Accelerating Action in Minnesota

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

Minnesota was fortunate to be selected in a 2013 competitive federal grant process to be one of the first six model-testing states under the State Innovation Model (SIM) program, launched by the Centers for Medicare & Medicaid Innovation Center.

The SIM initiative is providing financial and technical support to states to develop and test state-led, multi-payer health care payment and service delivery models that will improve health system performance, increase quality of care, and decrease costs for Medicare, Medicaid, and Children's Health Insurance Program (CHIP) beneficiaries—and for all residents of participating states.

Minnesota's SIM goals are ambitious. By 2017, Minnesota's public health and health care system will be one where:

- The majority of patients receive care that is patient centered and coordinated across settings

- The majority of providers are participating in Accountable Care Organizations or similar models that hold them accountable for costs and quality of care

- Financial incentives for providers are aligned across payers and promote the Triple Aim

- Communities, providers, and payers have begun to implement new collaborative approaches to setting and achieving clinical and population health improvements

SIM isn't a new project or initiative. Rather, it is funding and a structure intended to accelerate priorities already identified and/or being implemented in Minnesota.

SIM builds upon the public and private sector innovation already underway in both care delivery and payment redesign. Minnesota has been innovating in design and implementation of health care homes, in adoption of accountable care approaches to improving population health, in using emerging health care workers such as community health workers and community paramedics, and in leveraging e-health to support high quality and low cost care.

The SIM initiative is a four-year boost in attention and resources to support these efforts. Under SIM, Minnesota has prioritized four settings for special efforts to build their capacity to support patients and families in a well-coordinated and integrated approach: behavioral health, long-term/post-acute care, public health, and social services.

The Minnesota SIM program is guided by two task forces comprised of a diverse

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set of stakeholders and leaders from across the state. The Multi-Payer Task Force focuses on building alignment across public and private health care payers. The Community Advisory Task Force works to advance community and patient engagement, integration across the continuum of care, and population health improvement.

After six months of planning, Minnesota's SIM program is now in implementation. Programs have been launched and funds have been granted in the community in a variety of areas, including Accountable Communities for Health, e-health, emerging professions, learning collaboratives, data analytics, and practice facilitation.

When the SIM surge is finished in 2016, Minnesota will be better off, strengthened in capacity and infrastructure, smarter in building accountable communities, better aligned in payment and data…but still working hard on our journey to better health, better care, and lower costs. ◯

Communication is at the Heart of Health

Perspective from
Donna Anderson
Stratis Health board member

Everything in life—relationships, families, organizations, and communities—hinges on communications.

Donna Anderson, MPH is a retired director of the Dakota County Public Health Department. She is an adjunct instructor for public health policy and administration at the University of Minnesota School of Public Health.

WE LIVE IN A HURRY-UP, BUSY WORLD FUELED BY RAPID CHANGES, especially in the use of new communication technology. Some say this accelerated pace, along with complex and multi-disciplinary policy issues, changing demographic patterns, and interdependence in a global society is unlike anything past generations witnessed. Recent experiences in my community volunteer activities reminded me of two elements that have stuck with me for 50 years since being a graduate student at the University of Minnesota School of Public Health that are still relevant today: effective communication and coming together for impact.

A state-level advisory group I was engaged with would have made a good case study in barriers to effective communication. A professor's insights about the value of communication surfaced: Everything in life—relationships, families, organizations, and communities—hinges on communications. It is the glue that holds things together. We each could tell stories about a communication crisis, breakdown, or effectiveness gap in our workplaces and collaborative projects.

Participating in the Center for Community Health (CCH) reminded me of the 1966 ground-breaking report *Health is a Community Affair,* that I read for class so long ago. The report offered a new call to action for individuals and organizations to make changes in the health status and disparities among population groups. A catalyst for vigorous debate, it unleashed energy and momentum that continues today. No single group can affect the future alone.

Many exciting collaborations and partnerships grow and thrive in Minnesota by focusing on shared goals to move upstream in the continuum of care. The goal is to improve everyone's health and well-being in their communities. CCH is a local large-scale initiative with high potential, broad impact in the re-activated collaboration among health plans, hospital and clinic systems, and local public

health departments in the Twin Cities seven-county metropolitan area.

