

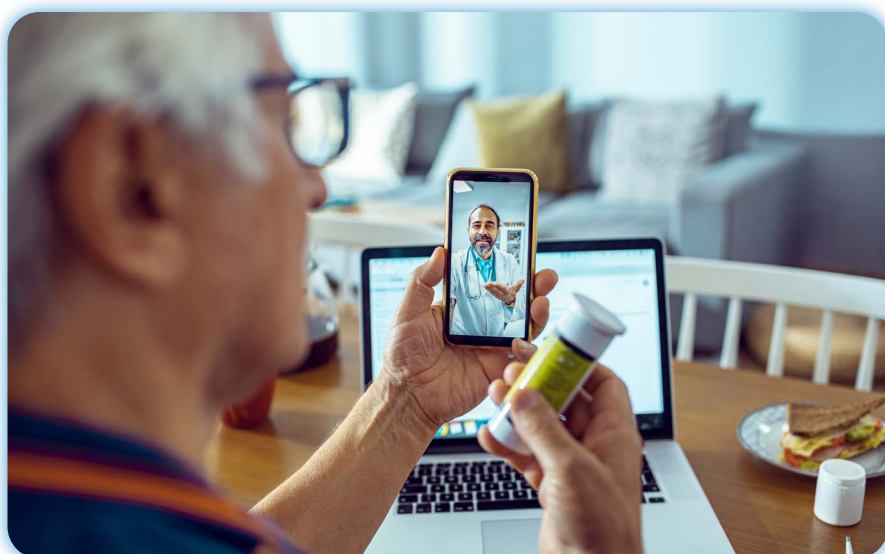
QUALITY UPDATE

Health care quality issues for Minnesota's health care leaders
Winter 2020



Community Solutions More Important than Ever During COVID-19

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



Wow, how the world has changed in the past weeks and months. We started planning for a community solutions theme to this issue of Quality Update some time ago, and the community focus now seems more relevant than ever. We are over 10 months into a pandemic, layered with a racial justice crisis. As a result, our health care and support are coming from our communities — geographic, cultural, and faith communities. Ironically, our periods of quarantine and stay-at-home orders have spurred the development of new communities — online, video, and social media. A key question

from our Stratis Health perspective is how these various forms of community are opportunities to improve health as we look to the future.

Community-focused solutions are not new for Stratis Health. Over the past decade, our work has increasingly focused on community as the unit of action. We have successfully improved health and care through our:

- [Rural Palliative Care Initiative](#) (which builds community capacity to offer comprehensive care for those with serious illness)

THIS ISSUE

Strategic Partnerships: A Mainstay for Advancing Health Care 3

Health care organizations and communities partner to address clinical and social determinants of health

Informal Caregivers Need Community-based Long-term Services and Supports 5

High rates of multiple chronic conditions mean most seniors have complex medical needs

Leech Lake Band of Ojibwe Gauges Cultural and Spiritual Wellness 7

Stratis Health News 8

- [Coordination of Care Communities](#) (which improved care transitions and reduced unnecessary readmissions by breaking down health care and community silos)
- [Culture Care Connection](#) (which helps health care professionals be aware of and adapt their practice to reflect the diverse communities they serve)
- [Leadership and support of ACOs, Accountable Communities for Health, and global budgets](#) (which align payment with community and population health).

(Community Solutions continued on page 2)

Community Solutions More Important Than Ever During COVID-19 (Continued)



Perspective from
Jennifer P. Lundblad,
PhD, MBA
Stratis Health

Jennifer P. Lundblad is president and CEO of Stratis Health. She leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities. Dr. Lundblad has an extensive background in leadership, organization development, and program management in nonprofit and academic settings.

It turns out that Stratis Health's community orientation has now come into play in important ways as we redirect our improvement work to be responsive to the COVID-19 crisis. We're working with our funders to best use our programs, resources, and relationships in ways that support health care organizations and communities in addressing the pandemic. We are convening to problem solve, sensemaking and information sharing, and developing resources to fill gaps. For example:

