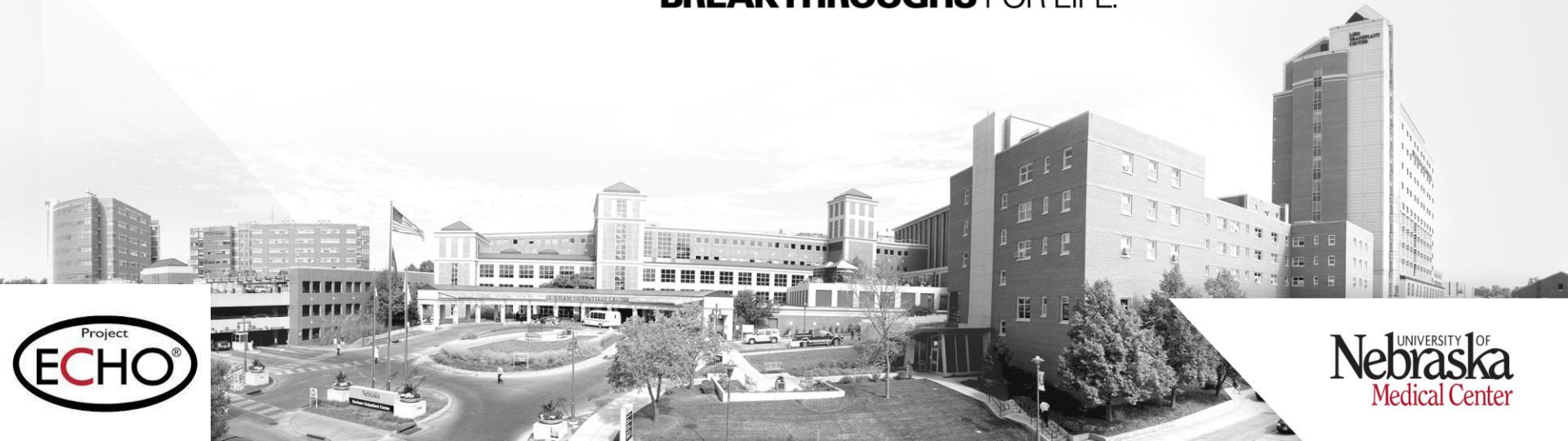
UNMC[SM]

BREAKTHROUGHS FOR LIFE.®



Project ECHO®

University of Nebraska Medical Center

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

Welcome to Session 12

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

Project ECHO®

UNMC

UNMC ID Health Equity and Quality Improvement ECHO Project

Topics: SDOH 5/6: HealthCare Access and Quality and QI Root Causes 6/6: What would success look like? (Aim Statements)

Free Live ECHO Project
April 20, 2022
CID 53867

University of Nebraska Medical Center

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 the concept of intersectionality.
- Identify the impact that access to healthcare and health literacy have on a person's health outcomes.
- Identify the characteristics of effective aim statements and their role in framing quality improvement projects.
- Demonstrate the ability to develop effective aim statements for quality improvement projects in a facility.

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)*™. 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: Intermediate

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: I00050173 Approval Number: 220001019
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

Erica Stohs, MD, MPH
ReViral Ltd.: Industry funded research/investigator

The below planning committee members have nothing to disclose:

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

www.unmc.edu/cce

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

Project ECHO®

UNMC

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

Presenters: Dr. Shirley Delair and Mahelet Kebede, MPH

Project ECHO

UNMC

Objectives

1. Describe the concept of intersectionality.
2. Identify the impact that access to health care and health literacy have on a person's health outcomes.

Intersectionality

Definition

The overlap of various social identities, such as race, gender, sexual orientation, ability, immigration status and class, contribute to systemic advantages and disadvantages experienced by an individual.

- Coined by Kimberle Crenshaw, 1989

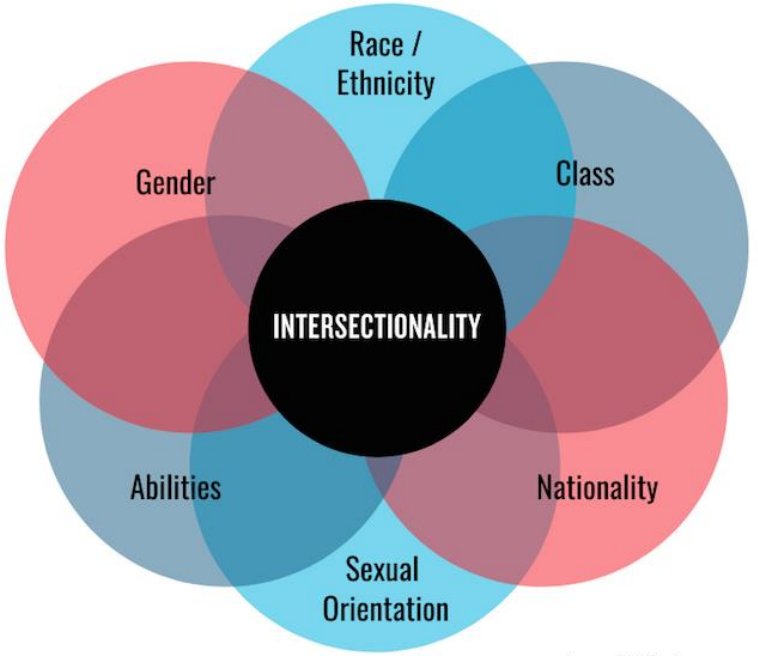


Image: First Book

Intersectionality

Example

Social Determinants of Health

Fill in the blank in the chat box.

The **{BLANK 1}** in the **{BLANK 2}** 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

About 1 in 10 people in the United States don’t have health insurance.

People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need.

Context Setting

Let's see what Nebraska rates and access look like!