The Center has two purposes to improve health: 1) align the community health needs assessments (CHNA) required of local public health agencies and hospital systems; and 2) act collectively to impact a shared public health priority. In the last six months, together they have:

- Distributed a list of primary data sources for use in all CHNA
- Undertaken a pilot project in the east metro area to test Mobilizing for Action through Planning and Partnerships, a national framework and tools
- Selected mental health wellness as a shared public health priority and distributed a resource packet to feature May as Mental Health month for use in their organizations and communities

None of this could have been accomplished without strong commitment along with lots of productive communication to bring their ideas into reality. In reflecting with CCH leadership, these communication approaches contributed to their achievements to date:

- Create rules of engagement to hold conversations
- Identify criteria to rank five previously identified statewide public health priorities, to reach consensus on a top priority
- Develop a collective action framework that includes responsibilities and accountabilities of individual member organizations in the planning, implementation, and evaluation processes
- Depict visually and describe a model of mental health wellness in the lives of persons and community support base

So, why does this matter? Communication bridges the gap among people and cultures and the many sources which cause conflicts. It supports collaboration as means to pool information, expertise, and resources to make a difference in the health conditions and quality of life of all people. ❍

Minnesota Nursing Homes Decrease Use of Antipsychotics

23.1 percent improvement enhances care for long-stay residents

Quality improvement efforts in Minnesota have enhanced care for nursing home residents who have dementia by reducing the use of unnecessary antipsychotic medications, according to the latest national data.

After three years of focused work, launched in 2012 by the Centers for Medicare & Medicaid Services' Partnership to Improve Dementia Care in Nursing Homes, national rates of long-stay nursing home residents who are receiving an antipsychotic medication* have decreased 20.1 percent (baseline 23.9% to 19.1%).

Minnesota has seen even greater improvement—rates decreased 23.1 percent (19% to 14.6%). The state now ranks seventh nationally for the lowest percentage of residents taking antipsychotic medications.

Better care options than antipsychotic medications

People with dementia sometimes exhibit behaviors such as agitation, physical aggression, or vocalizations. Often these symptoms result from a person's inability to express their concerns, such as the physical discomfort from pain or emotional stress from noise or being confused. Medicating with antipsychotics was once common practice to calm them.

Research has revealed that use of antipsychotics for dementia is linked to sudden death, as well as increased falling, and other health and quality of life factors.

"Nursing homes have undergone a culture shift and antipsychotics are no longer viewed as the first line of defense," said Kristi Wergin, Stratis Health nursing home program manager.

Antipsychotic Drug Use in Minnesota Nursing Homes for Long-Stay Residents
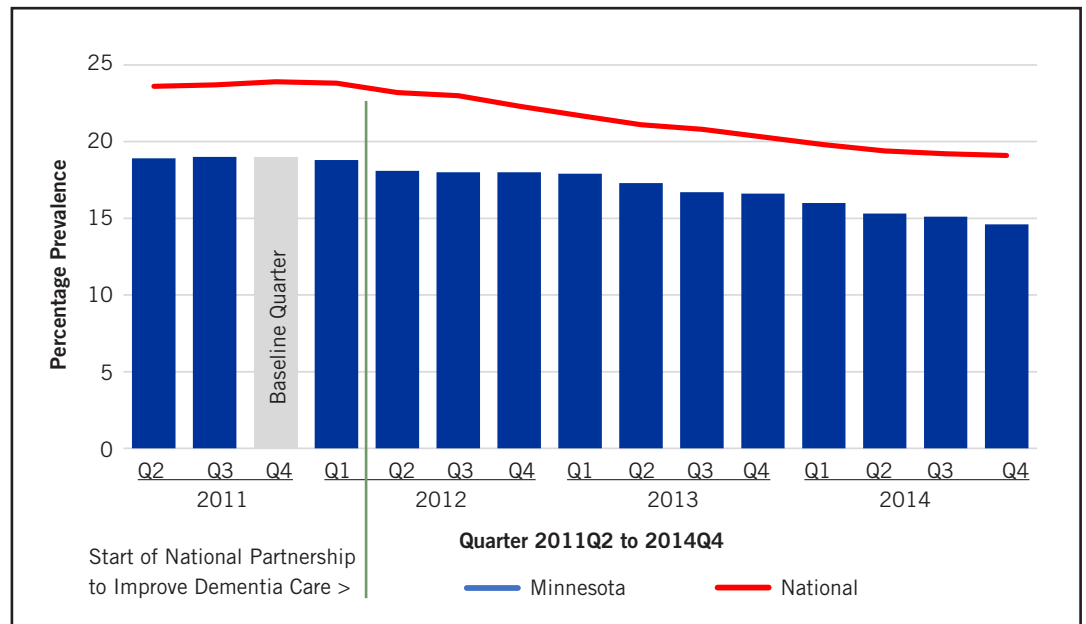
Source: CMS Quality Measure, based on MDS 3.0 data.

