



Healthy Outcomes

2014 Annual Report



To improve health and well-being in partnership with our members, patients and community

A message from leadership

As you may know, HealthPartners Institute and Park Nicollet Institute are combining to leverage the strengths of both institutes. In 2014, much groundwork was done in preparation for the combination planned for Jan. 1, 2016. See page 8 for a list of combination work.

2014 was a productive year at the Institute. Staff and leadership defined and worked on 22 initiatives under the Institute's 2014 annual plan. Successful projects in the four dimensions of people, health, experience and stewardship included:

people: We designed and implemented an intranet for the Institute and conducted an initial assessment of the physician/physician assistant workforce to help inform graduate medical education strategy into 2020.

health: Research teams connected with HealthPartners Medical Group and the health plan to inform their strategic activities; a formal process and tools were designed to engage patients and members as part of research study teams; and additional partnerships and initiatives were funded to expand our work in clinical decision support tools.

experience: A community of practice was established for clinical educators; we began the work of sharing several services with Park Nicollet Institute, and we took first steps in combining the institutional review board functions of the two institutes.

stewardship: Committee structures and core services began to combine under the two institutes, and more formal planning was launched for the integration of Research, Education and Care Delivery Partnerships.

In August, the Research team moved from the 11th floor of the main HealthPartners building across the street to 3311 East Old Shakopee Road. The move gave the Institute more square footage to allow the organization to continue to evolve and grow.

We are grateful for your continued support. Thank you.



Felix Ankel, MD
Executive Director
Health Professional Education
Vice President, HealthPartners



Jen Augustson, MA
Executive Director
Operations



Andrew Nelson, MPH
Executive Director
Research
Vice President, HealthPartners

New tool estimates health initiative return on investment

Community Health Advisor produces evidence-based results

With only so much money, time and energy to invest in health-improvement initiatives and many health problems to tackle, communities face tough choices when funding programs.

For example, which effort would more effectively reduce smoking, prevent cancer and cardiovascular events and save the most money in health care costs in your county: enactment of clean air policies or implementation of a cigarette tax increase?

Now, thanks to the Community Health Advisor, U.S. counties can visit **communityhealthadvisor.org**, punch in a few variables and find out. The new Web-based tool was created by the HealthPartners Institute for Education and Research with guidance from the National Commission on Prevention Priorities and funding from the Robert Wood Johnson Foundation.

Free estimates of impact of community prevention

The Institute's Mike Maciosek, PhD; Thom Flottemesch, PhD; Steven Dehmer, PhD; Leif Solberg, MD; Brian Martinson, PhD; Avis Thomas, MS; Logan Stuck, MS; Olga Godlevsky; Sam O'Brien; Dana McGree; and Amy LaFrance, MPH, developed the Community Health Advisor based on microsimulation modeling through the Institute's ModelHealth™ family of models. Microsimulation is the process of simulating millions of individual lifetimes with and without a particular intervention.

“We wanted to create a tool that allows any county to get fast and free estimates of the potential impact of community prevention,” Maciosek said.

County-specific estimates are produced by weighting results by demographic factors and baseline risk factors. The Community Health Advisor contains model results for 13 health improvement interventions recommended by the Guide to Community Preventive Services. While the Community Health Advisor currently focuses on reducing tobacco use and increasing physical activity, plans are in place to include other conditions and behaviors.

Easy-to-use interface

The tool is simple to use. Users just choose their state, county and proposed intervention from dropdown menus, and the Community Health Advisor produces evidence-based results. For example, in Chickasaw County, Mississippi, over 10 years, implementation of a small tobacco tax increase would reduce smoking by 0.41% and, for every 100,000 people, prevent 16 cases of respiratory disease, 13 cardiovascular events, four cases of cancer and three smoking-attributable deaths—and, in doing so, save \$750,000.

The Website also provides descriptive information about the modeled interventions; information to help make a business case for policies and programs; links to related resources; and national-, state-, and county-level estimates of behavior health and cost impact up to 30 years in the future. Results can be filtered by age, race/ethnicity and sex to allow policymakers to promote health equity through decision making.

