

QUALITY UPDATE

Quality improvement and patient safety news

Spring 2025



QUALITY UPDATE AT-A-GLANCE

This issue of Quality Update features a refreshed design to give readers an up-front summary of the articles. The jump links provided will bring you directly to your topics of choice. Thank you for your ongoing interest in and support of Stratis Health!



Next-Generation Primary Care: Setting the Table for the Future

Whether family medicine, internal medicine, pediatrics, or geriatrics, primary care is the hub of patient care. Stratis Health is part of the movement to usher in a new era of primary care.

[READ MORE.](#)



Reimagining a Brighter Future for Primary Care in America

Optimizing breakthrough care models; learning to use AI prudently; guiding medical students toward careers where they can thrive; reclaiming job fulfillment and trust; and redesigning the system with patients in mind all lead to primary care practices that are models of purpose and resilience.

[READ MORE.](#)



Practicing Primary Care Wisely Makes Lives Better

The future of primary care demands fresh thinking — where joy, cultural relevance, and collaboration are just as vital as cost, quality, and access. Team-based models and value-based care, supported by smart technology, will help shape a more efficient, satisfying, and equitable system.

[READ MORE.](#)



5 Powerful Perspectives on the Prognosis for Primary Care

Five subject matter experts and innovators share how their work is improving primary care quality and safety. It is not about doing more; it is about doing what matters most.

[READ MORE.](#)

Get the latest news on new Board members and Building Healthier Communities award recipients! [READ MORE.](#)

Next-Generation Primary Care: Setting the Table for the Future



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

Primary care is the core and hub of patient care, from prevention and chronic disease management, to specialty referral, and post-hospital care. Whether family medicine, internal medicine, pediatrics, or geriatrics, it is frequently a patient's first stop for care.

Over the years, Stratis Health has consistently engaged and supported primary care through a wide-ranging array of improvement projects. We have led initiatives focused on prevention and chronic disease management, supported the adoption and implementation of electronic health records, enabled robust and efficient quality measure reporting, built capacity for primary care to address substance use including alcohol use and opioid use disorders, and more.

From our work, we know that the primary care system is broken, and you don't have to look far to find a plethora of reports describing primary care in crisis. We do not have enough clinicians in the workforce, not only physicians, but also nurse practitioners, clinical nurse specialists, and physician assistants, especially in rural communities. Primary care is not reimbursed well, nor are payment incentives often best aligned to support delivery of person-centered care. Quality measure reporting can be burdensome, and not especially meaningful and helpful. And no clinicians want to return to paper health records, yet electronic health records have become a time consuming and only partially effective component of primary care practice.

We need to usher in a new era of primary care. A foundational core can set the table for success by building and strengthening capacity:

- **Redesigning care delivery for efficiency.** For example, Stratis Health is partnering with the AMA to adopt and adapt their Practicing Primary Care Wisely model and tools and testing this with clinically integrated networks of clinics. AI also presents opportunities to make practice more efficient.
- **Assuring that care is patient-centered, meeting language, cultural, and preferences and needs.** For example, Stratis Health is supporting organizations to embed Culturally and Linguistically Appropriate Service (CLAS) standards into their work and using our Culture Care Connection online learning and resource center to adapt to changing patient populations and communities.
- **Building bridges between health care and social care.** For example, Stratis Health is coaching state health departments nationwide in getting to closed loop referrals for social needs and facilitates the statewide effort in Minnesota co-create a shared approach to

social needs resource referrals. We also support community health workers and Pathways Community Hubs to be able to address the social care needs of individuals and households.

We are working to improve efficiency and remove things from the overflowing plates of primary care practitioners, who are reporting burnout, excessive after-hours administrative requirements, and low reimbursement rates. Because workers cannot add one more thing to their workday, we are "setting the table differently." These efforts are an outgrowth of and reflect Stratis Health's organizational strategies and our priority communities and populations.

As we bring this to life, you'll find related articles throughout this issue. Stratis Health Board member Dr. David Satin will discuss the next generation of primary care physicians. Our feature article offers exemplars of how primary care is being transformed, bringing together the clinician, employer, payer, and community perspectives. Our staff experts describe the framework and tools our team is implementing with rural clinic network. Next generation primary care is gaining momentum! ○

Strategies

Co-design system changes that connect health care and community organizations to improve health.

Advance a safe and compassionate health care environment for those receiving and those providing care.

Accelerate evidence-informed and culturally responsive care and services.