Stratis Health along with 12 other organizations through the Minnesota Partnership for Dementia Care have supported nursing homes in this transition.

Nursing home strategies to improve care for residents who have dementia include:

- Individualizing care, so staff get to know residents and learn how they communicate and try to understand their likes and dislikes

- Enhancing staff education about dementia, such as how to communicate with impaired residents

- Requiring team consultations before calling a physician to order an antipsychotic

- Providing resource information to physicians and family members about alternatives to antipsychotic use

Augustana Health Care Center in Minneapolis, which participated in Stratis Health's Medicare Quality Improvement Organization Program collaborative, implemented a new process to monitor psychotropic medication use. Rotating through all floors, an interdisciplinary medication review committee gets together each week to review residents who are on a psychotropic medication.

"As a team, we talk about non-pharmacological interventions and we strategize about how to get people to the least restrictive dose," said Mary Scholz, director of social services at Augustana.

The Minnesota Department of Human Services is supporting further progress through a pay for performance measure. In 2014, the first year of its Quality Improvement Incentive Payment Program (QIIP), 71 nursing homes choose to work on reducing antipsychotic medications in their long-stay population—making it the most frequently selected project for this program. ❍

* Excludes residents diagnosed with schizophrenia, Huntington's Disease or Tourette's Syndrome.

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Connecting Care Providers Across the Continuum for Better Health

Minnesota e-Health Roadmaps planning a path forward

e-Health could improve health and enhance care delivery:

Smoother communications can improve the health of moms and their babies. A public health nurse could get a secure message when Mariana enters and leaves the hospital for child birth. The nurse could do a home visit within days when this new mom is likely scared and has the most questions. If her baby can breast feed longer, we potentially can decrease diabetes and obesity.

Nayeli, a behavioral health client, may go into crisis and be admitted to the hospital. If her therapist gets this call while on vacation, the therapist could securely log in and electronically send Nayeli's file in a timely manner so her providers could offer the best care based on her current situation.

If David has health issues that get out of control, a disability services agency could connect him with providers who are able to help, rather than have him experience poor health and lose employment.

If Mabel has a hip replacement and gives permission to share with a social service agency when she will leave the hospital, the agency could make a grocery order from her hospital bed and Mabel can have food when she returns home.

Interoperability can provide the full picture of Bill, a long-term, post acute care client who has diminished capability and no family member to share his latest medication list or hospital discharge information.

Minnesota stakeholders are building a framework for how e-health can support behavioral health, local public health, long-term and post-acute care, and social service settings to more effectively deliver high-quality, coordinated care, and build healthier communities.

This e-health roadmap work is part of Minnesota's state innovation model (SIM), led by the Minnesota Department of Health (MDH) and the Department of Human Services (DHS), with funding from the Center for Medicare & Medicaid Innovation.

Person-centered, team-based care that integrates with medical care is the foundation of Minnesota's SIM and the four roadmap settings are a vital part of team-based care.

