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UNIVERSITY OF
Nebraska
Medical Center

UNMC ID ECHO Project to Reduce COVID-19 Health Disparities Through Quality Improvement

Welcome to Session 10



Project Funded by Nebraska DHHS through a CDC grant



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

- Reminder: 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

- M. Salman Ashraf, MBBS
 - Erica Stohs, MD, MPH
 - Anum Abbas, MD
- Kelly Cawcutt, MD, MS

Quality Improvement Team

- Jeff Wetherhold, QI Consultant
 - Gale Etherton, MD
 - Mahliqha Qasimyar, MD

Health Equity & Cultural Sensitivity Team

- Nada Fadul, MD
- Mahelet Kebede, HE & CS Consultant
 - Shirley Delair, MD
 - Jasmine Marcelin, MD
 - Andrea Jones, MD
- Precious Davis, Case Manager
- Samantha Jones, Program Manager



CE Disclosures



UNMC ID Health Equity and Quality Improvement ECHO Project

**Topics: SDOH 3/6: Education Access and Quality and QI Root
Causes 4/6: How will you know your process is reliable?**

**Free Live ECHO Project
March 16, 2022
CID 53867**



TARGET AUDIENCE

This live 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:

- Describe how inequities in early childhood education and development, higher education, and language and literacy affect health outcomes.
- Identify the key characteristics of a reliable process.
- Relate these characteristics to both existing and new processes in a facility to understand whether they are likely to be reliably implemented.

REQUIREMENTS FOR SUCCESSFUL COMPLETION

In order to receive continuing education credit/credits, you must:

1. Participate in the live activity via ZOOM. Your attendance will be tracked by the course facilitator.
2. Complete the overall evaluation
 - a. Instructions on how to access the overall evaluation will be provided on a quarterly basis.
 - b. Continuing education credits will be issued for activities you attended.

For questions regarding evaluation and attendance, please contact Nuha Mirghani, MD, MBA, HCM at nmirghani@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 1.5 *AMA PRA Category 1 Credit(s)*TM. 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 1.5 ANCC contact hour(s). 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. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Nebraska Medical Center maintains responsibility for this course. Social workers completing this live activity receive 1.5 interactive continuing education credits.
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 1.5 CE contact hour(s).
Activity code: I00049719 Approval Number: 220000563
To claim these CEs, log into your CCMC Dashboard at www.ccmcertification.org.



DISCLOSURE INFORMATION

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

The below faculty have nothing to disclose:

Shirley Delair, MD, MPH
Gale Etherton, MD, FACP
Mahelet Kebede, MPH*
Mahliqha Qasimyar, MD
Jeff Wetherhold, M.Ed*

**Indicates on the planning committee*



Disclosures

PLANNING COMMITTEE

M. Salman Ashraf, MBBS

Merck & Co, Inc: Industry funded research/investigator

Nada Fadul, MD

ViiV Healthcare: Advisory Committee/Board

Erica Stohs, MD, MPH

ReViral Ltd.: Industry funded research/investigator

The below planning committee members have nothing to disclose:

- Valeta Creason-Wahl, HMCC
- Precious Davis, MSN, BSN, RN
- Samantha Jones, CSW
- Nuha Mirghani, MD, MBA, HCM
- Renee Paulin, MSN, RN, CWOCN
- Bailey Wrenn, MA





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POLL



Case Study

A 45-year-old female with hypertension, insulin-dependent diabetes mellitus and asthma presents to clinic with chief complaint of knee pain and is accompanied by her young daughter. Upon chart review, you note that she has cancelled her annual physical appointment four times. After addressing her reason for visit, you offer age-appropriate preventive services, including COVID19 vaccine series. She appears to be in a rush and politely declines, promising to get it taken care of when she comes in for her annual physical.

Poll Results



Health Equity: Social Determinants of Health Series – Education Access and Quality

Presenters: Shirley Delair, MD and
Mahelet Kebede, MPH



Objective

1. Describe how inequities in higher education, language and literacy and other education access and quality factors affect health outcomes.



Social Determinants of Health

Refresher

The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.



