U.S. Department of Veterans Affairs

Focus on Health Equity and Action:

Using Quality Improvement Projects to Demonstrate Health Equity in Action for Vulnerable Veterans

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Monday December 18, 2017 @ 3PM ET

SESSION OUTLINE

- Background -
  - Using Quality Improvement to Advance Health Equity
  - VA Health Equity Action Plan: Bridging the gap
- Project 1 -
  - Disparities in Hysterectomy & System Level Determinants
- Project 2 -
  - Patient Experience with Surgical Processes & Outcomes
- Project 3 -
  - Applying MOVE! as a Quality Improvement Strategy to Narrow Health Equity Gap
- Discussion with Q&A

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DISCLOSURE/DISCLAIMER

- The opinions expressed in this session are those of the authors who are responsible for the presentation content and do not necessarily represent the views of the Department of Veterans Affairs or the United States Government. Therefore, no statement in this document should be construed as an official position of the Department of Veterans Affairs

***The VA Office of Health Equity (OHE) was created in 2012 to champion reduction of health and healthcare disparities and galvanize efforts, enhance synergy across the VA and spur actions towards achieving health equity for all Veterans**

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IHI – 10 NEW RULES TO ACCELERATE HEALTHCARE REDESIGN

1. Change the balance of power
2. Standardize what makes sense
3. Customize to the individual
4. Promote well-being
5. Create joy in work
6. Make it easy
7. Move knowledge, not people
8. Collaborate and cooperate
9. Assume abundance
10. Return the money

"The 10 new rules provide ambitious leaders in healthcare with much needed fuel to take a leap. After all, you can't cross a chasm with a few small steps."

Saranya Loehrer, MD; Derek Feeley, DBA; & Don Berwick, MD (2015).

- Case Studies:
  - Redesign gynecology-oncology service (1,2 & 3)
  - Project ECHO - Telehealth for specialty consult (5 & 7)
  - Improve approach to pressure ulcer prevention (2,6, 5 & 9)

Source: Healthcare Executive NOV/DEC 2015
IHI - Institute for Healthcare Improvement

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ACGME CLER PATHWAYS TO EXCELLENCE - HEALTHCARE QUALITY

- ACGME - Clinical Learning Environment Review (CLER) http://www.jgme.org/doi/full/10.4300/JGME-D-14-00348.1

- CLER Pathways to Excellence: Expectations for an optimal clinical learning environment to achieve safe and high quality patient care includes:
  - ***HQ Pathway 5:*** Resident/fellow and faculty member education on reducing healthcare disparities
  - ***HQ Pathway 6:*** Resident/fellow engagement in clinical site initiatives to address healthcare disparities

**ACGME – Accreditation Council for Graduate Medical Education*
***HQ - Healthcare Quality*

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HEALTH EQUITY THEMED QUALITY IMPROVEMENT - INITIATIVE GUIDELINES

- Intended to identify promising strategies that can be quickly implemented
- Encourage ideas emanating from the field
- Be pertinent to the prevailing demographics and challenges in the region and/or facility
- Demonstrate commitment to achieve health equity and reduce health disparities at the VISN/facility level
- Results from these projects have the potential to
  - Improve the health of the Veterans we serve
  - Position the VA as an emerging leader in the advancement of health equity
- Awards based on alignment with VA strategic priorities, the HEAP, and project feasibility
- The implementation and evaluation of projects expected under the domain of "quality improvement (non-research)"

**VISN - Veterans Integrated Service Network*
***HEAP - VA's Health Equity Action Plan*

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HEALTH EQUITY THEMED QUALITY IMPROVEMENT - PRIORITY & CONTENT

- Designed or identified through existing literature
- Expected to achieve health equity and/or reduce health disparities for a vulnerable group
- Vulnerable Veteran populations for the purposes of potential funding are Veterans who are likely to experience disparate health outcomes related to characteristics historically linked to discrimination or exclusion such as:

- Proposed Concept
- Statement of Problem
- Justification for Population/Condition Selected
- Impact on Health Condition & Population
- Funding Requested – amount/fund type & how it will be used
- Description of Plan including Timetable
- Elements that demonstrate ability to Implement Project e.g., space, equipment, leadership support, staff buy-in, etc.
- Evaluation & Sustainment Plan
- Other – any other pertinent information

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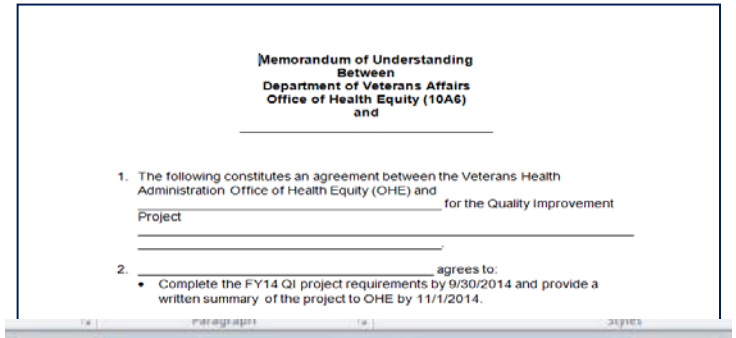
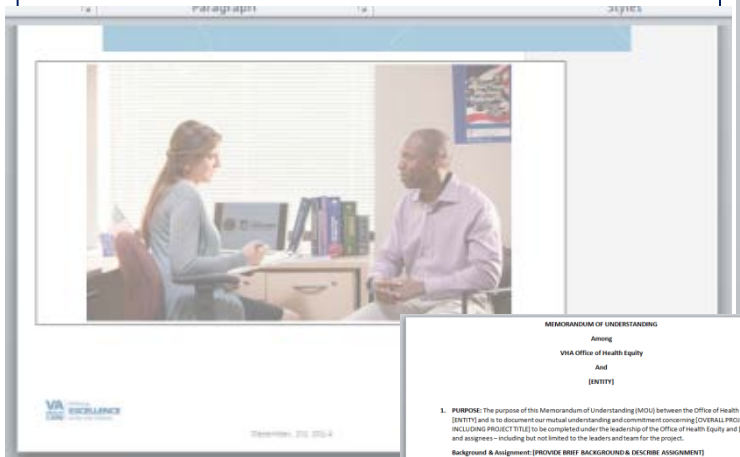
HEALTH EQUITY THEMED QI PROJECT - CALL FOR SUBMISSION & PROCESS

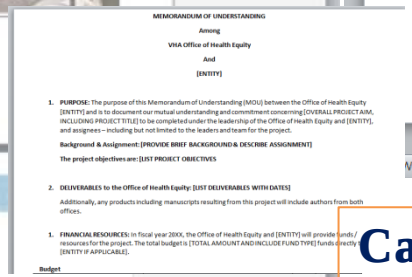


Memorandum of Understanding
Between
Department of Veterans Affairs
Office of Health Equity (10A6)
and

1. The following constitutes an agreement between the Veterans Health Administration Office of Health Equity (OHE) and _____ for the Quality Improvement Project _____.

2. _____ agrees to:
   - Complete the FY14 QI project requirements by 9/30/2014 and provide a written summary of the project to OHE by 11/1/2014.





MEMORANDUM OF UNDERSTANDING
Among
VHA Office of Health Equity
And
[ENTITY]

1. **PURPOSE:** The purpose of this Memorandum of Understanding (MOU) between the Office of Health Equity [ENTITY] and is to document our mutual understanding and commitment concerning [OVERALL PROJECT AIM, INCLUDING PROJECT TITLE] to be completed under the leadership of the Office of Health Equity and [ENTITY], and assignees – including but not limited to the leaders and team for the project.

Background & Assignment: [PROVIDE BRIEF BACKGROUND & DESCRIBE ASSIGNMENT]

The project objectives are: [LIST PROJECT OBJECTIVES

2. **DELIVERABLES to the Office of Health Equity: [LIST DELIVERABLES WITH DATES]**

Additionally, any products including manuscripts resulting from this project will include authors from both offices.