The screenshot shows the Community Health Advisor website. At the top, the header includes the logo "Community HEALTHADVISOR" and the text "A Robert Wood Johnson Foundation program". Below the header is a navigation bar with links: Home, Using the site, About, Interventions, Context, and Resources. The main content area features a large orange box on the left with text about zoning laws in Louisiana. To the right of this box is a photograph of a park with a playground. Below the orange box is a form with dropdown menus for "Select health issue" (Physical Activity, Smoking), "Select intervention" (Enhancing school-based physical e...), "Select State" (US), and "Select County" (United States). A "GO" button is at the bottom of the form. To the right of the form, there is a section titled "What if people in your community smoked less and were more active?" with three questions: "How many cases of heart disease or diabetes would be prevented?", "How many years of life would be gained?", and "And how many dollars could be put to better use?". Below these questions is a prompt: "Make your customized selections at the left to find out." At the bottom right of the page, there are logos for "ModelHealth" and "HealthPartners Institute for Education and Research".

people

Office of Health Professional Education supports training programs

Composed of physician and nurse leaders, operations, development and accreditation managers, media specialists and coordinators, the Office of Health Professional Education (OHPE) team is dedicated to supporting the needs of training programs in the HealthPartners Institute for Education and Research.

OHPE supports the educational and administrative activities of the residents, fellows, medical students, nurse practitioners and physician assistant trainees who rotate through Regions Hospital and HealthPartners clinics.

Each year, more than 500 residents and 1,200 students receive training at Regions from 300 dedicated clinician educators. The Institute and Regions Hospital directly sponsor nine training programs and oversee the training of 17 affiliate programs based at the University of Minnesota.

In 2014, OHPE began providing education support to Methodist Hospital and Park Nicollet Clinics, involving more than 240 trainees. The overall scope of the learning environment now includes two major hospital sites and 50 clinics.

OHPE provides support through:

Service—We strive to be of service to health professional education programs by:

- Partnering with programs to ensure compliance with accreditation requirements
- Facilitating the Annual Institutional Review and Clinical Learning Environment Review
- Developing educational tools such as learning modules regarding pressure ulcers and error reporting
- Facilitating trainee onboarding, managing training agreements and monitoring site-specific compliance requirements
- Addressing day-to-day residency issues
- Coordinating the Foot and Ankle Surgery Residency and Hand Surgery Fellowship programs



The Office of Health Professional Education Team. Standing, from left to right: Katrina Anderson, Char Baum, Kelly Frisch, Michael Boland, Felix Ankel, Willie Brazier and Michelle Noltimier. Sitting, from left to right: Julie Cole, Cecily Spencer, Jo-Ellyn Pilarski.

Connection—We serve as the liaison between and for training programs by:

- Facilitating the Graduate Medical Education Committee
- Aligning institutional education goals with HealthPartners/Regions goals
- Serving as the institution point of contact for governing boards such as the Accreditation Council for Graduate Medical Education, National Resident Matching Program, and Educational Commission for Foreign Medical Graduates
- Representing HealthPartners at citywide educational committees in the Twin Cities medical education community

Communication—We foster communication between programs, educators, trainees and the public by:

- Providing faculty development opportunities such as the Community of Practice events
- Maintaining a Web and social media presence to engage stakeholders and the education community

Plans for 2015 include expanding our role with advanced practice clinicians by developing stronger ties with nurse practitioner and physician assistant schools, further incorporating their students into the HealthPartners learning environment and supporting new graduate advanced practice clinician programs.



Nearly 200

Number of trainees who
daily rotate through
Regions Hospital and
HealthPartners Clinics

When traditional weight-loss methods don't work

Researchers recruiting for unique study

The HealthPartners Institute for Education and Research is recruiting 500 local study participants for a first-of-its-kind weight-loss study. Headed by Principal Investigator Nancy Sherwood, PhD, the Best-FIT Study seeks to find the right approach for the right person at the right time using a novel study design.

