

## Moving Health Upstream: A Focus on Wellness

**Jennifer P. Lundblad, PhD, MBA**  
President and CEO, Stratis Health

ONE OF THE MOST EXCITING ASPECTS OF THE SHIFT UNDERWAY in health care delivery and payment is the emphasis on health and wellbeing, not just treating illness and disease. Among the many definitions of wellness, Merriam Webster simply says "the quality or state of being in good health especially as an actively sought goal." Most of the definitions of wellness reflect an active role in achieving it, whether through diet, exercise, or avoiding risky behaviors. Some definitions include mental and emotional health, as well as physical health.

Why is the emphasis on wellness today? Multiple drivers are influencing our way to wellness.

- New health care payment programs are financially incenting health care organizations to keep their patients healthy. These new payment approaches span government payers such as Medicare and Medicaid, as well as commercial insurers, and include models like accountable care organizations and global payments.
- Emerging best practices in care delivery offer opportunities to redesign care with a wellness focus, including patient centered medical homes (in Minnesota, Health Care Homes), medical model linkages to social services, palliative care programs, and more.



- Employer desire to keep costs down and improve productivity have triggered benefit design which fosters wellness, from fitness club memberships to bringing mindfulness and meditation into the workplace.

These drivers reflect a growing appreciation for a whole-person approach to health and health care, recognizing that only 10 percent of a person's health is attributable to medical care, while fully 70 percent is linked to health behaviors and socio-economic factors. So if we truly want to keep someone healthy, we need to go far beyond what happens in the clinic exam room or hospital bed.

In this wellness-focused issue of Quality Update, Stratis Health board member Mary Jo Kreitzer, director of the Center for Spirituality and Healing at the University of Minnesota, shares her expertise on

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wellness among health professionals. We profile leading Minnesota health care organizations who are emphasizing wellness, and we share how Medicare is actively promoting prevention and wellness for seniors.

The wellness concepts being talked about today are not new, but perhaps finally have traction in our complex health care system. In 1948, the World Health Organization said, "Health is a state of complete physical, mental, and social wellbeing, and not merely the absence of disease or infirmity." Back to the future! ○

## Wellbeing of the Health Care Workforce

Health care provider stress and burnout has reached a level of urgency



Perspective from  
**Mary Jo Kreitzer**  
Stratis Health Board member

Burnout in the health care workforce threatens patient care and organizations should be focusing on care team wellbeing.

**Mary Jo Kreitzer, PhD, RN, FAAN**, is a member of the Stratis Health Board of Directors. Dr. Kreitzer is founder and director of the Earl E. Bakken Center for Spirituality & Healing, and is a professor at the University of Minnesota School of Nursing.

“**WHY YOU HATE WORK**”, a 2014 op-ed article published in the New York Times, highlighted Gallup data that revealed only 30 percent of employees in the U.S. and 13 percent across 142 countries feel engaged at work. Noting the high rate of burnout, they declared that for many, work is a depleting and dispiriting experience that is getting worse.

Stress and burnout are significant issues within health care. Burnout, which is characterized by loss of enthusiasm for work, feelings of cynicism, and a low sense of personal accomplishment, is associated with early retirement, alcohol use, and suicidal ideation.

A 2014 survey found that 68 percent of family physicians and 73 percent of internists would not choose the same specialty if they could start their careers anew. While the rate of burnout in nursing is not as high as in medicine, it is still significant. A 2011 study found that 34 percent of hospital nurses and 37 percent of nursing home nurses report burnout. In a recent systematic review, low health care provider wellbeing was found to be associated with reduced patient safety, including medical errors.

The Institute for Healthcare Improvement introduced the concept of the Triple Aim as a way to optimize system performance, including patient outcomes. The focus of the Triple Aim is on improving the health of the population, improving patient experience, and reducing costs. Thomas Bodenheimer and Christine Sinsky proposed that the Triple Aim be expanded to a quadruple aim, adding the goal of improving the work life of health care providers, including clinicians and staff. Their point: care of the patient requires care of the provider. They make a strong case that burnout in the health care workforce threatens patient care and organizations should be focusing on care team wellbeing.