1. **FINANCIAL RESOURCES:** In fiscal year 20XX, the Office of Health Equity and [ENTITY] will provide funds/ resources for the project. The total budget is [TOTAL AMOUNT AND INCLUDE FUND TYPE] funds directly to [ENTITY IF APPLICABLE].

Budget

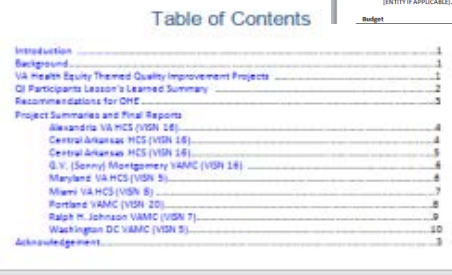
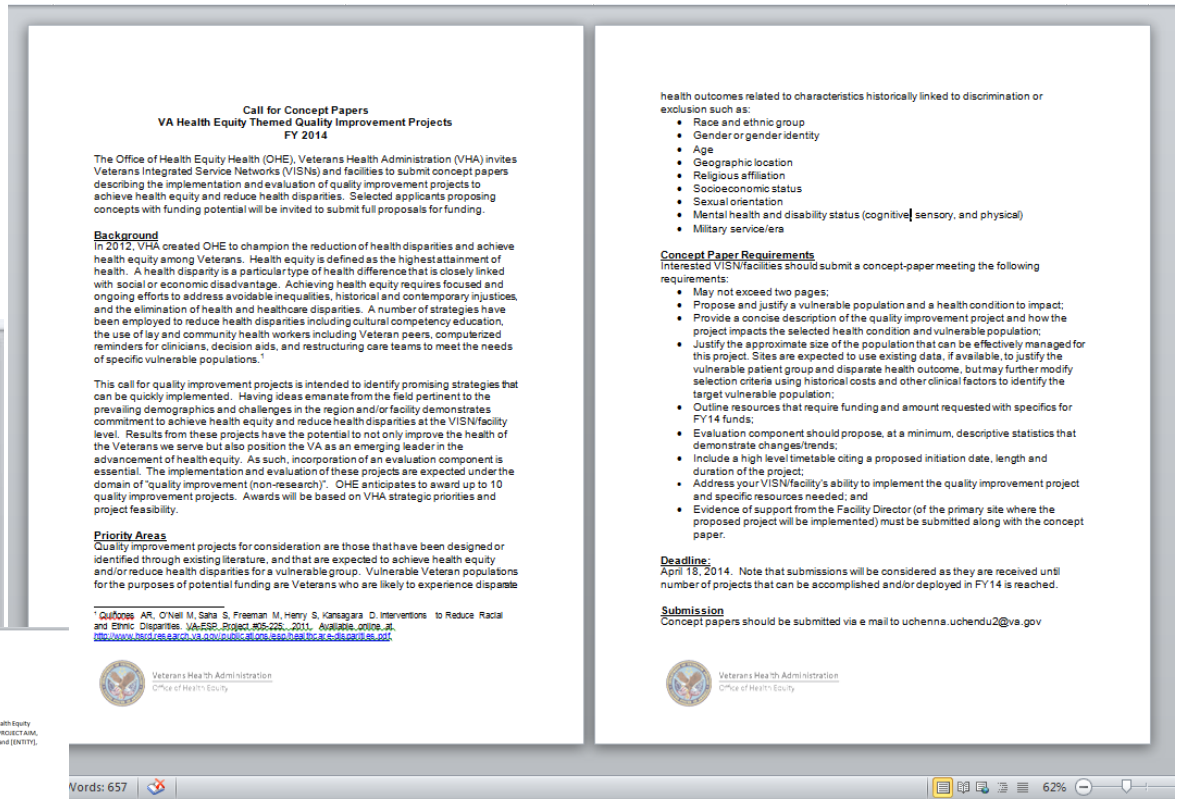


Table of Contents

Introduction 1
Background 1
VA Health Equity Themed Quality Improvement Projects 1
QI Participants Lesson's Learned Summary 2
Recommendations for OHE 5
Project Summaries and Final Reports
Alexandria VA HCS (VISN 16) 4
Central Arkansas HCS (VISN 16) 4
Central Arkansas HCS (VISN 16) 5
G.V. (Sonny) Montgomery VAMC (VISN 16) 6
Maryland VA HCS (VISN 5) 6
Miami VA HCS (VISN 8) 7
Portland VAMC (VISN 20) 8
Ralph H. Johnson VAMC (VISN 7) 9
Washington DC VAMC (VISN 5) 10
Acknowledgement 3



Call for Concept Papers
VA Health Equity Themed Quality Improvement Projects
FY 2014

The Office of Health Equity Health (OHE), Veterans Health Administration (VHA) invites Veterans Integrated Service Networks (VISNs) and facilities to submit concept papers describing the implementation and evaluation of quality improvement projects to achieve health equity and reduce health disparities. Selected applicants proposing concepts with funding potential will be invited to submit full proposals for funding.

Background
In 2012, VHA created OHE to champion the reduction of health disparities and achieve health equity among Veterans. Health equity is defined as the highest attainment of health. A health disparity is a particular type of health difference that is closely linked with social or economic disadvantage. Achieving health equity requires focused and ongoing efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities. A number of strategies have been employed to reduce health disparities including cultural competency education, the use of lay and community health workers including Veteran peers, computerized reminders for clinicians, decision aids, and restructuring care teams to meet the needs of specific vulnerable populations.[1]

This call for quality improvement projects is intended to identify promising strategies that can be quickly implemented. Having ideas emanate from the field pertinent to the prevailing demographics and challenges in the region and/or facility demonstrates commitment to achieve health equity and reduce health disparities at the VISN/facility level. Results from these projects have the potential to not only improve the health of the Veterans we serve but also position the VA as an emerging leader in the advancement of health equity. As such, incorporation of an evaluation component is essential. The implementation and evaluation of these projects are expected under the domain of "quality improvement (non-research)". OHE anticipates to award up to 10 quality improvement projects. Awards will be based on VHA strategic priorities and project feasibility.

Priority Areas
Quality improvement projects for consideration are those that have been designed or identified through existing literature, and that are expected to achieve health equity and/or reduce health disparities for a vulnerable group. Vulnerable Veteran populations for the purposes of potential funding are Veterans who are likely to experience disparate health outcomes related to characteristics historically linked to discrimination or exclusion such as:

- Race and ethnic group
- Gender or gender identity
- Age
- Geographic location
- Religious affiliation
- Socioeconomic status
- Sexual orientation
- Mental health and disability status (cognitive, sensory, and physical)
- Military service/era

[1] Quiñones AR, O'Neil M, Saha S, Freeman M, Henry S, Kansagara D. Interventions to Reduce Racial and Ethnic Disparities. VA-ESP Project #05-225; 2011. Available online at: http://www.hsrd.research.va.gov/publications/esp/healthcare-disparities.pdf.

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Concept Paper Requirements
Interested VISN/facilities should submit a concept-paper meeting the following requirements:

- May not exceed two pages;
- Propose and justify a vulnerable population and a health condition to impact;
- Provide a concise description of the quality improvement project and how the project impacts the selected health condition and vulnerable population;
- Justify the approximate size of the population that can be effectively managed for this project. Sites are expected to use existing data, if available, to justify the vulnerable patient group and disparate health outcome, but may further modify selection criteria using historical costs and other clinical factors to identify the target vulnerable population;
- Outline resources that require funding and amount requested with specifics for FY14 funds;
- Evaluation component should propose, at a minimum, descriptive statistics that demonstrate changes/trends;
- Include a high level timetable citing a proposed initiation date, length and duration of the project;
- Address your VISN/facility's ability to implement the quality improvement project and specific resources needed; and
- Evidence of support from the Facility Director (of the primary site where the proposed project will be implemented) must be submitted along with the concept paper.

