

# QUALITY UPDATE

Health care quality  
issues for Minnesota's  
health care leaders  
Fall 2021



## Promoting and Enhancing Health for Underserved Populations Amid the Pandemic and Beyond

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



Jennifer P. Lundblad,  
PhD, MBA  
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As we mark Stratis Health's 50th anniversary this year, we are re-committing to improving care and health and reducing disparities for those who are members of the most under-resourced groups — the elderly, those in rural communities, and those who experience disparities in health and care because of race,

ethnicity, language, or membership in a group that has been economically and/or socially marginalized.

Stratis Health's primary focus since our early decades has been on the care of seniors, including (and perhaps especially) the frail, vulnerable elderly. In our capacity as the federally designated Medicare Quality Improvement Organization (and its predecessor programs going back to the 1970s), we have guided health care organizations to adopt and embed evidence-based best practices in the care of seniors.

Our work has included preventive care and chronic disease management in the outpatient setting; surgical

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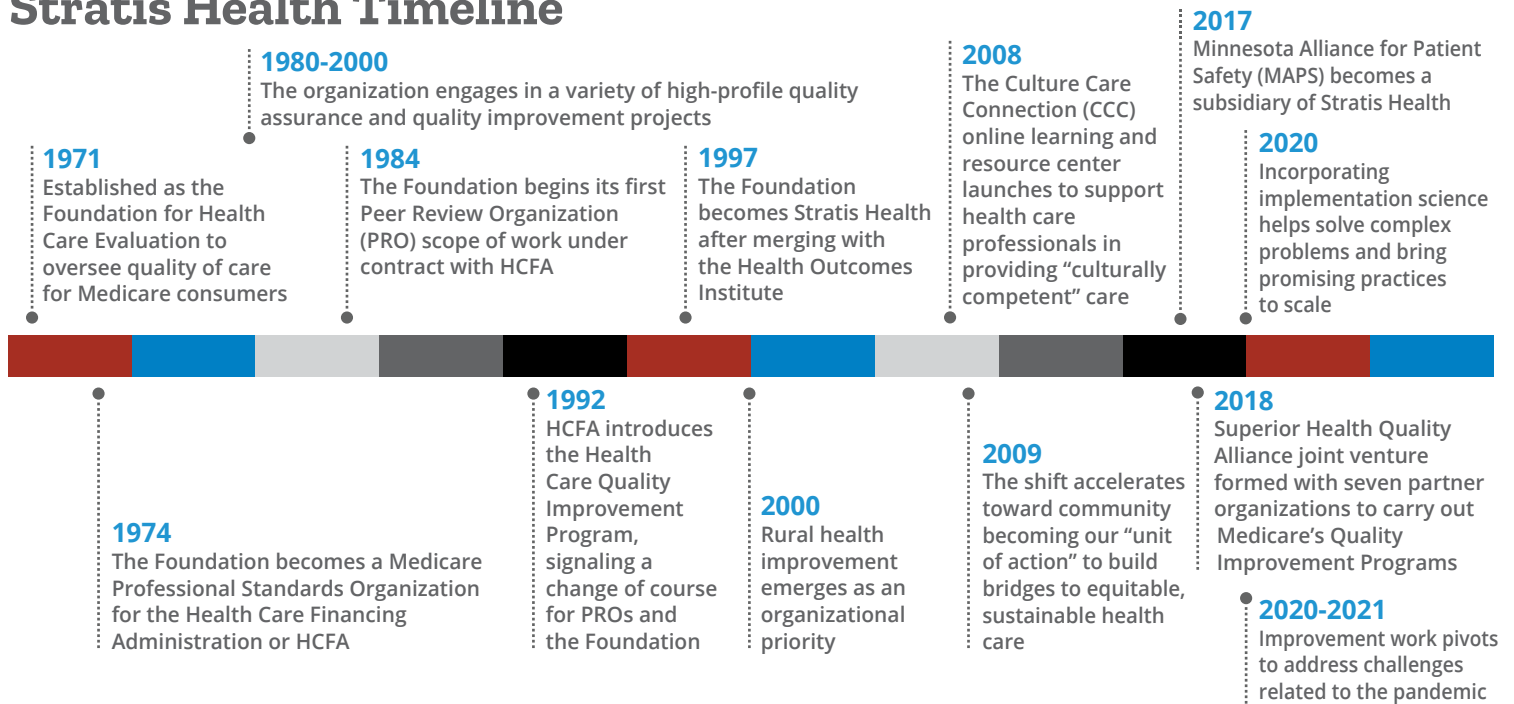
Exiting Board members, staff appointment, new podcasts, CME accreditation, reaching 100% vaccinated

care, medication safety, antibiotic stewardship, and more in hospital care; and pain management, pressure injuries, and falls in long-term care and home health care. We have been and continue to be the expert and advocate for the health and care of