Context Setting

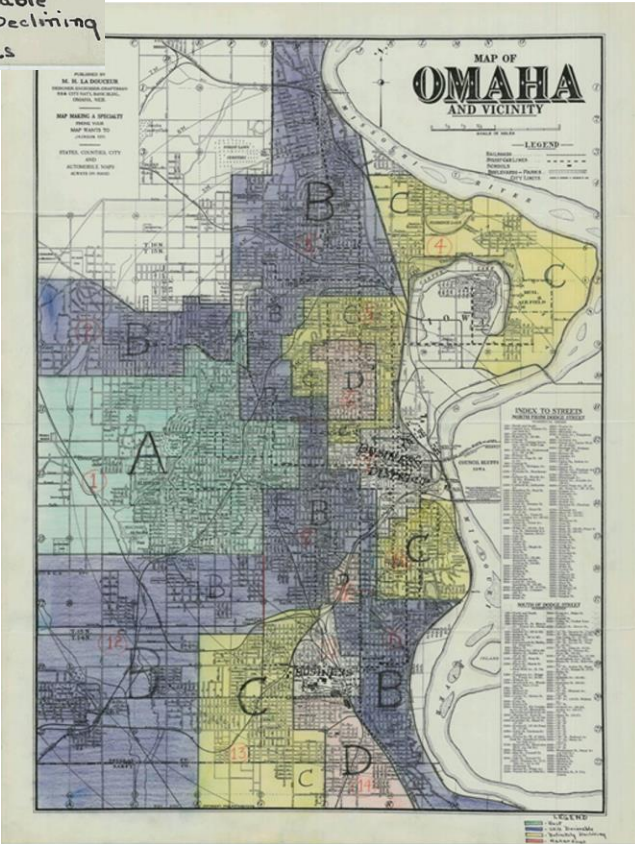
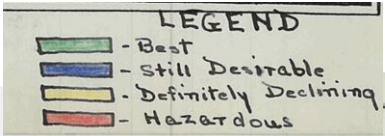
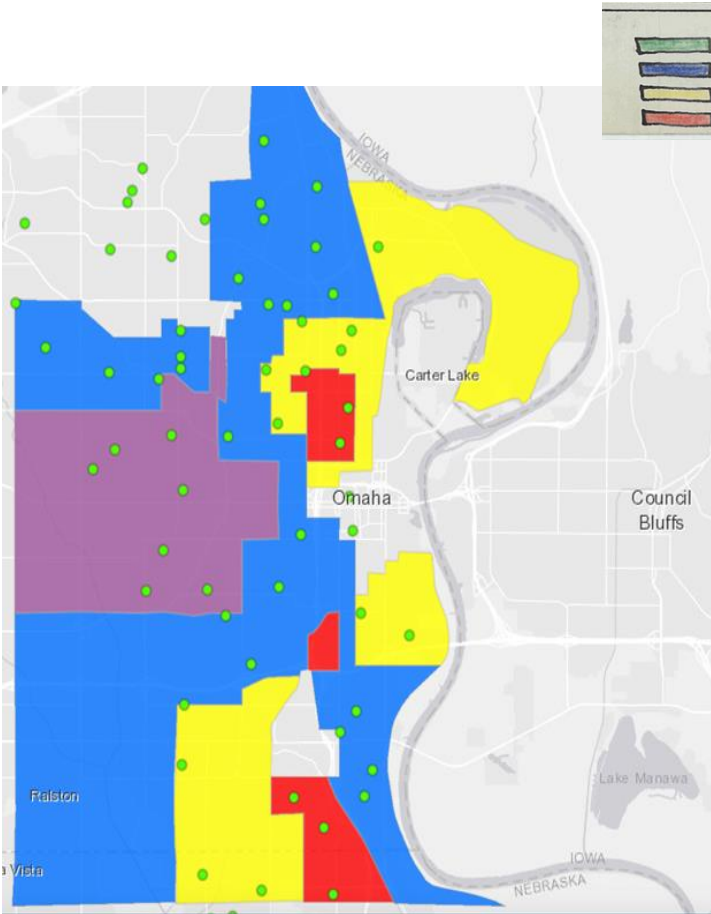
Research shows that people with higher levels of education are more likely to be healthier and live longer.

Research shows that people who receive care from providers of the same cultural background are more likely to have better health outcomes.

What do the Nebraska rates look like for education access and quality factors? Let's see!



Structural Racism – Public School Resources



Education Access & Quality

Goal

Increase educational opportunities and help children and adolescents do well in school.

- Healthy People 2030



Education Access & Quality

General Example



Education Access

Figure 1
Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training	Stress	Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				
	Zip code / geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations



Reflection

Enter your response to the question into the chat box.

How can you address a patient's education access/quality if you work in a health care/public health setting?



Education Access and Quality

COVID-19 Examples: K - 12

- Remote learning – some schools didn't do remote learning, what do test scores look like in comparison between those schools?
- Different schools had differing access to resources – e.g., OPS has testing and vaccination sites setup right at the school



Education Access and Quality

COVID-19 Examples – Literacy

- Pamphlets that parents can understand
- Interpretation available



Education Access & Quality

Strategies to Address this Domain

Let's go back to the County Health Rankings & Roadmaps website!



Quality Improvement: How Will You Know Your Process is Reliable?

Presenters: Mahliqha Qasimyar, MD; Gale Etherton, MD; Jeff Wetherhold



Objectives

1. Identify the key characteristics of a reliable process.
2. Relate these characteristics to both existing and new processes to understand whether they are likely to be reliably implemented.



Discussion

What makes a process reliable?