Deadline:
April 18, 2014. Note that submissions will be considered as they are received until number of projects that can be accomplished and/or deployed in FY14 is reached.

Submission
Concept papers should be submitted via e mail to uchenna.uchendu2@va.gov

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Words: 657 62%

Call for Submission ⇨Review ⇨ Selection ⇨ MOU ⇨ Funding ⇨Deployment ⇨ Quarterly Progress Brief ⇨ Final Report ⇨…

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HEALTH EQUITY THEMED QI PROJECT - REPORT

- Reports - quarterly and end of year summary:
  - Project description with Goals and Objectives
  - List of vulnerable population targeted
  - Staff and their roles
  - Number of Unique Veterans impacted by the program
  - Project status at the end of the Fiscal Year (FY)
  - Accomplishments/achievements made by end of the FY
  - Barriers/challenges that impeded project success - staffing/funding/facility/VISN/Others
  - Partnerships, Lessons Learned & Future Plans
  - Recommendations for OHE

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OHE FIELD-BASED QI PROJECT - HIGHLIGHTS

VAMC/HCS	Project Title
*Birmingham VAMC**	*Incorporating an Enhanced Recovery After Surgery (ERAS) Program to Reduce Disparities in Surgical Outcomes for African American Veterans*
Charleston VAMC	Diabetes Case Management
Alexandria VAMC	Healthy Women are Active
Central Arkansas HCS	Project Battlefield Acupuncture for PTSD/Pain
DC VAMC	Reducing Excess Heart Failure Readmissions for Blacks
Jackson VAMC	Maternity Case Manager
Maryland HCS	Project Tobacco Cessation
Miami VAMC	Novel Technologies to Reduce Gender Disparities in Cardiovascular Disease
Portland VAMC	Implantable Cardioverter Defibrillators (ICD) Decision Aid
*VA Puget Sound HCS**	*Evaluating Racial/Ethnic Disparities in Receipt of Minimally Invasive Hysterectomy for Benign Gynecologic Conditions*
*Big Spring/Amarillo, North Texan & South Texas HCS**	*VISN 17 MOVE! Program*

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VA HEALTH EQUITY ACTION PLAN - HEAP

OHE along with key partners developed the HEAP which Aligns with Sec VA Priorities, My VA, the VHA Strategic Plan (see Objective 1E Quality & Equity), and other agency and national strategic goals. The HEAP focal areas are

- **Awareness**: Crucial strategic partnerships within and outside VA
- **Leadership**: Health equity impact assessed for all policies, executive decision memos, handbooks, procedures, directives, action plans and National Leadership Council decisions
- **Health System Life Experience**: Incorporate social determinants of health in personalized health plan
- **Cultural and Linguistic Competency**: Education & training on health equity, cultural competency to include unconscious bias, micro inequities, diversity & inclusion
- **Data, Research and Evaluation**: Develop common definitions and measures of disparities and inequities; Develop strategies for capturing data on race, ethnicity, language, and socioeconomic status and other variables needed to stratify the results for all quality measures and to address disparities; Incorporate health equity into Strategic Analytics for Improvement and Learning (SAIL)

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SEC VA PRIORITIES & HEALTH EQUITY

- **Greater Choice**
  - Consider any disparate impact on vulnerable Veteran populations
  - Empower Veterans through transparency of information
- **Improve Timelines**
  - Consider any disparate impact on vulnerable Veteran populations
- **Suicide Prevention**
  - Apply equity lens to 2016 suicide mortality report to inform culturally appropriate and tailored prevention strategies for vulnerable Veteran populations as appropriate. More details in the FHEA 07.17.2017 Archive
- **Accountability /Efficiency**
  - Implement Commission on Care Recommendation #5 – Eliminate Health Disparities among Veterans: Make Health Equity a Strategic Priority by Implementing the HEAP
  - Data transparency by assessing any disparate impact and making data on vulnerable Veterans publicly available
  - Go beyond collecting and analyzing disparities to actually addressing them in order to diminish or eliminate the gaps
- **Modernization**
  - Embed HEAP implementation into foundational services
  - Incorporate social determinants of health in the new EHR with connection to DoD & actionable data for vulnerable groups
  - Consider disparate impact of appeals on the vulnerable
  - Develop partnerships with community organizations to improve health equity

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BACKGROUND RESOURCES

- Callegari, L. S., Gardella, C. M., Gray, K. E., Zephyrin, L., Uchendu, U. S., Katon, J. G. (2017, July). Unequal Treatment? Racial/Ethnic Differences in Receipt of Minimally Invasive Hysterectomy in the Veterans Health Administration. Presented at the 2017 HSR&D/QUERI National Conference, Crystal City, VA.

- Gray, K. E., CallegaDri, L. S., Fortney, J. C., Lynch, K. E., Zephyrin, L., Uchendu, U. S., Chen, J. A., Katon, J. G. (2017, July). Identifying and Classifying Health Disparities in VA: Application to Racial Disparities in Minimally Invasive Hysterectomy. Poster presented at the 2017 HSR&D/QUERI National Conference, Crystal City, VA.

- Romanova, M., Liang, L. J., Deng, M. L., Li, Z., & Heber, D. (2013). Peer Reviewed: Effectiveness of the MOVE! Multidisciplinary Weight Loss Program for Veterans in Los Angeles. Preventing Chronic Disease, 10, E112.

- Wahl, T. S., Goss, L. E., Morris, M. S., Gullick, A. A., Richman, J. S., Kennedy, G. D., Cannon, J. A., Vickers, S. M., Knight, S. J., Simmons, J. W. and Chu, D. I. (2017). Enhanced Recovery After Surgery (ERAS) Eliminates Racial Disparities in Postoperative Length of Stay After Colorectal Surgery. Annals of Surgery.

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Poll Question 1

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POLL QUESTION 1

All of the following statements are true about the OHE guidelines for Health Equity Themed Quality Improvement projects **except**

- Encourage ideas emanating from the field
- Be pertinent to the prevailing demographics and challenges in the region and/or facility
- Has potential to improve the health of Veterans
- Be conducted under the domain of research
- Based on alignment with VA strategic priorities & HEAP

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- Jodie Katon, PhD

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BACKGROUND: HYSTERECTOMY

- 2nd most common surgery among women in the US
- Minimally invasive approaches decrease morbidity & speed recovery
- Outside VA rates of hysterectomy decreasing & use of minimally invasive approaches is increasing, including robotic
- BUT receipt of minimally invasive hysterectomy varies by race/ethnicity
- Similar patters reported in VA for other surgeries (e.g. cholecystectomy)