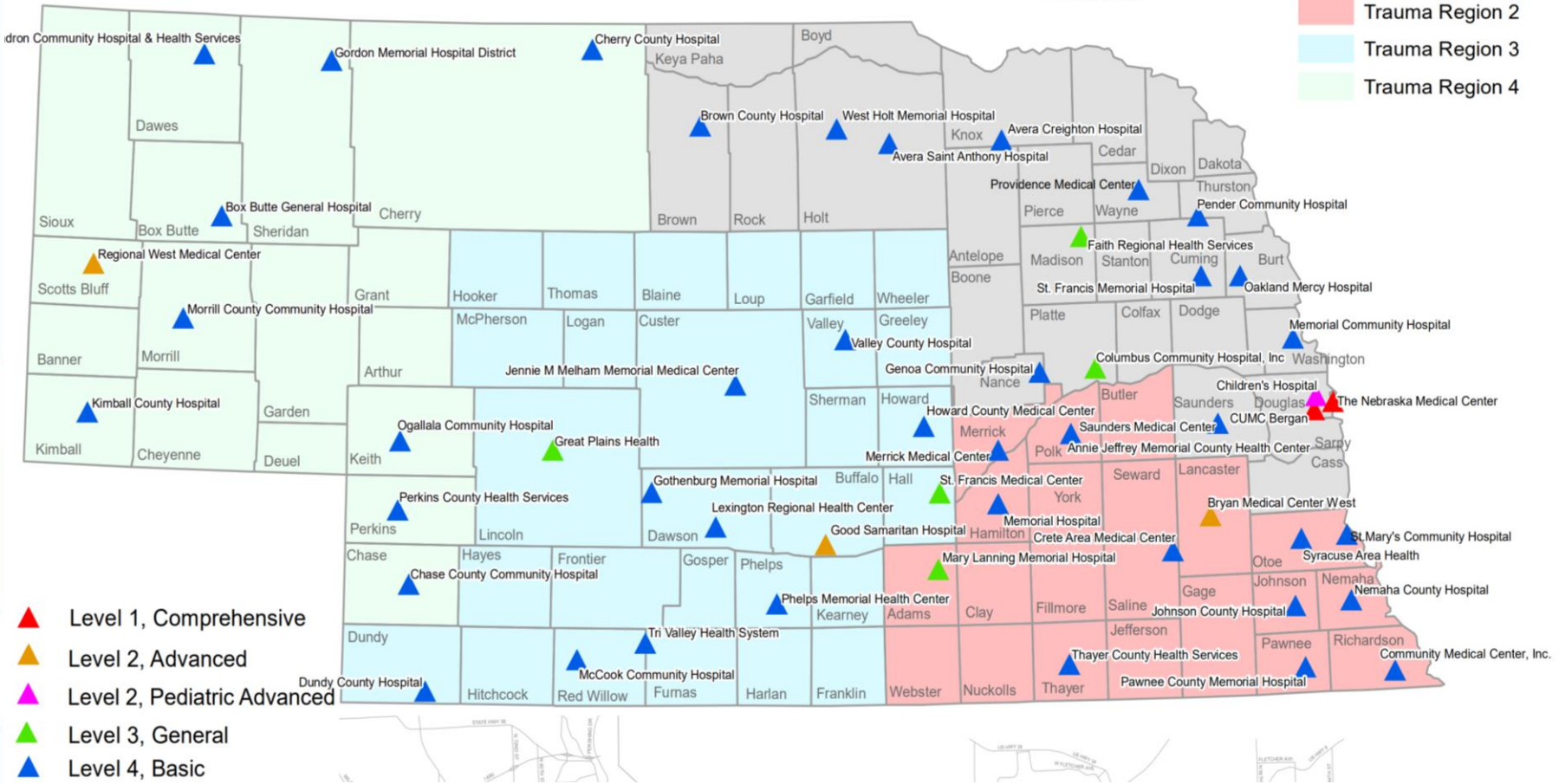
County Health Rankings and Roadmaps – insurance coverage in Nebraska

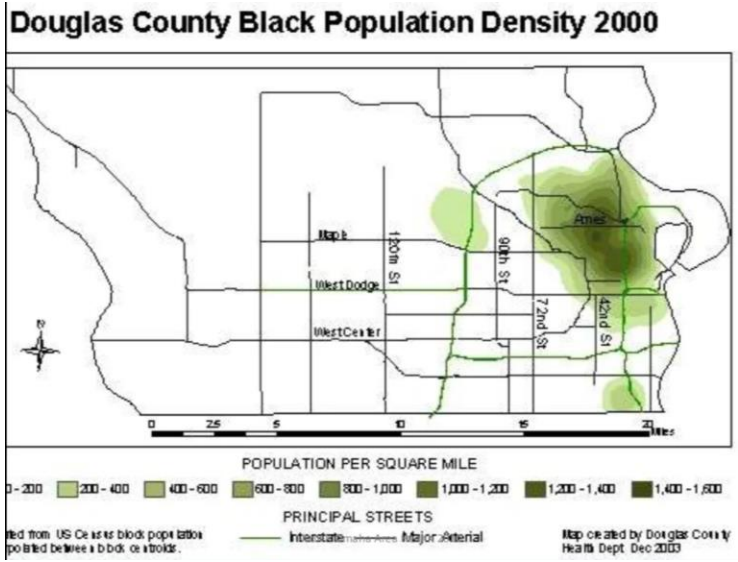
Medicaid Expansion map – national map of Medicaid expansion

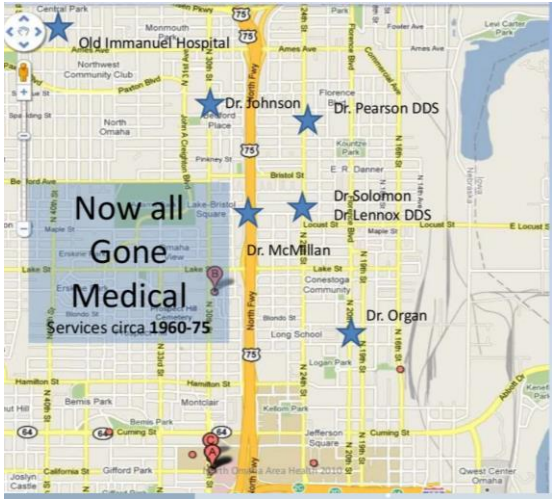
County Health Rankings and Roadmaps – primary care provider

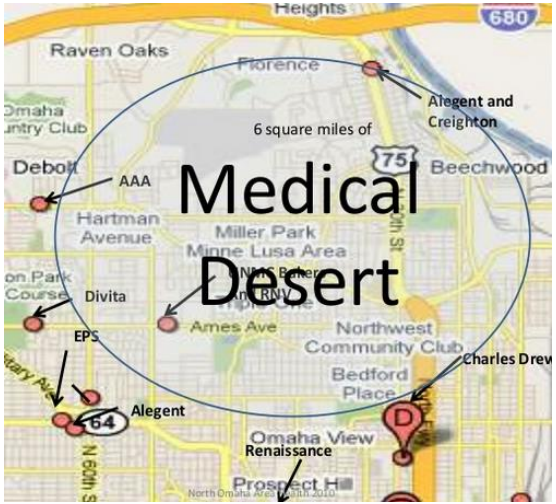
Nebraska Hospital Trauma Centers

Date:12/3/2019









Ira Combs, Executive Director, North Omaha Area Health Free Clinic

Reflection

Enter your response to the question into the chat box.

