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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 9 – February 21, 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

Setting Aims for Equality

Free Live ECHO Project

February 21, 2024

CID: 59004

UNIVERSITY OF
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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. Identify the characteristics of effective aim statements.
2. Apply the characteristics of effective aim statements in the context of health equity related improvements.
3. Demonstrate the ability to distinguish effective from ineffective aim statements in the context of a case discussion.

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: I00058148 Approval Number: 240000219

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:

Daniel Cramer, MSN, RN, APRN-C, FNP*

Gale Etherton, MD, FACP

Mahliqha Qasimyar, MD

Nichole Regan, APRN

Jeff Wetherhold, M. Ed*

*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:

- Valeta Creason-Wahl, HMCC
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Setting Aims for Equity

Presenters: Gale Etherton, MD, FACP; Mahliqha Qasimyar, MD; Jeff Wetherhold, M.Ed.

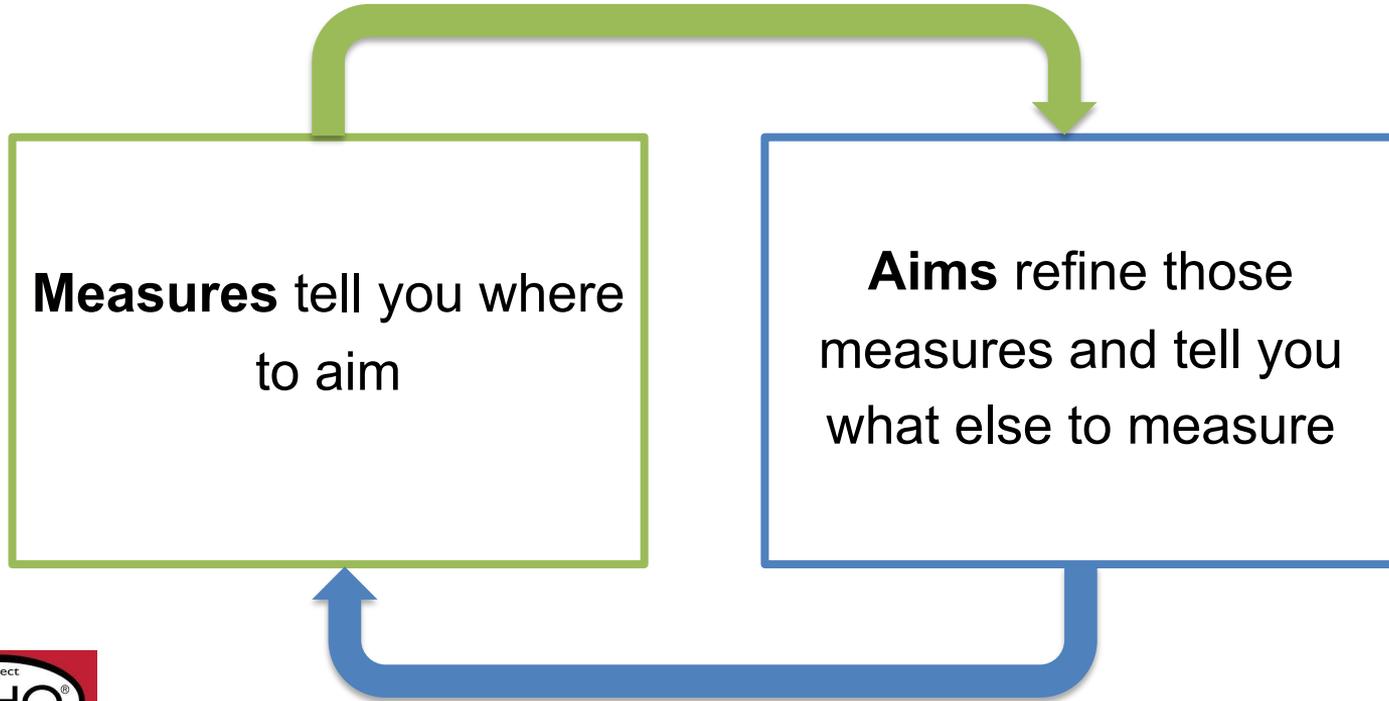


Objectives

1. Identify the characteristics of effective aim statements.
2. Demonstrate the ability to distinguish effective from ineffective aim statements in the context of a case discussion.
3. Apply the characteristics of effective aim statements in the context of health equity related improvements.