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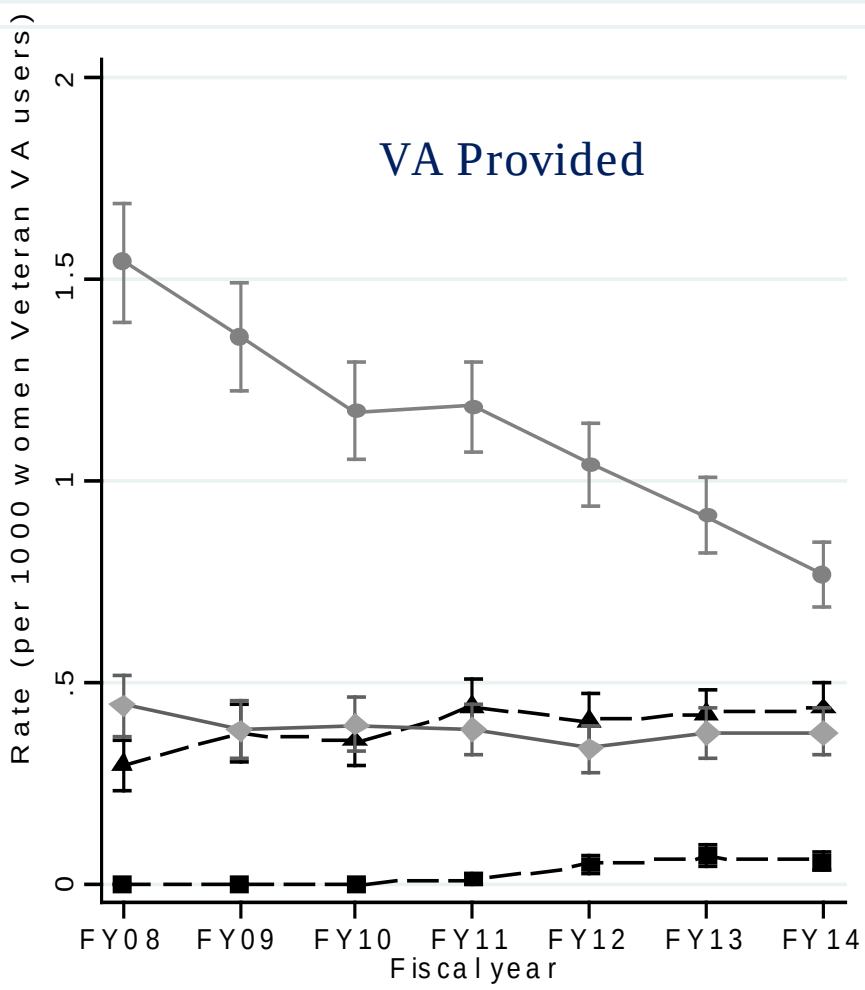
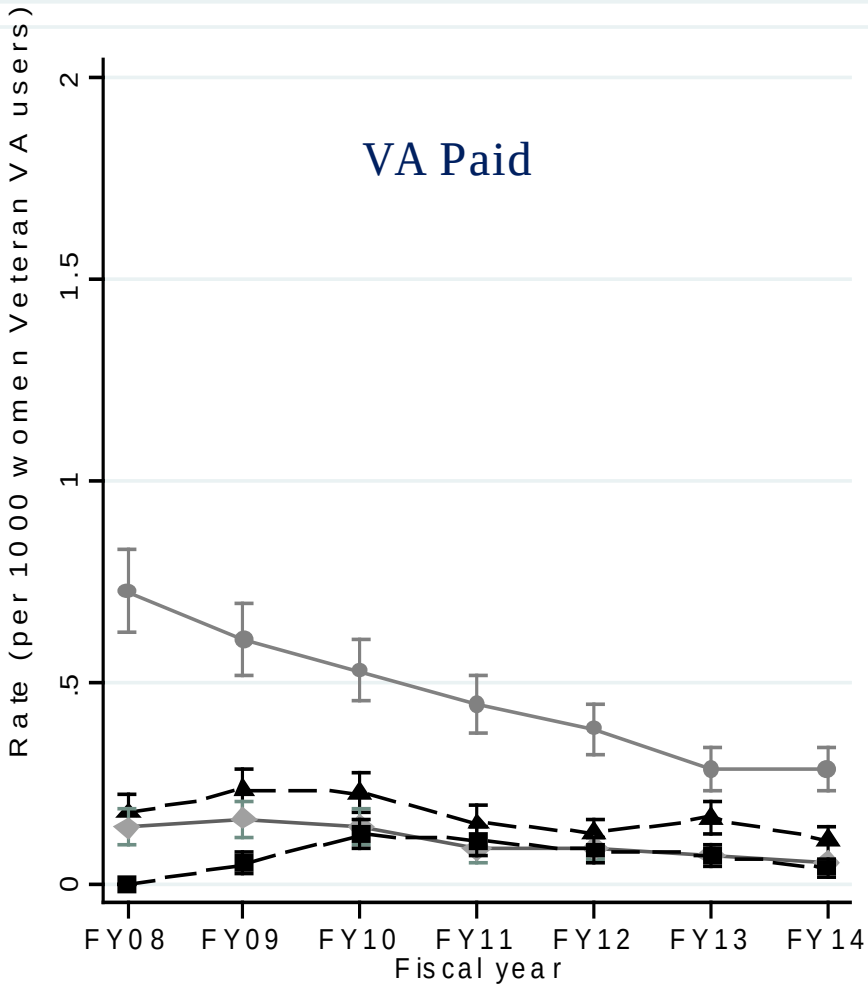
RATES OF HYSTERECTOMY IN VA: BENIGN GYNECOLOGIC CONDITIONS





abdominal
vaginal
laparoscopic
robotic

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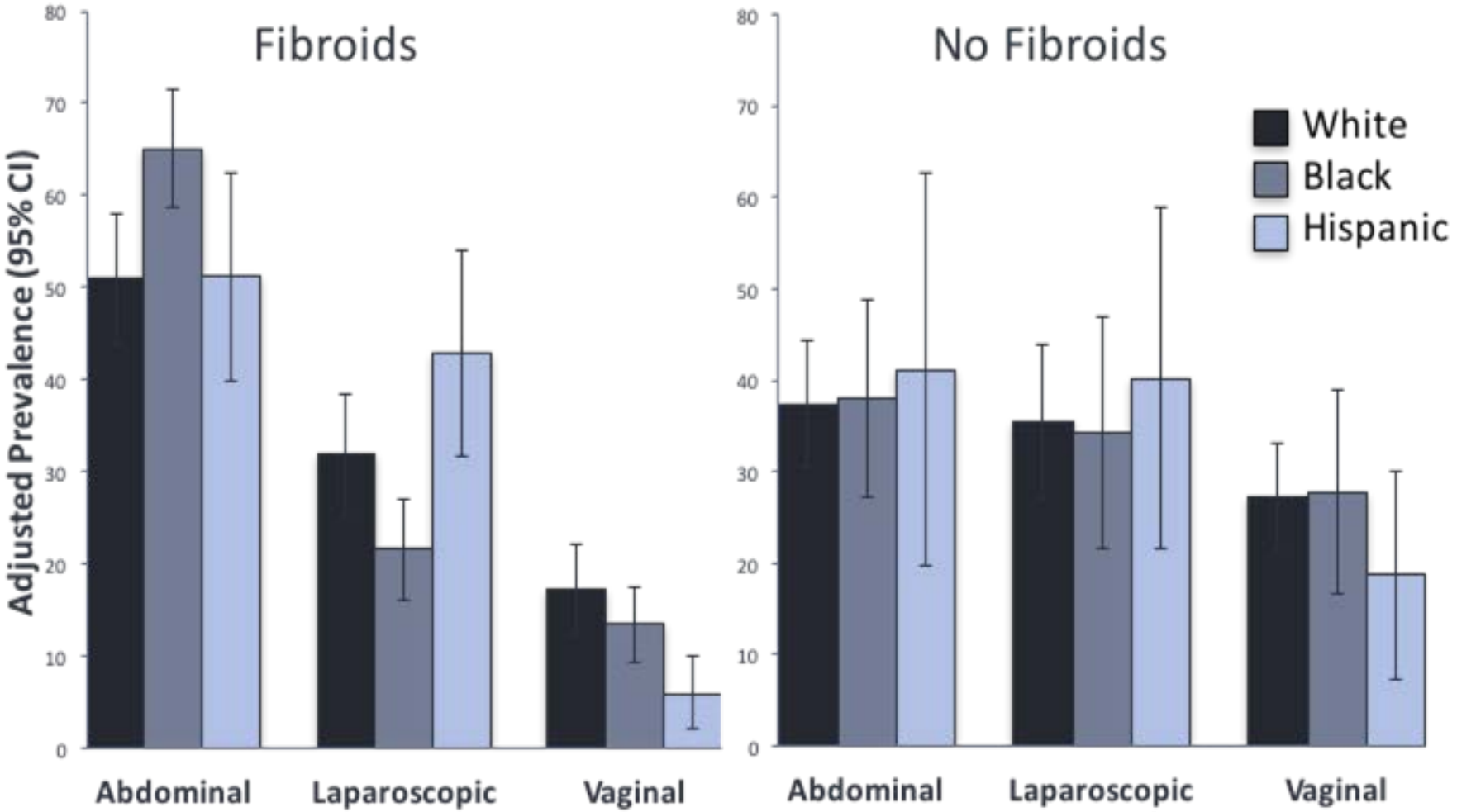
HYSTERECTOMY MODE: RACE/ETHNICITY & FIBROIDS