"Many different people and organizations are part of keeping individuals healthy and happy in the places where they live, work, and play," said Kevin Larsen, MD, Office of the National Coordinator for Health IT (ONC) medical director. "If you think of someone living in their home as they age, health care is one important component. They also need connections to transportation and to food and to a number of other services to keep them healthy."

Aligned with national priorities

The draft nationwide interoperability roadmap released this January by ONC calls for health IT to expand beyond institutional care delivery and health care providers to a broad view of person-centered health. ONC speaks of a shift toward a learning health system, where care delivery systems link with communities and societal supports through electronic information, to enable continuous learning and improved health. The agency has

called for the adoption of interoperable data for behavioral health, long-term and post-acute care and community service providers, such as schools, prisons and social services.

Minnesota leads the way

Minnesota's maturity of electronic health record (EHR) adoption—over 90 percent for clinics, hospitals, and local public health departments, and just under 70 percent for nursing homes—allows it to now focus more attention on the broader care continuum. This has been part of the state's vision for e-health since the inception of the Minnesota e-Health Initiative in 2004.
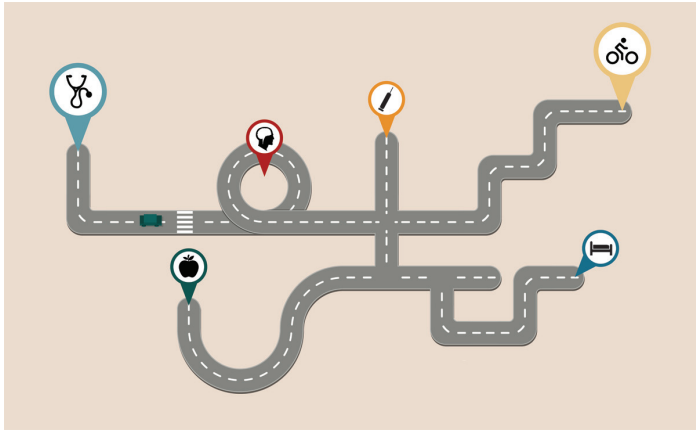
Minnesota is leading the country by prioritizing behavioral health, local public health, long-term and post-acute care, and social services to adopt and use e-health as a tool to support individual and community health and facilitate high-quality, coordinated care. Other states are watching and will be using much of what Minnesota learns and implements, Larsen noted.

e-Health roadmaps

Over 60 individuals are participating in four setting-specific workgroups, facilitated by MDH and Stratis Health, to develop the roadmaps.

The roadmaps will include concrete, achievable short-term goals and longer-term aspirational goals to make progress along the e-health care continuum. They will be based on use cases that highlight the various factors that come into play as a person moves across settings of care.

To be released in spring 2016, the Minnesota e-Health Roadmaps are intended for use by providers, organizations, policy makers and leaders,

and other stakeholders. They will guide the four settings to effectively implement health information exchange (HIE) and EHR systems to support individuals across the care continuum.

Zumbro Valley Health Center's Scott Gerdes said HIE and EHRs are the backbone for supporting his community health center in new models of care, such as health care homes and behavioral health homes. He believes the e-health roadmaps can drive:

+ Improved individual outcomes by promoting standard ways to use technology to derive outcomes

+ Uniformity across EHR platforms for standard fields and functionalities

+ Better consumer experience

+ Sustainability to keep everyone moving e-health forward for the long term

+ Thinking about how to minimize cost increases or drive cost lower over time.

Today's reality

Each setting knows its own set of challenges. Workgroup members want to reduce concerns about safety risks from manually transferring data between systems. They want to end the duplication of effort and expense of labs and other services being repeated in multiple places. They want to achieve consumer expectations not to have to repeat their histories to every provider.

Coming together they are seeing common gaps to using e-health. The roadmaps will address some of these and workgroup members believe the roadmaps will spur greater awareness on related topics, including the following:

Many organizations lack awareness about the changing models of care. They don't fully understand how they will be affected by the focus on outcomes and the increased need for care coordination.

"The smaller someone's practice, the more detached they might be from the big picture of health reform," said Annie Schwain, Voda Counseling.

Medicare and Medicaid have ambitious goals focused on delivering value that can only be met by working across the care continuum. E-health tools become essential in supporting new models of care.

