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UNIVERSITY OF
Nebraska
Medical Center

Achieving Equitable Health Outcomes in Nebraska

An ECHO Project Funded by
Nebraska DHHS through a CDC grant

Session 11 – April 17, 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.



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UNMC ID Health Equity and Quality Improvement ECHO Project

Refining Changes and Managing Expectations

Free Live ECHO Project

April 17, 2024

CID: 59006

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. 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.

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



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 1.0 *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: I00058944 Approval Number: 240001017

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:

The below faculty have nothing to disclose:

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*faculty and planning committee member



Disclosures

PLANNING COMMITTEE

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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:

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Refining Changes and Managing Expectations

Faculty: Dr. Gale Etherton, Mahelet Kebede, Jeff Wetherhold

Guest Presenter: Andy Wessel, Douglas County Health Department



Objectives

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



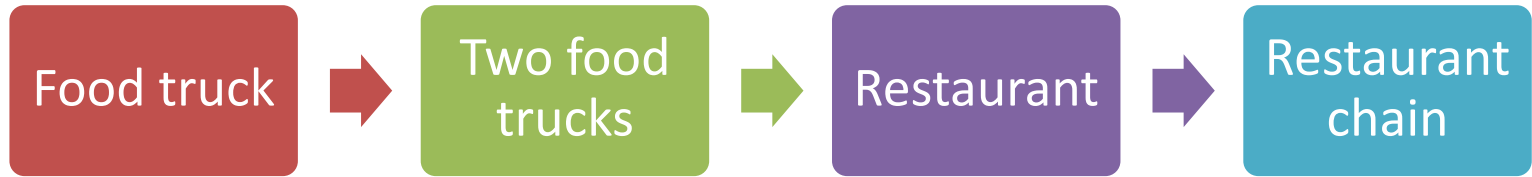
Spread vs. Scale

- 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:l2068

Discussion



What might be more challenging at each transition?

Example: Spread

Building a volunteer committee focused on equity and planning in Douglas County



Example: Scale

Building a Division of
Health Equity & Planning
with ~20 full-time staff
overseeing:

- Planning
- Accreditation
- Performance Management /
Quality Improvement (PMQI)
- Health Data
- Communications
- Workforce



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



Adapting your Changes

- **Who:** Can different role(s) complete the same tasks?
- **How:** Can a different workflow accomplish the same outcomes?
- **Where and When:** Is there flexibility in the timing or location for this work?



Understand the Context

- How does this change fit within a larger narrative?
- How complex is the change?
- How do pilot sites impact adoption?
- Do adoptees feel like they have the bandwidth to make a change?
- What resource needs are likely to emerge and how can you address them?



Adapting to Scale

- **Challenge:** Making health equity an explicit QI priority for your organization
- **Obstacles to scale:** Staffing, acceptance of language, political and ideological affiliations
- **Key question:** How can we adapt this intervention to improve health equity across Nebraska?



Discussion

What's especially hard about starting small in the context of equity-focused changes?



Adapting to Scale

Factors to consider:

- What supports already exist?
- How can you change the language you are using?
- What issues are you highlighting?
- Who are your messengers?



Psychological Safety

“Team psychological safety is a shared belief held by members of a team that it’s OK to take risks, to express their ideas and concerns, to speak up with questions, and to admit mistakes — all without fear of negative consequences.”

Source: Gallo A. “What Is Psychological Safety?” *Harvard Business Review*. Feb 15 2023.
<https://hbr.org/2023/02/what-is-psychological-safety>



Self-reflection

Think of an example of a team environment in your life in which you have felt psychological safety.