Reliable Processes

A reliable process requires a common understanding of:

1. The problem it aims to solve
2. The steps that need to happen
3. The places where errors are most likely to arise

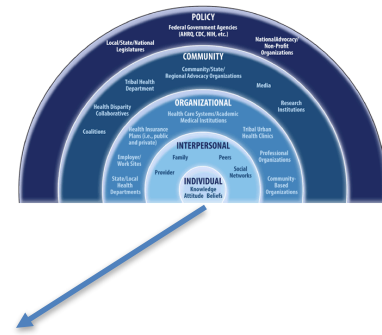


Our QI Roadmap

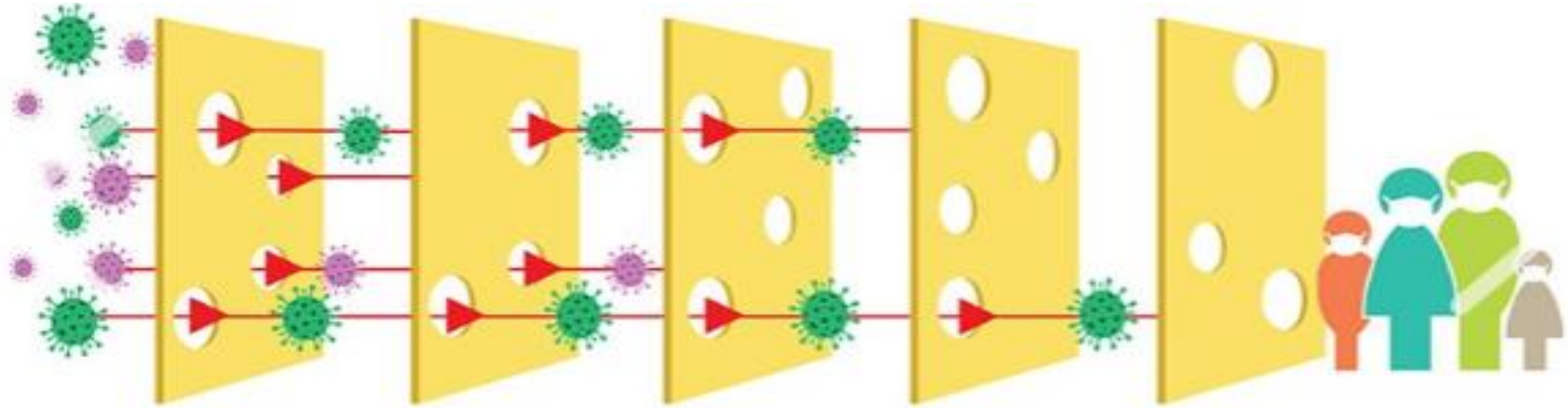
1. Define a problem statement
2. Map your process
3. Generate a fishbone diagram
4. Identify root cause(s)
5. Apply potential solutions to the hierarchy of actions and impact/effort matrix
6. Define a SMART aim statement



Swiss Cheese and Socioecological Models



Policy Community Organizational Interpersonal Individual



Match the Tool to the Need

If our aim is to deeply understand the sources of error:

- A root cause analysis (RCA) can provide a systematic perspective on the sources of error

If our aim is to learn more about the sources of error quickly:

- Observation and/or assessment can be used to quickly inform decisions



Discussion

How do you use observation to understand processes already?



Observation

Key questions to consider

- Do you need to observe all or part of the process?
- At what time of the day or week can you learn the most?
- Who do you need to notify, ask for permission, or ask for help?
- Will you be silently observing or asking questions?
 - If you are asking questions, are they consistent?
- What will the outputs of your observation be, and how will you communicate them?

Adapted from Patient Care Experience Observation Exercise, [Institute for Healthcare Improvement Website](#)

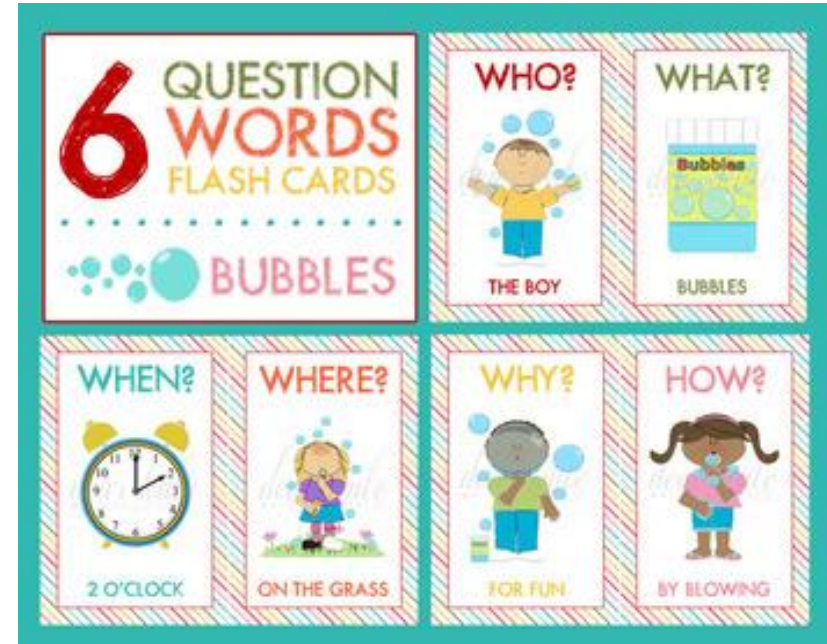


5+1 Tool

If five process users can consistently answer these questions, then you have a good chance to achieve and sustain reliable performance

- Who does it?
- When should it be done?
- Where is it done?
- How is it done?
- What is needed to do it?

(+1 Why is this necessary?)



Now What?