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# Stratis Health Timeline



seniors, informed by our longstanding Community Outreach Committee, which brings the voice of seniors into our planning and implementation.

As our work has evolved over the decades, we have expanded our reach to support and improve the health of many other underserved populations and communities.

Our efforts in rural health began in earnest in the late 1990s. In rural communities, dual disparities often exist — an access disparity based on geography as well as the systemic issues that keep certain populations from achieving their best health.

We launched our first improvement collaborative for rural critical access hospitals in 2000. Over the subsequent 20 years, we have become a national “go-to” expert resource on rural health quality, on critical access hospital and clinic quality measurement and reporting, on achieving value in rural health, and in addressing the care and health needs for those with serious illness in our longstanding [Rural Community-based Palliative Care Initiative](#).

We also have a long history of addressing racial and ethnic disparities in health outcomes. We have implemented focused projects, for example, on improving breast cancer screening for Black women, and improving diabetes care for Black people. More than a decade ago, we launched [Culture Care Connection](#) ([culturecareconnection.org](http://culturecareconnection.org)), an online learning and resource center designed to support clinical and non-clinical health care professionals in their ongoing efforts to deliver culturally aware and responsive care in Minnesota. The recently re-designed and re-launched Culture Care Connection (CCC) is now our home for resources build skills and knowledge — and to encourage action — to help health care organizations and professionals be responsive to and supportive of the diverse patients and communities they serve.

The past 18 months of the pandemic, along with the racial justice crisis so poignantly and tragically brought home in Minneapolis with the murder of George Floyd, has illuminated and exacerbated the health disparities faced by many, and provided even

further impetus — really, a call to action — in our work. Not only are we continuing and expanding the health improvement efforts described above, but we are also expanding our portfolio to address social factors that arise from social determinants of health (SDOH) and working to tackle the opioid epidemic and its outsized impact on racially diverse and rural communities.

In this issue, you’ll learn how Stratis Health Board member Reuben Moore’s organization, Minnesota Community Care, is gaining trust and improving care where people live, learn, work, and play. You’ll have the opportunity for a deeper dive into Stratis Health’s rural work and understand how we are coming full circle to Stratis Health’s initial focus on seniors to share insight on health equity and ageism. We do not — and cannot — do this work alone. We look forward to and value our partnerships and collaborations as we strive to do our part, accelerating and amplifying progress. As always, we invite you to stay apprised of our work at [stratishealth.org](http://stratishealth.org) and welcome your feedback at [info@stratishealth.org](mailto:info@stratishealth.org).

## Gaining Trust, Improving Care where People Live, Learn, Work, and Play



**Reuben Moore**  
President and  
Executive Officer  
[Minnesota Community  
Care](#) and Stratis Health  
Board Member

While there is much to be positive about with so many people committed to building bridges between health care and community, it has been an incredibly challenging 18 months. The horizon is equally difficult as we think about where we are with the pandemic and public health emergency, the racial justice crisis, and economic uncertainty. But despite those things, those of us in public health positions are looking forward to the ways that the renewed attention on health equity can finally lead to making bold steps forward.

We cannot back down on continuing to focus on social needs, social risk factors, and social determinants of health and all the things we're doing to push health care forward in challenging times. Stratis Health is an important part of the public health ecosystem and will contribute to helping health care take big leaps forward.

Coming in as a Stratis Health Board member at the beginning of the 50th anniversary has been an inspiring starting point. It's given me a chance to understand more clearly the depth and breadth of the organization's history, while also participating in lively and promising discussions about how we can look forward and imagine how to serve as leaders for the next 50 years as well.

The "Big Shift" has been that community has become Stratis Health's "unit of action." This essential change of breaking down care delivery silos and building those sturdy and enduring bridges between health care and community means we are united in our efforts in addressing social needs, social drivers, and social factors. It's the only way to create sustainable health and sustainable improvement in the communities we're serving.