WHEEL OF POWER/PRIVILEGE



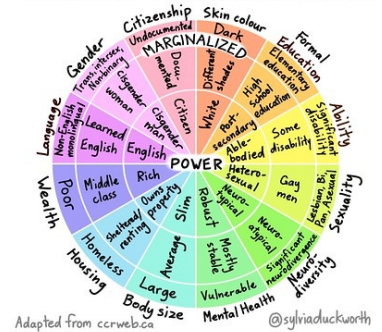
Adapted from ccrweb.ca

@sylviaduckworth



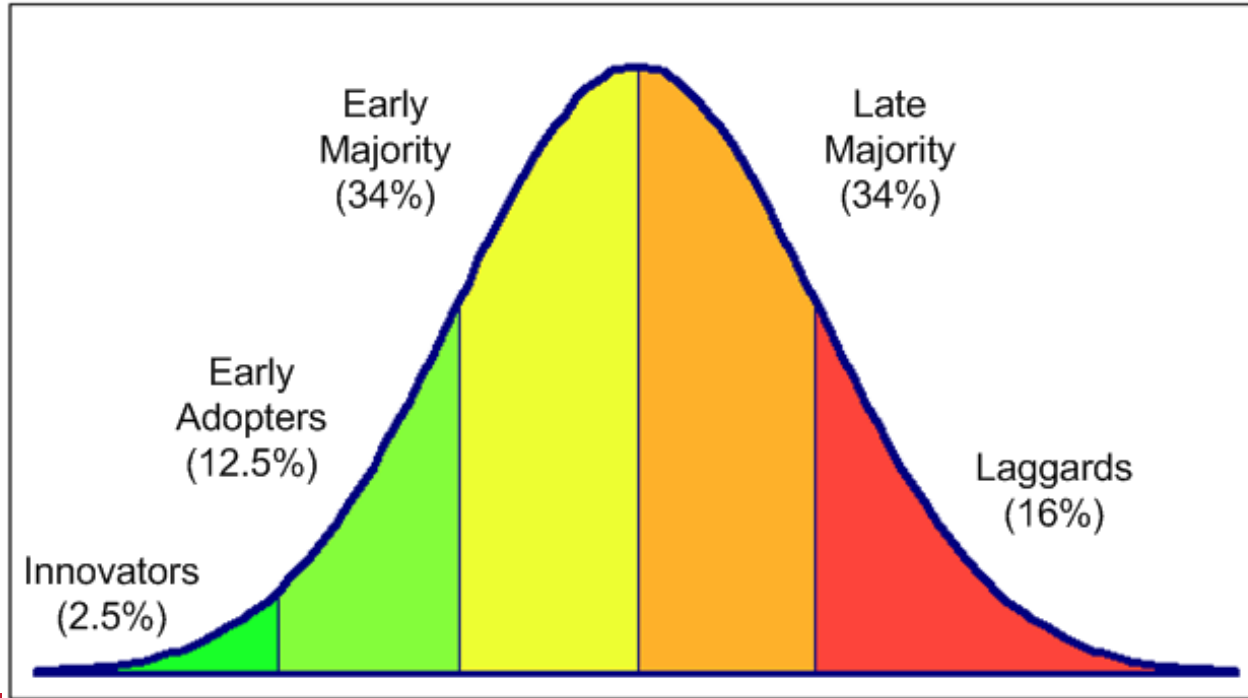
Discussion

WHEEL OF POWER/PRIVILEGE



How can we acknowledge and work with power and privilege to be successful in our QI projects?

Rogers' Diffusion of Innovation



Poll Question

Consider the issue of making health equity an explicit QI priority for your organization.

Where is your organization on the adoption curve?



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



THE VALUE PROPOSITION

What Public Health Offers	How Businesses Benefit
<ul style="list-style-type: none">• Strategies to improve the foundations for community health• Credibility and expertise in community health promotion• Data analysis and evaluation capabilities; reinforcement of the validity and merits of interventions• Relationships with other community organizations; ability to link parties with similar interests and point to existing resources• Access to services, people, and programs at all levels of government• Training and technical-assistance capabilities• A clinical background; understanding of and engagement with the health delivery system• Knowledge of policy and funding opportunities• Ability to work with and educate advocacy groups on evidence-based strategies	<ul style="list-style-type: none">• Increased consumer and employee loyalty• Attraction and retention of top workforce talent• Healthier workforce pool from which to select new hires; preparation of the future workforce• Enhanced employee morale, job satisfaction, productivity, and engagement• Potential reductions in direct (health care) and indirect (absenteeism, disability, presenteeism) costs• Enhanced corporate image and improved community relations• Data-driven evidence to inform business strategy

Source: "Improving Population Health: The Business Community Imperative."³

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

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?



Wrap-up



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 12: May 15

Sustaining Progress: How to continue advancing health equity through a QI lens

1. Characterize how summary resources from this project can be used to support health equity work in your organization.
2. Summarize best practices in sustaining improvement from short-term tests of change.
3. Discuss next steps in participant health equity improvement projects.



Thank you!