- In response to community needs to address cross-setting communication and learning, we launched a weekly (now bi-weekly) call "Regional COVID-19 Virtual Open Forum" in our Medicare Quality Innovation Network - Quality Improvement Organization (QIN-QIO) role, as part of [Superior Health Quality Alliance](#). Hundreds of clinicians, health care organizations, and community-based organizations across the care continuum come together to share new and emerging information and tools.
- Our existing [Virtual Health Group of Minnesota](#) health system telehealth directors is meeting with increased frequency to discuss strategies around the new telehealth guidelines and approaches during the pandemic and responding to short snapshot surveys which enable us to quickly assess changes in telehealth use and needs in Minnesota.
- CHI St. Gabriel's Health, in partnership with Minnesota Department of Human Services and Minnesota Academy of Family Physicians, is hosting a COVID-19 virtual learning for rural providers using Project ECHO, rescoping a project funded through Stratis Health's [Building Healthier Communities](#) program.
- Stratis Health and the Minnesota Network of Hospital and Palliative Care, with the support of many stakeholders, launched the

[Serious Illness Action Network](#) in Minnesota to address the urgent needs in serious illness care related to COVID-19.

- In Duluth, Stratis Health has joined Essentia Health, St. Luke's, and the Generations Health Care Initiative, a consortium of community-based human, social services organizations and health care providers to build bridges between health care and community organizations. The goal is to improve care and coordination by addressing social determinants of health through a redesigned workflow that includes a new closed-loop referral system.

With the COVID-19 pandemic, it's clear that the health care environment will be permanently altered. We believe that working at the interconnectedness of individuals and their communities is essential — and we are embracing and advancing community solutions. ○

Our health and support are coming from our communities — geographic, cultural, and faith communities.

Strategic Partnerships: A Mainstay for Advancing Health and Health Care

Multi-party partnerships are increasingly the norm for advancing health outcomes. Organizations come together to seek solutions that can't be developed from a singular vantage point.

Health care organizations and community-based organizations (CBOs) are increasingly partnering to address both the clinical and social determinants of health. In a 2017 Partnership for Healthy Outcomes survey, more than 70% 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% a year and 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. The vast majority of accountable care organizations (ACOs), [81%](#), involved new partnerships between independent health care organizations, which had existing, positive relationships.

Policy drives partnerships

Policy plays a big role in driving the formation of new partnerships in health care. Sometimes the goal is advancing collaboration and sometimes it's the need for economies of scale and efficiency in government contracting. In the longstanding [Statewide Health Improvement Partnership \(SHIP\)](#), participants must meet minimum population requirements. Many [ACOs were formed](#) out of new strategic alliances required to meet a minimum number of enrollees, as well as cost and quality reporting requirements.

Key community changes to address patient care transition needs focused on the need to:

- Build connections between health care and community organizations to form new partnerships.
- Forge new care processes that help clinicians and facilities work better together to provide seamless care.
- Put into place evidence-based interventions, such as the care transitions intervention Project RED (Re-Engineered Discharge).

To qualify for SHIP and Community Transformation Grant funding, North [Country Health Alliance \(NCHA\)](#) brings together a three-county partnership in northern Minnesota to support community-driven solutions. NCHA has a number of partner sites for SHIP projects, including 23 workplace partners, 21 schools, five healthcare partners, and four tobacco free living partners.

"Because of this funding we are able to do a lot more and to partner in new ways with schools and health care to make a difference," says Marissa Hetland, director, Clearwater County Nursing Service and NCHA administrator. "Our partnerships are so valuable in keeping things going."

The Medicare Quality Program increasingly requires its contractors to coordinate across the various quality improvement programs.

Who are our most successful partners?

Time and energy need to be spent up front building relationships between partnering organizations. Members of allied organizations [need to understand](#) each other's organizational structure; policies and procedures; and culture and norms. 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 overutilization. [For 65%](#), the partnerships realized cost savings.

Motivations for partnering differ. [For example](#), 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 need to be leveraged to create value.

Southern Prairie Community Care (SPCC) spun off its population health arm into the independent nonprofit the Center for Community Health Improvement (CCHI),

(Strategic Partnerships continued on page 4)

(Strategic Partnerships continued from page 3)

which was created to provide more flexibility and freedom to experiment with initiatives on a community level and access different funding sources.

CCHI is now experimenting with developing a community health worker hub model. Community Health Service Inc. in Moorhead will become a central point for the hub. A staff member will collaborate with CCHI's community health worker (CHW) to build a stronger base of authority and legitimacy within the larger community. In its first year of independence, CCHI focused on relationships and building the business case by showing the value of a CHW. For example, Rice Regional Dental asked the CHW to help with better understanding the needs of its Somalian patients. Working with the community, the CHW discovered the dental clinic's appointment system was confusing and people feared hidden costs. New processes and better communication have resulted in a large increase in Somalian patients at the Rice Regional Dental.