Health care provider stress and burnout has reached the level of urgency that national groups such as the Association of American Medical Colleges (AAMC),

American Nurses Association (ANA), and Accreditation Council for Graduate Medical Education (ACGME) among others, have launched initiatives to address the issue. To reverse these trends and improve patient care by caring for the caregiver, the National Academy of Medicine convened the Action Collaborative on Clinician Well-Being and Resilience to:

- ♦ Improve baseline understanding across organizations of challenges to clinician wellbeing
- ♦ Raise visibility of clinician stress and burnout
- ♦ Advance evidence-based, multidisciplinary solutions

I am co-chairing a parallel group within the Global Forum on Health Professional Education that, in partnership with the National Academy of Medicine, is examining the issues surrounding health care provider resilience and wellbeing from a systems, leadership, and policy perspective. Recommendations will be emerging from all of these groups.

At the University of Minnesota’s Earl E. Bakken Center for Spirituality & Healing, we offer an eight week online course on health care provider self-care, wellbeing, and resilience. It’s offered in interdisciplinary formats for specific physician, nurse, and leader groups within universities, hospitals, and health care systems. Course topics include the nature of stress, mindfulness, thoughts and emotions, purpose and values, relationships and how to create a personal plan for health and wellbeing.

In a recent survey, participants indicated the course would improve patient outcomes, result in changes in their personal lives, and improve team performance. One participant noted, “I now have skills to better care for myself and I am more likely to recognize stress and burn-out in my employees.” Strong steps toward improving the work life of health care providers. ○

Visit the website [Taking Charge of Your Health & Wellbeing \(www.takingcharge.csh.umn.edu\)](http://www.takingcharge.csh.umn.edu) for resources to manage stress and cultivate wellbeing in your life.

# Medicare Quality Improvement Advances Wellness

**Kim McCoy, MPH**

**Minnesota State QIN-QIO Program Director, Stratis Health**

**OVER THE YEARS HEALTH CARE LEADERS HAVE COME TO RECOGNIZE THE IMPORTANCE OF PROMOTING HEALTH**, as well as treating illness. The Centers for Medicare & Medicaid Services (CMS) has fostered this emphasis on wellness through the work of its Quality Improvement Organization (QIO) Program.

Established over 40 years ago for the purpose of improving the effectiveness, efficiency, economy, and quality of services provided to Medicare beneficiaries, the QIO program has increasingly set goals to prevent avoidable illness and manage chronic conditions through implementation of evidence-based interventions to maintain wellness and keep people out of the health care delivery system.

Stratis Health, as the QIO for Minnesota since the inception of the program, has led QIO wellness efforts which began with traditional public health prevention strategies like increasing immunizations and cancer screenings, and preventing healthcare-associated infections (HAIs). Working in partnership with clinics, hospitals, nursing homes, and home health agencies, as well as expert partner organizations like the Minnesota Department of Health and the Minnesota Chapter of the Association of Professionals in Infection Control, progress has been made to minimize the transmission of influenza and pneumonia, increase early detection of breast and colon cancers, and limit the incidence of HAIs, like central line associated blood stream infections (CLABSI) and methicillin-resistant staphylococcus aureus (MRSA). Minnesota continues to be challenged by some entrenched practices and intractable infections, so the work is ongoing.

In recent years, CMS launched wellness initiatives that target health behaviors and encourage collaboration and shared accountability for health among providers, beneficiaries, and communities. Primary care and home health providers have stepped up to the plate to address tough issues like smoking cessation, nutrition, and physical activity in the interest of better heart health and diabetes self-management. Health systems and community partners are working together to teach beneficiaries about the potential long-term impacts of chronic conditions and empower them to take control of their health. Stratis Health and other QIOs across the country are facilitating community meetings to foster health care, public health, and community-based organizations joining forces to understand how their systems and practices intersect to impact wellness. By working together to develop shared goals and design collective improvement strategies, these organizations are tearing down silos and barriers to coordination of care and building relationships that lead to common messages and communal support for beneficiaries.