What are some health care access/quality considerations for people living in rural Nebraska?

What are some health care access/quality considerations for people living in Omaha or Lincoln?

Health Care Access & Quality

Goal

Increase access to comprehensive, high-quality health care services.

- Healthy People 2030

Health Care Access & Quality

General Example

- Uninsured and underinsured population is high.
- Medicaid safety net in Nebraska is not as broad as other states.
- People second guess going for care because the deductible or co-pay is high even when they're insured.

Health Care Access & Quality

COVID-19 Example

- Someone who needs to be taken on a helicopter or in an ambulance for emergency care.
- Misinformation: spreading rumors about need for social security number or insurance for vaccination which is unnecessary and discouraging to many.

Language Access

Under Title VI of the Civil Rights Act of 1964, discrimination on the basis of race, color or national origin is prohibited.

Therefore, health care providers, including hospitals, that receive federal funding, including Medicare, Medicaid and SCHIP, are required to provide language access services for their patients.

Health Care Access & Quality

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		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
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.

What community or policy level intervention can support the health care access and quality domain?

Quality Improvement: What Would Success Look Like?

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

Project ECHO®

UNMC

Objectives

1. Identify the characteristics of effective aim statements and their role in framing quality improvement projects.
2. Demonstrate the ability to develop effective aim statements for quality improvement projects in your facility.

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**

The Fix

- Brainstorm possible solutions to the cause you identified in preceding steps
  - Include all possible solutions
  - Solicit ideas from front line workers
- Working from this list, begin to narrow the list of actions down

Vetting the Actions

- Is the fix something that your clinic can *actually* implement?
- What is the strength of the action?
- Is the impact from the fix going to justify the effort it takes to get it done?

Hierarchy of Actions

Strong

- Likely to eliminate or greatly reduce the probability of an event. It uses *physical plant/architectural* or *systemic fixes* with application of human factors principles.

Intermediate

- Likely to control the root cause or vulnerability. It employs human factors principles, but it also relies upon individual action such as a *checklist* or *cognitive aid*.

Weak

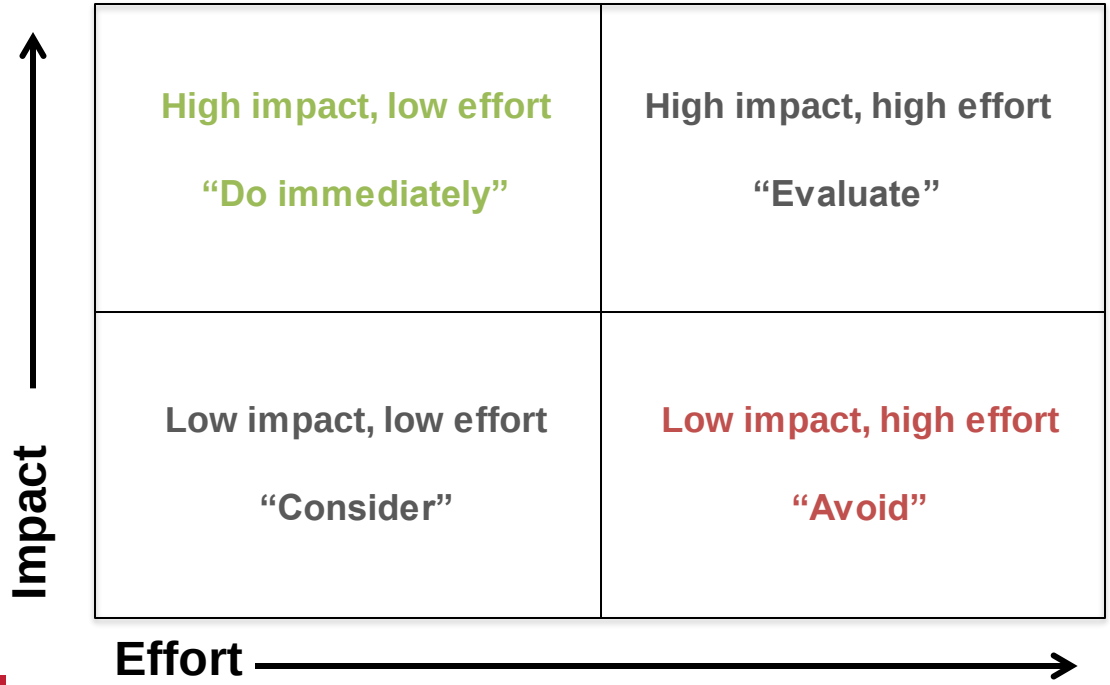
- Less likely to be effective by itself. It relies on *policies*, *procedures*, and *individual action.*

Hierarchy of Actions

Stronger Actions	• Architectural/physical plant changes • New devices with usability testing before purchasing • Engineering control or interlock (forcing functions) • Simplify the process & remove unnecessary steps • Standardize equipment or process • Tangible involvement & action by leadership in support of patient safety
Intermediate Actions	• Redundancy • Increase in staffing/decrease in workload • Software enhancements/modifications • Eliminate/reduce distractions • Checklist/cognitive aid • Eliminate look and sound-alikes • Readback/repeat back • Enhanced documentation/communication
Weaker Actions	• Double checks • Warnings & labels • New procedure/policy/memorandum • (Re)training • Additional study/analysis