“There’s not a one-size-fits-all approach to weight loss,” Sherwood says. “This is the first weight-loss study to take people having trouble losing weight and find the best treatment strategy for them.”

Targeted weight-loss interventions

Most weight-loss approaches don’t take individual factors into account, and only about half of people trying traditional behavioral weight loss therapy lose a meaningful (8% to 10%) amount of weight by the end of a weight loss program, Sherwood says.

The researchers aim to determine if they can improve that statistic by identifying people early in a traditional program who would likely benefit from a different strategy (ie, a portion-controlled meal program or an enhanced set of skills to manage overeating). They will then determine which intervention is more effective and when it should be used.

By linking certain personal barriers to weight loss (eg, binge eating) with strategies that are ultimately successful, they aim to create targeted weight-loss recommendations.

This study approach is unique because it is the only study to be funded that uses a sequential multiple assignment randomized trials (SMART) approach to weight loss. SMART uses special study design rules to determine how and when interventions should be used over time for optimal effectiveness.



Recruitment is under way

Recruitment has begun for the 5-year, \$2.7 million National Cancer Institute-funded study [Grant #RO1CA188892]. The researchers are seeking men and women aged 21 to 70 years with a BMI of 30 to 45 kg/m².

Study participants need to be able to go to the HealthPartners offices in the Ceridian Building, 3311 East Old Shakopee Road, Bloomington, each week for 6 months and then return for a visit at 18 months. The weight loss treatment is free and consists of weekly, in-person sessions with a weight-loss coach.

Participants will follow an eating and physical activity plan, monitor their food intake and learn to control environmental triggers to overeating. Participants who have not lost the expected amount of weight using this approach also will be randomly assigned to a portion-controlled meal program or an enhanced version of behavioral weight loss therapy.

Sherwood is working with collaborators at the University of Minnesota, University of Washington, Drexel University and the University of Michigan. The Institute research team includes Lauren Crain, PhD; Marcia Hayes, MPH, RD; Elisabeth Seburg, MPH; Dani Bredeson, BAS; Julie Anderson, RD, MPH; Patti Laqua, RD; and Caroline George, BS.

**To see if you qualify to
participate in the study,
please call 952-967-6760 or
email the study team at
bestfit@healthpartners.com**



Community is foundation of study in Somali population

Research will identify socially related risk factors for heart disease

HealthPartners Institute for Education and Research Principal Investigator Bjorn Westgard, MD, and Co-Investigators Brian Martinson, PhD, and Michael Maciosek, PhD, are working with Twin Cities Somali community leaders to conduct a unique study that is expected to benefit the heart health of the Somali community and beyond.

The Somali community was chosen because it is relatively tightly knit, densely located and new to the U.S. social environment, which makes it an ideal community in which to study socially related risk factors for heart disease, Westgard said.

“Ten years ago, our partners’ study of Somali immigrants in Minneapolis found that many new immigrants knew more about their health and their health care than a lot of people in the U.S., but that smoking and obesity were growing problems,” he said. “We’re interested in seeing how the social environment in the U.S. has further affected heart health in the Somali community.”

The 5-year study, “Using Systems Science Methods to Study Cardiac Risk in the Somali Community,” is unique in that it brings together the Somali community with the community-development organizations Wellshare International and the East African Health Project in addition to researchers from health care organizations like HealthPartners and Hennepin County Medical Center.

The Somali community has been instrumental in helping identify community needs and resources and in giving ongoing input into the design and implementation of the study, which is funded by a grant from the National Heart, Lung and Blood Institute [Grant #R01HL118282].

The social environment’s effects on heart disease risk factors

Heart disease is a major public health problem in the United States, especially among immigrants, who are newly exposed to American diets and exercise patterns. Although evidence suggests that the social environment affects heart disease risk, its effects on metabolic syndrome have not been extensively studied.