Many people and providers misunderstand data privacy and consent. Minnesota has strong patient privacy rights, guided by a standard consent to release information form, with mental health related information requiring specific patient consent to share. And, EHR data is accessible only to those who have been given access in order to provide care.

Federal incentives have been limited for EHR adoption. Implementing an EHR requires capital investment and staff time to modernize to an electronic workflow. To date, federal incentives have been largely geared to hospitals and primary care providers.

We have a chicken-and-egg situation. Many organizations across Minnesota have participated in care coordination efforts. They identified the right data to share at the right time only to find today's

technology has limited their ability to exchange the information.

Tomorrow's hopes

The four setting roadmaps will roll up into a larger picture. "We're all trying to do the right thing, but right now we are all trying to do it separately," said Kris Dudziak, Home Care, Hospice, and Geriatric Services, HealthPartners Medical Group and Clinics. "The roadmaps can point to the top common areas to move the groups toward interoperability to support patients."

With collective needs identified, the roadmaps will add weight to push interoperability as a higher priority among vendors. This feeds ONC's goal of technical functionality that allows the exchange of information across the continuum of care.

"I believe the roadmaps will serve as a key catalyst to advance implementation and effective use of e-health statewide in these settings," said Marty LaVenture, MDH Office of Health IT and e-Health. "We can use the roadmaps to help take advantage of new opportunities that support statewide implementation and improve individual care and community health."

For all of their differences, every workgroup member agrees on one thing: the aim is to provide better support to the individual—their patients, residents, and clients.

"Every touch point is an opportunity to improve the health outcomes for a client," said George J. Klauser, Lutheran Social Service. "We need to be providing the right kind of e-health information to each other to ensure we have the opportunity to have healthy outcomes for each person—we cannot lose sight of that." ◯

Building Healthier Communities Awards

Promoting a culture of health care quality and patient safety in Minnesota

Stratis Health provided grant support for four projects through its Building Healthier Communities award, announced in March. This Stratis Health award supports projects and programs that promote a culture of health care quality and patient safety in Minnesota. The 2015 projects highlight the increasing recognition of the role of behavioral health and the community play in supporting health:

+ CaringBridge will use its funds to help design and implement its Author Data Project. A series of pilot surveys will gather evidence-based, quantitative data on the physical and emotional health of CaringBridge authors—individuals or their caregivers directly impacted by a health crisis. This work will begin to document the healing and cost containment impacts of this social support tool.

+ National Alliance for Mental Illness (NAMI) will support "NAMI in the Lobby" at two to three Twin Cities inpatient psychiatric units. The program trains volunteers to be available in the units to help explain to families how to navigate the mental health system and find resources for their loved ones and

themselves. NAMI also will create an improved discharge form and other materials directed to family members about how to encourage their loved one to follow up on the treatment plan.

+ Native American Community Clinic Behavioral Health Integration Initiative will develop and implement educational materials and events for its patients that support integration of care between its medical and behavioral health clinics for a more holistic approach to health care. The materials will be made available to other clinics across Minnesota.

+ YMCA of the Greater Twin Cities will advance the Enjoy a Healthy Life! patient and family engagement program by helping to create and implement an evaluation tool and enhanced facilitator resources, as well as document program impact for potential program expansion.

As a nonprofit, Stratis Health is committed to being a responsible and engaged community member. Award nominations are made by board or staff members. Awards must align with Stratis Health's mission and vision, advance Stratis Health's work and relationships, benefit the community, and focus on Minnesota.

Top e-Health Topics: HIMSS and the Minnesota e-Health Summit

Stratis Health health IT staff shared these top topics from the Healthcare Information and Management Systems Society (HIMSS) 2015 annual conference:

• Patient engagement is at the forefront of health care and meaningful use is pushing part of this focus.

• Continuity of care has emerged as a priority. E-health needs to accommodate all patient care, not just episodes of care.

• New advanced payment models are driving analytics and understanding of care delivery.

