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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 3 - August 16, 2023**



# 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.



# Subject Matter Experts

## Infectious Diseases Team

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## Quality Improvement Team

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# UNMC ID Health Equity and Quality Improvement ECHO Project

Scoping QI Projects for Health Equity

Free Live ECHO Project  
August 16, 2023  
CID 58922

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 the value of having diverse perspectives in scoping changes
2. Practice developing problem statements focused on health equity
3. Incorporate diverse perspectives into improvement projects in case discussion

## REQUIREMENTS FOR SUCCESSFUL COMPLETION- **NEW!**

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](mailto: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*<sup>™</sup>. 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: I00055910 Approval Number: 230002360

To claim these CEs, log into your CCMC Dashboard at [www.ccmcertification.org](http://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**

- Gale Etherton, MD, FACP
- Mahelet Kebede, MPH\*
- Jeff Wetherhold, M. Ed\*
- Risa Zimmerman, MBA, MPAS, PA-C, DFAAPA

\*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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[www.unmc.edu/cce](http://www.unmc.edu/cce)



# Scoping QI Projects for Health Equity

**Presenters:** Dr. Gale Etherton, Risa Zimmerman, and Jeff Wetherhold



# Objectives

1. Articulate the value of having diverse perspectives in scoping changes
2. Practice developing problem statements focused on health equity
3. Incorporate diverse perspectives into improvement projects in case discussion



# Questions from Last Month

How will you discuss the new Joint Commission requirements?

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?	



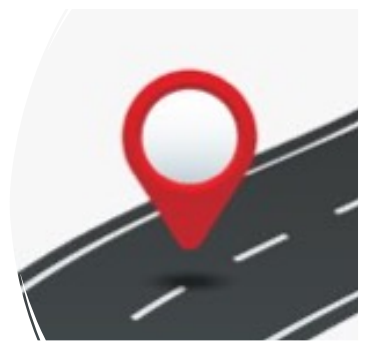
# QI Roadmap

1. Define a problem statement
2. Map the process
3. Generate a fishbone diagram
4. Identify root cause(s)
5. Apply potential solutions to the hierarchy of actions and impact/effort matrix
6. Define a SMART aim statement



# The 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)
  - Examples: “wrong drug given,” “wrong line inserted”
- Delineates the difference between current state and ideal state in measurable/observable terms
  - Example: “10x dose of high-risk medication almost injected”



# More Details, More Problems

- There may be many problems in one case
  - Focus on ONE critical problem to define problem statement
  - Focus on the problem that would significantly impact the delivery of care if fixed
- Each problem → own problem statement → own fishbone (cause/effect) diagram

# 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 “EMR order entry takes too long”
- ✓✓ Better “Physician order entry in clinic takes 10 minutes out of the scheduled face-to-face visit with the patient”
- ✓✓✓ Best “Physician order entry of ancillary tests in clinic takes 10 minutes out of the scheduled face-to-face visit with the patient”

# Practice #1

Your extended family is attending a birthday party tomorrow for your older sister's child. You are quite competitive with your siblings and want to be sure you have a special gift.

Knowing that you typically procrastinate, your brother smugly tells you that he purchased his gift for the child a month ago. He doesn't tell you what it is. Feeling deflated, you pop by Target to purchase a gift on your way home.

You talk to your mom that evening and share what you bought. She says that it sounds a lot like the gift your brother purchased.

*What might the problem statement be?*



# One Problem, Many Perspectives

It is critical to understand where there is (and isn't!) alignment in understanding a problem among:

- Executives
- Managers
- Front-line staff
- Support staff
- Patients



# Strength in Diverse Perspectives

Example from Session 2: Patient acceptance of telehealth visits for specialty care

- Providers might perceive this as a problem of patient engagement and experience
- Front desk staff might perceive this as a problem of patient satisfaction and wait times
- Rooming staff might perceive this as a problem of patient flow in the clinic



# Discussion

*What happens when people are asked to implement a solution for something that they don't perceive to be a problem?*





# Practice #2

You have been part of an effort to increase the usage of telehealth visits among patients who are non-English-speaking in your clinic. The providers in the clinic are upset because some of their patients have had trouble logging onto their visits, resulting in delays.

*What might the problem statement be?*

*What information might help you clarify this?*



# Problem Statements Change

This is a feature, not a bug!