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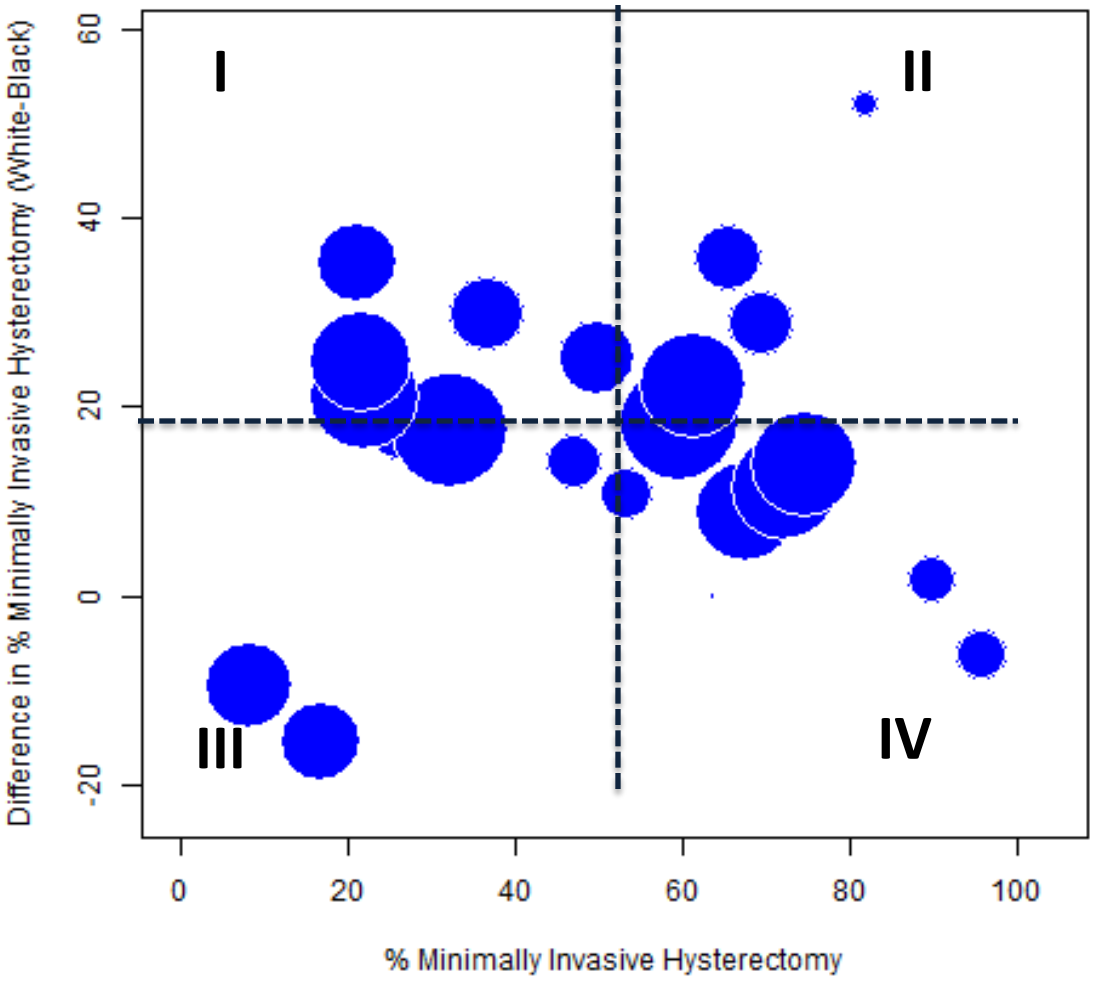
HYSTERECTOMY MODE: SYSTEM LEVEL VARIATION



KEY:

I larger difference by race/ethnicity, low % minimally invasive hysterectomy

II larger difference by race/ethnicity, high % minimally invasive hysterectomy

III smaller difference by race/ethnicity, low % minimally invasive hysterectomy

IV smaller difference by race/ethnicity, low % minimally invasive hysterectomy

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DETERMINANTS OF HYSTERECTOMY MODE: GYNECOLOGISTS' PERSPECTIVE

- Most did not recognize differences by race/ethnicity in surgical mode or attributed them to clinical characteristics
- Delays in care-seeking seen as a contributor to women not being candidates for minimally invasive approaches
- Few referrals to other VAs or CHOICE
- Variation in use of robot vs traditional laparoscopy
- Barriers and facilitators for minimally invasive hysterectomy
  - Barriers: appropriate surgical assists, OR time, equipment, training
  - Facilitators: facility support/resources, availability of university affiliate, absence of insurance constraints

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PRELIMINARY CONCLUSIONS & RECOMMENDATIONS

- Many sites lack resources for minimally invasive hysterectomy
- Increasing these resources at sites with higher concentrations of minority women could reduce disparities
- Alternatively, referral to other VAs or community providers, if available, could increase access to minimally invasive hysterectomy
- Understanding women's care-seeking behaviors and pathways to hysterectomy may inform efforts to increase equitable access to minimally invasive hysterectomy

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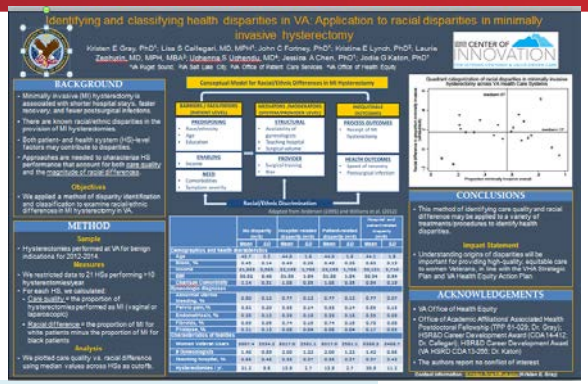
HEALTH EQUITY THEMED QUALITY IMPROVEMENT PROJECT TEAM

- Jodie Katon, PhD (Co-Lead)
- Lisa Callegari, MD, MPH (Co-Lead)
- Kristen Gray, PhD



- Presented at the 2017 HSR&D Conference

Abstract - Unequal Treatment? Racial/Ethnic Differences in Receipt of Minimally Invasive Hysterectomy in the Veterans Health Administration (Lisa Callegari et al)

Poster - Identifying and classifying health disparities in VA: Application to racial disparities in minimally invasive hysterectomy (Kirsten Gray et al)

Caption: Projects Leads with OHE Chief Officer HRS&D Conference

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Poll Question 2

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POLL QUESTION 2

Have you been involved with a quality or process improvement project or team in a surgical setting?