• The move from fee for service to paying for quality includes the new Merit-Based Incentive Payment System (MIPS) or "doctor fix" bill, a performance measure based on value-based modifier (VBM) measured quality, VBM-measured resource use, meaningful use, and clinical practice improvement.

• New payment models are pushing interoperability—sending information that can be consumed, not merely exchanged—beyond hospitals and clinics to social services, mental health, and public health.

• Information blocking is impeding electronic exchange of health information, as some health care providers and health IT developers knowingly interfere with information exchange.

• EHR products need to be more user friendly.

• Telemedicine is offering new opportunities to provide patient care in difficult to access locations.

• Many see the proposed changes to meaningful use stages 1 and 2 as more significant than stage 3.

Minnesota e-Health Summit: Connecting Communities to Advance Population Health, June 16-17

This year's Minnesota e-Health Summit recognizes that health care providers from across the continuum of care and public health systems are rising to the challenge of achieving the Triple Aim. Two keynotes include:

• Dr. David Ross, director of the Public Health Informatics Institute, will share findings from the new Robert Wood Johnson Foundation's Data for Health Initiative about the implications for connecting communities and achieving population health goals.

• Dr. Mitchell Katz, director of the Los Angeles County Department of Health Services, will discuss insights about Institute of Medicine developed measures that capture social determinants of health to inform meaningful use of EHRs when caring for patients in diverse communities, and using that information to inform population health.

Looking at the numbers:
Medicare hospital value-based purchasing in Minnesota

FY 2015 Value-Based Purchasing Total Performance Scores Minnesota Hospitals

—— Minnesota Average   —— National Average
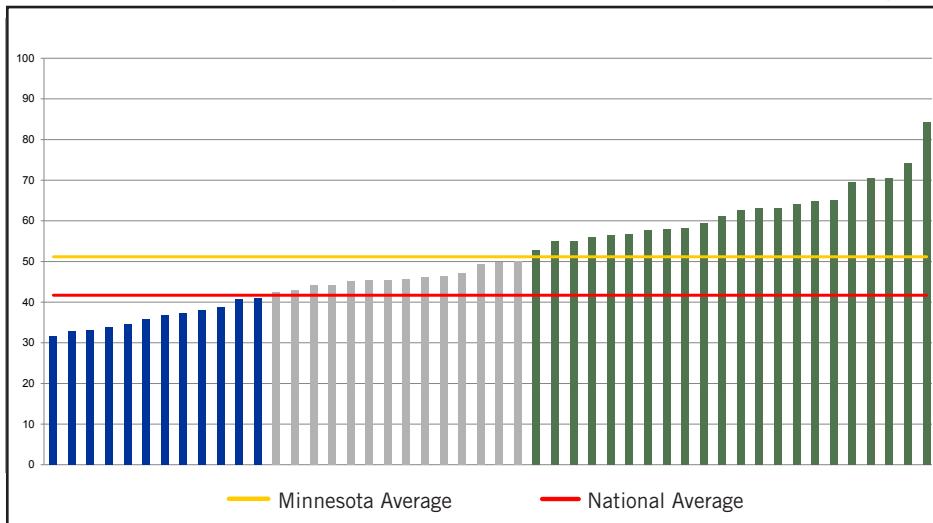
Source: Medicare FY 2015 Inpatient Hospital Value-Based Purchasing Data

The latest Centers for Medicare & Medicaid Services (CMS) value-based purchasing (VBP) payment results show Minnesota hospitals improved in total performance scores. Of the 50 Minnesota prospective payment system (PPS) hospitals eligible for the program, 48 qualified for the program this year. Of these, 36 scored better than the national average and 12 scored worse. In FY 2014, only 23 scored better than the national average.

Of the eligible Minnesota hospitals, 22 were in the top 20 percent of hospitals nationally. No Minnesota hospital fell in the bottom 20 percent.

The complex, composite measures evolve each year to move hospitals from volume to value. As anticipated, Minnesota's performance improved once efficiency was added to the equation to account for Medicare spending per beneficiary.

CMS withheld 1.5 percent of diagnosis-related group (DRG) payments to all eligible hospitals to fund program incentives in FY 2015. Hospitals can earn back funds based on their performance. The highest percentage added to a hospital's DRG payments was 1.76 percent in Minnesota and 2.09 percent nationally.