One way Stratis Health is celebrating 50 years of advancing health care quality improvement and patient safety is through a series of podcasts. This Q&A — an expanded version of the podcast — features a conversation I recently had with Jennifer Lundblad about how gaining trust contributes to improving care where people live, learn, work, and play. (Listen to all podcasts at [stratishealth.org/50th-anniversary-podcast-series](https://stratishealth.org/50th-anniversary-podcast-series))

**Q. Jennifer:** Given that almost 90% of a person's overall health is determined by socioeconomic and environmental factors, how has your organization been working to gain trust and deliver care and services where people live, learn, work, and play, regardless of their ability to pay for health care?

**A. Reuben:** It's so interesting that social determinants have been disconnected from our dominant health care system. Every academic individual, every healthcare professional, and every community health person recognizes that social determinants impact health. Minnesota Community Care is built to address not only the clinical needs of communities that have been historically marginalized, but also to ensure access to services that address social influences that compromise health.

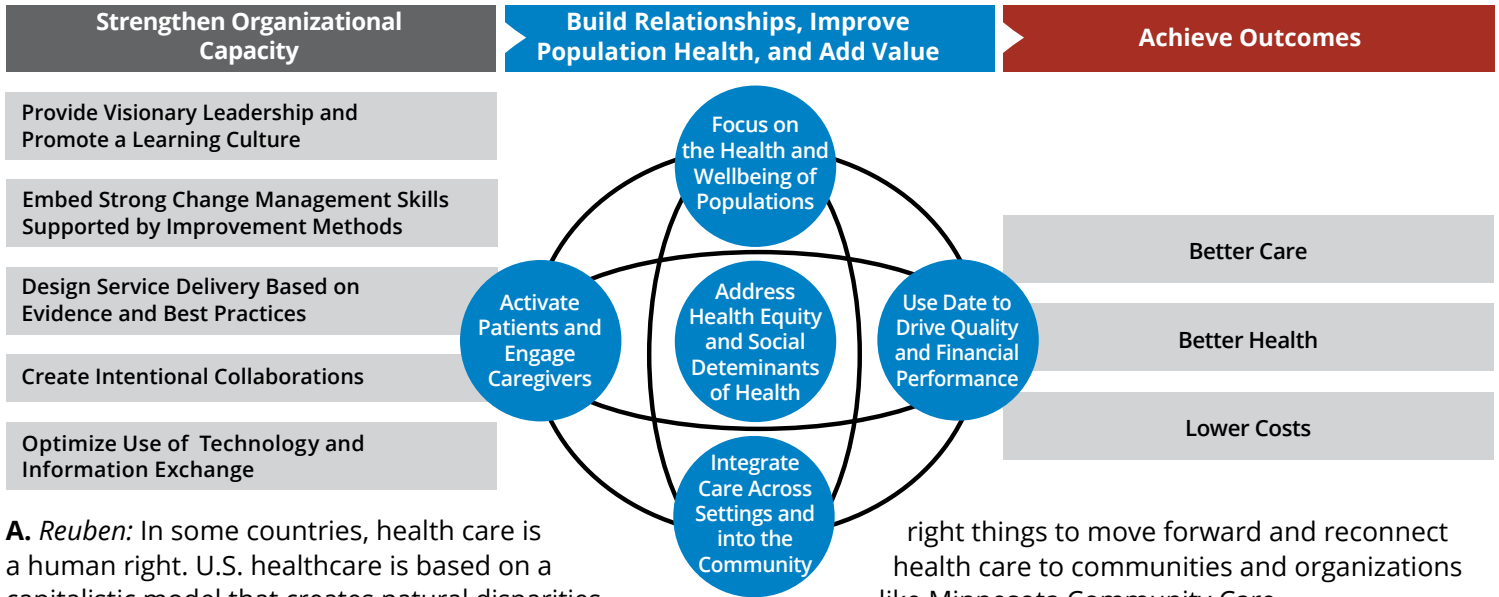
For example, we have a Special Supplemental Nutrition Program for Women, Infants and Children, known as WIC, in an office on the West Side of St. Paul. A neighborhood mom can stop in, get set up with WIC, have the baby weighed, and take home nourishing food for herself and her child. That is how we're thinking about social determinants of health and health care. We need to keep finding creative ways to offer food programs and other partnerships that allow folks to have ready access to the full range of services that support overall health.

