Achieving Equitable Health Outcomes in Nebraska

**An ECHO Project Funded by
Nebraska DHHS through a CDC grant**

Session 6 – November 15, 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.

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UNMC ID Health Equity and Quality Improvement ECHO Project

Having Better Conversations about Change

Free Live ECHO Project
November 15, 2023

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 importance of identifying and accepting ambivalence to change.
2. Identify resistance to change in case examples.
3. Practice strategies for managing resistance to change in the context of health equity.

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: I00057054   Approval Number: 230003502

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
- Gale Etherton, MD, FACP
- Mahliqha Qasimyar, MD
- Jeff Wetherhold, M. Ed*

*faculty and planning committee member

Disclosures

UNMC | CENTER FOR CONTINUING EDUCATION

www.unmc.edu/cce

Follow-up from Last Month

- Observe or review a front-line process in your organization that is relevant to your health equity goals.

Objectives

1. Articulate the importance of identifying and accepting ambivalence to change.

2. Identify resistance to change in case examples.

3. Practice strategies for managing resistance to change in the context of health equity.

Today's Session

- We covered the topic of getting buy-in for change in [Phase 1 Session 16](#).

- Today's session will focus on how to have conversations when change isn't happening as you expected, or at all.

- Case discussions will be integrated with the didactic to facilitate practice.
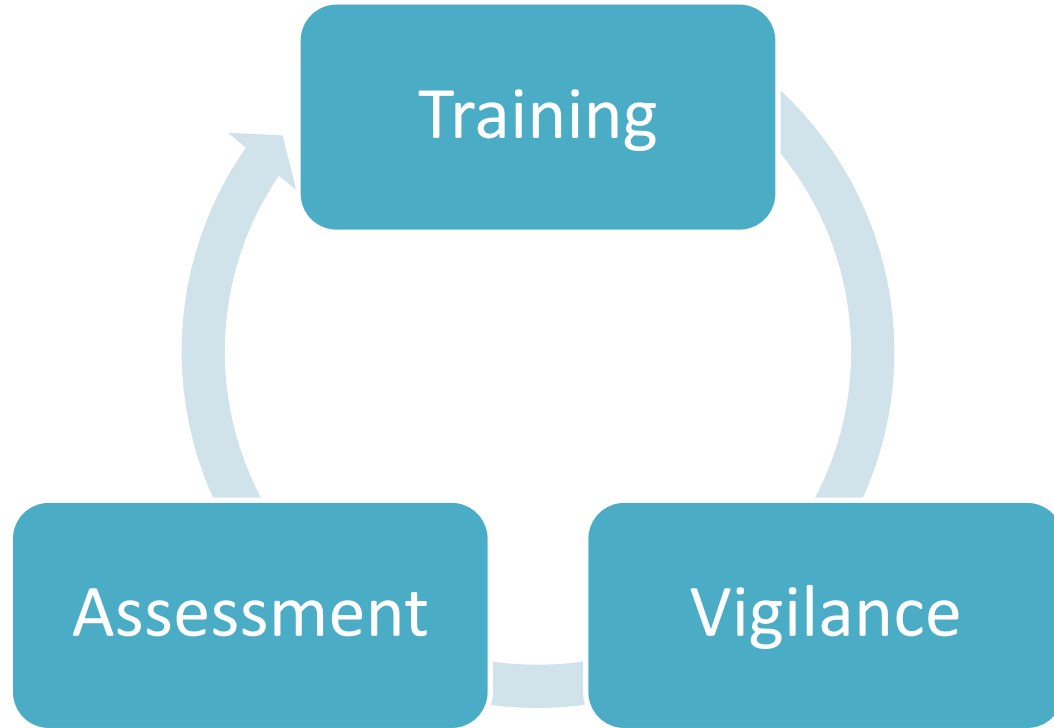
Ground Rules

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

Why is this necessary?

Opening Discussion

How do you feel when someone trains you on something you already know?