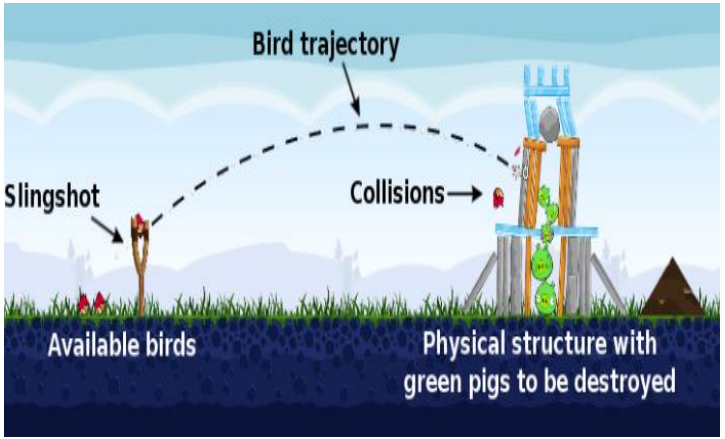
Project ECHO

Impact Effort Matrix



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)



Next Steps…

- You have decided on the fix that is within your control
- You know (roughly) what effort it will take to do your fix
- You know (roughly) what impact your fix would have
- You have decided on what to measure for your fix
- Now, decide on a timeline
  - HINT: It will take longer and require more effort than you think
  - Your goal is to sustain the new process over time

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 Aim Statement

Poll

Which aim statement is best?

1. We will implement a revised TB testing process for 100% of new staff.
2. 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 November 30, 2022.
3. We will improve the rate of outreach to all patients in our clinic in order to reduce no-shows by May 31, 2022.
4. We will test a revised process for monitoring wait times with 20 patients by April 30, 2022.

Evaluating Aim Statements

	Specific?	Measurable?	Attainable?	Relevant?	Time-based?
1. We will implement a revised TB testing process for 100% of new staff.	X	✓	✓	✓	X
2. 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 November 30, 2022.	✓	✓	✓	✓	✓
3. We will improve the rate of outreach to all patients in our clinic in order to reduce no-shows by May 31, 2022.	X	X	X	✓	✓
4. We will test a revised process for monitoring wait times with 20 patients by April 30, 2022.	X	✓	X	✓	✓

Case Study

Project ECHO®

UNMC

Case Study

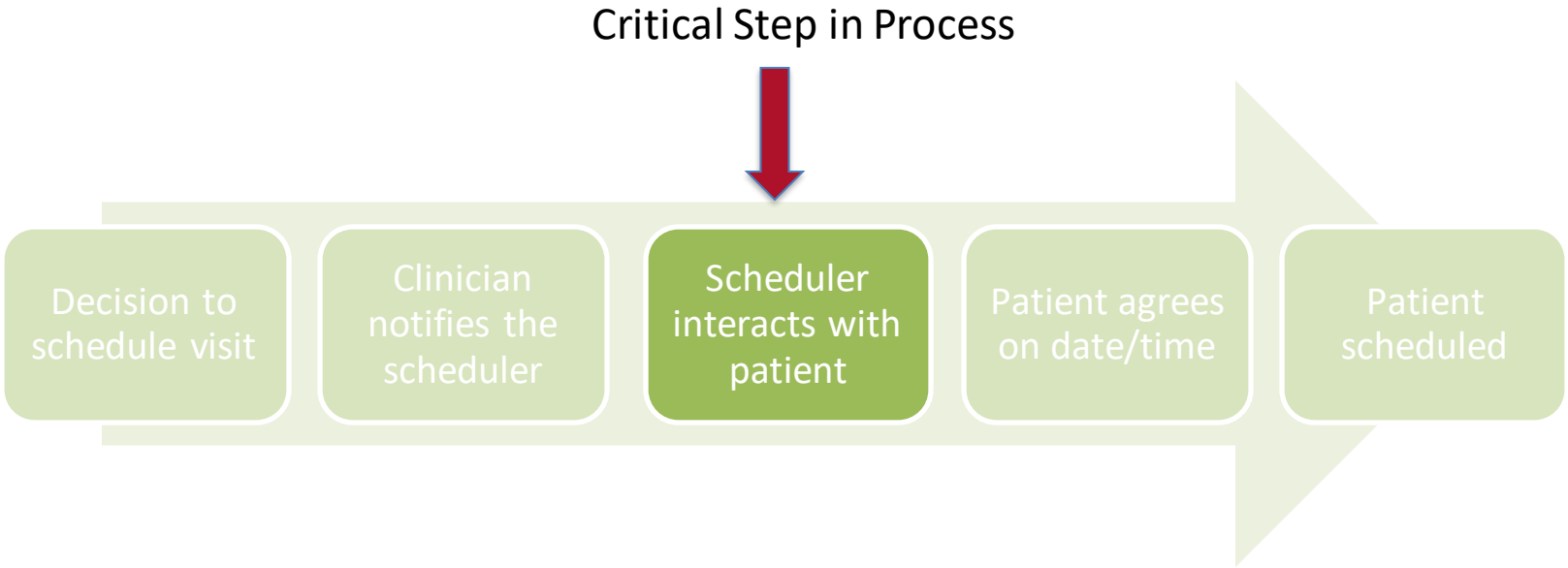
A 45-year-old female with hypertension, insulin-dependent diabetes mellitus and asthma presents to clinic with chief complaint of knee pain and is accompanied by her young daughter. Upon chart review, you note that she has cancelled her annual physical appointment four times. After addressing her reason 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 (continued)

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.

Process Map for Scheduling



Fishbone Diagram

Healthcare Access & Quality

- Lack of health insurance
- Discrimination or other negative experiences
- Inadequate health insurance coverage
- Limited clinic hours or scheduling
- Lack of interpretive services

Neighborhood & Built Environment

- Lack of transportation
- Redlining
- Limited access to technology, Wi-Fi
- Infrastructure

Social & Community Context

- Lack of access to childcare
- Lack of support system
- Lack of social services
- Incarceration

Patient repeatedly cancels clinic appointments

Education Access & Quality

- Limited language proficiency/literacy
- Lack of access to quality education

Economic Stability

- Limited time off from work
- Lack of funds/limited income
- Lack of stable employment