- o Yes
- o No

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- Sara Knight, PhD

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REDUCING DISPARITIES WITH ERAS QUALITY IMPROVEMENT TEAM

- Sara J. Knight, Lead
- Dan Chu, Co-Lead
- Christopher Key, Lead, Anesthesiology
- Melanie Morris, Lead, Surgery
- Courtney Balentine, Collaborator
- Kevin Riggs, Collaborator
- Lauren Goss, Program Coordinator and Chief Analyst

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DISPARITIES IN SURGICAL OUTCOMES

- Racial disparities in surgical outcomes
  - **length-of-stay**
  - **post-op complications**
  - **mortality**
- Etiologies for racial disparities are not well understood

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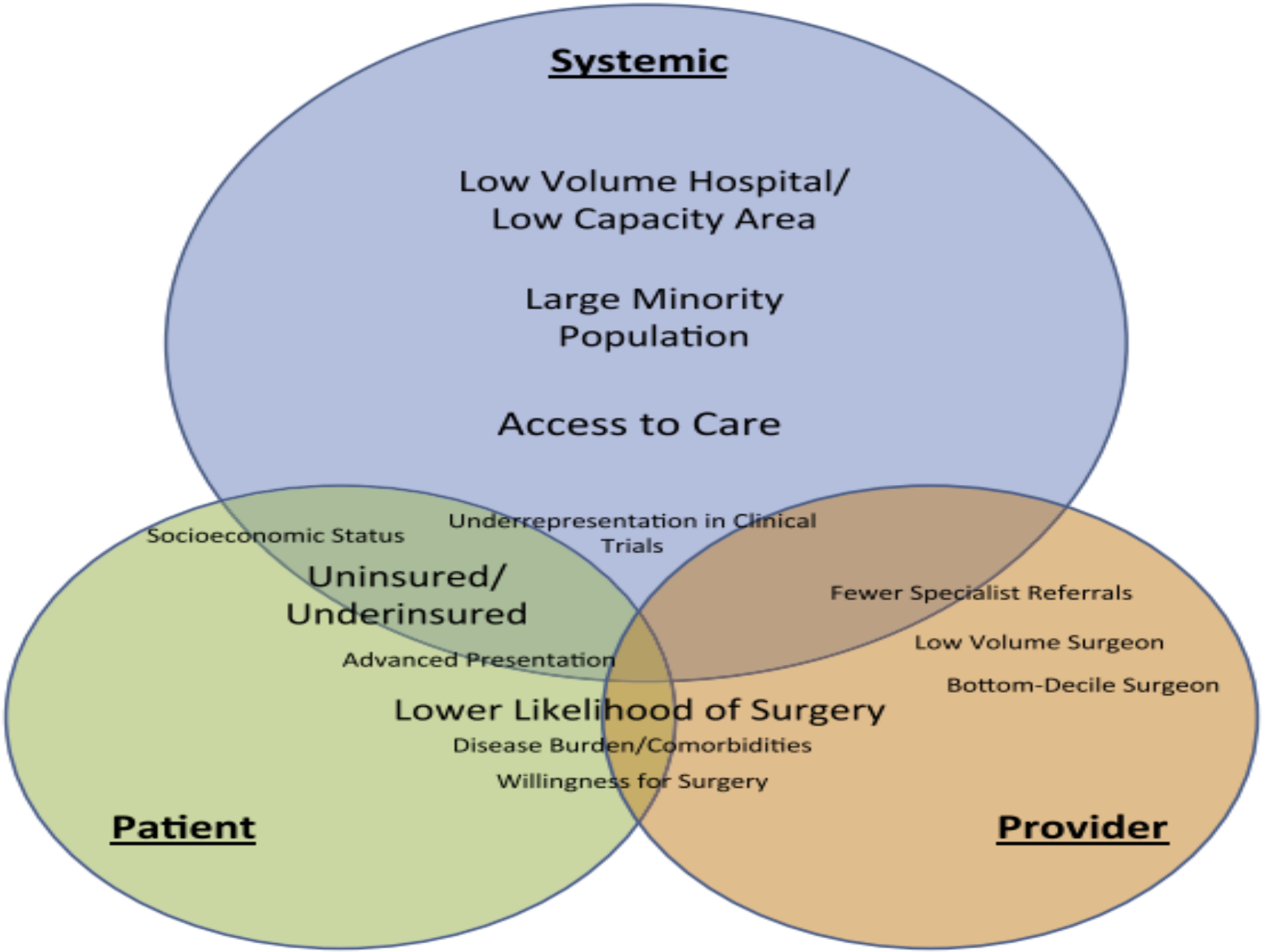
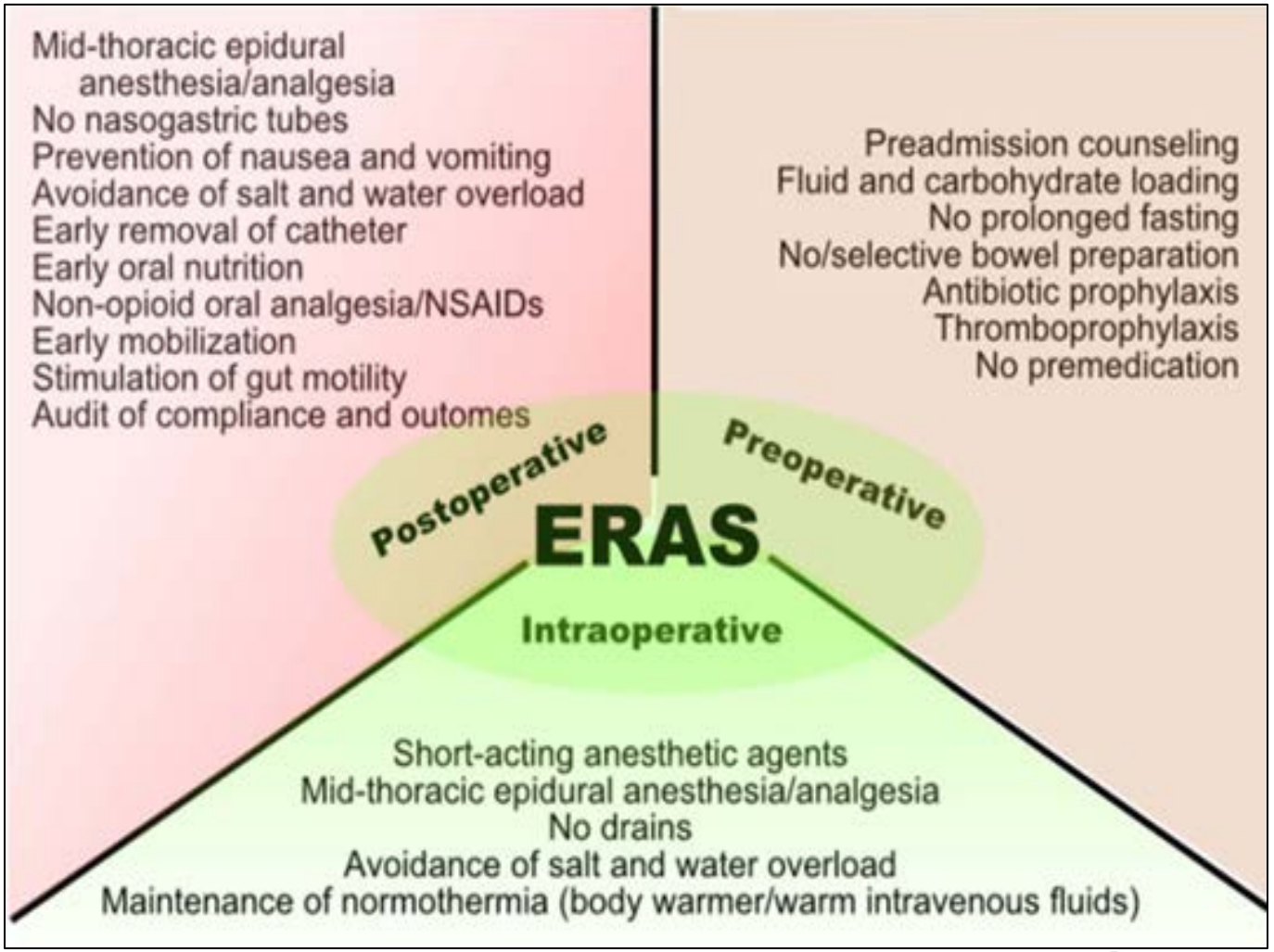


Figure 1. Factors contributing to health care disparities. Size of font reflects perceived relative importance of factor.