The toll of complex health care challenges like opioids, mental illness, chronic disease, and infections is persistent and exacerbated by social factors like poverty, race, ethnicity and geography. This realization dictates that future work integrate measures of health care quality and health equity. Tools like health information technology, patient activation, cultural competency, and incentive programs have the potential to change the trajectory of health outcomes for the better if they are coupled with evidence-based strategies that address the breadth and depth of factors that enable seniors to achieve their health potential. By using these tools and others to continue to shift the balance of care and costs from diagnosis and treatment to prevention and wellness, seniors and providers alike will do better. ○



## Medicare QIO Program Increased Preventive Care in Minnesota

As the Medicare QIO, Stratis Health worked with Minnesota health care providers to increase the use of preventive care services among Medicare beneficiaries. Data showed strong process performance improvement for providing influenza and pneumococcal vaccinations, as well as breast and colorectal cancer screenings.

**35%** Increase in pneumococcal vaccinations

**13%** Increase in colorectal cancer screening

**10%** Increase in mammographies

**4%** Increase in influenza vaccinations

Medicare fee-for-service claims data, based on work August 2008 - July 2011.

## Reframing Health in the Context of Wellness

**OUR WESTERN MEDICALIZATION OF HEALTH HAS LED US TO A TECHNICAL FIX-IT APPROACH** focused on causes and solutions for disease based in biology, which de-emphasize the whole person.

Once a useful approach to infectious disease and injury, medications and machines are no longer the solution to some of our most pressing and expensive health issues, like the growing rates of chronic diseases.

With the advent of accountable care organizations and other reimbursement models focused on outcomes, our health care system is increasingly looking at wellness as a frame for health.

### Wellness begins with an individual

Wellness is the interconnection between physical, mental, and emotional health, influenced by social, cultural, psychological, and environmental factors.

A focus on wellness moves health care providers from prescriptive diagnosis and treatment of health conditions into collaboration with patients on how care recommendations will work within the context of the patients' lives.

A wellness approach has individuals identify their circumstances, values, and desires, with the goal of taking action and maintaining change over time. It can help health care providers address the connections between the whole person and physical health.

"It's really a recognition of the lives that people live outside of the health care system," said Ross Owen, health strategy director, Hennepin County. "And that the social environment in which we reside has much more to do with our health than the medical care we receive."

Wellness strategies take many forms, from the Mayo Clinic Healthy Living Program with a facility billed as a "combination of luxury and wellness" to the Es-sentia Health Regional Wellness Center, a proposed facility where programming surrounding public safety, nutrition, and community education will be planned to meet the health and wellness needs of the regional population.

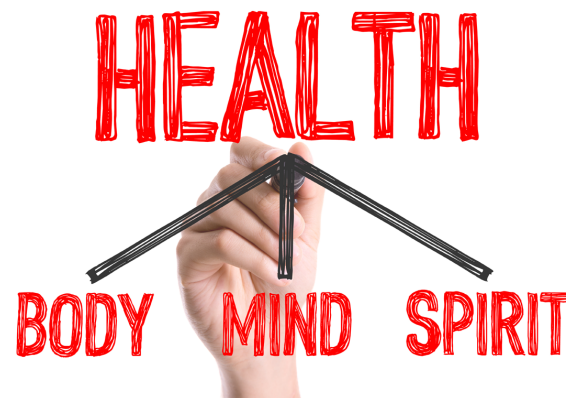
This summer, Minnesota's Area Agencies on Aging launched Juniper, a network of community organizations delivering evidence-based programs to help people take an active role in managing chronic health conditions, preventing falls, and fostering wellbeing. It aims to improve community health statewide by changing the culture toward self-managed health and wellbeing, and to reduce the need for costly medical interventions.

### Being well with an illness

Wellness has been described as a continuum, ranging from disability to personal growth. While individuals with incurable conditions, like autoimmune diseases and bipolar disorder, or receiving palliative care for an advanced illness, don't have the option of ideal health, they can reframe wellness within the context of their condition.