Ambivalence

All people are ambivalent about change. When change isn't happening, we can look for ambivalence by listening for sustain talk.
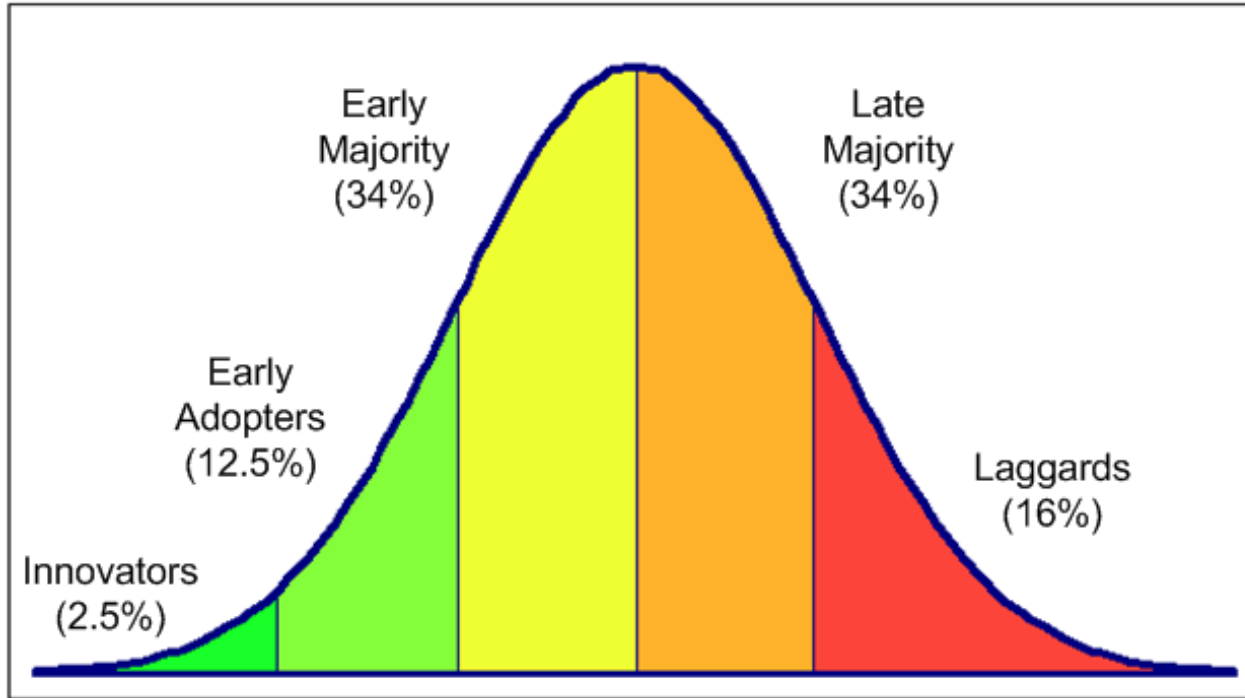
Definitions:

- Sustain talk includes "the person's own arguments for not changing, for sustaining the status quo."
- Change talk includes "any self-expressed language that is an argument for change."

Source: Miller WR, Rollnick S. *Motivational Interviewing: Helping People Change*. 3. New York: Guilford Press; 2013. Pages 7 and 159.

Rogers' Diffusion of Innovation

Addressing Change Resistance

Change Resistance Framework

1. Value

2. Capability

3. Support

A person needs to be aware of the **value** of change, **capable** of implementation, and feel **supported** in operationalizing it in order to be ready to make a change.

Value

Change Resistance Framework
1. Value
2. Capability
3. Support

Value includes:

- Value to the individual

- Value to their own work

- Value to patients or community

- Value to the team or organization

Value ≠ Cost

$$Value = \frac{Benefit}{Cost}$$

Value

What you might hear:

Value to individual:	"This conflicts with my core beliefs."
Value to own work:	"I have many important things to do."
Value to community:	"This isn't going to address the problems I see in our community."
Value to organization:	"I don't know why we are doing this."

Value

Strategies

- Explore the advantages of change.

- Explore the disadvantages of the current state.

- Describe an improved future state.

- Use scaling questions to set goals.

Example: Value of Change

This equity stuff is a hot button topic. And it's one more training! How am I supposed to make time for all of this? We will forget about this just like all the other trainings.

1. What could you ask regarding the advantages of change or disadvantages of the current state?

Example: Value of Change

This equity stuff is a hot button topic. And it's one more training! How am I supposed to make time for all of this? We will forget about this just like all the other trainings.