If more than one person cannot answer a question accurately

- You probably have a process issue
- Develop a plan to fix one attribute at a time
- Use the RCA technique to learn more
- Reinforce why the process is important
- Don't rely too heavily on training



Case Study



Case Study

A 45-year-old female with hypertension, insulin-dependent diabetes mellitus and asthma presents to clinic with chief complaint of knee pain and is accompanied by her young daughter. Upon chart review, you note that she has cancelled her annual physical appointment four times. After addressing her reason for visit, you offer age-appropriate preventive services, including COVID19 vaccine series. She appears to be in a rush and politely declines, promising to get it taken care of when she comes in for her annual physical.



Case Study: Social History Details

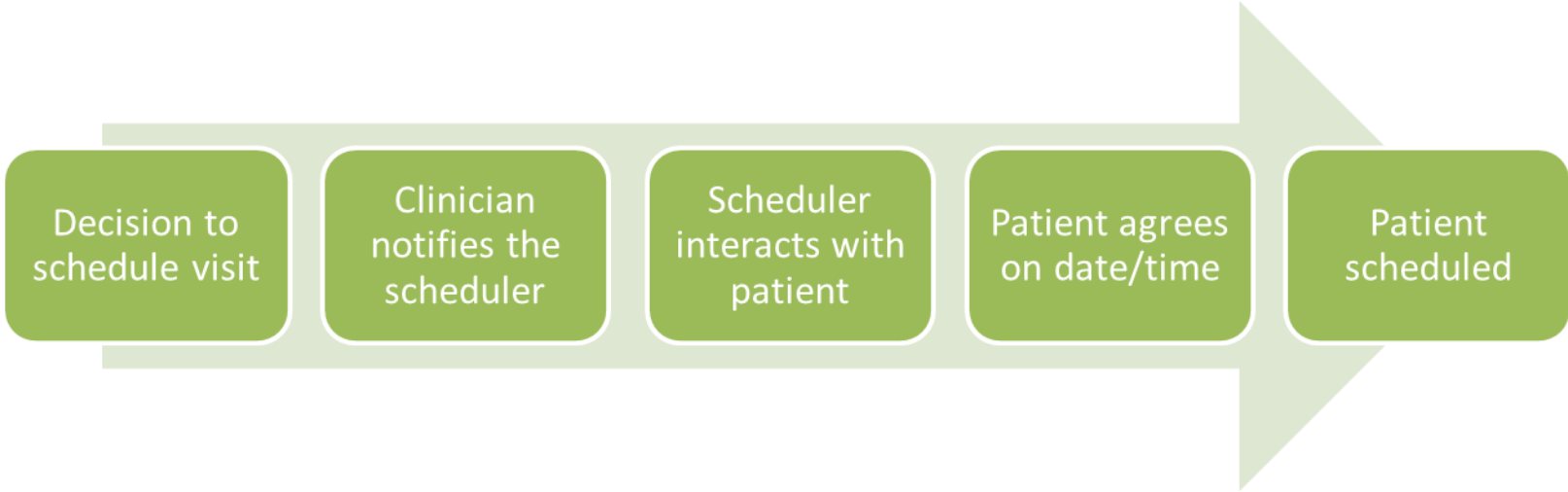
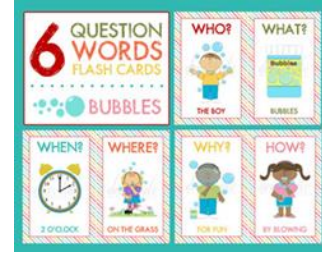
Our patient lives in Western Nebraska with her elderly mother and her 2 y/o daughter who has Down Syndrome. She is a single parent who supports her daughter and mother by working 2 part time jobs in town. Her current transportation is unreliable and there are very limited public transportation options. Despite working 2 jobs, she still has difficulty making ends meet. Missing work means she does not get paid. She is apprehensive about the healthcare system due to a prior complicated skin infection after her Caesarean following the birth of her daughter.

Problem Statement: Patient repeatedly cancels clinic appointments.



