

Driving Toward the Future with New Partnerships and Alliances

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

STRATEGIC ALLIANCES AND PARTNERSHIPS are shaping health care like never before. Consider for example, how emerging payment models, which drive value instead of volume, have influenced partnerships. Health systems are engaging with housing organizations, food shelves, and other community-based organizations, sometimes informally, but increasingly in more formal strategic alliances. Locally, the Metropolitan Area Agency on Aging partners with health systems and others to pull together prevention and wellness programs through its Juniper service. The Northwest Metro Alliance formally aligns Allina Health and HealthPartners with community behavioral health providers, Anoka County, Anoka-Hennepin Schools, and the YMCA to address mental and behavioral health issues.

The desire to improve affordability and lower costs is similarly driving partnerships and alliances, not only in Minnesota but nationally. Health systems and health plans, such as Allina Health and Aetna, are affiliating to manage patient care more effectively and efficiently. Last year's announcement of the Amazon, Berkshire Hathaway, and JPMorgan Chase health care partnership captured our attention. While we don't yet know how it will unfold, it has the potential to disrupt approaches to employee health care.



"Collaboration" is one of the keywords in Stratis Health's mission. We've always carried out our work in collaborative ways. Today, we work in partnerships and alliances more intensely than ever. In 2014, we formed Lake Superior Quality Innovation Network, an informal partnership, to implement our longstanding Medicare quality improvement efforts in a regional approach. The Minnesota Alliance for Patient Safety became our subsidiary in 2017, bringing together two organizations with a shared commitment to improving safety.

SUPERIOR HEALTH Quality Alliance

Just last year, we established Superior Health Quality Alliance, Inc., aligning eight organizations across four states which serve as various types of Medicare

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quality improvement and innovation networks to coordinate and accelerate our health improvement efforts for seniors. Our new alliance is poised to drive the continued achievement of Medicare goals under its Network of Quality Improvement and Innovation Contractors (NQIIC) program, which will implement large-scale improvement initiatives over the coming years.

Effective and meaningful partnerships and alliances go beyond cooperation and coordination, and in many ways, go beyond collaboration. This rings true for Stratis Health, as we observe and support the growing array of partnerships and alliances—and as we adapt by shaping our own. We will be keeping our eyes on which new arrangements have the biggest impact on improving health and value.

We look forward to working in new ways with many of you who share this commitment to quality and safety. ○

Partnerships: the foundation for healthy, equitable communities



Perspective from
Renee Frauendienst
Stratis Health Board member

A solution typically starts with a person who has an idea that grows to a vision after an invitation to others.

Renee Frauendienst, RN, PHN, BSN, CPI, is a member of the Stratis Health Board of Directors. She is the director of public health for Stearns County, Minnesota. She serves as a Robert Wood Johnson Public Health Nurse Leader, a program designed to contribute to a culture of health.

MARK TWAIN IS ATTRIBUTED WITH SAYING “For every problem, there is a solution that is simple, neat—and wrong!” While we can appreciate the wit of Mr. Twain, he is correct. The reality is that most of the problems we encounter in the community are not simple and require complex solutions for change to happen.

The good news is that even though these problems are hard to find solutions to, many people are interested in discovering answers together. In its report *Rural Pulse 2019*, the Blandin Foundation stated that about 84 percent of Minnesotans were confident about being personally able to make a positive impact on their communities. It also noted that 53 percent of rural and 48 percent of urban Minnesotans have served in a leadership role in their communities. More importantly, 51 percent of rural Minnesotans who have never served in a leadership role expressed a willingness to do so if asked.*

These findings are significant because every solution has a beginning. A solution typically starts with a person who has an idea that grows to a vision after an invitation to others. This first step in creating a partnership is impossible to skip. Over time, we see the success of the work being done and that is where the focus rests (it is the most tangible). But, somewhere, somehow, it all started. This beginning story many times gets lost, although it is some of the most important work. It’s where partnership begins and where the new vision for the future is formulated.

From this foundation, the partnership grows and builds momentum. As that energy builds, amazing and wonderful things happen. For example, this morning, I attended our local Mental Health Steering Committee. This group has been doing its collaborative work for about two years and is a multi-sector partnership working on promoting better health for persons with mental illness. As I watched the meeting progress, I jotted down activities I saw happening at this partner meeting. I observed brainstorming, connecting at the table, updating about issues or concerns, discussing others not at the table that need to be there, and expressing willingness to “step out of their swim lanes” to engage in the common mission that has been created. I saw celebrating successes, acknowledging challenges and missed opportunities, verbalizing the need to consider the issue from a different perspective, and finally showing great respect for each other. This is a partnership at its best.