ENHANCED RECOVERY AFTER SURGERY (ERAS)



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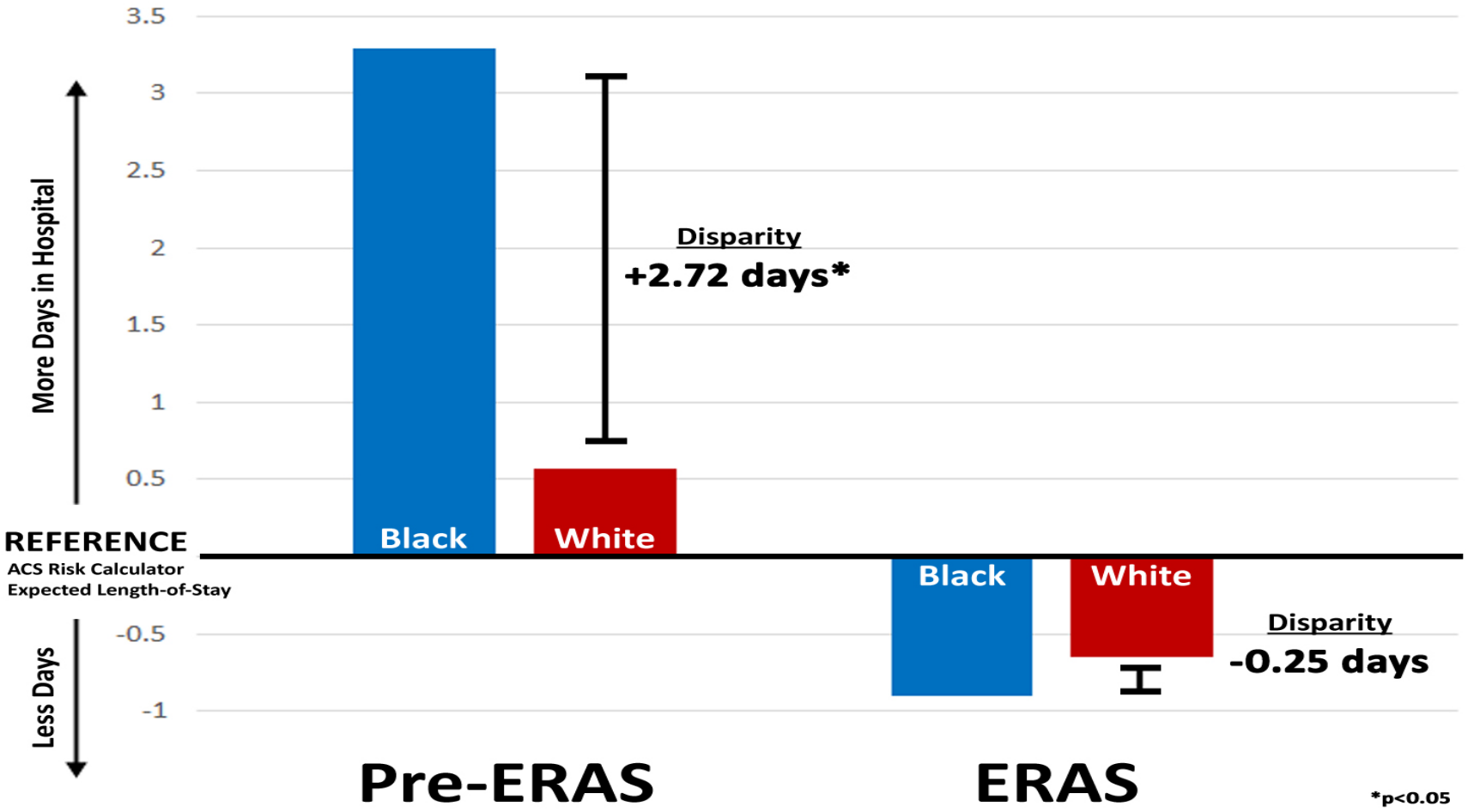
ERAS IMPLEMENTATION AT VA AFFILIATE



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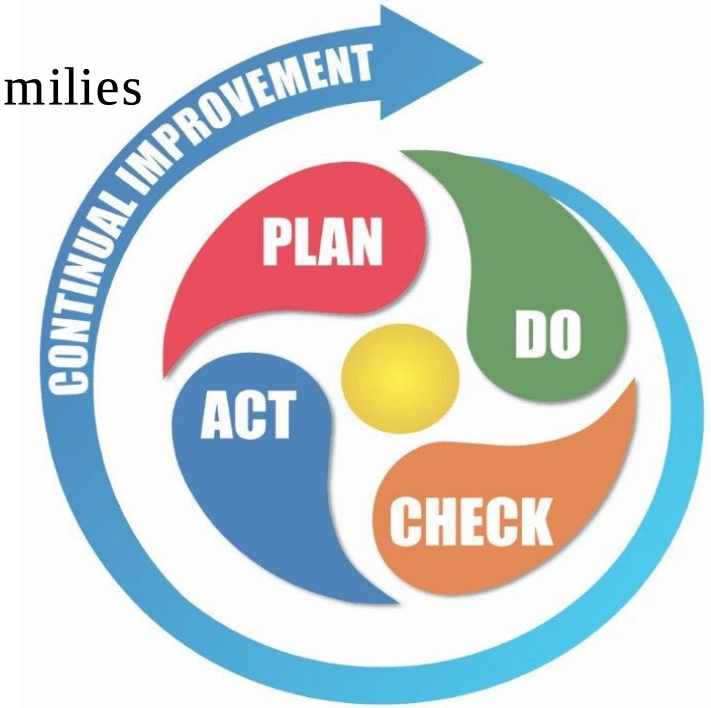
ERAS IMPLEMENTATION AT BIRMINGHAM VAMC

1. Identify key champions in multidisciplinary team
2. Assemble ERAS Task Force
3. Construct ERAS protocol or pathway
   I. Educational Material for Patients and Families
   II. Order Set
   III. Audit and Feedback Tool
4. Pilot Study– Formative Evaluation
   I. Key Informant Interviews
   II. Behavioral Observation Pre-Op
5. Educate team and trouble-shoot
6. Implement wide-spread adoption



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KEY INFORMANT THEMES - VA PROVIDERS

Communication

- Non verbal
  - Order set
  - Discussion with other disciplines
- Lack of communication
  - Availability/schedule
- Good communication

Leadership

- Knowledgeable
- Dedicated/Engaged
- Good communicator

VA Way

- Against change
- Habits

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KEY INFORMANT THEMES – AFRICAN AMERICAN & WHITE VETERANS

Mental Preparedness

- Prior experience with surgery
- Mental preparedness
  - Realistic expectations

Social Support

- Family
  - Present at clinic visits
  - Present at discharge and at home
- Staff

Trust

- Confidence in medical personnel
- The time taken to explain the procedure preoperatively
  - How they explained the procedure
    - Pictures

Health Literacy

- Obtain, process, and understand health information
  - Adequate
  - Not adequate
- Awareness of own health literacy (lack of)

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HEALTH EQUITY WITH ERAS?

- Reduce variance in health literacy
- Reduce variance in trust/comfort with provider (nursing and physician)
- Increase standardization of care may be eliminating the disparity

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Poll Question 3

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POLL QUESTION 3

CDC 2015 data shows a difference in diabetes prevalence between US Hispanic/Latinos and non-Hispanic Whites at what percentage. Select the correct answer.