Measures and Aims



Aim Statement



- An aim statement is a written, measurable, time sensitive statement of the expected results of a system redesign/quality improvement project
- The aim can change as needed to flex with information obtained during project
- Leadership and frontline staff must agree on this to be successful

SMART Aims



SMART Examples

Poor: We will improve the rate of outreach to all patients in our clinic in order to reduce no-shows.

Fair: We will test a revised process for monitoring wait times with 20 patients by March 15.

Good: We will implement a revised in-person screening process for transportation needs at time of clinic visit for 100% of patients from three low-SES neighborhoods by April 30.

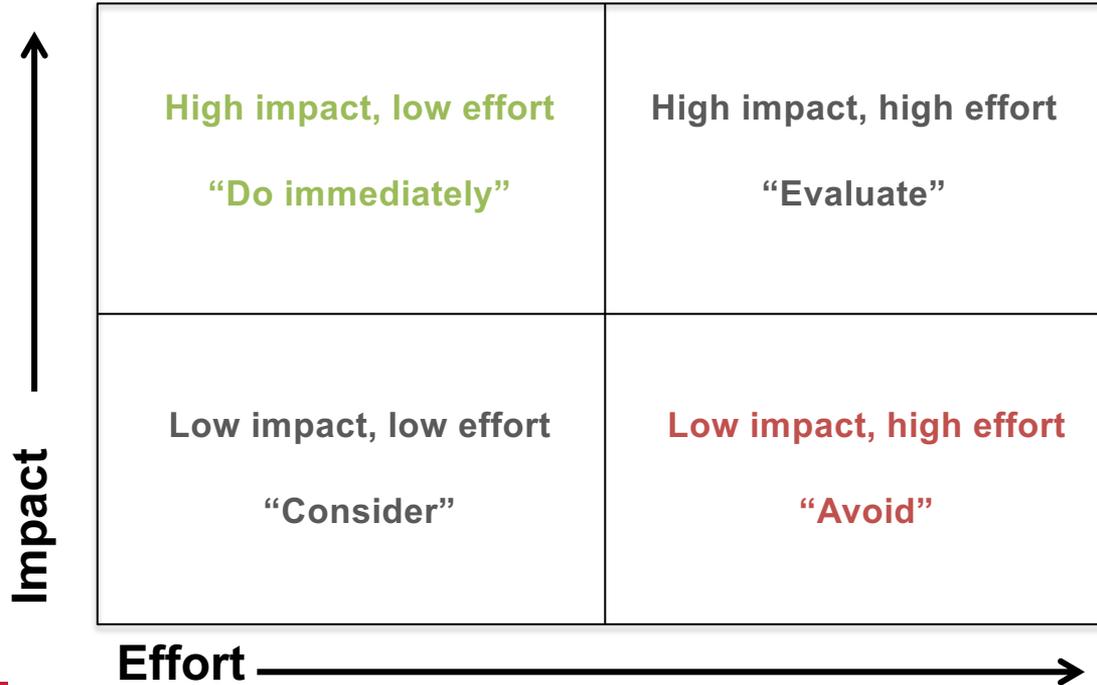
Discussion

We all end up in situations where we are trying to “boil the ocean” by accomplishing an aim that is just too big.

How do you know when this is happening to you?