2. How might you help them to describe a better future state?

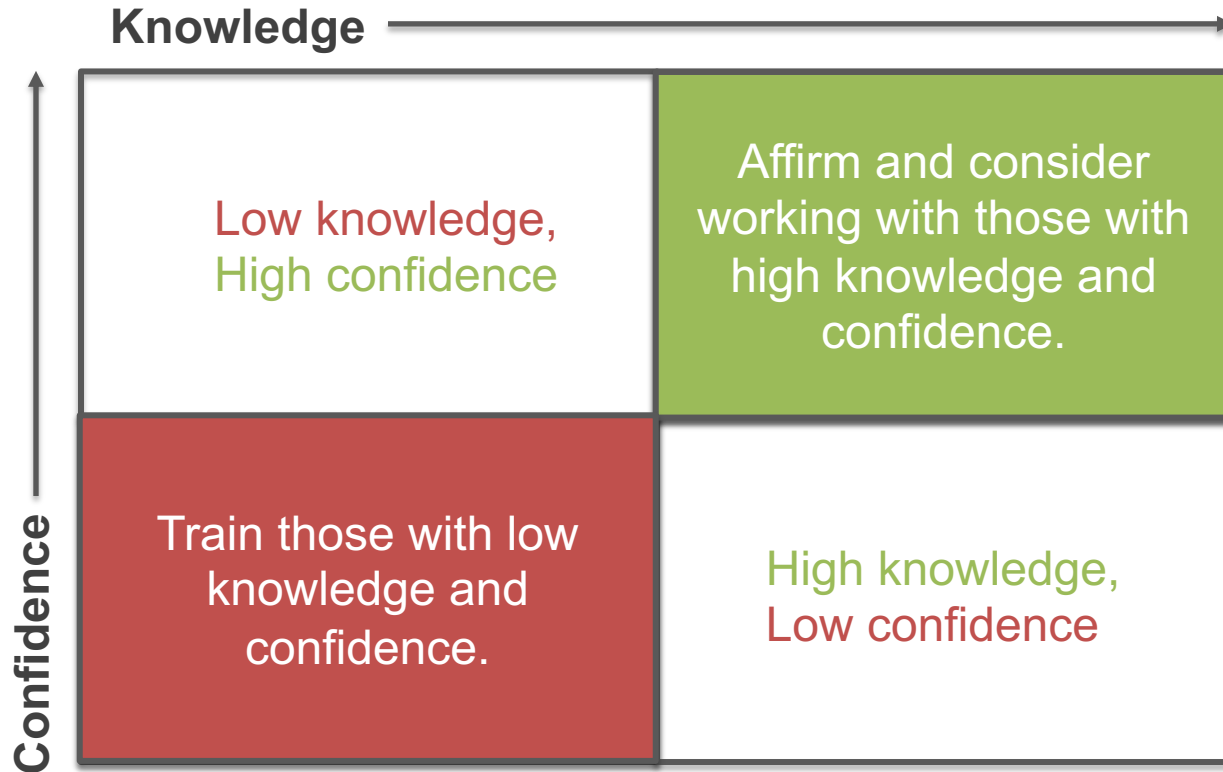# Capability

Change Resistance Framework

1. Value

2. Capability

3. Support

Capability includes:

• Knowledge of a change

• Confidence in that knowledge

Capability

Knowledge →

Confidence ↑

Low knowledge,
High confidence

Affirm and consider working with those with high knowledge and confidence.

Train those with low knowledge and confidence.

High knowledge,
Low confidence

Capability

Knowledge →

Confidence ↑

Low knowledge,
High confidence

High knowledge,
Low confidence
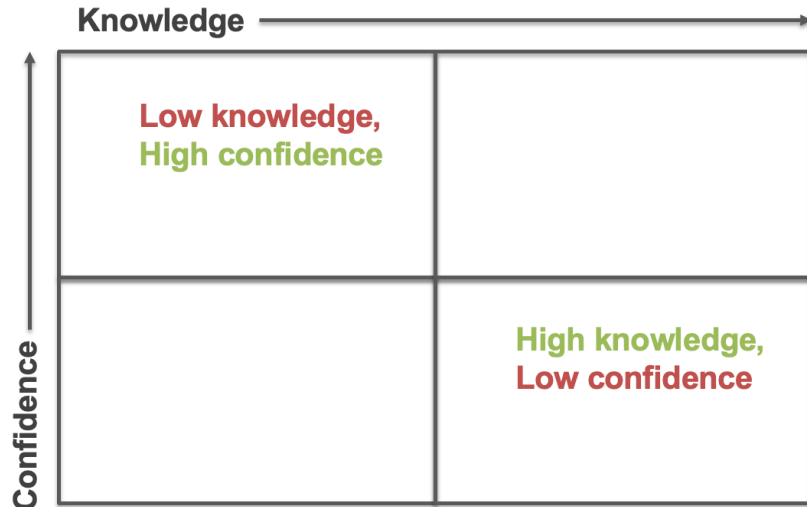
Can you think of an example of each of these scenarios?

Capability

What you might hear:

High Knowledge, Low Confidence	• "I thought I knew how to do this but am not sure." • "I know that my colleague shouldn't do that, but I don't want to upset them."
Low Knowledge, High Confidence	• "I already know all about this." • "I don't need to talk to that group. I know where they are coming from."