**Q. Jennifer:** Community health centers like yours have been doing this for a long time. It's baked into what you do. I think the rest of health care is finally catching up and I think our public health colleagues would say, "welcome to the game." The pandemic has put a spotlight on and exacerbated the deeply rooted inequities that are pervasive in our health care system. How has the past year challenged Minnesota Community Care to live its mission, which is strengthening the wellbeing of our community through health care for all?

(Gaining Trust continued on page 4)

(Gaining Trust... continued from page 3)

## Stratis Health Improving Health | Leading Transformation



**A. Reuben:** In some countries, health care is a human right. U.S. healthcare is based on a capitalistic model that creates natural disparities. The pandemic made disparities in health access impossible to ignore. Our mission means that anyone should be able to access health care services, regardless of their ability to pay. If someone has linguistic, cultural, or other barriers, we should have staff affirm their needs and help ease their health journeys. That's what health for all is about; having zero-barrier access to healthcare facilities in communities that are staffed by members of those communities.

**Q. Jennifer:** It sounds so simple, but it is not. Thank you for all you're doing for the communities you serve. Stratis Health shares your deep commitment to improving health and health care. We have sharpened our focus on building bridges between health care and community, especially over the past year. How might we work together to accelerate the important work of addressing social determinants of health to improve health equity?

**A. Reuben:** I look at the Stratis Health Transformation Framework ([stratishealth.org-transformation-model](https://stratishealth.org-transformation-model)), which includes imagining quality and health outcomes, joined with health, social determinants of health, and principles of health equity. That is the right lens. There's a great saying in business: People act by how they're measured. If you measure health care by how much it's billing, we get a really good financial health care system. But that's no way to measure the effectiveness of the care people are receiving. If you want to improve preventive care, you measure screenings. If you want to impact health inequities, you measure them. If you want to impact social determinants of health and understand their interconnected nature, you measure health outcomes related to social determinants. Stratis Health is doing the hard work of measuring the

right things to move forward and reconnect health care to communities and organizations like Minnesota Community Care.

**Q. Jennifer:** You're so right about the importance of measurement. If we're not measuring the right things, we're not getting where we need to be. One way Stratis Health is tackling health equity challenges is through our long-standing Culture Care Connection ([culturecareconnection.org](https://culturecareconnection.org)). This online learning and resource center supports clinicians, staff, and administrators in their ongoing efforts to provide culturally competent care. What other vital work is happening that is addressing social determinants to improve health equity, especially in this important concept of a two-way street, where patients, families, health professionals, and care teams can truly and meaningfully collaborate?

**A. Reuben:** I have to give a shout-out to Minnesota Community Care and other Federally Qualified Health Centers because we're community-based and governed by a board that includes the patients we serve. When I walk into a board meeting and a member says, "Reuben, it took me an hour-and-a-half get into the clinic today," Or "I sat on hold for 45 minutes," that degree of accountability is profound.

We use information like this to inform research that leads to improvements. By listening to the voice of our communities and our patients we can make progress. We're also participating in virtual town halls and partnering with a variety of organizations. For example, at our West Side clinic we have a unique ecosystem that includes El Burrito Mercado, the Neighborhood House, and the Wellstone Center to ease access to healthy food, educational programs, social services, and more. We continue to push for innovative ways to interconnect communities. ○

# Healthy Rural Communities: Keeping Improvement Initiatives on Track During the Pandemic



**Karla Weng, MPH**  
Rural Health Lead,  
Senior Program  
Manager

*(With input from Stratis Health's rural health team: Sarah Brinkman, Program Manager; Robyn Carlson, Quality Reporting Specialist; Laura Grangaard Johnson, Senior Research Analyst; Kim McCoy, Senior Program Manager; Janelle Shearer, Program Manager)*

Nearly one-quarter of older adults live in rural communities in America, yet fewer than 10% of physicians practice there. Although people in rural communities often enjoy the benefit of solid, long-term social networks, they tend to be older, sicker, and poorer than those who live in urban areas. In many rural areas, the limited access to high-quality, patient-centered, coordinated care and support across the continuum of needs became even more apparent during the pandemic. And the 20% of rural residents who are people of color or American Indians/Alaskan Natives are experiencing some of the nation's gravest health disparities.