5 Whys

Problem Statement: Patient repeatedly cancels clinic appointments

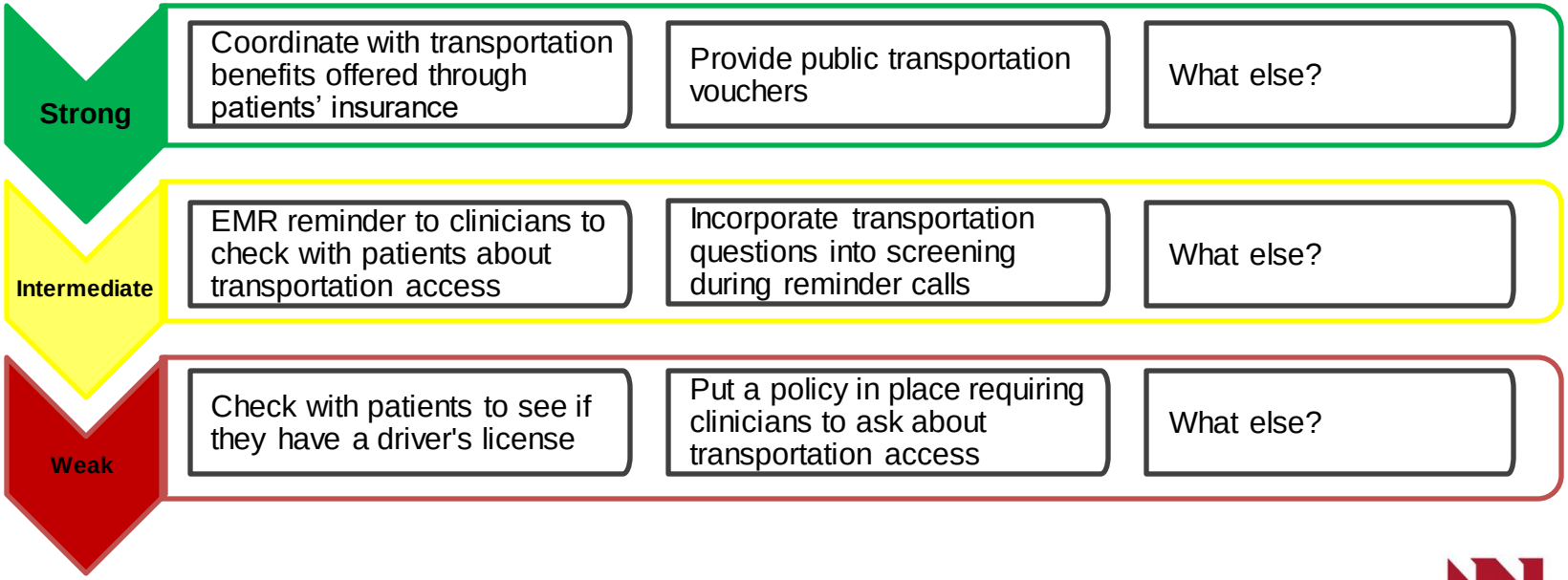
She doesn't have transportation to get to clinic

She doesn't own a car	She couldn't take public transportation	She didn't have a ride
She couldn't afford the car payments	She felt unsafe taking public transportation	She doesn't drive
Income is too low	The bus route in her area only runs twice a day	She doesn't have a driver's license
She didn't attain the educational requirements for a higher-paying job	The bus route runs through an unsafe neighborhood	She lacks the social support system to teach her how to drive

Root Causes

Project ECHO

Hierarchy of Actions



Impact Effort Matrix

Impact

High impact, low effort ✓ • Coordinate with transportation benefits offered through patients' insurance	**High impact, high effort** • Implement a clinic-specific patient transport service • Offer alternative appointment times • Provide transportation vouchers
Low impact, low effort • EMR reminder for scheduler to check with patients about transportation access • Incorporate transportation questions into screening during reminder calls • Check with patients to see if they have a drivers' license	**Low impact, high effort** ⊘ • Put an organizational policy in place requiring clinicians to ask about transportation • Change bus route to front door pickup

Effort

Project ECHO

Let's Practice

Proposed Fix that is Highest Impact, Lowest Effort:

Coordinate with transportation benefits offered through patients' insurance

How would you make this a SMART aim statement?

QI Projects

Timeline

April

- Project submission is open!

May

- We will share examples and be available to answer questions

June Onward

- Project coaching can begin

Project Information

1. What problem are you trying to address?

2. What data or information lead you to believe that this is a problem?

3. What change can you make to address this problem?

4. What can you measure to know if you are successful? Or what can you begin measuring to inform future changes?

What is the problem statement you are trying to address?	Our facility needs a revised plan for outbreak management that is informed by current knowledge of COVID-19
What data or information leads you to believe that this is a problem?	Staff-reported confidence in currency of outbreak plan, staff reported confidence in implementing outbreak plan
What change can you make to address this problem?	Develop a revised outbreak management plan and resources that reflect the language preferences and literacy levels of our staff
What can you measure to know if you are successful?	Staff-reported confidence in currency of outbreak plan, staff reported confidence in implementing outbreak plan, staff reported comprehension of information
What elements of COVID-19 management are relevant to this project?	Plans for countermeasures and adaption services Evidence-based policies or system
In what ways will this project address cultural sensitivity and/or the health equity factors of the community members you work with?	Education access, quality, and literacy level Health care access, quality, and health literacy level

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)

Additional Information

1. Optional: Are there additional ways in which your project will address the social conditions of the community members you work with? If so, please describe.