With these strategies, we prioritize improvement efforts that empower those who have been historically marginalized. In implementation, we work in ways that are inclusive, systems oriented, and centered on equity. Our work is broad and inclusive, while highlighting:

- People who are age 65 or older.
- People experiencing health disparities.
- People living in rural places.
- People experiencing substance use disorders.

Reimagining a Brighter Future for Primary Care in America

Amid today's primary care crisis, visionaries like Dr. David Satin are lighting the way forward. He has a front-row seat to the evolving landscape of primary care and believes we are on the brink of a new era — one where purpose and relationship-centered care, supported by unprecedented technology advancements — return to the heart of practicing medicine.



David Satin, M.D.
University of Minnesota
Medical School
Associate Professor, Director
of Courses in Ethics, Law, and
Public Health; Faculty Advisor;
Stratis Health Board Member

I am pleased to see that the focus of this *Quality Update* issue is how Stratis Health and its strategic partners are imagining a brighter future for primary care in America.

As a society, we're paying closer attention to the worrisome trends, but the reality is there has been a primary care worker shortage in most countries for most of my life. And because the primary care workforce is not distributed equally among geographic populations, many rural and other underserved communities struggle to gain access to care.

About 20% of the population — more than **50 million people** — live in rural communities, but only 9% of the nation's physicians practice there.

From supporting rural health clinics with data-informed improvement strategies to advancing culturally and linguistically appropriate services (CLAS), Stratis Health is helping primary care organizations transform how care is delivered, particularly to underserved populations. As a Stratis Health Board member, it has been gratifying to see how closely the organization is aligned with other initiatives that are showing promise in improving primary care.

A Model That Works

At the University of Minnesota (U of MN), which ranks among the top producers of primary care physicians in the country, strategies like the [Rural Physician Associate Program](#) (RPAP) are enabling better access and care continuity for patients and a more fulfilling experience for medical students. Rather than rotating through brief placements, students in RPAP spend nine months

embedded in one rural community. The U of MN was the first to offer this kind of longitudinal experience in 1971, and similar programs have opened across the country. Our medical school's Duluth campus and soon-to-open St. Cloud campus embed medical education in the surrounding communities that need doctors.

Continuity is king. It's the secret sauce. Patients need to know you're going to be there, and that you understand and care about them. This deep relationship-building not only improves patient outcomes but also reminds future physicians why they entered the field: To make meaningful human connections.

Embracing AI with Enthusiasm — and Caution

Technology, particularly AI, is another amazing frontier. The early days of electronic medical records (EMRs) were rocky, and although we've seen some improvements, we've not yet experienced the quantum leap we'd hoped for. Advancements in AI could be that leap. Primary care clinicians experimenting with AI-assisted clinical documentation are already less bogged down by administrative overload.

AI is poised to cut note taking time dramatically, and diagnostic tools are improving rapidly. A recent study showed AI outperforming clinicians in diagnostic accuracy when used independently, but it is not a replacement for human judgment and cannot replace the human relationship. Primary care is about context, trust, and guidance — things a machine can't replicate. ***Patients don't care what you know until they know that you care.***



(The Primary Care Physician Shortage... continued on page 4)

(Reimagining a brighter future... continued from page 3)

Perhaps the best thing about AI is that it may one day serve as a helpful assistant and a powerful tool to handle technical challenges. It may enable physicians, nurse practitioners, physician assistants, and other clinicians to focus on caring for people.

Reclaiming Fulfillment and Trust

Despite dire headlines, there is great opportunity, especially in how we train and support clinicians. The key? Representation, mentorship, and showing medical students firsthand that primary care can be a highly fulfilling career. In fact, research has shown that the most trusted, most beloved physicians are family doctors. People love the idea of having a personal doctor — even if they don't currently have one.

Restoring joy also means shifting the culture of care. Clinics need to build strong teams and foster environments of mutual support. We need to show students and practicing providers alike that, despite what they hear, this is a field where you can be happy and do meaningful work.

Trust is foundational — not just between provider and patient, but within teams and systems. Clear communication, shared decision-making, and transparency around issues like confidentiality help strengthen that bond.

Redesigning the System — With Patients in Mind

The systemic challenges are real. The U.S. spends more on health care than any other country, yet preventive care remains underused and underfunded. Medicare and Medicaid reimbursement still heavily favor specialty care over primary care, further deepening disparities. We need to keep reminding decision-makers that there is a serious “wrong pockets problem;” namely, primary care and preventive services offer enormous value and save a lot of suffering, but that future value is not factored into today's payments. The financial incentives are not aligned.