Coaching and referrals to supportive services can help patients determine what "being well" means for them and how to achieve their best life possible.

Living well might mean being able to spend quality time with family. For someone suffering from multiple sclerosis, this might be supported by a plan for energy conservation, nutrition, and meditation for pain and emotion management, in addition to medication treatment.



### At-risk and underserved

For the estimated 10.2 percent of Minnesotans living in poverty, achieving basic wellness is challenged by a slew of social, cultural, psychological, and environmental factors. Accountable care organization (ACO) funding models allow organizations the flexibility to do things differently and be creative in addressing these challenges.

Southern Prairie Community Care takes a population health approach, focusing on what it can do in communities to cultivate wellness and prevent chronic disease. Serving a 12-county region in central Minnesota, the Integrated Health Partnership (IHP) ACO is working on wellness with immigrants from Micronesia, Somalia, and Spanish speaking countries.

For some of its immigrant populations, approaches to health care have been based on staying alive, treating injuries, and infectious disease. Norris Anderson, medical director, Southern Prairie Community Care, said, "We are going into these communities, reaching out, and making connections to build understanding to shift their approach to one that prevents disease or identifies it early."

Among its efforts, Southern Prairie developed a wellness curriculum tailored to the Spanish speaking community. Currently being piloted, the curriculum includes emphasis on movement, nutrition, and mindfulness in culturally responsive ways.

## IN BRIEF

### White Earth Nation coordinates community services and supports

The White Earth Nation (WEN) uses the White Earth Coordination, Assessment, Resources, and Education (WE CARE) model to enhance client use of facility and community based programs with the goal of improving overall health and well-being. WEN promotes *mino bimaadiziwin* (Anishinaabe for “the good life”).

WEN, located in rural Minnesota, is primarily populated by Native Americans. The community has high rates of poverty and health disparities compared to the rest of the state. Large portions of the WEN population must travel a minimum of 25 miles one-way for groceries and other services.

The WE CARE program coordinates client referrals for services between primary care, home health, education, early childhood programs, and human services. Clients complete a universal intake assessment indicating their interest in a wide range of community services, creating an electronic alert referral for appropriate programs to address health care and social determinants of health.

Programs are expected to respond to referrals within three working days and contact the client to explain their services. The client identifies which programs they want to work with. The WE CARE team and client review needs, prioritize the most important goals, develop a comprehensive plan with phases of completion, and meet as directed by the client to review and complete their goals.

WE CARE facilitates better communication between clients and the tribe, better coordination (aligns and links services and program resources, reduces paperwork and duplication of services), and client involvement.

The White Earth Nation received a Stratis Health Building Healthier Communities award in 2014 to advance its WE CARE program.

### A system out of balance

Data from the Organization for Economic Cooperation and Development (OECD) shows the U.S. spends 16.3 percent of its GDP on health expenditures and 9.1 percent on social services. Compared to other high-income countries, the U.S. proportionally spends much more on health than social services. Yet, the U.S. has lower health outcomes compared to health expenditures.

“We need to stop over-investing in health care and invest in social determinants,” suggested Jan Malcom, adjunct faculty member at the University of Minnesota School of Public Health.

The reframing of care delivery from health to wellness appears to be accelerating. Owen hears more and more from leaders who five or 10 years ago wouldn’t have been talking about social determinants of health driving health spending.

“If we can intentionally manage the dollars that we’re spending in the health system alongside the dollars that we’re managing in housing and other systems, then we might be able to allocate resources in a way that’s more effective and helps more people achieve the outcomes that they desire,” Owen commented.

Innovation is an important part of what health care organizations are doing to advance wellness. Ultimately, we need to move beyond health care and understand the other large sectors of public investment that intersect with health—such as human services and public safety—and think about how they all fit together so people can be well. ○

Recognizing that trauma impacts health, and how people process information and make decisions, the IHP is exploring ways to help its community become trauma informed. “We need to begin to understand the emotional and mental trauma that people go through so we can better understand and care for them,” said Anderson.