Let's Practice

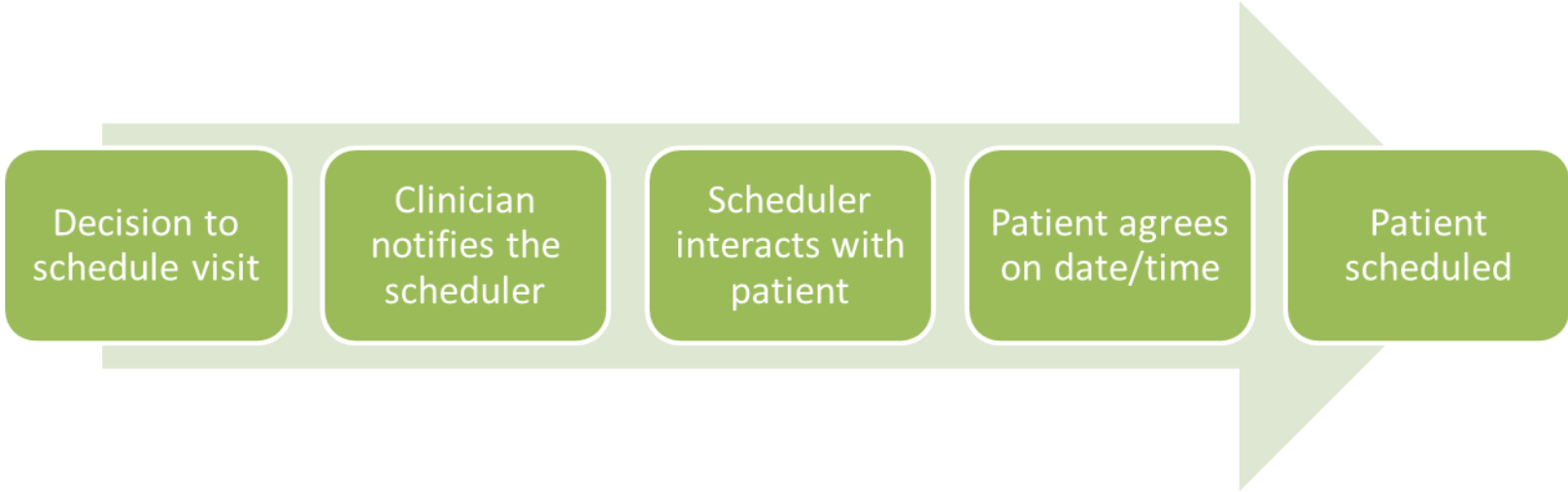
How do you know you have a reliable process for scheduling?



Let's Practice



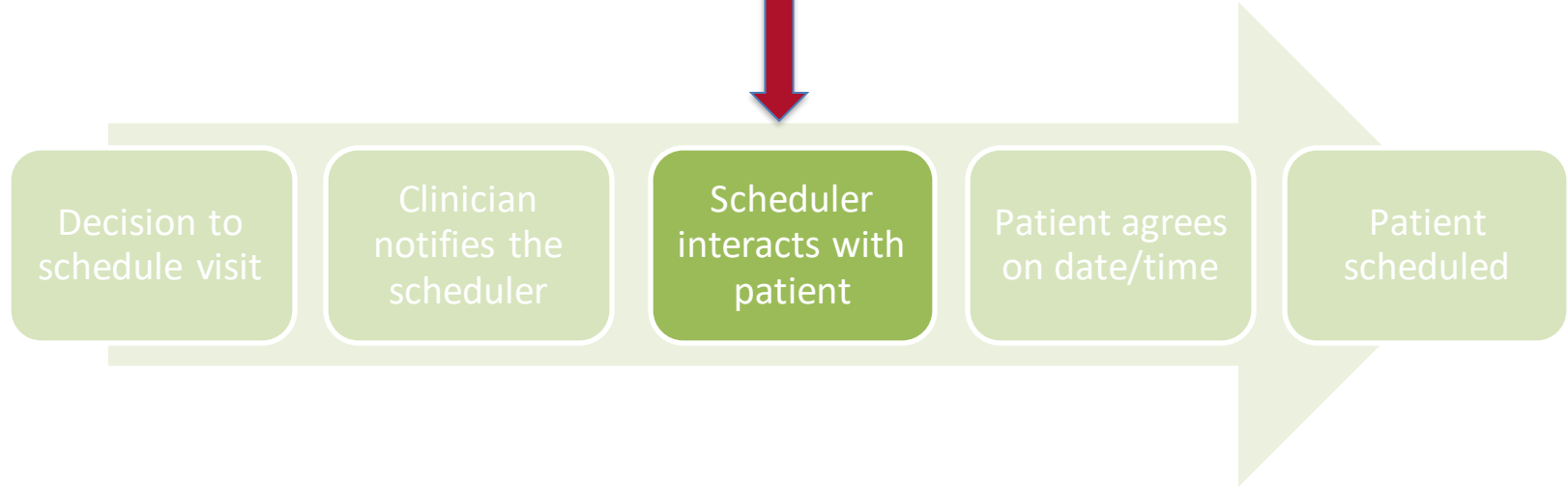
What step in our process might the SDOH for Education Access/Quality play a major role?