The Affordable Care Act's (ACA) requirement for no-copay screenings was a step in the right direction. As practices shift toward value-based care and technology evolves, we have a chance to rethink the patient-provider relationship as a partnership, not as a transaction.

In the age of misinformation and deepfakes, primary care clinicians will serve not only as healers but as trusted guides. The value of information is near zero now. Anyone can find anything on the Internet. What matters is who can help you interpret it. We're going back to a time when you need someone you trust to tell you what's real.



Photo: Minnesota Star Tribune

The University of Minnesota (U of MN) ranks among the top producers of primary care physicians in the country and the Medical School has evolved to become a leader in medical education and research.

“Why is the American health care system so bad for our health? There is no single or simple answer, but a large part of the story...is the predominance of specialist over primary care.”

[Barbara Starfield, MD, pediatrician and lifelong champion of primary care](#)

A Future Rooted in Purpose

I like to remind students and clinicians navigating today's pressures that there's a wide range of experiences in medicine. If they don't find the best fit right away, it's important to keep looking. This generation is coming in with eyes wide open — and that's a good thing. It is encouraging to see that they are willing to seek the practice discipline best suited to their interests and aspirations.

By focusing on continuity, community, and care that is both patient- and provider-centered, all primary care practices can become models of purpose and resilience. We can and are charting a new course.

Read Dr. Satin's previous Quality Update column:

[Lessons from the Pandemic: What we've Learned, What's Changed, and What Still Needs to Change.](#) ○

Practicing Primary Care Wisely Makes Lives Better



Alona Jarmin,
Senior Research
Analyst



Candy Hansen,
Clinical Project
Subject Matter
Expert

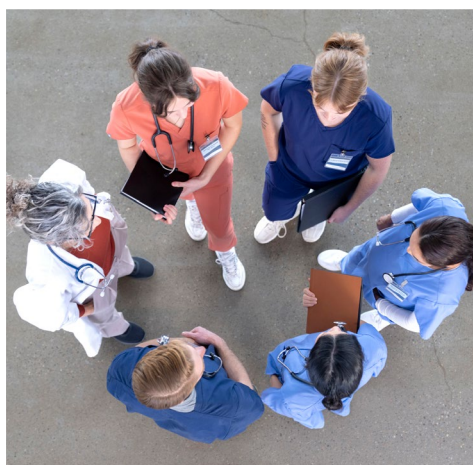
While headlines often highlight the shortage of incoming primary care doctors and rising burnout, this story focuses on solutions. Stratis Health partnered with North Dakota's Rough Rider High-Value Network to implement a Practicing Primary Care Wisely initiative with participating rural clinics using resources from the AMA Steps Forward Program that focus on improving care quality and patient experience while reducing staff burnout.

The Steps Forward program offers open-access, physician-developed strategies to help health care teams thrive in today's complex landscape. Its tagline, "redesign your practice, reignite your purpose," reflects its mission: Prevent burnout, increase efficiency, and rekindle joy in medicine through systemic change.

To be effective, these robust resources were tailored to fit each rural clinic's needs — from those with just two primary care physicians to those with over 10. By analyzing workflow disruptions, like administrative bottlenecks and patient flow issues, Stratis Health helped clinics customize and implement sustainable improvements.

Building Momentum with Small Wins

While the overarching goals were ambitious, success began with small, manageable steps — like implementing daily huddles. These simple



changes built trust and improved communication, setting a foundation for deeper transformation.

All interventions emphasized cross-disciplinary teamwork. Collaborating well not only boosts patient outcomes but also strengthens communication, reduces errors, and increases job satisfaction. Encouraging shared decision-making and peer support further created positive, respectful environments where staff felt valued, and patients received more personalized care.

Lessons Learned – Both Clinical and Human

One insight involved patient arrival times. Encouraging patients to arrive earlier, rather than right at their scheduled appointment, helped keep workflows running smoothly. Explaining the reason behind this request increased patient compliance.

Another key takeaway was the impact of empathy and active listening. Fostering open communication

"Daily huddles are so much easier than I thought they'd be and they're such a great way to start the day."

Training participant

enabled more effective problem-solving and strengthened both team and patient relationships. Patients who feel heard are more likely to follow care plans and provide valuable feedback about system-level issues.

Looking Ahead

The future of primary care demands fresh thinking — where joy, cultural relevance, and collaboration are just as vital as cost, quality, and access. Team-based models and value-based care, supported by smart technology, will help shape a more efficient, satisfying, and equitable system.