Metabolic syndrome is a group of conditions (high blood pressure, high blood sugar, excess fat around the waist and abnormal cholesterol levels) that increases the risk of heart disease, diabetes and stroke.



The Somali community, and public health in general, can benefit from this study because it will provide an analytical framework to evaluate the factors linking social networks to heart disease and risk factors like metabolic syndrome.

As Martinson explains, “Social connections provide support that may buffer against life stressors, and we know that, when it comes to diabetes and heart disease, the people we spend our time with greatly influence our behaviors and, ultimately, our own health.”

Study results will inform policy and programs

The researchers are collecting data from three primary data sources: in-person survey interviews, biometrics like vital signs and finger stick blood tests, and state and federal health insurance claims information from the Department of Human Services.

The researchers will use that information to model health and social networks to predict the effects of certain potential preventive interventions on heart disease and risk factors like metabolic syndrome.

Interventions may include, for example, the introduction of community health workers to increase the supply of health care in community centers, hospitals and clinics; cultural training of non-Somali physicians; and increased communication about the availability of preventive services.

The results will help direct policy, programs and implementation of optimally targeted prevention strategies in the Somali and, possibly, other communities. As Maciosek points out, “This project will show that, with good information from the community, models of health and social networks can provide quality guidance for public health and the efforts of health care organizations.”

Impact of our research

Diabetes Care Improvement

Principal investigators: Patrick O'Connor, MD and JoAnn Sperl-Hillen, MD

Team members: Steve Asche, MA; Lauren Crain, PhD; Jay Desai, PhD;
Heidi Ekstrom, MA; Karen Margolis, MD; Bill Rush, PhD; Leif Solberg, MD; and
Gabriela Vazquez-Benitez, PhD

OUR PROJECTS

Name of Study	Number of Publications	Articles published between
ACCORD	26	2011–2014
Diabetes and Depression	2	2007–2014
Diabetes Clinical Inertia	4	2008–2009
IDEAL	3	2005–2010
Priorities	13	2005–2014
QUEST	5	2004–2008
SiMCare	3	2010–2014
SUPREME	12	2010–2015
TOTAL number of publications	68	

Total number of times project papers have been cited

Web of Science* – 1,832

Google Scholar* – 3,325

*Web of Science is a scientific citation indexing service that provides comprehensive citation searches to scholarly books, peer-reviewed journals and original research articles.

*Google Scholar indexes journal articles as well as other documents using automated robot Web crawlers and uses these items in citation counts.

“The CV Wizard has been extremely helpful for our organization to have the most recent guidelines integrated with the patient's health conditions and lab values at the time of care. The tool has not only helped guide recommended care but has also been a great tool for patient education on their conditions and potential improvements based on recommended treatments. The visual aid of changes in modifying their therapy has been very helpful for patients.”

— Seth Dorman FNP-C, Internal Medicine, Altru Health System, Grand Forks, ND

“The work done by Drs. O’Conner and Sperl-Hillen has provided me and my patients with clear, actionable information regarding patients' reversible risks for heart disease and stroke. This supports patient-centered, shared decision making and is easy to access during the visit.”

— Martha Sanford, MD, HealthPartners Medical Group

Equitable care collaborative targets diabetes outcomes

In 2014, teams representing five HealthPartners and Park Nicollet clinics identified culturally specific best practices to improve blood sugar, blood pressure and low-density lipoprotein cholesterol levels in African-American and East African patients with diabetes.

Through this year-long initiative, patients and community members participated in equal numbers with health care professionals as members of quality-improvement teams. Each team evaluated strategies for working with patients and families to improve diabetes care, including:

- Targeted classes for Somali patients
- Support groups
- Use of video for increasing awareness and motivating behavior change
- Community health fair
- Health education audio message recorded in Somali
- Healthy cooking event
- Distribution of healthy food and recipes

Through their evaluation of these strategies, team members identified the importance of building trusting relationships, understanding cultural differences and recognizing socioeconomic barriers. Meaningful patient participation is also critical to engagement. Including patients and families in their care and truly listening to their perspective promotes trust and fosters meaningful dialogue about opportunities to improve health outcomes.