Hennepin Health, a safety-net ACO serving Hennepin County, brings together health care and social services to address social determinants of health for its members, who have complex needs related to serious mental illness, substance abuse, and other non-medical challenges.

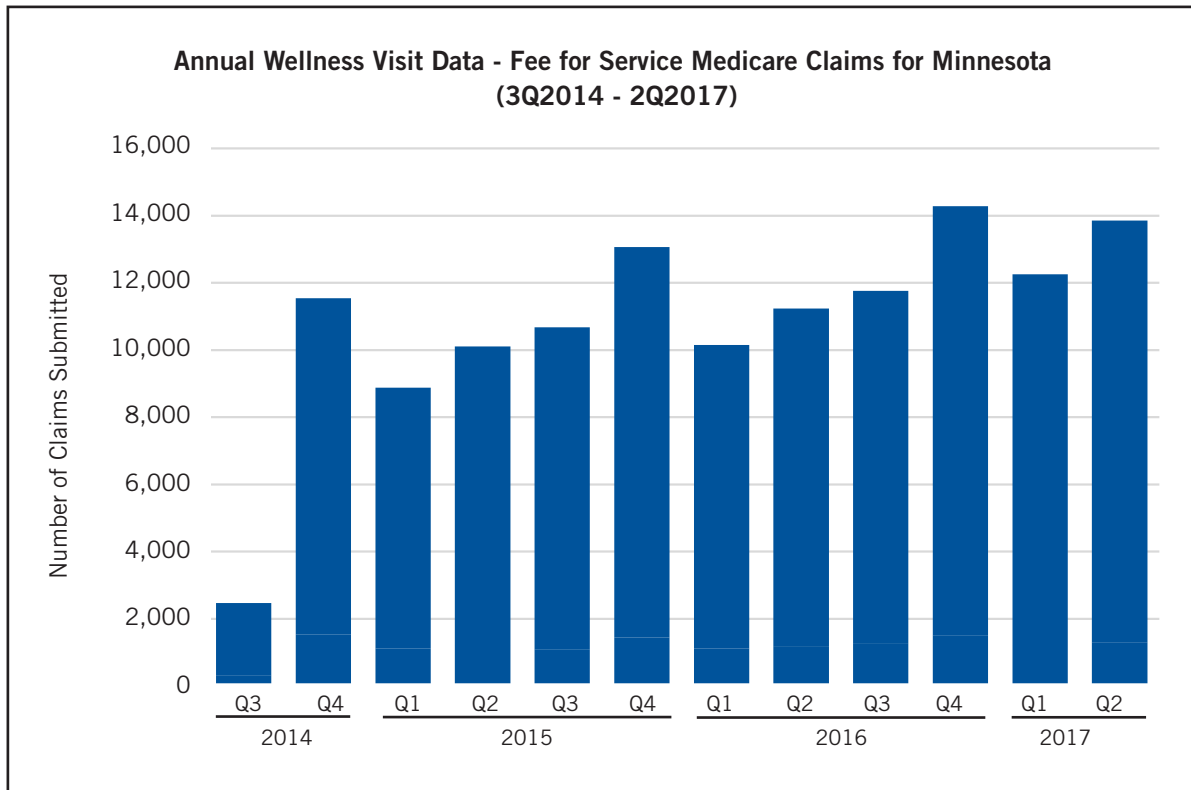
The ACO identifies which of its members are most likely to benefit from interventions and assigns a care coordination team aligned with the person’s most pressing needs, such as substance abuse or non-clinical needs for consistent housing and vocational support.

“We really have to think about those broader issues if we’re going to manage physical health.”

“We really have to think about those broader issues if we’re going to manage physical health as well,” noted Owen.

Pre-post data analysis in 2012 showed that Hennepin Health members placed in housing visited the emergency room 35 percent less often, were admitted to the hospital 16 percent less often, and received outpatient clinic visits 21 percent more often. And, medical costs fell an average of 11 percent a year since 2012.