Stratis Health's team of rural health quality improvement experts has been leading transformation of

the rural health delivery system for more than 20 years by implementing improvement methods, translating policy changes into action, and making connections in ways that advance rural health.

Keeping this work on track over the past 18+ months has meant honing our listening and flexibility skills as we support front-line clinical and non-clinical health care and community workers whose resiliency is heavily taxed.

**Some of our strategies include:**

- **Listening to hear; not to respond.** Acknowledging and validating the overwhelming and unpredictable day-to-day demands on rural health care professionals while helping them stay attuned to long-term goals is some of the most important work we are currently performing. Serving as a pressure-release valve for someone who is reaching their tolerance capacity is a small way we can lighten the load.
- **Providing meaningful and actionable technical assistance.** Sharing information, tools, and resources that are short, practical, and easy to use is critical in helping overtaxed rural quality leaders continue to make progress. Through the Partnership to Advance Tribal Health (PATH) we've been rolling out bite-sized recorded training modules to help staff at Indian Health Service hospitals

**Examples of how Stratis Health is Improving Rural Health**

- More than 45 rural communities in 6 states have increased access to community-based palliative care services that decrease unnecessary care and increase quality of life and patient satisfaction.
- Nearly 150,000 rural seniors have benefitted from efforts to improve care coordination and reduce unnecessary hospital readmissions in MN, MI, and WI.
- 1,350 critical access hospitals across the country have increased quality data reporting and improved care.

design and implement improvement initiatives.

- **Sharing lessons and strategies across rural organizations.** Through our Quality Time Sharing PIE (Performance Improvement Experience) podcast, experienced critical access hospital (CAH) quality improvement (QI) staff from across the country share examples and advice on how to address common QI challenges including how to engage teams and make quality fun, even during a pandemic. (Learn more: <https://stratishealth.org/quality-time-sharing-pie>)

(Healthy Rural... continued on page 6)

Sub-optimal vaccination rates have meant proportionately more COVID-19 cases in rural communities where hospitals are short-staffed and are often having to keep and treat critically ill patients that would typically be transferred if capacity were available at larger hospitals.

(Healthy Rural... continued from page 5)

**Rural challenges related to geographic isolation, inadequate health care resources, socioeconomic status, health risk behaviors, and limited job opportunities have intensified during the pandemic. An important part of our job is to help leaders in rural health care organizations stay focused on continuing the critical work of implementing improvement strategies, and building partnerships that will help lead to healthier communities.**

- **Helping rural communities to meet the needs of those with serious and advanced illness.**

Increasing access to high-quality, patient-centered, coordinated serious illness care and support helps keep people in their homes or preferred care settings and out of the hospital. (Learn more: [stratishealth.org/initiative/rural-community-based-palliative-care](https://stratishealth.org/initiative/rural-community-based-palliative-care))

- **Accelerating the path to value-based care.**

Through research, practice, and collaboration, we are using lessons from the pandemic to better understand how to support low-capacity rural health systems in shifting to value-based care forward including preparing for future crises, improving outcomes, and decreasing costs. (Learn more: [stratishealth.org/initiative/rural-health-value](https://stratishealth.org/initiative/rural-health-value))

- **Strengthening Minnesota's Rural Critical Access Hospitals.**

Stratis Health works in partnership with the Minnesota Department of Health Office of Rural Health and Primary Care to support the state's 78 rural critical access hospitals. We are continuously monitoring the COVID-19 landscape for opportunities to train and offer technical assistance to build capacity and promote sustainable improvement in the rural health care system. Currently, building equity and resilience are at the top of the list. (Learn more: [stratishealth.org/initiative/strengthening-minnesotas-rural-critical-access-hospitals](https://stratishealth.org/initiative/strengthening-minnesotas-rural-critical-access-hospitals))

- **Addressing the opioid crisis.**

The nation's opioid crisis has had an outsized impact on rural communities. Stratis Health is partnering with rural addiction medicine specialists to increase awareness of medication for opioid use disorder, and helping rural clinicians and care teams adopt new practices to care for those in their communities who are addicted to opioids.