We must remember that partnerships are living, breathing entities with lives of their own. They can be both exciting and frustrating. Partnerships that function well bring energy to the table. Those that struggle create feelings of frustration and defeat. Yes, there can be setbacks and yes, partnerships flounder and sometimes end. But that does not make them less important. Many times good work is done or started through those partnerships—even failed ones. The relationships built can lay the groundwork for future collaborations.

Why do we do this? It is to make life better for all. In its Building a Culture of Health framework, the Robert Wood Johnson Foundation highlights the importance of partnerships. The framework outlines action areas, all of which assume that partnerships are the foundation for creating healthy and equitable communities. With collaborative efforts at the pinnacle of the work, it raises the importance of partnerships and the individuals that make them up. Because- partnerships are made up of people, who bring the energy, the vision, and the purpose. It is through these individuals that change can happen and that means they are the true success of any partnership. ○

Partnerships are living, breathing entities with lives of their own.

*Urban data not available.

Evolution of Medicare Quality

Mary Lou Haider
Vice President, Contract Management and Internal Quality, Stratis Health

NEARING RETIREMENT, I am reflecting on my time at Stratis Health, which has included locally and regionally overseeing and managing our program focused on improving quality of care for Medicare beneficiaries. The program has evolved over time from a focus on individual case review and quality improvement to leveraging collaboration and community. Program changes gave us new names and stirred the alphabet soup, with Peer Review Organizations (PRO), Quality Improvement Organizations (QIO), Quality Innovation Networks (QIN), and now Network of Quality Improvement and Innovation Contractors (NQIIC).



Over time, it became clear that improvement efforts could be enhanced by working with other stakeholders and organizations that have common quality and performance improvement goals. Collaborative efforts produced greater results than what individual efforts could achieve on their own and used resources more efficiently.

In 2011, learning and action networks became the model for bringing together stakeholders, partners, providers, and beneficiaries to accelerate the pace of change. A successful example is the Reducing Avoidable Readmissions Effectively (RARE) Campaign, led by Stratis Health, the Minnesota Hospital Association, and the Institute of Clinical Systems Improvement, to prevent avoidable readmissions in Minnesota. We were joined by 86 hospitals and more than 100 community partners across the state to prevent 7,975 avoidable hospital readmissions.

Regional partnering and community approach

In 2014, CMS redesigned the QIO Program to have a regional approach. Stratis Health partnered with the longstanding QIOs in Michigan (MPRO) and Wisconsin (MetaStar) to deliver assistance as Lake Superior QIN. We scaled learning collaboratives to three-states while retaining local assistance delivery when needed. Working together expanded the number of collaborators with common goals—our stakeholders, partners, providers of health care and community services, and Medicare beneficiaries and family members. As we wrap up this work, successes include 73,546 fewer unnecessary readmissions and admissions, 7,900 fewer nursing residents taking antipsychotic medications, and 94 percent of participating organizations implementing an antibiotic stewardship program with all core best practice elements.

The evolution of the Medicare Quality Improvement Program has happened at a pace that has both brought along and challenged the health care community.

Individual beneficiary, provider focus

I joined Stratis Health in March 2000 when we were the Medicare PRO for Minnesota. Our work focused on quality assurance through chart reviews and beneficiary complaint follow up, along with targeted quality improvement efforts with individual hospitals and clinics.

Collaboration and networks

In 2002, PROs became QIOs to reflect program expansion to include quality improvement efforts and working with providers of health care services across settings of care. QIOs were CMS's state-based boots-on-the-ground to provide technical assistance and tools, and to share best practices. Stratis Health brought together Minnesota health care organizations in setting-based groups using the new Institute for Healthcare Improvement Breakthrough Collaborative model.

New QIN-QIO Program Focus

CMS has outlined five aims for its QIN-QIO Program from 2019 to 2023:

- 1. Improve Behavioral Health Outcomes:** opioid misuse, behavioral health access
- 2. Increase Patient Safety:** adverse drug events (ADEs), *C. difficile*
- 3. Increase Chronic Disease Self-Management:** cardiac and vascular health, diabetes, End Stage Renal Disease
- 4. Increase Quality of Care Transitions:** hospital admissions and readmissions, emergency department visits
- 5. Improve Nursing Home Quality:** overall quality scores, ADEs, healthcare-related infections

The work will be driven through community coalitions, nursing home collaboratives, and one-on-one quality improvement initiatives.