## Looking at the numbers: Medicare Annual Wellness Visits



Source: Fee for service Medicare submitted claims, National Government Services. Total Minnesota Medicare FFS beneficiaries in 2015: 431,811 and 2016: 421,227.

**WITH THE ADDITION OF ANNUAL WELLNESS VISITS (AWV) AS A COVERED BENEFIT IN 2011**, Medicare increased its support for prevention and wellness. This shift underscored Medicare's focus on health—not sickness—as it moves toward value-based care delivery.

AWVs allow clinicians more time to talk with Medicare patients about their whole health and not simply address a specific health problem. During these visits, factors that can impact health or quality of life are assessed or reviewed, including depression, cognitive impairment, functional ability, history, medication review, and advance care plan status.

The evidence-based screenings and more in-depth conversations allow clinicians and patients to develop a personalized plan and schedule for care that covers preventive services, such as immunizations and follow-on screenings.

### Under-used benefit

Various sources show that the AWV is an under-used benefit. Fee for service (FFS) Medicare claims data from National Government Services, indicates that only 9.9 percent of Minnesota's FFS Medicare beneficiaries had an annual wellness visit in 2015 and 11.2 percent in 2016.

People with a Medicare Advantage health plan might be more likely to receive this care. BlueCross BlueShield of Minnesota (BCBS) reports higher use of the AWV than FFS—but still, less than 20 percent of members have an AWV. Knowing the value of prevention, the health plan is working to increase use of this benefit.

### Annual Wellness Visits correlate to higher immunization and preventive screening rates

BCBS members who had an AWV were 220 percent more likely to have colorectal cancer screening, 39 percent more likely to have breast cancer screening, 14 percent more likely to have diabetic eye exam screening than those who don't.

Similarly, Allina Health patients who had an AWV were 20 percent more likely to have a pneumonia vaccine, 14 percent more likely to have an influenza vaccine, 15 percent more likely to have a mammogram, and 11 percent more likely to have colorectal cancer screening.

Research published in the Journal of the American Medical Association (JAMA) showed that the biggest predictor of getting an annual wellness visit in 2014 was having had one the year before. The paper also indicated that people getting the visits are more often those who are already well-connected to the health care system rather than the underserved.

People who schedule a wellness visit may be more likely to seek preventive care. Let's do more wellness visits and find out.

National Government Services is the Centers for Medicare & Medicaid Services Medicare Administrative Contractor covering Illinois, Minnesota, and Wisconsin.

# Merit-based Incentive Payment System Count Down

## Stratis Health MIPS Estimator facilitates quality improvement

Minnesota's clinical care community is buzzing about how to succeed in the Medicare Merit-based Incentive Payment System (MIPS). Year end is fast approaching and questions about which data and reporting methods to use abound.

October 2 was the deadline for the last 90-day period to start collecting performance data for MIPS reporting. Many clinicians and health care organizations have been collecting data and need to decide which data and submission method to use for the 2017 performance year, to meet the CMS submission deadline of March 31, 2018.

### Report something—it's a low bar

Clinicians can choose the test submission method for 2017 to avoid the negative four percent (-4%) payment adjustment. This lowest level of participation only requires a clinician to report one quality measure for one patient for one day by the end of the year. Though, most quality measures require longer reporting periods.

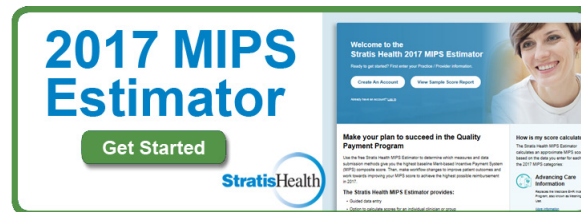
Stratis Health MIPS experts view this as a low bar, easy enough for everyone to get over to avoid a pay cut in 2019. Through the Stratis Health QPP Help Desk, they provide assistance on choosing measures and submission methods.

### Unlocking 686 combinations

The scoring methodology in the final rule is complex, with lots of nuances. The 686 combinations of quality measures and reporting methods in MIPS can seem overwhelming.