- You may learn more about a problem and be able to focus it further
- You may learn that a perceived problem is not substantiated by data
- You may learn about different problems that are higher priority



# Joint Commission Requirements

## National Patient Safety Goal NPSG.16.10.01

- **EP1:** Designate individual(s) to lead activities to improve health care equity for the organization's patients.
- **EP2:** Assess patients' health-related social needs and provide information about community resources and support services.
- **EP3:** Identify health care disparities by stratifying quality and safety data using the sociodemographic characteristics of the organization's patient population.



# Joint Commission Requirements

## National Patient Safety Goal NPSG.16.10.01

- **EP4:** Develop a written action plan that describes how the organization will improve health care equity by addressing at least one of the health care disparities identified in its patient population.
- **EP5:** Act when the organization does not achieve or sustain the goal(s) in its action plan to improve health care equity.
- **EP6:** Inform key stakeholders, including leaders, licensed practitioners, and staff, about its progress to improve health care equity.



# Case Discussion



# Observations

2022										2023							
4	5	6	7	8	9	10	11	12		1	2	3	4	5	6	7	8



Problem statements often start with observations:

- Feedback from panel participants in Spring 2022 conference, and
- A specific story about a patient experience



# Problem Statement v1

2022										2023							
4	5	6	7	8	9	10	11	12		1	2	3	4	5	6	7	8



Problem statements can be very broad at first:

- “We don’t feel comfortable caring for some members of our community.”

# Discussion

“We don’t feel comfortable caring for some members of our community.”

*How can we make this problem statement more focused and actionable?*





# Problem Statement v2

2022										2023							
4	5	6	7	8	9	10	11	12		1	2	3	4	5	6	7	8



Problem statements often evolve iteratively:

- “Our PAs are not comfortable caring for marginalized populations in our community.”

# Next Step

- Practicing PAs and PA students were surveyed separately
- All survey recipients were asked to rate their confidence on a core set of 11 competencies in health equity and cultural sensitivity



# Problem Statement v3

2022										2023							
4	5	6	7	8	9	10	11	12		1	2	3	4	5	6	7	8



Problem statements often evolve iteratively:

- “Nebraska's population of practicing PAs and PA students report lower levels of comfort with health equity and cultural sensitivity when treating patients who represent marginalized communities.”



# Discussion

“Nebraska's population of practicing PAs and PA students report lower levels of comfort with health equity and cultural sensitivity when treating patients who represent marginalized communities.”

*What data would you like to have to move forward?*



# Problem Statement v4

2022										2023							
4	5	6	7	8	9	10	11	12		1	2	3	4	5	6	7	8



- “Preliminary survey data shows that Nebraska's population of practicing PAs and PA students feel that health equity and cultural sensitivity are important but report lower levels of comfort and knowledge of the subject when treating their patients who are from marginalized, underprivileged, and/or communities of color in Nebraska.”



# Shared Strengths

Practicing PAs and PA students rated their comfort highest on these 3 competencies:

1. Describing the social determinants of health that may impact an individual's access to healthcare
2. Assessing and addressing implicit and explicit biases
3. Describing how cultural beliefs and practices influence a person's health-related behaviors



# Shared Challenges

Practicing PAs and PA students rated their comfort lowest on these 4 competencies:

1. Implementing changes to communications to increase the awareness and prevention of microaggressions in your workplace
2. Implementing changes to practices, communications, and the physical environment to increase cultural responsiveness in your workplace
3. Implementing infection prevention and control efforts that are focused on health equity
4. Establishing a process to routinely engage community stakeholders, including those experiencing health inequities



# Wrap-up





# What can you do this month?

Develop an initial problem statement which:

- Uses concise and focused language
- Avoids offering theories about cause(s) or solutions(s)
- Clearly describes the difference between the current and ideal state

# Our Follow-up

## You will receive:

- Today's presentation
- A one-pager with key-takeaways
- Relevant supporting resources
- Next session's agenda and information
- Links to priority session recordings from Phase 1



# Session 4: September 20

## Using Data to Understand Inequity in Long Covid

1. Describe the role that data play in understanding health disparities and the impact of changes on health equity.
2. Explain how this knowledge has been applied to improve our understanding of health disparities related to long COVID-19/post-COVID conditions.
3. Apply this knowledge to clarify the impact of health disparities in the context of a case example.



**Thank you!**