Our Process Map for Scheduling

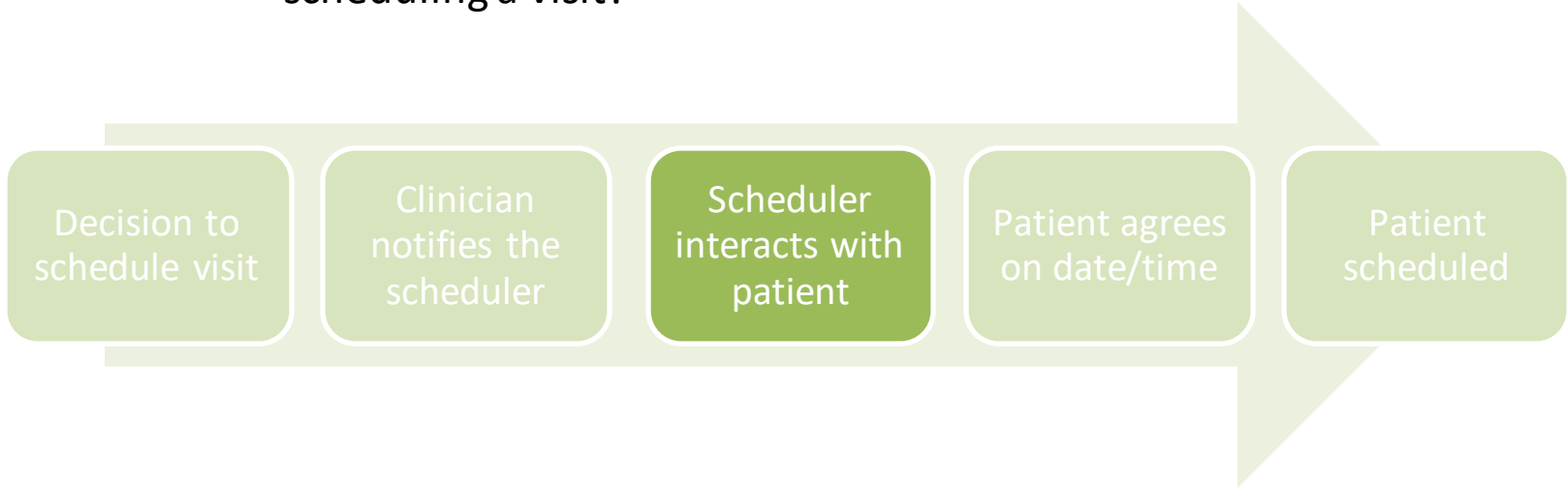
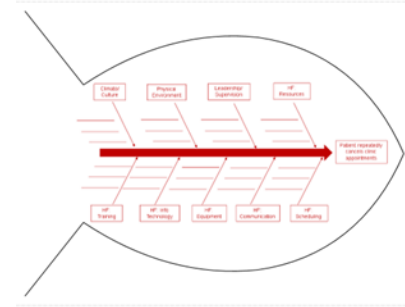


Critical Step in Process



Let's Practice

How might our patient's education access and quality of education play a role in scheduling a visit?



Let's Reflect

Problem Statement: "Patient repeatedly cancels clinic appointments."

Reflect on our conversations about economic stability (last session) and education access/quality (today):

How might these factors impact the care that our case study patient receives?



QI Projects



Timeline

- **March:** We will share information on project scoping and support.
- **April-May:** You can submit project topics. We are available to answer questions and will share examples during sessions.
- **June:** Projects and coaching can begin.



COVID-19 Management

Projects should address at least one of the following:

- Vaccination and vaccine support
- Testing
- Contact tracing
- Case investigation
- Quarantine and isolation
- Preventive care and disease management
- Long-term impact of COVID-19
- Personal protective equipment (PPE)
- Non-health care services related to COVID-19 (i.e., transportation, food assistance)
- Evidence-based policies or systems (i.e., risk assessment, screening, visitation)
- Environmental strategies (i.e., cleaning or disinfection)
- Navigation and support services to address COVID-19 risk and prevention
- Communications about COVID-19 risk and prevention
- Plans for countermeasures and adaption services
- Other COVID-19 mitigation and prevention resource (Please describe)



Cultural Sensitivity and Health Equity

Projects should address at least one of the following:

- Racial/ethnic identity
- Gender identity
- Sexual orientation
- Neighborhood/physical environment (e.g., air/water quality, housing, violence)
- Economic stability (e.g., employment, poverty)
- Citizenship/immigration status
- Education access, quality, and literacy level
- Health care access, quality, and health literacy level
- Social and community context (e.g., discrimination, family support, community support)
- Cultural sensitivity (e.g., religious sensitivity)