Stratis Health's work has always been grounded in building relationships, managing populations, and adding value in a rapidly changing environment – and we have learned to keep pace with the relentless change brought on by COVID-19, adapting our work to the shifting needs of our customers while fulfilling standing commitments. While the end of the pandemic is not yet in sight, we continue to work toward making lives better by collaborating and learning while remaining optimistic that we will continue to improve the health and well-being of rural communities. ○

As of October 15, 2021, there were more COVID patients hospitalized in greater Minnesota than in the Twin Cities region, with only 1% of hospital beds available in the Twin Cities metro; 5% in the southeast; and 6% in the central region.

"There are no ICU beds to be had, and that's the scary part right now," said Dr. Ulrika Wigert, who helps run CentraCare's hospital and clinic in Sauk Centre, less than an hour northwest of St. Cloud. "We need help. And we need this surge to start coming down."

**MPR News, October 14, 2021**



## Creating an Anti-ageist Health Care System: Intergenerational Learning and Living Opportunities

*A Stratis Health staff member, concerned about her father's rapid weight loss, abdominal pain, loss of appetite, jaundiced appearance, worrisome mental decline, and increasing falls, began accompanying him to doctor appointments in May-December of 1997. Despite her father's continued health decline and countless requests for diagnostic tests, they were repeatedly told that he was simply aging and might benefit from more exercise and better nutrition. A catastrophic fall on Christmas day led to his hospitalization where he received a diagnosis of terminal pancreatic cancer, having suffered unnecessarily for eight months with no palliative, physical, spiritual, or mental health support due to the dismissive "prognosis." He passed away on January 28 of 1998. At the "old" age of 76.*

Stratis Health has a long history of addressing health disparities and improving health equity by designing a system that bridges health care and community to more holistically meet patient needs and ultimately achieve better health through:

- **Community Resource Integration** – Coordinating across all care settings and community support service organizations
- **Collaboration and Partnerships** – Convening stakeholders to share resources across care settings and in the community
- **Health Equity** – Addressing variation in population outcomes so all people can attain their highest level of health
- **Social Determinants of Health** – Support for Assessing social needs, making actionable referrals between health care and community-based organizations, and building systems to address social needs that affect health
- **Optimize Workforce Talent** – Engage community health workers, community paramedics, navigators, and others to expand reach and services, improve care coordination, and serve unique community needs

And, while we are making progress in addressing bias, driving equity, and improving cultural responsiveness for many communities, too often, the ageism of 1997 remains common. It's time for change. With the U.S. 65+ population expected to double by 2050, we are reimagining alternative care models, inclusive communities, and driving toward a more age-friendly health system to

“Contrary to popular thought, studies show that Americans get happier as they age, despite health conditions and other problems that may arise. What does it open up for us when we don't have the pressures of our youth-driven culture and have the wisdom to live our best lives?”

*Anne Phibbs, PhD,  
Founder & President,  
Strategic Diversity  
Initiatives*



translate evidence-based interventions into widespread practice.

“When we think about older Minnesotans and the ways ageism plays out, we tend to forget that people have intersecting, multiple identities,” said Anne Phibbs, PhD, founder and president of Strategic Diversity Initiatives ([strategicdi.com](http://strategicdi.com)). “We need to think of the special needs of aging Americans with a wider lens to ensure we're honoring the many other communities to which they may belong: Racial and ethnic minority groups; sexual/gender/linguistic/religious groups; American Indian and Alaska Natives and other political minority groups; and disability groups, to name several examples.”

In the U.S. aging is all about loss — what we can't do, and how we become marginalized. When COVID-19 disproportionately affected people living in nursing homes and long-term care facilities, the undercurrent of, “oh, well, it's only affecting the expendable elderly,” was palpable. Complacency to the ongoing loss of life during the coronavirus disease pandemic may be the most unfortunate consequence of ageism. There are many opportunities to learn from other cultures that celebrate aging and respect and learn from their elders. The way we're making diversity, equity, and inclusion central to healthy workplaces and social spaces is restorative and energizing and can be replicated to better serve Americans as they age.

(Creating an Anti-ageist.. continued from page 7)

“Thinking young is a habit, but to adopt it, you have to reject ageism and the multi-billion-dollar brainwashing campaign that says you are less [desirable] or undesirable if you are older. That’s been created to sell products, and it isn’t accurate.”