Prepare for FY 2017

The payment withhold increases to two percent in FY 2017. Looking ahead, hospitals should note the addition of measures where Minnesota currently underperforms the nation:

- Safety measures for certain healthcare-associated infections (HAI): surgical site infections (SSI), catheter associated urinary tract infections (CAUTI).
- Clinical care outcomes for 30-day mortality related to acute myocardial infarction (AMI), heart failure, and pneumonia.

Several initiatives support Minnesota hospitals to provide high-quality care, measured through these current and future components of the VBP program, such as the Collaborative HAI Network, Road Map to a Perinatal Patient Safety Program, Seeing Sepsis, and the new VBP learning and action network through Lake Superior Quality Innovation Network.

Improvements now can affect 2017 hospital performance and payment. ○

Stratis Health serves Minnesota through the Lake Superior Quality Innovation Network, under the Medicare Quality Improvement Organization Program. www.lsqin.org

Top 10 Medicare Issues in 2015

The Medicare Report listed the following items as the top 10 Medicare issues for this year.

1. Permanent revision to sustainable growth-rate (SGR) physician payment formula or continuation by Congress of the temporary fix.

2. Regulatory and legislative refinements to the Accountable Care Organization/Medicare Shared Savings Program.

3. Changes to the Medicare Advantage program: quality ratings, payment refinements.

4. Legislative, legal action to resolve hospital observation status controversy.

5. Congressional action to repeal/refine the Affordable Care Act and implementation of ACA Medicare provisions.

6. Impact of growing backlog of Medicare appeals regarding Recovery Audit Contractor program.

7. Whether CMS will provide any financial relief resulting from the Allina DSH Medicare Part C days case.

8. Inclusion of hospice services in Medicare Advantage.

9. Potential court decision in HealthFirst case concerning the 60-day overpayment rule.

10. Annual Medicare Trustees report on Medicare program health and number of years before projected insolvency.

Source: Bureau of National Affairs, *Medicare Report,* January 9, 2015.

STRATIS HEALTH NEWS

New board members. Three new members were elected to the Stratis Health board of directors: Renee Frauendienst, RN, BSN, is the director of public health for Stearns County in Central Minnesota. Stephen Kolar, MD, FACP, is senior vice president and chief medical officer at HealthEast Care System. Mike Wilcox, MD, is a family physician who has spent most of his career in practice in rural/mid-sized Minnesota communities and as an EMS medical director.

Paul Kleeberg, MD, Stratis Health chief medical informatics officer, welcomed nearly 43,000 attendees to the HIMSS Annual Conference.

The **Regional Extension Assistance Center for Health Information Technology (REACH)** continues to assist 5,000 clinicians and 121 hospitals to achieve meaningful use through January 2016 with a no-cost extension from the Office of the National Coordinator.

Meaningful Use Attestations Among US Hospitals: The Growing Rural-Urban Divide Paul Kleeberg coauthored a new study that suggests the digital divide between urban and rural hospitals that are adopting electronic health records and using the technology effectively is widening. Published in *Perspectives in Health Information Management,* Spring 2015.

As Healthcare Information and Management Systems Society (HIMSS) fellow and chair of the HIMSS board of directors, **Paul Kleeberg, MD, Stratis Health chief medical informatics officer,** presided at the HIMSS Annual Conference in Chicago, with nearly 43,000 attendees. He introduced President George W. Bush, who challenged the nation to computerize health records and created the Office of the National Coordinator for Health Information Technology in 2004.

Cathy Weik, **Stratis Health senior vice president administration,** was elected chair of the National Association of Workforce Boards.

Sue Severson, Stratis Health vice president, health information technology, was honored by Women's Health Leadership TRUST. The trust recognized 35 women leaders from across the state who exemplify leadership excellence in the health care industry.

Kathleen Westerhaus, **Stratis Health marketing manager,** was elected first vice-president of the board of directors for National Alliance on Mental Illness (NAMI) Minnesota.

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, convenor 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.

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