HealthPartners was one of the first health care organizations in the country to track race disparities between white patients and patients of color to reduce those disparities. Today, partnerships between patients and their care teams are the foundation of all of HealthPartners quality-improvement work.

For a list of complete recommendations from the program, visit ebanexperience.com.



experience

Combination with Park Nicollet Institute—work in progress

In 2014, HealthPartners Institute and Park Nicollet Institute began the process of combining as one organization. While the combination won't be complete until 2016, much groundwork has been done to facilitate the process. Below is a summary of shared resources we will have when we combine.

2014 combination accomplishments:

- The Continuing Medical Education (CME) and Maintenance of Certification teams combined at Park Nicollet Institute
- HealthPartners sunsetted its separate CME accreditation
- HealthPartners Institute began delivery of graduate medical education services to Methodist Hospital
- Park Nicollet Institute began coordinating patient education enterprisewide
- Steering team formed to guide planning for the combination of institutes
- Completed initial financial and legal due diligence
- HealthPartners Board voted to establish a single board of directors for both institutes
- Developed shared objectives in annual plans of both institutes
- Kicked off the design process for a single human subjects protection program

Next steps:

- Complete analysis and implementation plan for legal combination
- Develop shared strategy for programs and initiatives
- Integrate central support services and operations
- Design and implement a single human subjects protection program
- Continue to define and develop research, graduate medical education/workforce development and care delivery service areas
- Expand communication to staff and partners to celebrate work of both institutes

When combined, the institutes will have:

- Annual expenses of \$40 million, plus another \$25 million hospital expenses managed by the institutes
- About 310 full-time employees
- 170 full-time residents
- 300+ clinical educators/faculty
- 200+ clinician and staff researchers
- 450+ active research studies
- 250 additional studies through the Metro Minnesota Community Clinical Oncology Program

Around the Institute

The National Cancer Institute awarded Alicia Kunin-Batson, PhD, and colleagues a \$410,000 grant to fund the 2-year project **“Healthy Kids After Cancer: A Physical Activity and Nutrition Intervention”** [Grant #R21CA182727]. Other members of the project team are Emily Parker, Nancy Sherwood and colleagues from the University of Minnesota, St. Jude Children’s Research Hospital and Children’s Hospitals and Clinics of Minnesota. The goals of this pilot study are to evaluate the feasibility, acceptability and potential efficacy of a parent-targeted, phone-delivered nutrition and physical activity program to prevent unhealthy weight gain among 60 acute lymphoblastic leukemia survivors who have completed treatment and are 4 to 10 years old. The study will be used to inform a broader grant application to evaluate the efficacy of the intervention of a large-scale multisite trial.

Last year, the Accreditation Council for Graduate Medical Education released a new set of accreditation requirements called the Next Accreditation System. These requirements include ensuring that residents are aware of how and why to report medical errors. In response, the Graduate Medical Education, eLearning, Quality Improvement and Patient Safety programs at Regions Hospital put together a video to teach residents about error reporting and why it’s so important. **Good Catch** is now being rolled out to all 20 residency and fellowship programs. “Patient safety is a priority, and we may identify opportunities to continue to improve our care systems,” said Kelly Frisch, MD, Chief of Clinical Learning at Regions.

Patrick O’Connor, MD, and colleagues received a \$3 million grant from the National Heart, Lung and Blood Institute to fund the study **“Cardiovascular Benefits and Safety of Glucose-Lowering Therapies in Adults with Diabetes”** [Grant #RO1HL12461]. While the benefits and safety of commonly used blood pressure and cholesterol medications are well established, much less is known about the cardiovascular benefits and risks of commonly used glucose-control strategies involving treatment with multiple glucose-lowering agents. The project will examine detailed clinical data from 1.3 million adults with treated type 2 diabetes over 13 years to quantify the impact of specific combinations of glucose-lowering agents on heart attack, stroke, cardiovascular mortality, total mortality and congestive heart failure hospitalizations. Also on the study team are Jay Desai, PhD; Gabriela Vazquez-Benitez, PhD; and collaborators at Kaiser Permanente Colorado, Kaiser Permanente Southern California and Kaiser Permanente Northern California.