One underlying pattern is that reporting quality measures using claims has fewer measures available for reporting, and usually produces lower benchmark scores. Reporting data from electronic health record systems or registries is generally rewarded with higher scores. This reinforces the use of health information technology to facilitate enhanced care through population health management and to extend this care to all of a provider's patients, not just those insured through fee for service Medicare.

Clinicians and health care organizations have been using the Stratis Health MIPS Estimator, [www.mipsestimator.org](http://www.mipsestimator.org), to assess their best approach to MIPS. Anyone can use the tool, at no cost, to understand which measures



“The MIPS Estimator scoring break down is easy to understand and is displayed in an organized way so you can see areas for improvement.” - Cambridge Eye Associates

and data submission methods are likely to give provide their highest MIPS final score.

Clinics have found the estimator valuable in numerous ways:

- ♦ **Learning:** Discovered the need to do a security risk analysis to score in the Advancing Care Information category.
- ♦ **Decision-making:** Revealed the low-hanging fruit for possible focus areas to improve quality measures.
- ♦ **Strategic planning:** Determined the clinic's group performance is higher than the average for its accountable care organization and is assessing how to leverage its clinicians' high performance in business partnerships.

### Quality and value are here to stay

Policy discussions, such as the Medicare Payment Advisory Commission (MedPAC) letter to CMS, have arisen in recent months about eliminating or dramatically redesigning MIPS. But, the MACRA legislation, which included the MIPS program, passed in April 2015 with strong bipartisan support, and CMS seems committed to the program and its continuing evolution.

Expect to see quality measurement as an ongoing priority, playing a strong role in Medicare payment programs. And, however organizations choose to participate in MIPS for 2017, they need to build on their plans for quality care in 2018 and the years to come. ○

Contact the Stratis Health QPP Help Desk at [QPPHelp@stratishealth.org](mailto:QPPHelp@stratishealth.org).

# STRATIS HEALTH NEWS

## Stratis Health and MAPS Launch New Strategic Partnership to Advance Safe Care Everywhere.

Stratis Health and the Minnesota Alliance for Patient Safety (MAPS) launched a new strategic partnership to drive our common vision to advance safe care everywhere. MAPS became a subsidiary of Stratis Health on August 1. The partnership will strengthen each organization's capacity to advance safety across the care continuum, with special emphasis on elevating the voice of the patient for safety in all settings of care.



## National Rural Community-based Palliative Care Project Begins



This fall Stratis Health kicked off a multi-faceted project to increase access to palliative care services in rural communities and improve quality of life and quality of care for those with advanced illness and complex care needs. In North Dakota, Washington, and Wisconsin five to eight rural communities in each state

will launch palliative care services, based on a sustainable framework developed and tested through our previous palliative care work. In Minnesota, we will explore the role of palliative care services in the context of emerging payment models and the use of technology to increase access and/or improve quality and efficiency of services. We also will update and expand our online Rural Palliative Care Resource Center.

## Minnesota Coalition for Quality Payment Program Excellence.

Stratis Health is convening an array of organizations working together to achieve at least 90 percent successful participation in the Quality Payment Program (QPP) by eligible clinicians in Minnesota and to position providers for success on the value-based care continuum, prepare them for future years of QPP, and improve quality of care for Minnesotans.

The group coordinates support to clarify the simplest ways for clinicians and practices to succeed in QPP. It identifies barriers and solutions for engaging clinicians in QPP participation, develops common messaging and disseminates resources to constituent groups, and shares experiences from the field.

**Stratis Health** is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

Stratis Health works toward its mission through initiatives funded by federal and state government contracts, and community and foundation grants, including serving as Minnesota's Medicare Quality Innovation Network - Quality Improvement Organization.

**Stratis Health** works with the health care community as a quality improvement expert and clearinghouse, educator and trainer, consultant and supporter, convener and facilitator, and data resource.

Contact us to see how we can assist you with your quality improvement needs. Call 952-854-3306 or 1-877-787-2847 (toll-free) or email us at [info@stratishealth.org](mailto:info@stratishealth.org).

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