2. Yes/No: Are you open to sharing your project with another team that has a similar project?

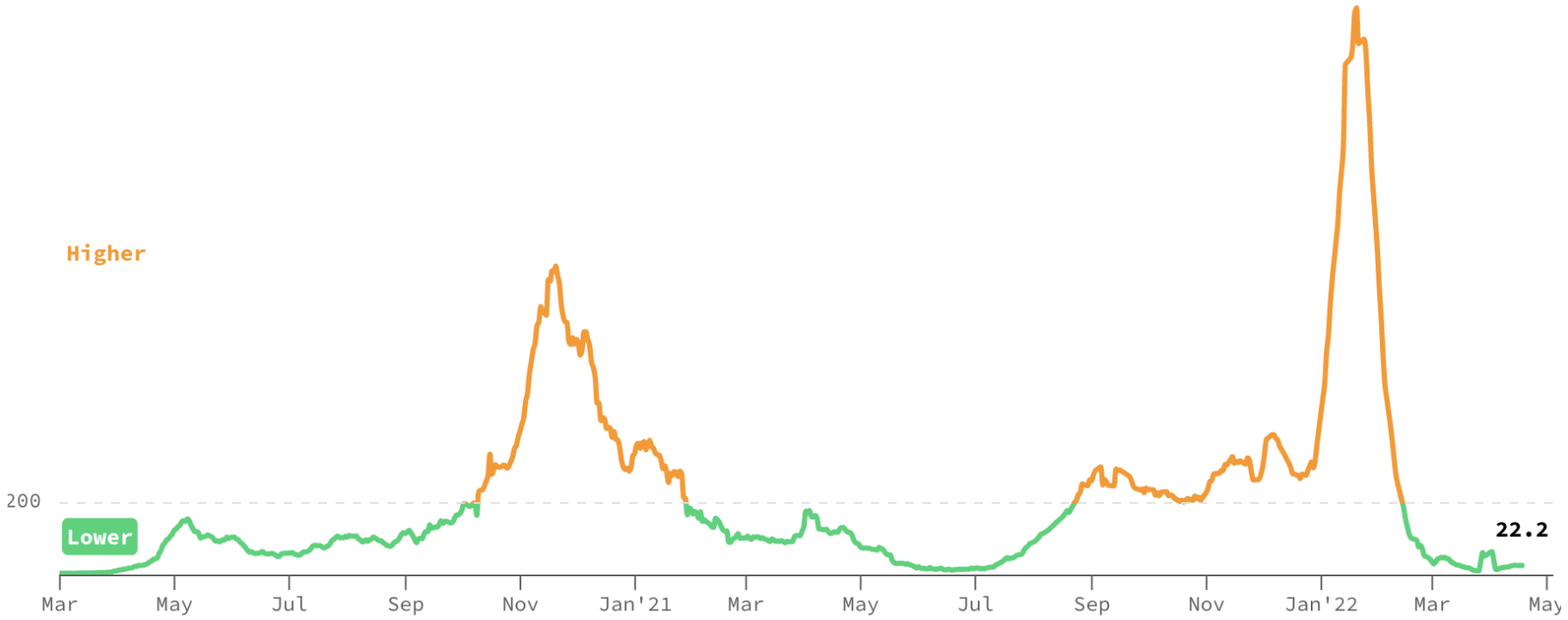
Current State of COVID-19 in Nebraska

Project ECHO®

UNMC

NE COVID-19 Updates

WEEKLY NEW REPORTED CASES	WEEKLY COVID ADMISSIONS	PATIENTS W/ COVID
22.2 PER 100K	**2.5** PER 100K	**1.0%** OF ALL BEDS



Nebraska Respiratory Illness Dashboard | Nebraska DHHS

Data updated through: 4/18

COVID-19 Cases

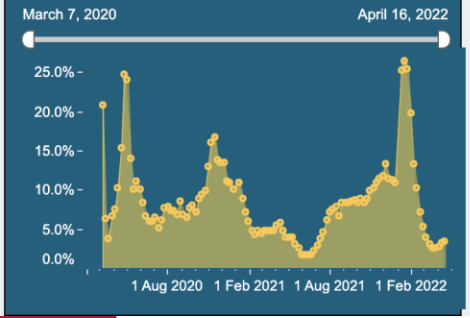
Total Positive Cases & Reinfections
478,716