*Kerry Burnight, Former Professor of Geriatric Medicine and Founder of The Gerontologist, Inc*

“We have always been focused on providing services, connections, and innovations to help people thrive as they age through partnerships with community and health care organizations,” said Dawn Simonson, president and CEO of trellis ([trellisconnects.org](https://trellisconnects.org)) and the chair of the Minnesota Leadership Council on Aging ([mnlcoa.org](https://mnlcoa.org)). “If we are going to meet the needs of the next generation of older adults, it is essential to experiment with new ways of doing business and forge new partnerships, taking the lessons from the pandemic to be creative in how we meet the needs of older Americans.” (See [helpolderadultsmn.org](https://helpolderadultsmn.org) for a full range of services for older adults during COVID-19.)

Stratis Health is taking action. We are building on a long history of success as the Medicare Quality Improvement Organization for Minnesota by serving as a founding partner in Superior Health Quality Alliance ([superiorhealthqa.org](https://superiorhealthqa.org)). Superior Health is powered by eight organizations with a strong track record of achieving Medicare quality improvement goals to improve health and health care for consumers, patients, clinicians, health care organizations, and communities.

As Superior Health, we are bringing together health care organizations and community-based organizations for collaborative learning and action across Minnesota, Michigan, and Wisconsin. We are providing training, technical assistance, and convening using our subject-matter expertise and evidence-based interventions to improve health care quality and value. We aim to:

- Improve behavioral health outcomes, focusing on decreased opioid misuse
- Increase patient safety, including reduced adverse drug events

- Increase chronic disease management, focusing on cardiac/vascular health, diabetes, and chronic kidney disease
- Increase quality of care transitions, including reduced hospital readmissions
- Improve nursing home quality

The need to ensure a more inclusive, respectful approach to health equity by addressing social determinants of health among diverse communities became visceral in light of the pandemic and George Floyd’s murder. The increased urgency has led to a deeper Stratis Health commitment to improving health quality at the community level: Optimizing community as our “unit of action” for older Americans — and for all. ☺

“We’ve learned from the pandemic how to respond to community needs more efficiently and to take more risk as a funder. This resulted in more culturally, age-appropriate home-delivered meals, novel telephone reassurance services to reduce isolation, and virtual lifelines to needed caregiver support, preventive care and care for chronic conditions.”



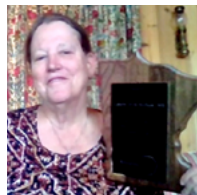
*Dawn Simonson,  
President & CEO,  
Trellis Health*



# STRATIS HEALTH NEWS



Art Berman



Laurie Drill-Mellum



Jane Pederson

**Stratis Health Board members Art Berman, CFO at Mitchell Hamline School of Law, and Laurie Drill-Mellum, CMO at MMIC and Constellation** have completed their terms of service at the end of 2021. We are grateful for their leadership and valuable contributions and wish them well in their future endeavors. Meet all our Board members at [stratishealth.org/about-us/stratis-board-of-directors](https://stratishealth.org/about-us/stratis-board-of-directors).

**Stratis Health has been re-accredited as a Continuing Medical Education (CME) provider:**

Stratis Health has fulfilled the accreditation requirements set forth by the Accreditation Council for Continuing Medical Education and the Minnesota Medical Association and is hereby accredited as a provider of continuing medical education for physicians for the period of May 12, 2021, through May 31, 2025.

**Congratulations to Jane Pederson,** chief medical quality officer for Stratis Health and a practicing geriatric medicine specialist, who was appointed by Governor Tim Walz and lieutenant Governor Peggy Flanagan, to the Minnesota Board on Aging for the period of June 16, 2021, through January 6, 2025.

**Listen to our podcast series!**

One of the ways we have been celebrating Stratis Health's 50th anniversary in 2021 is through a series of brief conversational podcasts with health care leaders on a variety of timely and compelling topics. Check them out at [stratishealth.org/50th-anniversary-podcast-series/](https://stratishealth.org/50th-anniversary-podcast-series/)

**100% of Stratis Health staff are fully COVID-19 vaccinated!**

"This achievement speaks volumes about how much staff members care about one another and our customers and communities," said Jennifer Lundblad, president and CEO. "This is a proud moment for Stratis Health."



**Stratis Health** is an independent 501(3)(c) 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](https://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.

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