Impact Effort Matrix



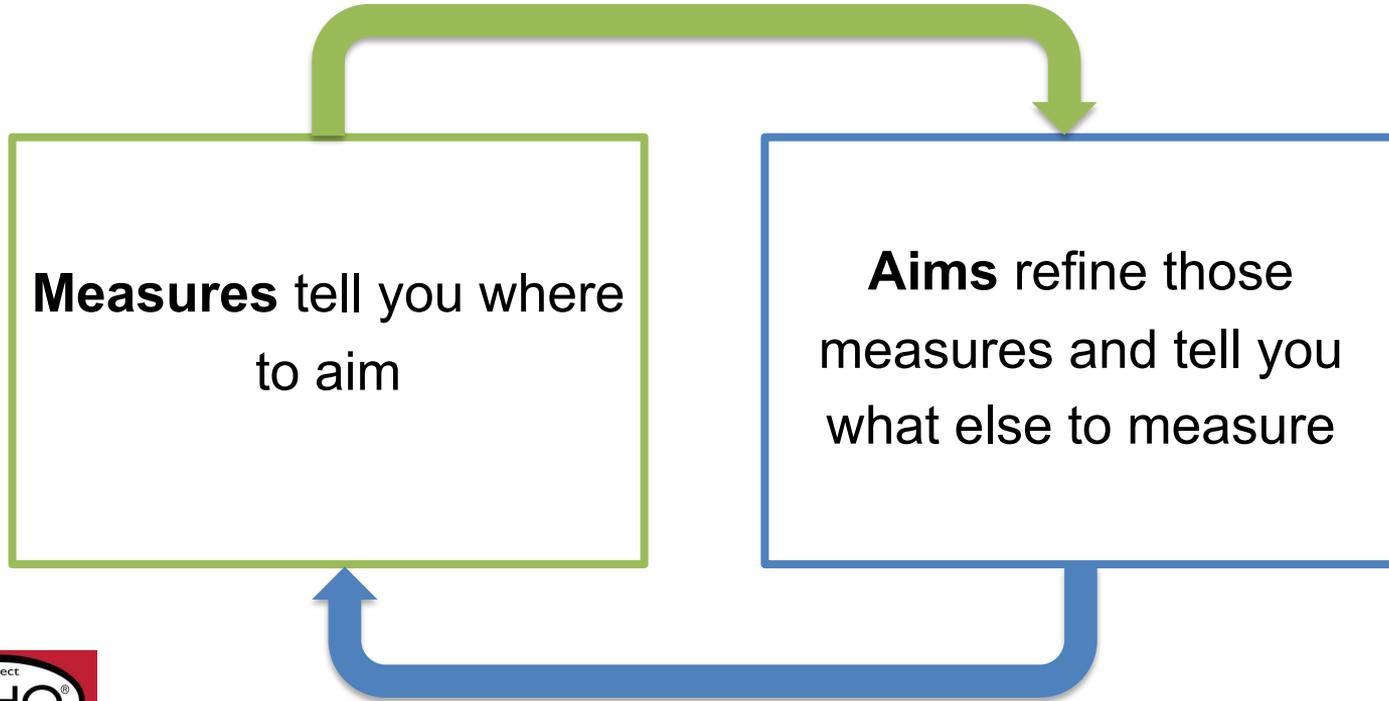
Discussion

We all end up in situations where we are trying to make an improvement that is not a priority for our patients.

How do you know when this is happening to you?

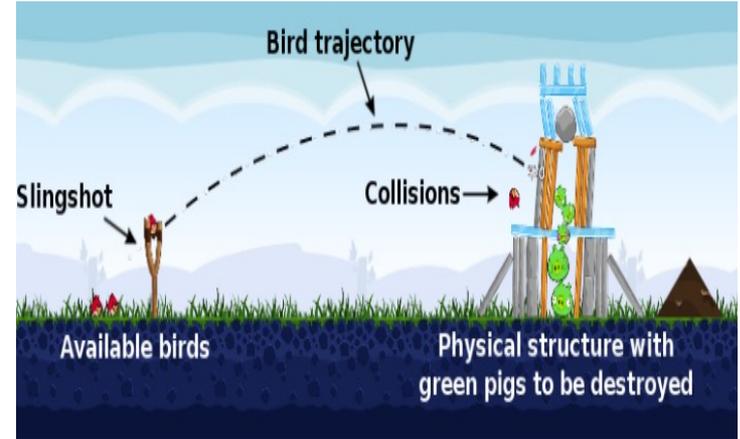


Measures and Aims



Choosing Metrics

- Think of process change like planning the course of the bird in Angry Birds
- Your first shot may miss, so you make small changes in your process (shooting)



Case Discussion

Presenters: Nichole Regan, APRN, MSN; Dan Cramer, APRN; Jeff Wetherhold, M.Ed.