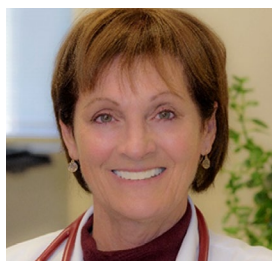
Ultimately, success will come from creating spaces where providers rediscover purpose and patients are true partners in care. Stratis Health remains committed to this journey — one rooted in learning, adaptability, and meaningful human connection.

Together, we can build a health care system that's not only effective, but also fulfilling and inspiring for all. ○

"Providers and staff are finding daily huddles valuable. They're finding there are things that we are no longer missing as a result. We've seen positive results and improved communication and morale."

Training participant

5 Powerful Perspectives on the Prognosis for Primary Care



Marie Brown

MD, Professor, Internal Medicine, Rush Medical College, Director of Practice Redesign, American Medical Association, and passionate advocate for reducing clinician burnout

Improving primary care quality and safety is not about doing more. It's about doing what matters most. Burnout originates with systems, not people, and it happens when unnecessary tasks that bring no value to the doctor, patient, or organization overwhelm the workday.

As part of the AMA's [Reducing Physician Administrative Burden](#) initiative, we are championing the Practicing Primary Care Wisely approach, which helps teams

eliminate low-value tasks, redesign workflows, and free up time for meaningful patient care.

When clinicians are asked what gets in the way, the answers are surprisingly fixable. We can remove barriers, rethink routines, and restore joy with practical tools and evidence-based strategies. Efficiency and compassion aren't opposites — they're partners in reclaiming the heart of medicine.

How a Prescription Management Program Saved Hundreds of Hours of Clinician Time Annually

Crusader Community Health launched a streamlined prescription management program for medications commonly used to treat chronic conditions (e.g., statins, antihypertensives). Certain approved medications were refilled for a year, rather than for 90 days, by a trained support team:

$$4 \text{ hours/year for a single patient were saved} \times 1,000 \text{ patients} = 4,000 \text{ hours} = 4,000 \text{ hours/year} = 500 \text{ days} = 2 \text{ full-time employees!}$$

Learn more about Marie's work: [AMA Steps Forward®](#); [De-implementation Checklist](#)



De'Nika Pollard

Project Specialist, Stratis Health, trusted advisor on applying CLAS standards to make primary care work for every community

At Stratis Health, there's a simple truth guiding its approach to improving primary care quality and safety: *There is no quality without equity.* That's why the focus on Culturally and Linguistically Appropriate Services (CLAS) is central to efforts to build more trusting, effective relationships between primary care practitioners and patients. Health equity isn't a side project. It must be woven into every conversation, every training module, and every clinic interaction.

CLAS means tailoring care to a person's cultural identity and language, recognizing that communication is at the heart of healing. When patients feel understood, they are more likely to trust their providers, engage in care, and experience better outcomes. This is especially vital in community-based primary care, which often serves diverse, multi-generational populations.

But promoting health equity goes beyond one-on-one interactions. Stratis Health emphasizes that community must be the unit of action. Equity requires data shaped by community voices, not just payer priorities. That means measuring what matters to people — including the barriers they face and the solutions they trust.

Learn more about De'Nika's work: [Stratis Health Culturally and Linguistically Appropriate Services \(CLAS\) Toolkit](#); [Culture Care Connection Learning and Resource Center](#); [Health Equity: Naming it Leads to Meaningful Conversations and Positive Change](#).

(5 Powerful Perspectives... continued from page 6)



Jennifer Lee
MD, Chief Medical Officer,
Alliance of Community Health
Plans, and thought leader on
patient experience, delivery
transformation, and value-based
coverage and care

The future of primary care hinges on a critical shift: Freeing doctors to focus on what called them to medicine in the first place. How can we expect primary care doctors to manage preventive care, chronic conditions, and also diagnose rare diseases and navigate costly, rapidly

evolving cell and gene therapies in a 20-minute visit, accompanied by enormous charting and other compliance demands? We must support primary care professionals with the right infrastructure.

Burnout and workforce shortages have made it clear that we need to enable physicians to practice at the top of their license. That means leveraging the full care team, backed by smart technology and meaningful support. We envision a high-functioning system where AI, clinical decision support tools, and team-based care take on administrative and cognitive load, helping physicians focus on practicing medicine and building relationships, not battling checklists.