Carris Health is interested in 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, but partnering allows a CHW more flexibility and lets them be accountable to the community first and foremost.

[Outside facilitators can foster partner alignment.](#) Lake Superior QIN 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.

Partnerships of the future

Some futurists imagine population health organizations that drive better health for geographic populations. These coalitions would serve as integrators at the community level that connect 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 policy researchers have commented that the ["belief that they could exist may seem excessively optimistic."](#)

The failure rate for corporate alliances is between [60% and 70%](#). It's important to remember that alliances require time to flourish, with results coming a year or two after coming together. Community-based organizations drove partnerships nearly half of the time, while health care organizations did [20% of the time](#).

Don't tell the unicorn. [Health Care Collaborative \(HCC\)](#) of Rural Missouri is serving the role of a population health organization for its rural geographic service area, which covers more than 88,000 people, with 34% who live below 200% of the federal poverty level. This rural health network comprised of more than 55 member organizations wraps social service support around the patients who receive care at four HCC health care clinics that serve Lafayette County and surrounding areas.

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. Network organization members are expected to work on issues with different organizations and communities and to try new approaches, learn, and improve together. [Acting collectively](#) through the network, board members are not afraid to approve of calculated risks. ○

Informal Caregivers Need Community-based Long-term Services and Supports



Perspective from
John Selstad
Stratis Health Board
member

John Selstad is a member of the Stratis Health [Board of Directors](#) and Community Outreach Committee. He 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.

Community-based long-term services and supports (LTSS) are needed to bolster and sustain informal caregivers of individuals with multiple chronic conditions (MCC). More than three-quarters of Medicare beneficiaries have two or more chronic conditions.

The need for medical services, whether ongoing or crisis management, are intermittent in almost all situations. In contrast, MCC can contribute to a person's frailty and disability, limiting their ability to carry out activities of daily living. They often rely on spouses, family members, and friends for weekly or daily supports for things like cooking, cleaning, dressing, laundry, medication assistance, and transportation, on top of continuously shifting medical interventions.

Informal caregiving is essential

An estimated three-quarters of caregiving support needed by chronically ill seniors in the community is provided by

informal, unpaid caregivers. This support bolsters a senior's ability to self-manage chronic conditions to keep their health from deteriorating, avoid preventable medical interventions, and sustain quality of life.

Caregivers are a vital component of community-based solutions to support people with MCC. But they need education and training on how to care for their loved one, including safe home care practices, nutrition for wellness, and useful equipment to make providing care easier. They also need connections for home modifications, assistive technologies, and transportation. Just as important, they need to have strategies to stay resilient to sustain their own health and ability to provide care, like support groups, family meetings, counseling, and respite care.

Community-based LTSS providers offer this assistance to seniors and their caregivers.

Enhancing the role of community-based LTSS

The set of federal benefits for seniors of medical care and LTSS have seldom been coordinated in a substantial and sustainable manner although they have been serving the same seniors' needs for 55 years. Service coordination is one way the U.S. can make unavoidable chronic illness a safer and less burdensome experience for Medicare beneficiaries and their families.

There has been some movement. Congress and federal agencies have taken steps to allow offer incentives for more integrated chronic care. Improvements in coding changes for billing, together with support for

About 15% of seniors account for half of Medicare spending and two-thirds of traditional Medicare beneficiaries have multiple chronic conditions, according to a [USA TODAY analysis](#) of county-level Medicare data. These high rates of MCC — which include mental and cognitive issues as well as physical disorders — mean most seniors have complex medical needs.

accountable care organizations (ACOs) and special needs plans and other reforms culminated in the [CHRONIC Care Act of 2018](#).

The stage has been set as constructively as ever for innovation and dissemination of demonstrated modes of collaborative management of serious illness using the full range of care, services and supports needed by seniors and their caregivers. To move us forward:

- **Integrate medical and LTSS**
ACOs, health systems, health plans, and providers must establish LTSS organizations as partners in maintaining the health of people with MCC. This means creating business relationships just as they would with preferred medical partners.