RJ Frascone, MD, and staff from the Critical Care Research Center at Regions Hospital were selected to participate in a national study funded by the Department of Defense and the National Institutes of Health to determine if the medication tranexamic acid (TXA) can improve outcomes for patients with **traumatic brain injury** [Grant #UO1HLO77863]. The study is testing whether this drug can help prevent brain damage by reducing intracranial bleeding from the injury, which is often sustained during a car accident, fall or hit to the head. The study will compare the outcomes of nearly 1,000 patients nationwide. The Regions team started collecting data from more than 60 patients in April 2015. The study is taking place in partnership with local emergency medical services agencies, including Lakeview Emergency Medical Services, St. Croix EMS & Rescue, the St. Paul Fire Department and HealthEast Medical Transportation.



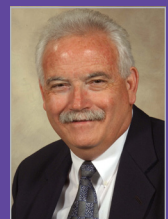
Alicia Kunin-Batson



Kelly Frisch



Patrick O'Connor



R.J. Frascone

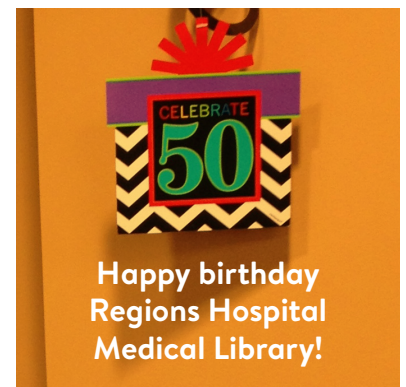
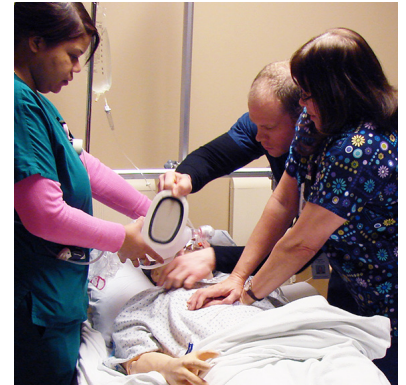
Around the Institute, continued

In April, a **community of practice** kickoff was attended by about 70 clinician educators from HealthPartners, Park Nicollet and the University of Minnesota. Based on feedback from participants, we will continue fostering opportunities for this network to connect in person and online.

The Institute's Clinical Simulation Department expanded its **mock codes program** to more HealthPartners hospitals and clinics. The practice scenarios, which help health care workers maintain their cardiopulmonary resuscitation skills, are done at Regions at least quarterly on inpatient nursing units, procedural areas, mental health areas and the post-anesthesia care unit. The time to start chest compressions and time to (automated external defibrillator) shock has steadily improved since this initiative began in 2010. Since that year, the Clinical Simulation Team has done more than 650 mock codes at Regions Hospital, including the incorporation of the adult and the Regions/Gillette pediatric code teams. That number doesn't include mock codes done at other HealthPartners facilities, including dental and medical clinics.

Clinical Simulation collaborated with the psychiatry residency program on a **4-hour simulation** focused on de-escalation skills, counter measures, resource availability, alert systems and hold discussions. The post evaluation revealed a significant increase in comfort with interviewing an agitated patient and management of a crisis situation. Resident feedback included a desire for this course earlier in the program and continued scenarios throughout the residency. Plans are under way to provide this quarterly for psychiatry residents and expand the content to include topics focused on the management of challenging psychiatric conditions, ethical and legal situations.

The Regions Hospital Medical Library turned 50 in October. The library was established in 1964 as the library for the Ancker School of Nursing. Over the decades, library science has evolved in terms of technology, information retrieval, data access and communication. The librarians are proud to have served for some of those 50 years and plan to bring evidence-based information to the HealthPartners organization in new and more effective ways in the future.