Ground Rules

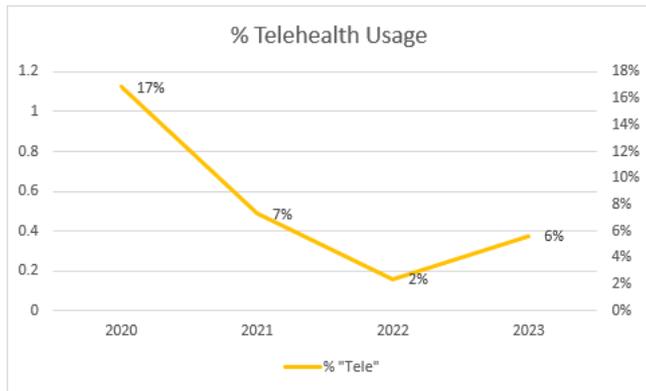
1. Be present & turn on your videos
2. Make Space, Take Space
3. ELMO: Enough Let's Move On
4. Take the lessons, leave the details
5. Assume positive intent
6. Be open to learning
7. Building, not selling
8. Yes/and, both/and



Initial Problem Statement

SCC patient utilization of telehealth services has declined steeply, even though patient experience with telehealth services has been very positive and patient outcomes were maintained or improved during periods of high telehealth usage.





Despite positive outcomes, the median monthly telehealth utilization rate at SCC has dwindled to <10% since 2021

Discussion

Initial Aim: We will identify and charter interventions to improve uptake for telehealth services among SCC patients by 12/31/23.

Where is this strong/weak?



Discussion

Initial Aim: We will identify and charter interventions to improve uptake for telehealth services among SCC patients by 12/31/23.

What data might help us to refine this aim?



Inputs for SCC's Aim

- Patient survey results
- Provider responses
- Past utilization
- Patient eligibility
- Geographic location (NE/IA)



Eligibility Criteria

- **Residency:** Living in state of Nebraska
- **Technology:** Confirmed access to OneChart
- **Engagement:** Participated in a provider visit in the last 9 months
- **CD4 Count:** Stable CD4 count >200
- **Viral Load:** <50 over last 9 months
- **Treatment:** Not on cabotegravir (Cab) and rilpivirine (RPV)



SCC Telehealth Eligibility (2023)

Description	Count	%
All patients	1259	100%
TH eligible	606	48%
TH eligible with previous TH	317	25%
TH eligible with recent TH (last 18 months)	163	13%



Pilot Data on Telehealth Recommendations

Description	Count	%
All patients	110	100%
TH eligible	55	50%
TH eligible and asked	40	36%
TH eligible and accepted	15	14%



Discussion

Initial Aim: We were able to identify and charter interventions to improve uptake for telehealth services among SCC patients by 12/31/23.

What would you ask patients about telehealth to improve the aim for this project?



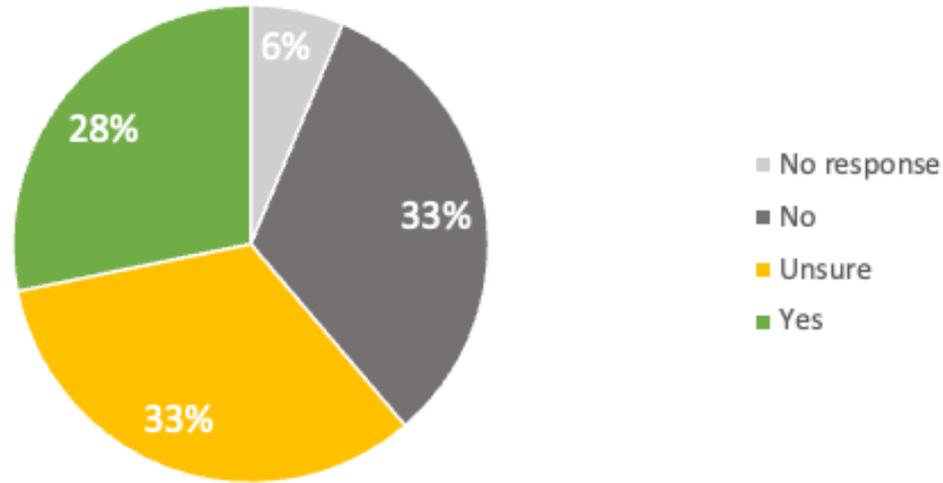
Patient Survey Questions

1. Do you currently use OneChart to access information on your care at SCC?
(single)
2. If you don't routinely use OneChart, what factors prevent you from using it?
(multiple)
3. Have you ever taken part in a telehealth visit at the SCC? (single)
4. Are you interested in using telehealth services as part of your care at SCC?
(single)
5. If not, what factors prevent you from using telehealth services? (multiple)



Patient Survey Results

Are you interested in using telehealth services as part of your care at SCC?