(Informal Caregivers continued on page 6)

(Informal Caregivers continued from page 5)

- **Mechanisms for contracting**
Minnesota alone has hundreds of LTSS providers, which creates complexity in managing a number of contracting relationships. [The Metropolitan Area Agency on Aging](#) is developing innovative approaches to contracting, such as serving as brokers of services to reduce contracting burdens.
- **Patient-centered quality standards.** Measures should be developed to evaluate consumer satisfaction and chronic illness outcomes across a range of medical and LTSS settings. These standards need to be person-centered and realistic for daily life for those with serious and disabling chronic illness.
- **Reflect communities served.** LTSS are most effective when designed around the racial, cultural, and language identities and preferences of seniors and caregivers. As we better integrate LTSS with health care delivery, we must retain what makes

them uniquely suited to serve their communities.

We can no longer afford to wait until seniors are at the point of nursing facility eligibility — poor and with exhausted caregivers — before giving them resources that educate for better health, support community living, build strength and functional capacity, and intervene early in exacerbations of chronic illness.

It's time to make maximum use of these new opportunities within Medicare to enable seniors and their caregivers to use services that support their overall health. ○

Unpaid caregivers provide an estimated [\\$470 billion](#) of services that help people with MCC age in place and maintain better health, wellbeing, and quality of life.

Medicare Quality Improvement Programs

Stratis Health's Medicare quality improvement work through Superior Health Quality Alliance

The QIN-QIO program has been underway for a year. The Superior Health team, led by Kim McCoy, Stratis Health program manager, re-directed work to address needs, fill gaps, and develop resources related to COVID-19 in close coordination with many partners and stakeholders. As the end of the 5-year program nears, the recruitment period for the two major areas of work comes to a close across Minnesota, Michigan and Wisconsin.

The goals of reaching 100% for engaging 760 nursing homes and 35 "Community Coalitions to Improve Health" were achieved, and recruiting organizations from across the care continuum to join the community coalitions is ongoing.

Lake Superior QIN: Reducing Readmissions and Improving Care Transitions

CMS	Quality Goals	Incentive Programs	<ul style="list-style-type: none"> • Hospital-acquired Condition Reduction • Hospital Readmissions Reduction • Value-based Purchasing
	Lake Superior QIN neutral convening, education, and training		
<p style="font-size: 1.5em; margin: 0;">2,450 people from</p> <p style="font-size: 1.5em; margin: 0;">1,177 organizations in</p> <p style="font-size: 1.5em; margin: 0;">27 communities serving</p> <p style="font-size: 2em; margin: 0;">1.5 million</p> <p style="font-size: 2em; margin: 0;">Medicare FFS</p> <p style="font-size: 2em; margin: 0;">beneficiaries.</p>	<p>11 assisted living facilities, 14 clinics, 254 community organizations/goverment groups, 171 home health agencies, 47 hospice programs, 177 hospitals, 381 nursing homes, +33 pharmacists/groups</p>	<p>Community steering committees organized 57 topic workgroups</p>	<p>Local focus areas included:</p> <ul style="list-style-type: none"> • Advance Care Planning • Care for Chronic Conditions • Discharge Process • Health Literacy • Home Health • Medication Safety

Leech Lake Band of Ojibwe Gauges Cultural & Spiritual Wellness



Report from:
Carrie Howard
Program Manager



Marilyn Reiersen
Senior Program
Manager

The Leech Lake Band of Ojibwe Human Services and Health Services Division, in collaboration with the Cass Lake Indian Health Service and Stratis Health, developed a community health assessment (CHA) to understand the current health status, needs, and resources of its community. Leech Lake Reservation in rural north-central Minnesota, covers 1,050 square miles and includes many communities. [An estimated 4,662](#) American Indian and Alaska Natives (AIAN) live on the reservation and its off-reservation trust land.

Cultural and Spiritual Wellness

To better understand cultural and community connection and holistic wellness — which includes body, mind, and spirit — the CHA workgroup surveyed 225 community members to assess perceptions about health and wellness, and access to support and services. Questions focused on culture and spirituality since these are considered integral to the [Ojibwe way](#)

of life. The [National Wellness Institute](#) also recognizes spirituality as one of the six dimensions of wellness.

Research has reported that a strong connection to and understanding of one’s tribal traditions may support the well-being of American Indians. These may buffer the [negative effects of historical trauma and experiences of discrimination on health and mental health](#). Many adult tribe members have indicated protective effects of AIAN identity against disease and as a factor that leads to better health overall. [A large volume of research](#) shows that people who are more religious/spiritual have better mental health and adapt more quickly to health problems compared to those who are less religious/spiritual.