Aligning CMS quality programs

In 2019, CMS is integrating all of its quality programs into NQIIC. This restructuring brings together the QIN-QIOs, End Stage Renal Disease Networks, Hospital Improvement Innovation Networks, and Practice Transformation Networks.

Stratis Health is evolving too. We are partnering with seven other organizations that have all served CMS in the various quality programs to be an NQIIC. As the new Superior Health Quality Alliance, we will support further collaboration and alignment to achieve national quality goals.

Thank you to all of the individuals and organizations that have been on this incredible journey with me and with Stratis Health. As I prepare to step away from shepherding this work for Stratis Health, I know Minnesota health care professionals are ready to work toward the next set of Medicare quality goals. You've always stepped up to make lives better. ○

Strategic Partnerships Are Needed to Improve Health Outcomes

MULTI-PARTY PARTNERSHIPS ARE INCREASINGLY THE NORM for advancing health outcomes across a geographic area. Organizations must come together for solutions that can't be discovered or deployed from a singular vantage point.



More health care organizations and community-based organizations (CBOs) are partnering to address both the clinical and the social determinants of health. In a 2017

Partnership for Healthy Outcomes survey, more than 70 percent of the 200 plus health care organization and CBO respondents indicated that their partnerships involved more than two partners.

Using corporate alliances as a gauge, the number of alliances increases by 25 percent a year. Those alliances account for nearly a third of many companies' revenue. Partnerships offer the possibility of achieving more together. They take all shapes and sizes, often forming out of a previous relationship or history of collaboration. For accountable care organizations (ACOs), 81 percent involved new partnerships between independent health care organizations, which already had existing positive relationships.

Policy drives partner relationships

Policy influences the nature of partnerships in health care. Their provisions can stimulate or restrict relationships. Sometimes policy aims to advance collaboration. Sometimes it tries to foster efficiency through economies of scale or streamlined government contracting.

In the Partnership for Healthy Outcomes survey, partnerships most commonly provided services to impact immediate-term, patient-level clinical health needs, such as reducing hospital admissions, length of stay, or emergency department use. All of these measures have strong policy drivers as CMS and insurers levy penalties for over utilization. For 65 percent, the partnerships realized cost savings.

Some organizations come together to meet minimum population requirements to qualify for participation in programs, such as the Statewide Health Improvement Part-

nership (SHIP) and Community Transformation Grants. North Country Health Alliance (NCHA) is a three-county partnership in northern Minnesota to support community-driven solutions.

NCHA also joins with Beltrami County to manage 51 partner sites for SHIP projects, including 23 workplace partners, 21 schools, five health care partners, and four tobacco-free living partners.

"This funding allows us to do a lot more and to partner in new ways with schools and health care to make a difference," said Marissa Hetland, director Clearwater County Nursing Service/Public Health/Homecare/Hospice and NCHA administrator. "Our partnerships are so valuable to keep things going. Our family home visiting program is flourishing, in part because partners like the Leech Lake Band of Ojibwe help us reach a lot more families."

Partnerships evolve

Partnerships and alliances change over time. *Harvard Business Review* reported the failure rate for corporate alliances at 60 to 70 percent. Alliances often fall apart when they struggle with the right level of integration. And when the cost of partnership is too high, including loss of autonomy and control; shared cost of failure; loss of resources or technical superiority; potential conflict over goals or methods; and coordination challenges.

They also dissolve because of external factors. 2019 will be the last year that Southern Prairie Community Care (SPCC) will serve as a Minnesota Medicaid Integrated Health Partnership (IHP) ACO. SPCC came together as 12 counties in southwest Minnesota trying to impact health, care, and cost for people in its region.

"Through 2017 to 2018, it became apparent that the IHP program was not designed in a way to give us the financial and operational sustainability we need," said Dr. Norris Anderson, SPCC executive director. "Most of the counties have chosen to move forward with a PrimeWest Health expansion, as a way to continue the local influence on health, care, and cost."

SPCC spun off its population health arm into an independent nonprofit. The Center for Community Health Improvement Inc., (CCHI) in Willmar, was created initially to provide more flexibility and freedom to experiment with initiatives on a community level and access different funding sources.