Total Tests
5,447,426

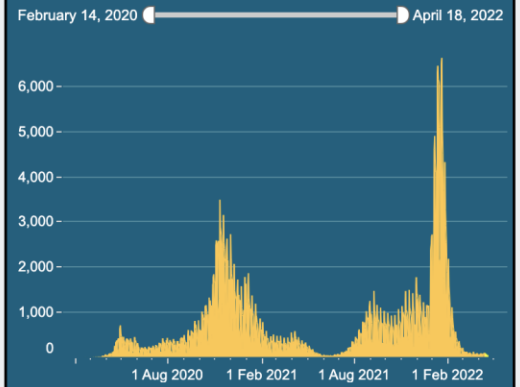
Active Hospitalizations
54

Deaths
3,435

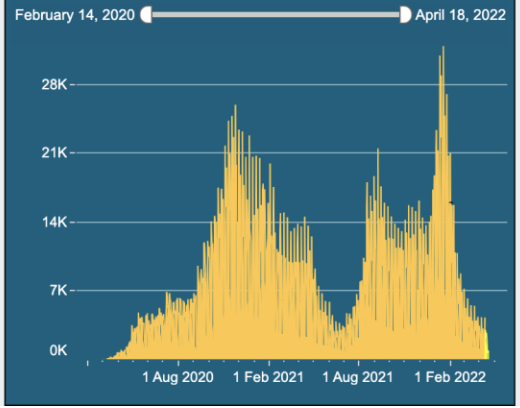
Weekly % Positive by Specimen Date



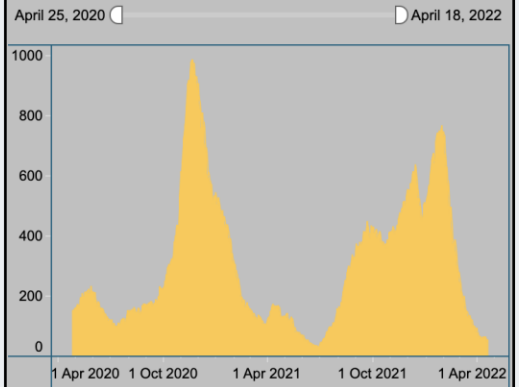
Cases & Reinfections by Specimen Date



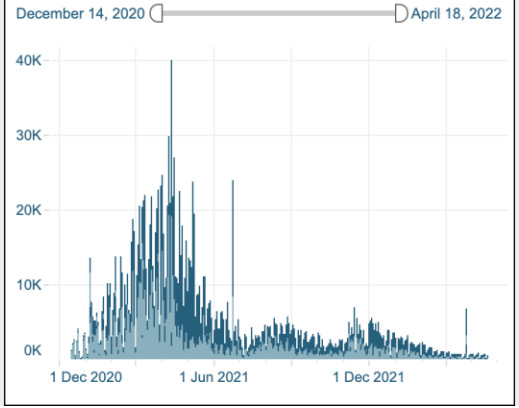
Test by Specimen Date



COVID-19 Active Hospitalizations



Daily New Vaccinations Administered



COVID-19 Vaccinations

Total Allocations
3,706,305

Total Administered
2,487,724

People

Fully Vaccinated
1,210,987

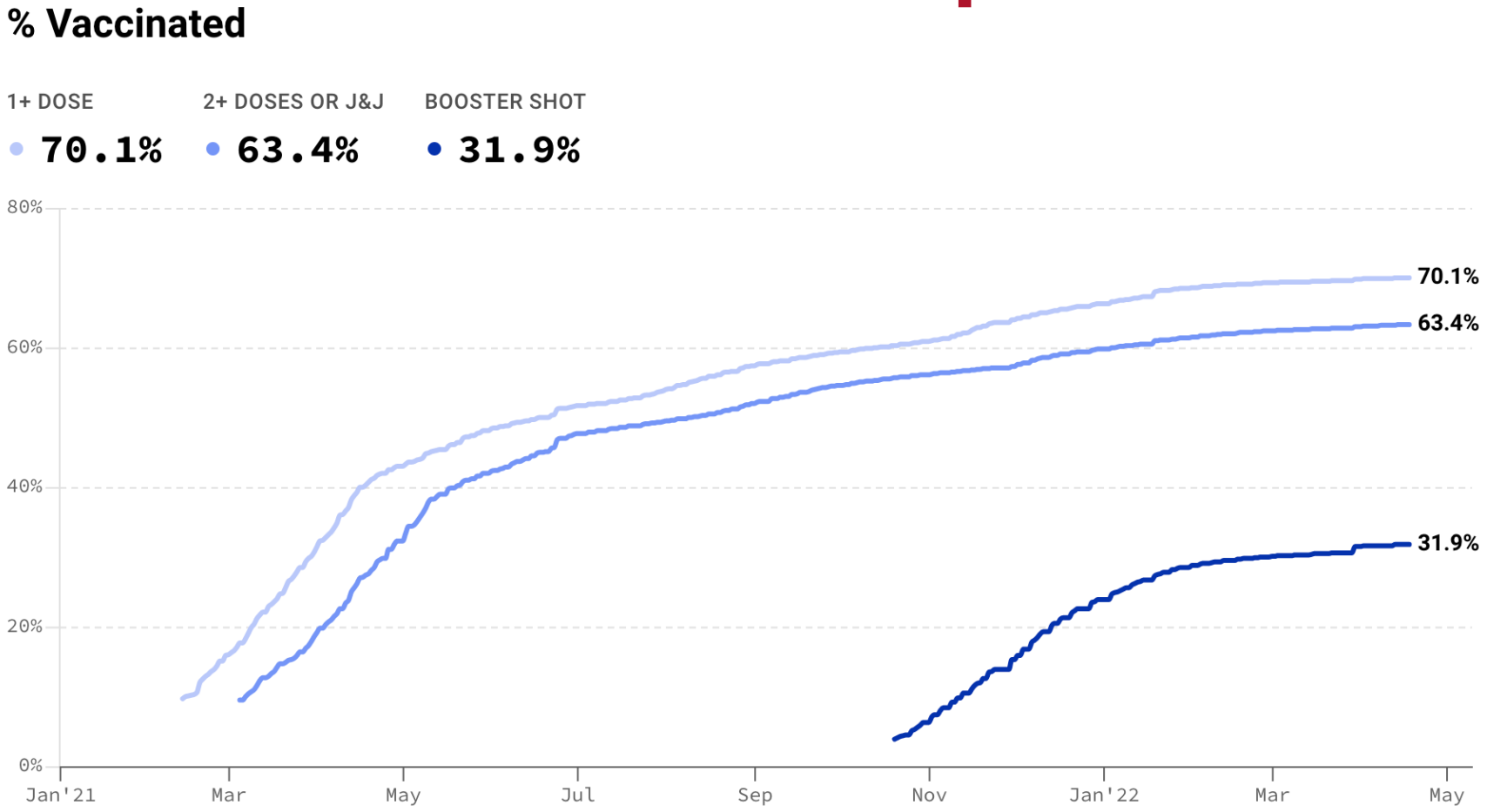
Partially Vaccinated
111,393

% Fully Vaccinated
68.30%

% Partially Vaccinated
6.28%

1.77 M People Ages 5+

COVID-19 NE Updates



Nebraska COVID-19 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%
4/6/22	5.6	1.11	3.5%	65	71%	70%
4/20/22	3.2			54	67%	70%

*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

Nebraska COVID-19 Statistics

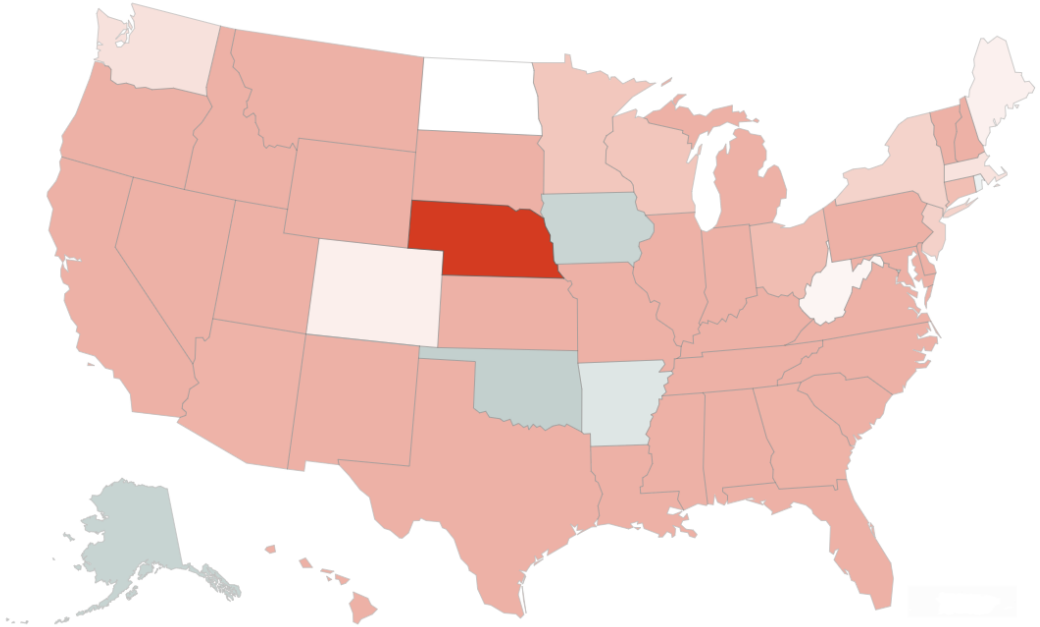
Week	Weekly Cases/ 100K	Weekly Admits	Number of Hospitalizations	Hospitalizations with COVID	Vaccinated[1] 1+	Fully Vaccinated[2]
4/20/22	22.2	2.5	54	1%	70%	68.3%