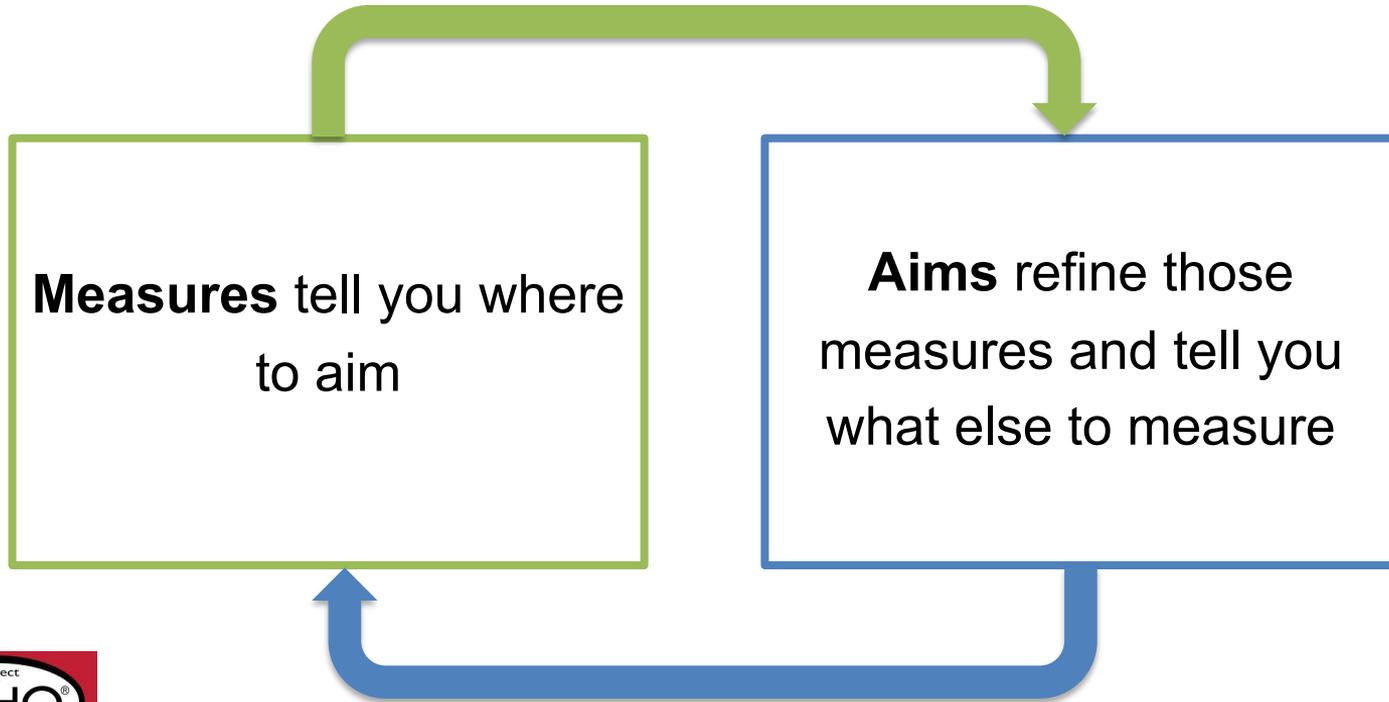


Current Aim

12% of all monthly appointments scheduled for SCC patients will be scheduled as telehealth appointments by 12/31/24.



Measures and Aims



Discussion

What does it feel like when you have to revisit your aim in an improvement project?



What's Next?



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 10: March 20

Focusing Changes to Improve Health Equity

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.



Thank you!