The groundwork of partnership

Time and energy need to be spent upfront on building relationships between partnering organizations. Members of allied organizations need to understand each other's organizational structure, policies and procedures, and culture and norms. Trust and alignment are key practices for effective partnerships, which this quote from the Partnership for Healthy Outcomes

survey so aptly captures, "Our work moves at the speed of trust."

"Our work moves at the speed of trust."

Motivations for partnering differ. Health care organizations aim to improve care quality and reduce cost, often focused on addressing acute needs, while CBOs aim to address underlying socioeconomic needs by addressing social determinants of health. These key differences can be leveraged to create value.

CCHI aims to do just that as it experiments with developing a community health worker (CHW) hub model. A CCHI staff will serve as its central point, interacting with CHWs, to build a stronger base of authority and legitimacy within the broader community. In its first year of independence, CCHI focused on relationships and building the local business case for CHWs. For example, Rice Regional Dental asked for help establishing Somali contacts as patients. Working with the community, a CHW discovered people were confused by the dental clinic's appointment system and feared hidden costs. New processes and better communication have resulted in a large increase in Somali patients for the dental clinic.

The next phase is getting community buy-in and willingness to invest resources in the CHW position. Carris Health is interested in financially supporting a CHW. The health care system wants the position to fit within its larger care team and to have a level of control over the position. "That could be helpful for meeting certain outcomes," said Kristin Anderson, CCHI executive director. "And, partnering with us will allow a community health worker more flexibility and let them be accountable to the community first and foremost."

Outside facilitators can foster partner alignment. Lake Superior Quality Innovation Network, led by Stratis Health, mobilized 1,182 organizations to improve care coordination and transitions in 27 community collaboratives across Michigan, Minnesota, and Wisconsin. Through the work of 57 locally-led problem-solving workgroups, these communities collectively avoided 73,546 hospital admissions and readmission, at a cost savings of \$868.82 million, from 2014 to today.

A coordination of care team in the Twin Cities west metro is working to reduce readmissions by 10 percent and bring its rate below state and national averages. "I've been in health care almost 30 years now. This was the first opportunity to work with so many people doing the same work from different organizations," said Peg Lusian, vice president Fairview Partners. "It's brought us under one roof where we are not competitors. We are collaborators sharing best practices."

Partnerships of the future

Policy researchers have talked about a future with "population health organizations" that drive better health for geographic populations. These coalitions would serve as integrators at the community level that bring together clinical care, public health programs, and community-based initiatives. They would focus on the underlying behavioral and social determinants of health. Education, housing, transportation, public safety, public health, and related sectors would all be involved. Some have commented "the belief that they could exist may seem excessively optimistic."

Don't tell that to the unicorns, like Health Care Collaborative (HCC) of Rural Missouri. HCC serves the role of a population health organization for its rural geographic service area, which covers more than 88,000 people, with 34 percent who live below 200 percent of the federal poverty level. This rural health network, comprised of more than 55 member organizations, wraps social service support around patients.

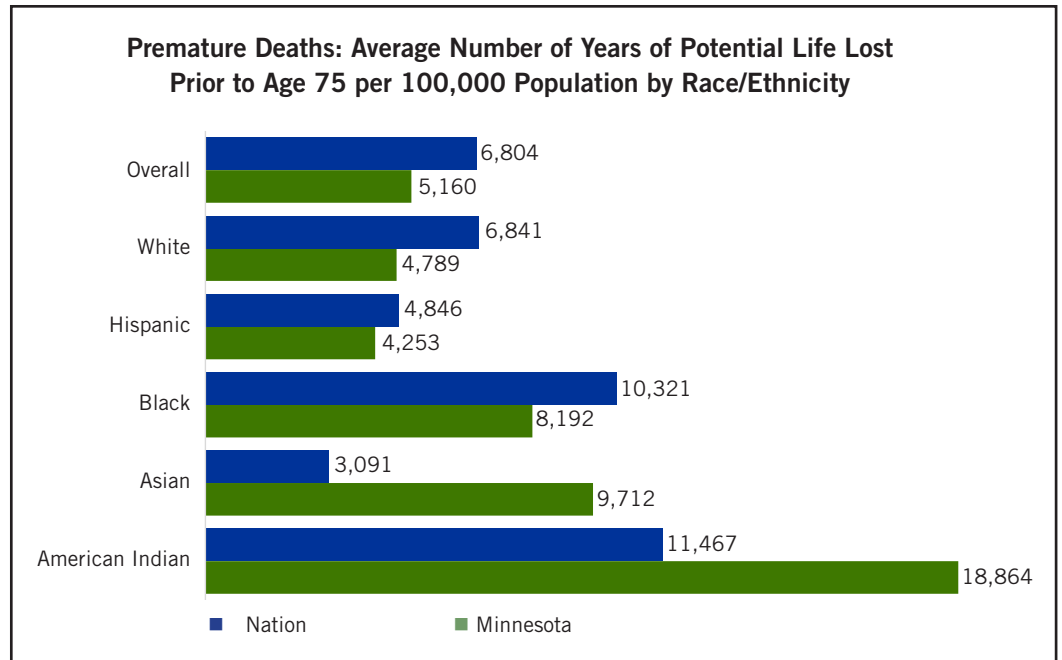
The HCC board—with representation from the local public health department, critical access hospital, community mental health center, dental school, and nursing school—brings different perspectives to projects while taking the position that the community owns the programs and services.