[1]Percent of the entire state population vaccinated, regardless of eligibility/age. [2]If eligible (5y+) per NE DHHS.

https://covidactnow.org/us/nebraska-ne/?s=24951410
https://datanexus-dhhs.ne.gov/views/Covid/1_DailyCharts?%3AisGuestRedirectFromVizportal=y&%3Aembed=y

COVID-19 Positivity Tracker

04/10/2022 - 04/16/2022



Change in Ratio

≥ 25%

≤ -25%

○ Current view

◉ Changes from prior week

https://www.walgreens.com/businesssolutions/covid-19-index.jsp

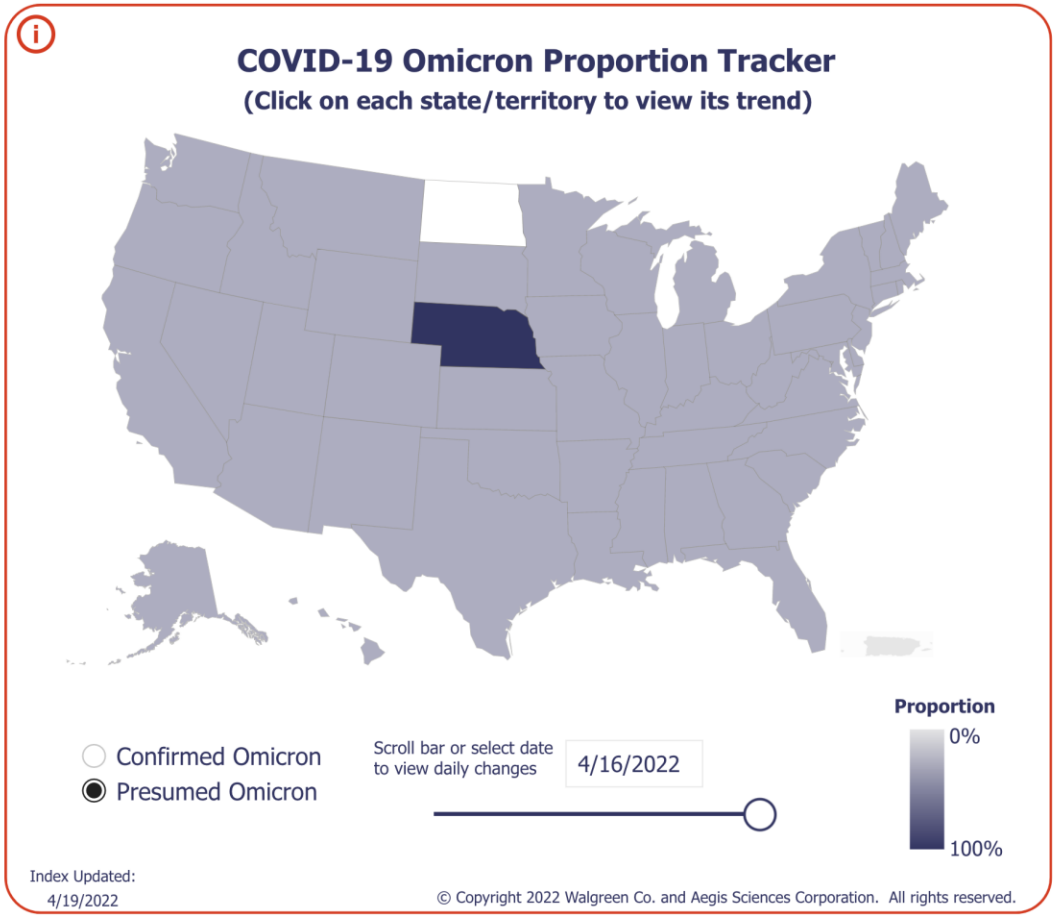
Index Updated:
4/19/2022

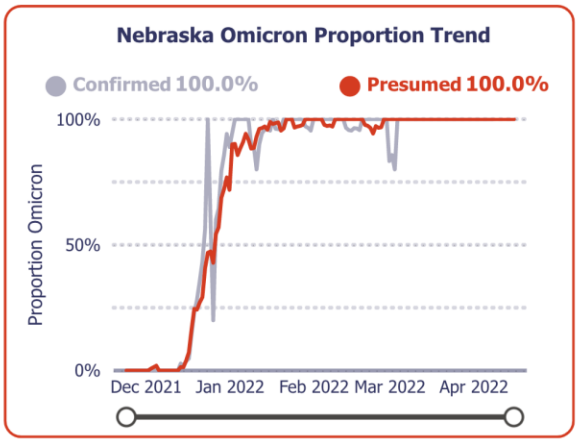
Nebraska Positivity Trend

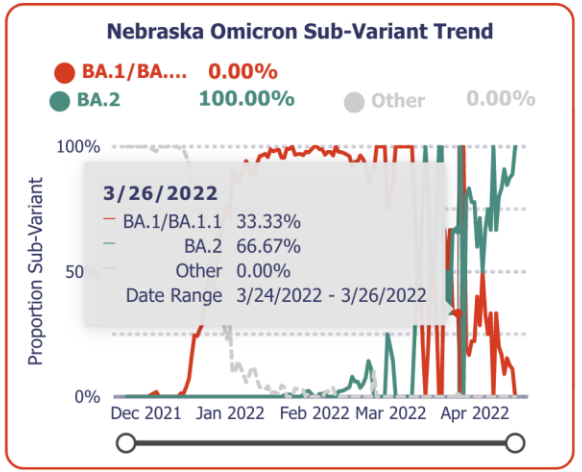
	Positivity Rate	Total Tests
Current week	12.8%	219
Prior week	6.9%	232
Difference	5.9%	

- Click on each state/territory to view its positivity trend in the upper-right chart.
- To view relative change in positivity rates, click on 'Changes from prior week' button.
- Positivity rates are based on a 7-day moving average.
- Date ranges refer to the date of sample collection.
- State/territory data with case counts < 10 are not included.

COVID-19 Omicron subvariant BA.2







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 **May 4th** on:

- **Health Equity & Cultural Sensitivity: Social Determinants of Health (6/6): Social and Community Context**

- **Infection Prevention & Control: COVID-19 Management & Treatment Updates**

Poll Results

Thank You!