The majority of Leech Lake survey respondents were proud of their cultural identity and have a strong understanding of their family and tribe history and traditions (see table). In addition, of survey respondents:

- 74.1% rated their spiritual health including their faith or beliefs, life force or energy, and soul as good to excellent.
- 67.9 % agreed or strongly agreed that they feel like they belong in their community
- 54.5 % agreed or strongly agreed the help or support they might need

for spiritual health and wellness is available in their community. With the majority of people getting this help or support from family or friends (55.1%) and elders (43.1%). Related, people who need help or support for mental and emotional health and wellness, reported getting help or support from family and friends (56.5%) and elders (27.1%).

The Leech Lake Band of Ojibwe is using their CHA to determine approaches to best support the health and wellness of the community. This includes looking for ways to increase cultural and spiritual wellness. Stratis Health conducts analytical work in support of assessing and improving health care quality and patient safety. Stratis Health provided guidance on CHA assessment planning as a member of the Partnership to Advance Tribal Health, a Centers for Medicare & Medicaid Services (CMS) initiative. ○

Why do you participate in traditional cultural activities?

“It is up to us to protect and sustain our ways for our children, grandchildren, and beyond.

- Leech Lake Reservation community member

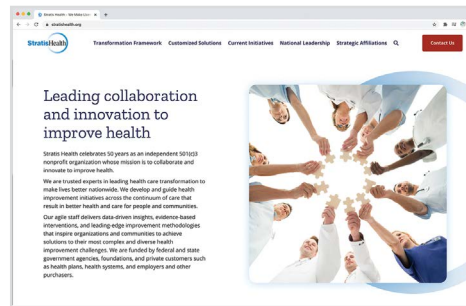
Results from 2019 Leech Lake Reservation Community Health Needs Assessment Survey (225 Respondents)

	Strongly Disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly Agree
I feel proud of my cultural identity	5.4% (12)	0.9% (2)	6.3% (14)	12.5% (28)	75.0% (168)
I have a strong understanding of my family’s heritage, tribe, and/or clan	4.5% (10)	9.4% (21)	12.5% (28)	40.6% (91)	33.0% (74)
I feel I have a strong understanding of the history of the Leech Lake Band of Ojibwe	4.0% (9)	10.3% (23)	23.7% (53)	44.6% (100)	17.4% (39)
I feel I have a strong understanding of the traditions of the Leech Lake Band of Ojibwe	4.5% (10)	9.4% (21)	20.1% (45)	42.4% (95)	23.7% (53)

STRATIS HEALTH NEWS

The National Quality Forum (NQF) has selected Stratis Health as an organizational member of the National Quality Forum (NQF) Measure Application Partnership (MAP) Hospital Workgroup for a three-year term through 2023. Read more [here](#).

The new Stratis Health website has launched! The new site conveys Stratis Health in a dramatically different and exciting way by telling a comprehensive story about the organization that is rich in content and user friendly.



Catherine Hinz



Steve Kolar



Craig Svendsen



Mike Wilcox

Stratis Health thanks outgoing Board members, Catherine Hinz, MHA; Steve Kolar, MD, FACP; Craig Svendsen, MD; and Mike Wilcox, MD. We are grateful to them for their commitment to “Making Lives Better!” Incoming Board members will be announced in 2021.

Nancy Hickey retires from Stratis Health

after more than 40 years, most recently serving as the HR generalist and benefits manager. “How to say goodbye after so many years?” says Nancy. “I’ve been blessed to work for a mission-drive organization... and with people who are creative, intelligent, and dedicated to the work we do.”



Janelle Shearer, Program Manager for Stratis Health

is doing her part to help people stay safe during the pandemic by sewing and donating masks throughout the community. Learn more about how Stratis Health is supporting funders and health care communities here during this challenging time: [Stratis Health Response to COVID-19 Pandemic](#).



Stratis Health is an independent 501(c)3 nonprofit organization whose mission is to collaborate and innovate to improve health.

Stratis Health delivers data-driven insights, evidence-based interventions, and leading-edge improvement methodologies that inspire organizations and communities to achieve solutions to their most complex health improvement challenges. Visit stratishealth.org to learn more.

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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Jennifer P. Lundblad, PhD, MBA
President and CEO
jlundblad@stratishealth.org

Jean Hanvik, Editor Manager
Communications and Outreach
jhanvik@stratishealth.org



Stratis Health
2901 Metro Drive, Suite 400
Bloomington, MN 55425-1525

952-854-3306 • 952-853-8503 (fax)
Email: info@stratishealth.org
www.stratishealth.org