In the ongoing search for ways to deliver quality health care and social services, HCC looks for new, untried approaches to push innovation. For example, to reduce recidivism and promote health, people on medications newly released from prison are assigned a registered nurse who serves as their community health worker. The nurse makes sure the patient has a plan to manage their health and medications.

"Network organization members are expected to work on issues with different organizations and communities and to try new approaches, learn, and improve together," said Toniann Richard, HCC CEO. "Acting collectively through the network, board members are not afraid to approve of calculated risks."

The future of health and health care will rely more and more on these kinds of strategic and creative partnerships. ○

Looking at the numbers: Minnesota's State of Health Care Quality



Source: The U.S. Burden of Disease Collaborators. The State of US Health, 1990-2016: Burden of Diseases, Injuries, and Risk Factors Among US States. JAMA. 2018;319(14):1444-1472.

Healthy life expectancy at birth, which accounts for poor health caused by disability or mortality, in Minnesota is the highest in the nation at 70.3 years, an increase from 67.9 years in 1990.

MINNESOTA IS OFTEN NAMED ONE OF THE BEST PLACES TO LIVE in the United States. In terms of quality of life, the state frequently shines among the top three best performing states and wins many other top rankings. Some of the titles L'Étoile du Nord has won include best state for women, happiest state in the U.S., and least stressed state in the country.

It's no wonder Minnesota often rates near the top in health and health care measures as well. Our home state has been consistently ranked among the top 10 states for measures of health and health care quality by several national organizations.

With such high quality of life and overall good health, Minnesotans' average life expectancy is rated fourth highest in the country. According to a recent study, life expectancy at birth for Minnesotans is currently at 80.8 years, compared to 78.9 years nationally. Healthy life expectancy at birth, which accounts for poor health caused by disability or mortality, in Minnesota is the highest in the nation at 70.3 years, an increase from 67.9 years in 1990.

As is often the case, such aggregate or overall performance measures only tell part of the

story—the story of the majority. Minnesota's dossier showing strong performance relative to other states does not necessarily mean all Minnesotans experience this same quality.

Length of life data illustrate staggering disparities for Minnesotans of color, who are far more likely to experience premature death—dying before the average age of death, 75 years in the U.S.

Minnesotans as a whole have a lower number of years of potential life lost compared to the nation. Blacks and American Indians in the state have a notably higher number of years of potential life lost compared to whites (4,789 years per 100,000 population). Blacks lose more than twice as many years (8,192), and American Indians lose nearly four times as many years (18,864) per 100,000 population than whites.

Findings from a Minnesota Department of Health study released in May echo this data, noting a link in Minnesota between health care, poverty, race, and premature death.

While Minnesota may rank as the “happiest state in the U.S.,” can we really be happy unless we are working to make life better for *all* Minnesotans? ○

Building Healthier Communities Awards

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

Stratis Health awarded five grants, totaling nearly \$70,000, to Minnesota nonprofits through its 2019 Building Healthier Communities program. Stratis Health's community benefit program supports initiatives that promote a culture of health care quality and patient safety in the state.

"All of Stratis Health's grant awards this year advance health equity or patient and family activation," said Jennifer Lundblad, PhD, MBA, president and CEO, Stratis Health. "Action in these two areas is essential for transforming care."

This year's awards will have both regional reach and local impact.

