficiaries not engaged in medical care in 2022

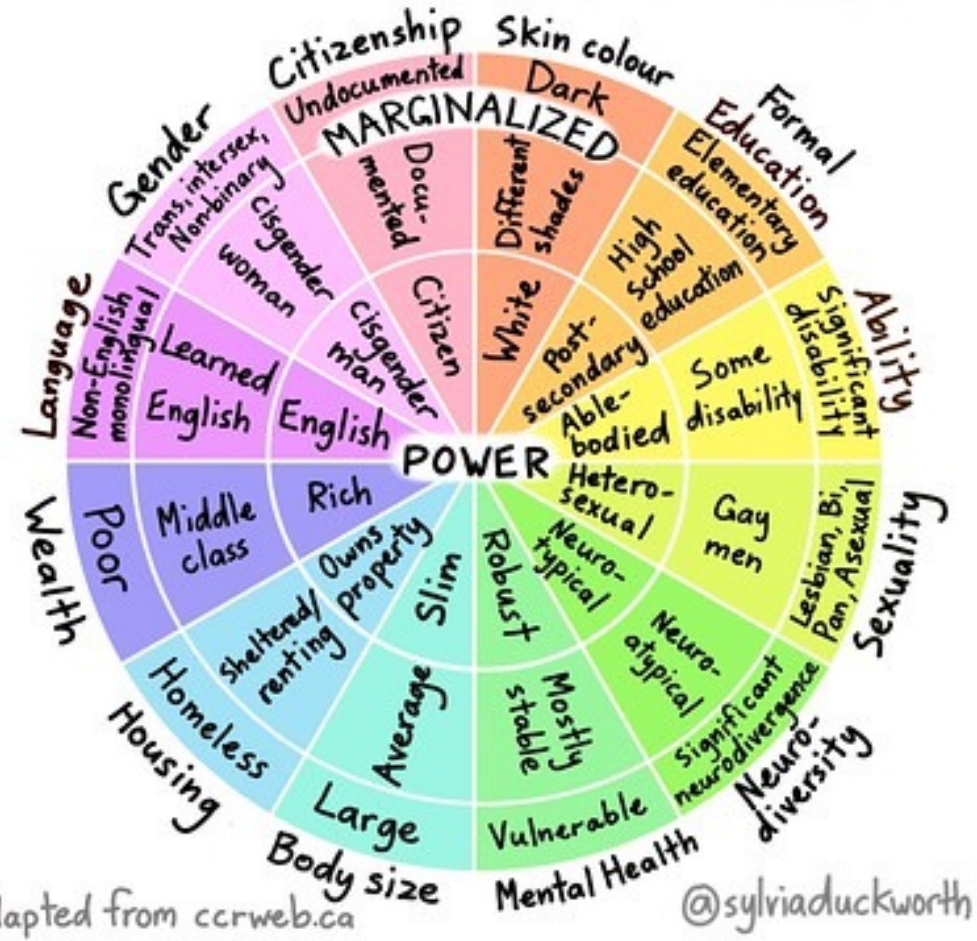


229

Number of Medicaid beneficiaries with no medical visit in 2022

IOWA HHS

WHEEL OF POWER/PRIVILEGE



Adapted from ccrweb.ca

@sylviaduckworth

Patient and Community Engagement

Community Engagement Continuum

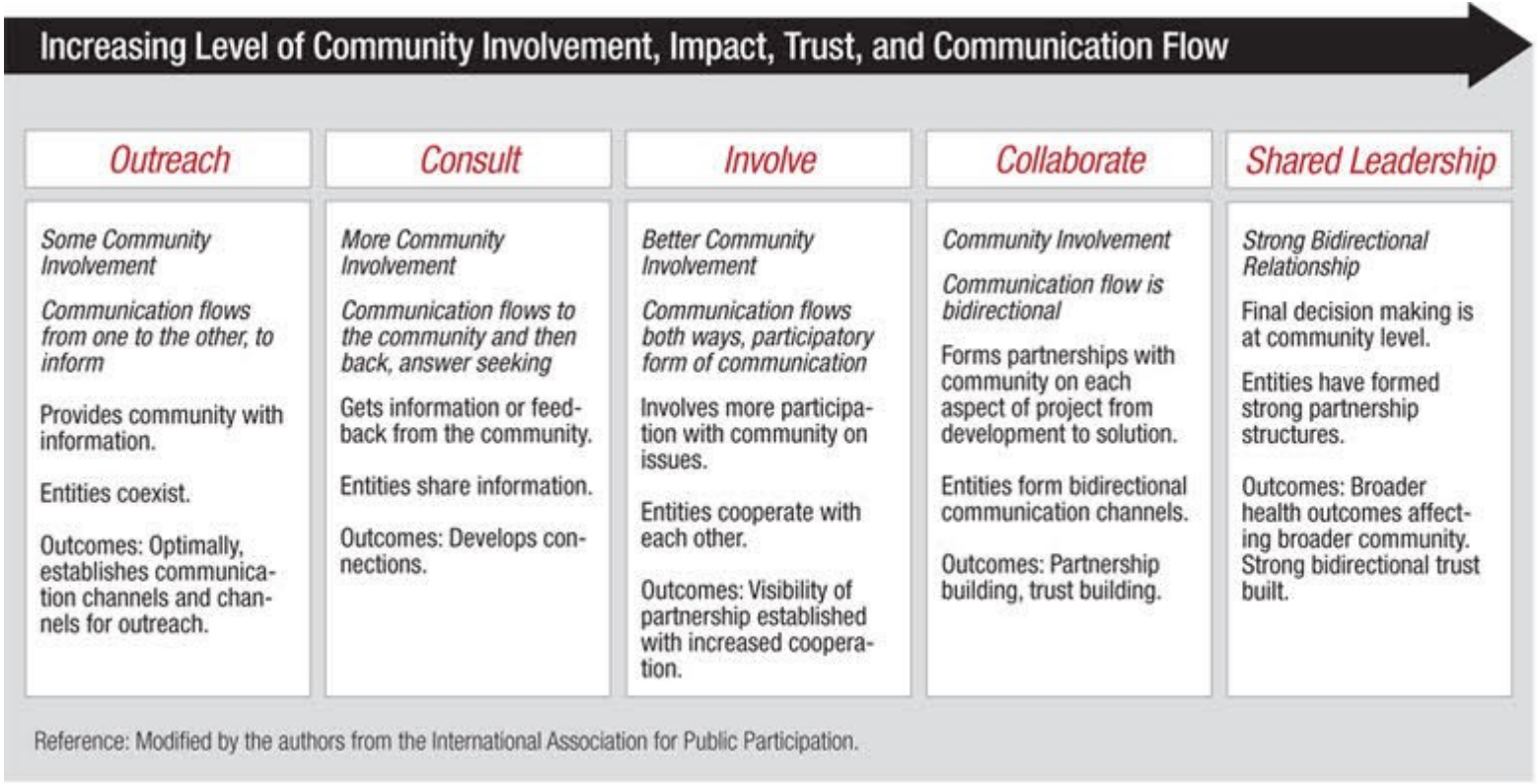


Figure 1.1. Community Engagement Continuum

Discussion: Community Engagement Continuum

1. What makes it challenging to sustain relationships with trusted individuals from minoritized communities?
2. How do you achieve engagement at higher levels of the continuum (collaboration and shared leadership)?

Discussion: Patient and Community Engagement

1. Have you encountered distrust due to your organizational affiliation? If so, what has helped you manage this?

Wrap-up

Project ECHO®

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Our Follow-up

You will receive:

- Today's presentation
- A one-pager with key-takeaways
- Relevant supporting resources
- Next session's agenda and information

Session 11: April 17

Refining Changes and Managing Expectations

1. Differentiate spread and scale in the context of QI projects
2. Discuss how changes can be adapted as they are spread and scaled
3. Identify strategies for managing buy-in and change resistance as interventions evolve in new settings

Thank you!