Current State of COVID-19 in Nebraska



NE COVID-19 Updates

DAILY NEW CASES

INFECTION RATE

POSITIVE TEST RATE

● **4.8** PER 100K

● **0.73**

● **6.0%**



NE COVID-19 Updates

Nebraska Hospital Capacity & Respiratory Illness Dashboard | Nebraska DHHS

Data updated through: 3/13/2022

COVID-19 Cases

Total Positive Cases & Reinfections

476,952

Total Tests

5,339,583

Active Hospitalizations

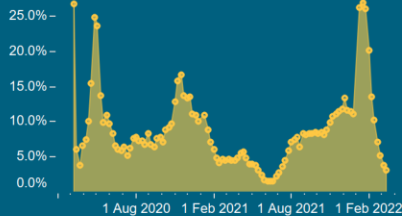
152

Deaths

3,300

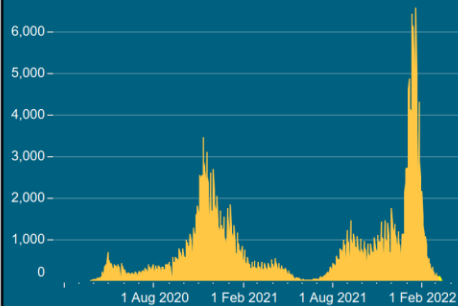
Weekly % Positive by Specimen Date

Non-Null Values Only



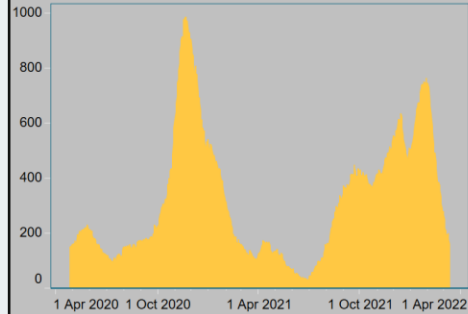
Cases & Reinfections by Specimen Date

Non-Null Values Only



COVID-19 Active Hospitalizations

Non-Null Values Only



COVID-19 Vaccinations

Total Allocations

3,680,405

Total Administered

2,462,732

People

Fully Vaccinated

1,197,969

Partially Vaccinated

113,007

% Fully Vaccinated

67.57%

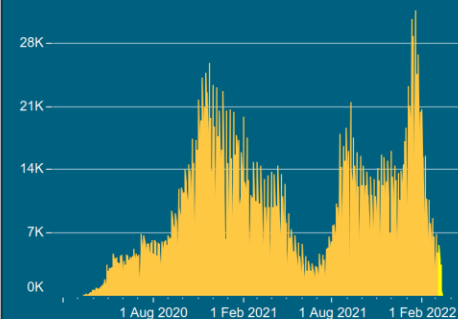
% Partially Vaccinated

6.37%

1.77 M People Ages 5+

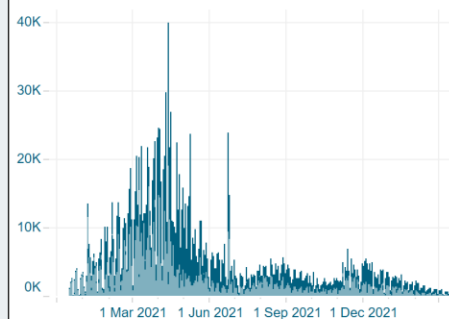
Test by Specimen Date

Non-Null Values Only



Daily New Vaccinations Administered

Non-Null Values Only



COVID-19 NE Updates

% Vaccinated

1+ DOSE

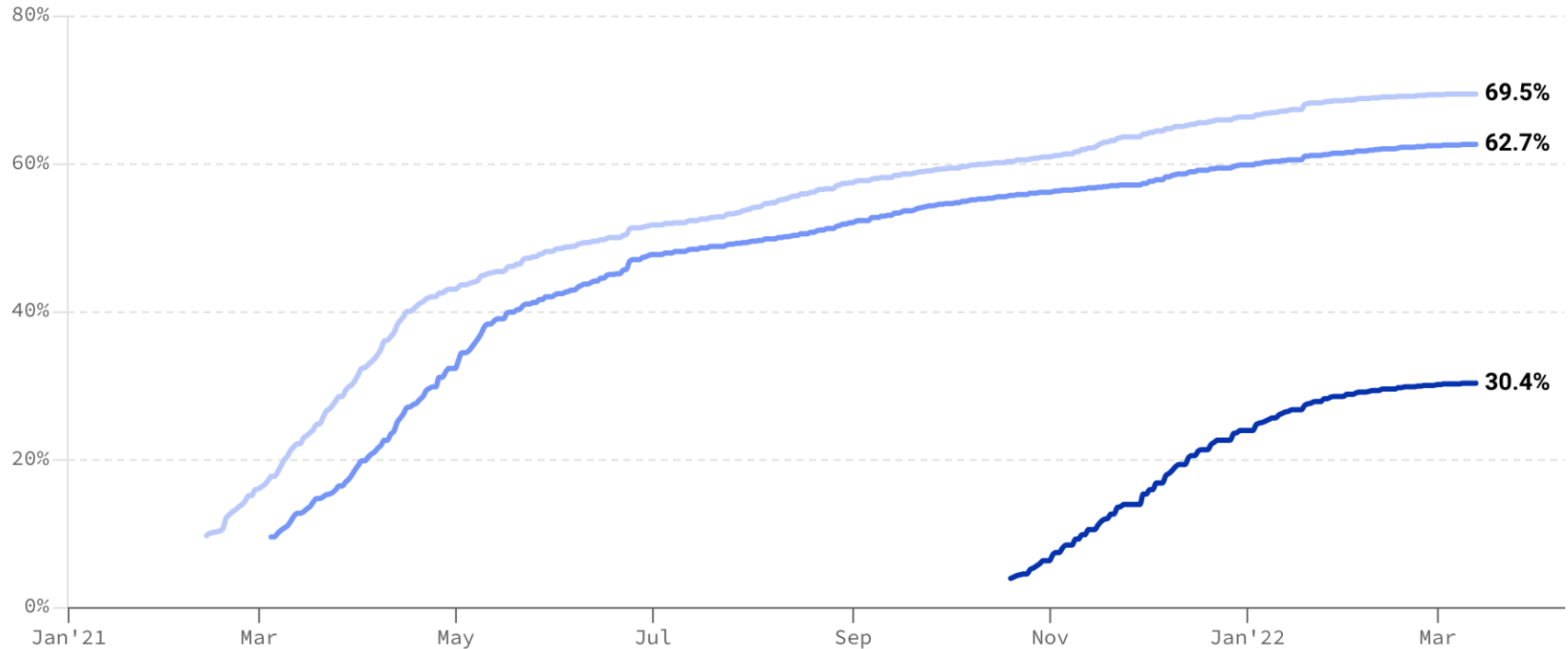
2+ DOSES OR J&J

BOOSTER SHOT

● **69.5%**

● **62.7%**

● **30.4%**



Nebraska Statistics