High Knowledge, Low Confidence

Strategies

- Affirm knowledge.

- Use simulation or structured practice.

- Probe for barriers.

Low Knowledge, High Confidence

Strategies

- Assume positive intent.

- Identify and examine sources of knowledge and/or assumptions.

- Ask them to explain it to you.

- Consider optimal messenger(s) and evidence.

Example: Capability

I know that Dr. Alphabet shouldn't be speaking to patients that way. No patients have complained about it though. And that would be a hard conversation. I'm not even sure where to begin.

1. How would you characterize this change resistance in terms of knowledge and confidence?

Example: Capability

I know that Dr. Alphabet shouldn't be speaking to patients that way. No patients have complained about it though. And that would be a hard conversation. I'm not even sure where to begin.

2. What might help a person in this case?

Support

Change Resistance Framework

1. Value

2. Capability

3. Support

Required support for operationalizing a change includes:

- Individual resources to make change possible in a role

- Organizational resources to support change across the team/organization

Support

What you might hear:

Individual resources:	• "I can't do this in addition to my other responsibilities." • "I don't have what I need to implement this."
Organizational resources:	• "We aren't going to follow through on this." • "I won't be supported in this."

Support

Strategies

- Start with retrospective language to learn about past experiences.
- Explore specific experiences to learn details.
- Shift to prospective language to describe what an improved future state would look like.

Example: Support for Change

I know that we are supposed to be getting flu shots every fall, but my boss won't even get one. How am I supposed to get my staff to take this seriously?

1. What could you ask to understand this person's past experience?

Example: Support for Change

I know that we are supposed to be getting flu shots every fall, but my boss won't even get one. How am I supposed to get my staff to take this seriously?

2. How might you help this person to describe an improved future state?

Summary: Didactic training is an excellent resource for one scenario we discussed today

1. Low knowledge and low confidence in that knowledge	3. Low knowledge with unwarranted confidence	5. Unclear value of the change to patients or community	7. Lack of individual resources to make change possible in a role
2. Low confidence in existing knowledge	4. Unclear value of the change to their work	6. Unclear value of the change to the team or organization	8. Lack of organizational resources to support them in change

Relevant MI Resources
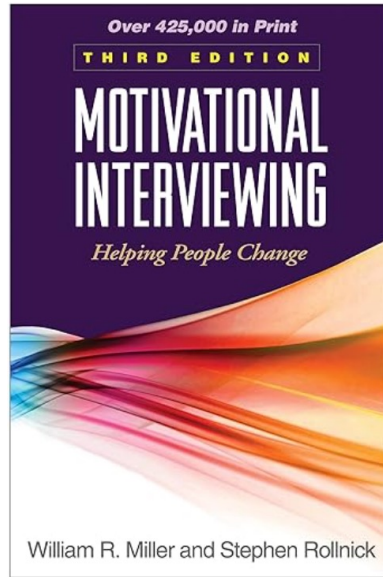
Miller WR, Rollnick S. *Motivational Interviewing: Helping People Change*. 3. New York: Guilford Press; 2013.
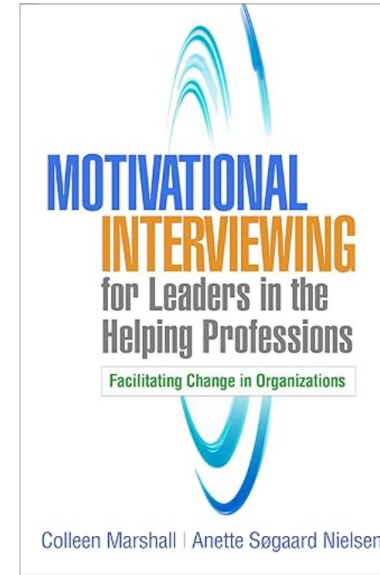
Marshall C, Nielsen AS. *Motivational Interviewing for Leaders in the Helping Professions: Facilitating Change in Organizations*. New York: Guilford Press; 2020.

Wrap-up

What can you do this month?

- Identify an example of change resistance in your organization that is not likely to be addressed by didactic training.

- Make a plan for how you can engage this resistance differently using content from today's session.

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 7: December 20

Patient and Community Engagement in Health Equity

1. Summarize strategies for engaging patients in health equity priorities
2. Incorporate patient feedback to create more equitable changes
3. Examine how to apply Quality Improvement (QI) tools to the evaluation of change ideas

Thank you!