Learn more about Jennifer's work: [A Lifeline for Rare Diseases](#); [How a National Risk Pool can Transform Gene & Cell Therapies](#)



Russell DuBose
Vice President of Human
Resources, Phifer Inc., and
champion of innovative health
care benefits and compassion
in action

When Phifer Incorporated opened its own on-site primary care clinic in Tuscaloosa, Alabama, the goal was to make it easier for employees and their families to get the care they needed without any barriers. No one gets a bill, including for prescriptions. It started with access, but we quickly saw it was also about trust, relationships, and showing up for the whole person.

From that foundation, PhiferCares was born — a peer-support initiative designed to extend that same philosophy to emotional well-being. The clinic team plays a vital role, helping identify when someone might need a check-in or extra support after a crisis. It's about creating a workplace where people feel seen, whether they're patients or providers.

"The original intent of the policy was to improve patient care. The time saved, arriving home earlier, and an empty inbox were an added bonus for me and our team!"

John Adamson, PA-C, Crusader Community Health

Learn more about Russell's work: [Building a Better Health Plan](#); [Russell DuBose Capitol Hill Testimony](#); [These Factory Workers were Swamped by Medical Debt. Then Their Employer Stepped In.](#)



Jane Pederson
MD, Geriatrician, Stratis Health
Chief Medical Officer, and
steadfast activist for advancing
health care quality and safety

Having spent decades at the intersection of quality, safety, and elder care, primary care isn't just a profession — it's a calling that blends problem-solving with deep human connection. I went into primary care because I love being a detective. It's not just about treating the heart or a knee. It's about knowing someone as a person and helping them be as healthy as possible.

But today's system is burning out the very people it relies on. The reason primary care is in a "death spiral" is that the structure doesn't pay for relationships or whole person thinking. Instead, it rewards volume, procedures, and narrow interventions. For geriatricians, the challenges are especially acute. I might need four different records from four different systems just to solve one clinical puzzle — and charting takes much longer than the actual care.

Advocating for real change will involve new models of care, smarter electronic health records, payment reform, and policy transformation. And right now, the most urgent task is to help those still doing the work.

Learn more about Jane's work: [The Importance of Geriatric Primary Care](#); [Healthcare on the Brink: Navigating the Challenges of an Aging Society](#)

STRATIS HEALTH NEWS

Welcome new Board members!

It is a pleasure to welcome national leaders to the Stratis Health Board of Directors!



Gladys Chuy is the director of population health and clinical quality for Convergence Integrated Care (CIC), a network of 21 clinically integrated, independent nonprofit community health agencies.

Learn more about them and meet all Stratis Health Board members [here](#).



Karon Phillips is the policy development manager for Trust for America's Health, working with the policy development team on the national age-friendly public health systems initiative.

Congratulations to Building Healthier Communities Award Recipients!

Stratis Health's Building Healthier Communities awards are small grants that serve as catalysts for collaboration and innovation to nurture health care quality and equity in Minnesota.

Four grant awards totaling \$55,000 were given to organizations that are not just improving health but transforming lives and strengthening communities.

Since the program's inception in 2007, Stratis Health has awarded over 60 Building Healthier Communities grants totaling more than \$900,000. [Read the press release.](#)



[Interfaith Action of Greater Saint Paul - Department of Indian Work](#) Program: Family Education Diabetes Series



[Minnesota Perinatal Quality Collaborative](#) Program: Linking Identification & Navigation for Perinatal Mental Health & Substance Use Care Initiative



[Neighborhood House](#) Program: Listening Sessions for the Montreal Avenue Location



[Special Olympics Minnesota](#) Program: Health Screenings for People with Intellectual Disabilities

Mission Statement

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 is dedicated to "making lives better." The following values guide our everyday interactions in support of our mission:

Our Values:

1. In all interactions and decisions, we are committed to quality, defined as excellence in execution; respect, defined as being fair and inclusive; and integrity, defined as being honest and transparent.
2. Our staff emphasizes collaboration — team work and partnership — in all relationships.
3. We aspire to be an organization where staff is continually learning, optimistic, and having fun while delivering high-quality work.

[View the Stratis Health Fact Sheet](#)

[View the Stratis Health Transformation Framework](#)

Board of Directors

Gladys Chuy
Jamie Carsello
Kelly Fluharty
Jesse Bethke Gomez
Abigail Greenheck
Peter Hayden
Heidi Holste
Karen Monsen
Reuben Moore
Patina Park
Pamela Parker
Karon Phillips
David Satin
Ruby Schoen
Janet Silversmith

Quality Update is published twice a year by Stratis Health for health care leaders.



Stratis Health
2901 Metro Drive, Suite 280
Bloomington, MN 55425-1525
952-854-3306
Email: info@stratishealth.org
www.stratishealth.org