Week	Daily New Cases/ 100K	Infection Rate	Positive Test Rate	Number of Hospitalizations	ICU Capacity Used	*Vaccinated 1+
11/01/21	29.6	1.03	12.8%	413	80%	61%
11/15/21	44.0	1.15	14.8%	455	86%	62%
12/1/21	38.1	0.94	17.6%	545	80%	64%
12/15/21	47.4	1.01	16.2%	637	85%	65%
1/5/22	89.7	1.30	25.1%	532	84%	66.7%
1/19/22	209.6	1.33	35.4%	643	82%	67%
1/31/22	165	1.02	34.5%	754	92%	69%
2/16/22	26.7	0.41	15.6%	459	79%	69%
2/28/22	7.1	0.39	9.5%	279	72%	69%
3/16/22	4.8	0.73	6.0%	152	66%	69%

*Percent of the entire state population vaccinated, regardless of eligibility/age.



<https://covidactnow.org/us/nebraska-ne/?s=24951410>

https://datanexus-dhhs.ne.gov/views/Covid/1_DailyCharts?%3AisGuestRedirectFromVizportal=y&%3Aembed=y



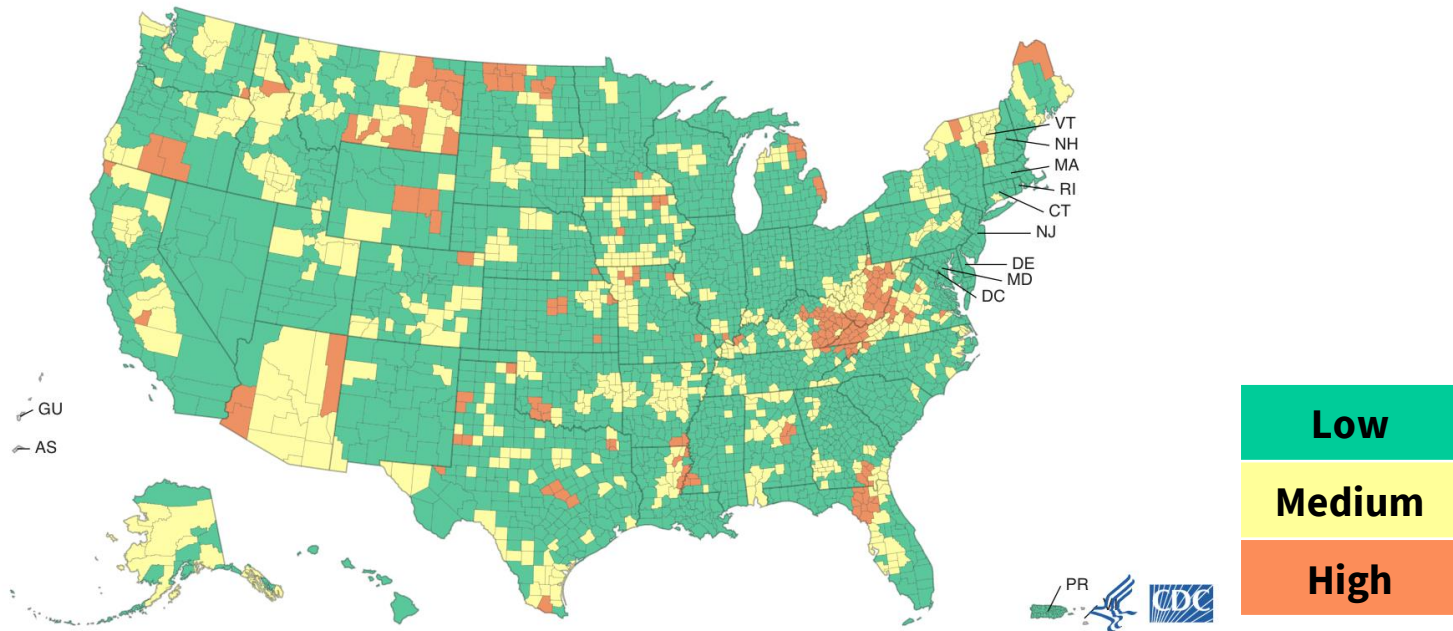
CDC COVID-19 Updates

U.S. COVID-19 Community Levels by County Map

Maps, charts, and data provided by CDC, updates every Thursday by 8 pm ET

Updated: March 10, 2022

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>



POLL



Wrap-Up

1. You will receive today's presentation, in addition to a one-page key-takeaways document and next session's agenda through email.
2. Next session will be on April 6th on:
 - **HE SDOH (4/6): Neighborhood and Built Environment.**
 - **QI Root Causes (5/6): Why are these Parts of the Process Unreliable?**



Poll Results



Thank You!