- o 1-2%
- o 2-3%
- o 3-4%
- o 4-5%
- o None of the Above

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Focus on Health Equity and Action:

Using Quality Improvement Projects to Demonstrate Health Equity in Action for Vulnerable Veterans

- Wendell Jones, MD

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HEALTH EQUITY THEMED QI PROJECT – VISN 17 MOVE! PROGRAM

- Goal: Narrow equity gap between Hispanic/Latino and Non-Hispanic/Non-Latino Veterans*
- Target Population: Hispanic/Latino Veterans with uncontrolled HbA1c >/= 8 %
- Tasks:
  - Add MOVE! Modalities that target this population
  - Increase case management
- Locations:
  - Big Spring/Amarillo
  - North Texas (NTX)
  - South Texas (STX)

Funded and Supported by VA Office of Health Equity via MOU

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WHY? VISN 17 MOVE! PROGRAM

- National & VHA rates of obesity and diabetes are high and increasing due to continued weight gain in patients
- MOVE! is the national program working with Veterans toward a healthier weight by making healthy lifestyle changes
- MOVE! is an evidence-based program, designed by the VA National Center for Health Promotion and Disease Prevention
- The successful MOVE! program (12 years) can be combined with Diabetes Healthy Lifestyle Guidelines to maximize blood sugar (A1c) control

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ACTION: WORKGROUP DEVELOPMENT

VISN Level

- Collaborative Teleconferences
- MOVE! Coordinators
  - Big Spring/Amarillo, NTX, STX
- Chief Medical Officer, MOVE! Lead and IT
- Product Design
  - Adapt MOVE! 16-Series to incorporate Diabetes Guidelines
- Standardized Implementation
  - Across VISN with minimal variations

HCS Level

- Interdisciplinary Team Varied
  - Health Promotion Disease Prevention
  - Diabetes Program
  - Research Dept
  - Pharmacy Service
  - Home Telehealth
- External Stakeholders Explored
  - Ability to partner
  - Location options
  - External programs available

**VISN - Veterans Integrated Service Network*
**HCS - Health Care System*

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ACTION: PRODUCT DEVELOPMENT

- **Patient Flow Algorithm**
  - Standardized
  - Means of offering target population various services (e.g., 16-week program, telephone options, exercise opportunities)

- **MOVE! Diabetes Healthy Lifestyle 16-Week Curriculum**
  - Modified MOVE! 16-week program curriculum
  - Included diabetes education materials
  - Emphasis placed on the AADE Self-Care Behaviors
  - Delivered in a health coaching, group discussion format
  - Tailored to Hispanic/Latino culture

- **Additional Handout Booklet**
  - Developed a 90-page workbook
  - Designed as a weekly workbook with interactive activities and goal setting
  - To be used with the MOVE! handouts

**AADE - American Association of Diabetes Educators*

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ACTION: PRODUCT DEVELOPMENT

- **External Resource List**
  - Created by the HCS workgroups
  - Lists VA and Community resources & programs available for Veterans to utilize

- **Clinic Set-up and Templates**
  - Standardized nomenclature and coding
  - Allows ability to gather data regarding efficacy of program

- **Pre/Post Veteran Questionnaire**
  - Used to determine program efficacy
  - Used as a tool to optimize program modification/development

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ACTION: COMPLETED STEPS - 1

1. VISN Datamart Report

- First identified gap in A1c values in VISN 17
- Listed Veterans with >/= 8 A1c that self-identified as Hispanic/Latino
- Evaluated recent A1c variations (12 month time period)
- Identified concentrated HCS areas of this cohort

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ACTION: COMPLETED STEPS - 2

2. Patient Recruitment

- Introductory Letters: 1,105 were mailed
  - 358 Big Spring/Amarillo, 297 NTX, 450 STX
  - Very low response rate
- Personal Calls: New recruitment method with 952 calls made as of 28 NOV
  - 380 Big Spring/Amarillo, 152 NTX, 420 STX
  - Increased interest in attending
  - Calls are still being utilized
- Referrals: (e.g., PACT providers, Diabetes Educators, Home Telehealth)

** PACT - Patient Aligned Care Team*

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3. Program Introduction

- Personalized, Individual Calls:
  - Currently used to introduce specialized program
  - Use motivational interviewing communication
  - Added case management post chart review
  - Offer other VA resources (e.g., Diabetes class, PACT Clinical Pharmacy Specialist)

4. MOVE! Diabetes Healthy Lifestyle 16-Week

Big Spring/Amarillo:

- Modified 16-week program to 16 sessions covered 1 x/month @ 6 sites
- With f/u phone calls

North Texas:

- Marketed to 4 clinics
- Low numbers choosing to attend 16-week program but
- 75% of Veterans who attended an Introduction Class agreed to attend a VA Diabetes Education Class

South Texas:

- Initially marketed to 3 clinics with largest number of Veterans in the targeted cohort
- 16-Week programs at these clinics
- Plan: Expand to the medical center in San Antonio and an additional clinic

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ACTION: CHALLENGES & MODIFICATIONS

Challenges	Program Modifications
Large target population	Begin with high populated areas. Continue to add programs across HCS
Limited response to letters	Initiate personal calls
Personal calls not resulting in enough Veterans signing up for programs	Change personal calls to Motivational Interviewing (MI) case management calls.
Low participation in 16-week Hispanic tailored program	Involve PACT teams for referrals Offer other services for multifaceted care
Veterans unable to attend 16-weeks due to other time commitments	Offered MOVE! TLC tailored to diabetes and Home Telehealth options

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ACTION: SUSTAINMENT

- VISN Datamart Report monitoring
- Recruitment
  - From PACT teams
  - Personalized, individual calls
- Case Management
  - Maximize medication adherence
  - Referrals (e.g., Diabetes class, PACT Clinical Pharmacy Service & Social Work Service)
- Program Expansion
  - Explore telehealth opportunities
  - Partner with community resources

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- Discussion with Q&A

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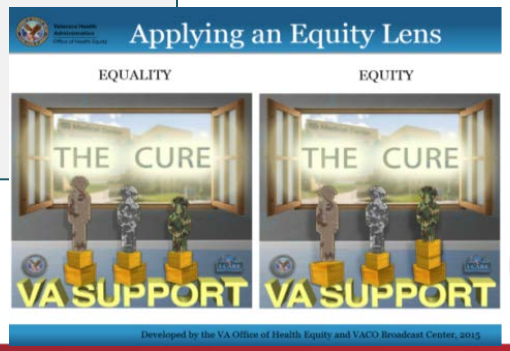
WRAP UP & CONNECTING THE DOTS

- Intended to identify promising strategies that can be quickly implemented
- Encourage ideas emanating from the field
- Be pertinent to the prevailing demographics and challenges in the region and/or facility
- Demonstrate commitment to achieve health equity and reduce health disparities at the VISN/facility level
- Results from these projects have the potential to
  - Improve the health of the Veterans we serve
  - Position the VA as an emerging leader in the advancement of health equity
- Awards based on alignment with VA strategic priorities, the HEAP, and project feasibility
- The implementation and evaluation of projects expected under the domain of "quality improvement (non-research)" ~ *OHE*

1. Change the balance of power
2. Standardize what makes sense
3. Customize to the individual
4. Promote well-being
5. Create joy in work
6. Make it easy
7. Move knowledge, not people
8. Collaborate and cooperate
9. Assume abundance
10. Return the money ~*IHI*



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HEALTH EQUITY DATA – TAKE ACTION

- **Consistently report, monitor, trend, and track key metrics along vulnerability lines to include gender/sex, race/ethnicity, rural/urban, military era/period of service,** etc.
  - **Doing so will allow transparent monitoring of the progress for the vulnerable groups, support accountability, agency priority and bolster trust**
  - **Got ideas for innovative health equity projects to tackle disparities among Veterans? Send your ideas to OHE: healthequity @va.gov**

- ***The pursuit of Health Equity should be everyone's business.***
- ***It is a journey that takes time and sustained effort.***
- ***What can you do today in your area of influence to improve health equity?***
- ***At a minimum - in all your actions - do not increase the Disparity.***

https://www.va.gov/HEALTHEQUITY/Tools.asp

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- OHE Listserv sign up link:

SIGN UP TO RECEIVE UPDATES FROM OHE

http://www.va.gov/HEALTHEQUITY/Updates.asp

➢ Stay Tuned for FHEA topics & dates in 2018

THANK YOU!

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