- **Care Providers of Minnesota** received funds to develop community advisory boards in assisted living at three pilot sites, working in partnership with the Minnesota Alliance for Patient Safety (MAPS) and the State Ombudsman for Long Term Care. The pilots will build on best practices for engagement and inform a replicable statewide model.
- **CHI St. Gabriel's Health** in Little Falls, will develop and implement a clinician-to-clinician education and coaching series using Project ECHO—a hub-and-spoke knowledge-sharing network model—for opioid prescribing providers who have been identified by the Minnesota Department of Human Services as needing performance improvement to modify opioid prescribing practices.
- **Circle in the Field Media** will use its funds to help produce a short video for individuals who are deciding whether to become a caregiver for a loved one at end-of-life. Stories from a diverse group of individuals will offer support and encouragement. The video will be offered free of charge.
- **Keane Sense of Rhythm** will host four low-cost tap dance classes through St. Paul Community Education locations. Its Tappy Hour for Better Health dance program will use an Afro-American dance form to build brainpower, balance, bone mass, and cardiovascular health among participants.
- **MAPS** will work with Lakewood Health System to engage community members and patients to co-design processes and communication for improved diagnostic test management following an emergency department visit.

Stratis Health is committed to being a responsible and engaged community member. These annual grant awards support that commitment. Board and staff members submit nominations that align with Stratis Health's mission and vision, advance our work and relationships, focus on Minnesota, and benefit the community by making lives better.

Highlighted projects from 2017

Cycling Without Age at the Minnesota Veterans Home - Minneapolis



Through a Building Healthier Communities grant in 2017, Minnesota Veterans Home - Minneapolis (MVH) embraced a new resident enrichment program in which residents and family members ride as passengers in electric-assisted trishaw bicycles pi-

loted by volunteer bicyclists. MVH became the first urban Cycling Without Age chapter in Minnesota, joining three out-of-state communities offering this program.

"We are excited to have the trishaws and have delighted in the pleasure they've brought to the passengers who have been on them," shared Erin Betlock, MVH volunteer services coordinator.

Community Advance Care Planning

Building Healthier Communities funds helped support education and training to promote advance care planning (ACP) in the Aitkin-Crosby area in 2017. This work, led by Riverwood Healthcare Center and Cuyuna Regional Medical Center, encouraged patients to complete a health care directive and to pursue ACP with their family members and health care providers.

Because of the education, patients feel better equipped to have conversations about their end-of-life preferences, they feel motivated to complete their ACP, and feel ACPs avoid hardship and stress at end-of-life situations. Staff can better understand what is important to their patients at their end of life. Riverwood Healthcare Center's data shows an increase in patient encounters with health care directives and a decrease in readmission rate. ○

STRATIS HEALTH NEWS

Network for Regional Healthcare Improvement 3rd Annual National Affordability Summit, October 16, 2019, Minneapolis. This event will bring together top thought leaders and change-makers who are taking action for affordable health care. Attendees will leave with ideas for influencing policy and action locally and nationally by learning from those who are disrupting the status quo. Stratis Health is an NRHI member.



Mark Holder, Ruby Schoen, and John Selstad join Stratis Health board. Holder is a family medicine physician and founder of Mperial Health. He also is executive director of New Americans Alliance for Development, an organization committed to supporting foreign-trained physicians, nurses, and other health care professionals in the U.S.



Schoen is medical director and geriatric long-term care nurse practitioner at Gen-eve. She serves as advisor to CareChoice Cooperative, Metro Alliance of Geriatric Providers, and the Minnesota Association of Geriatrics Inspired Clinicians.



Selstad is the former director of systems development and integration for the Aging and Adult Services Division, and Minnesota Board on Aging, within the Minnesota Department of Human Services. Mr. Selstad

also serves on the board of directors for the Metropolitan Area Agency on Aging and Stevens Square Foundation.



Jane C. Pederson, Stratis Health chief medical quality officer, was selected to serve on a national Centers for Medicare & Medicaid Services technical expert

panel providing input on two National Quality Forum long stay, symptom management measures for skilled nursing facilities and nursing homes.

Cathy Weik, Stratis Health senior vice president and administration/compliance officer received the Mark McAfee Friend of Workforce Development Award. Presented by Dakota



County, the award honors an individual who has championed workforce issues at the local, state, or federal level. Weik's leadership roles included serving as chairperson for the Dakota-Scott Workforce Development Board, Metropolitan Workforce Board, Minnesota Workforce Council Association, and National Association of Workforce Boards.

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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