Sharing at Work supports research to improve health and well-being

On any given day, HealthPartners researchers are involved in more than 300 different projects. All of these projects are aimed at improving the health and well-being of our community, but they can't happen if there isn't funding.

For new researchers or new research projects, it is especially challenging to get external funding because new research needs pilot data, and researchers need a good track record in the field.

That is where Sharing at Work donations to research come into play. The internal grants awarded each year allow new ideas to come to the table.

Elyse Kharbanda, MD, MPH, and her research team of Logan Stuck, MS; Beth Molitor, MBA; and James Nordin, MD, MPH; received internal grant funding to study teen pregnancy prevention.

The teen pregnancy prevention study suggests that reviewing sexual health with teenagers at every primary care visit could help reduce and prevent teen pregnancy. For this study, Laurie Van Arman and Dianne Eggen reviewed 200 charts of commercially insured patients. All of the subjects were 15- to 19-year-old patients of HealthPartners Clinics and pregnant.

The research team found that patients had an average of 2.7 primary care visits in the year before becoming

pregnant. The recommendation for this age group is to have a physical every other year, so it is likely that many of the primary care visits reflected in the study were for acute issues rather than for holistic care.

The study also found that in the year before becoming pregnant:

- Nearly six in 10 adolescents did not have documentation of sexual activity
- Fewer than half had documentation of reproductive health counseling
- Only about one third had birth control prescribed

The data highlights the need for primary care providers to review pregnancy risk at every adolescent visit, not just at checkups. The study is important because evidence shows that teen pregnancy can negatively affect mothers and their children for a lifetime.

According to Tom Kottke, MD, a HealthPartners Associate Medical Director in the Adolescent Health Workgroup, "Rates of teen pregnancy in our community are more than eight times higher than the rates in the Netherlands and Switzerland. The studies conducted by the team at HealthPartners and supported by Sharing at Work help break the cycle of poverty that is caused by teen pregnancy."

The results of this study were published in *JAMA Pediatrics*.

Internal grants
awarded each year
allow new ideas to
come to the table.



Logan Stuck, MS; Beth Molitor, MBA; Elyse Kharbanda, MD, MPH; and Jim Nordin, MD, conducted a study on teen pregnancy that was funded by an internal grant.

Internal grant programs

Discovery Grants

- Allocate funds for small studies and pilot projects to new researchers
- Address clinical or organizational problems
- May lead to future external funding

2014 Discovery Grants

Katherine Katzung, MD: “Effect of Norepinephrine on Cerebral Oxygenation in a Porcine Model of Propranolol Toxicity After Maximization of High-Dose Insulin Therapy”

Pamala Pawloski, PharmD: “Developing an Algorithm to Identify Febrile Neutropenia Risk in Patients with Cancer Using the Virtual Data Warehouse”

Ralph Frascone, MD: “Bispectral Index as a Proxy for Cerebral Perfusion During Prehospital CPR”

Kimberly Johnson, MPH: “Designing an Approach to Encourage Plan Dental Offices to Intervene with Tobacco Users”

Julia Johnson, MD: “CLEVER-Parkinson’s Disease”

Partnership Grants

- Allocate funds for clinical practice-improvement research
- Focus primarily on fostering the evaluation of innovations and interventions at HealthPartners, HealthPartners Medical and Dental Group and Regions Hospital

2014 Partnership Grants

James Nordin, MD: “Investigation of Racial/Ethnic Disparities in Immunization Series Completion”

Kory Kaye, MD: “Ending the ED Quick Fix: A Collaborative Program to Improve Patient Outcomes and Reduce Emergency Department Visits for Non-Traumatic Dental Complaints”

Program Development Grants

- Further a specific research program in a manner consistent with the mission of the Institute
- Include justification of how this higher level of funding will further the identified research program

2014 Program Development Grants

Caitlin Frail, MS, BCACP: “Enhancing Classification of Adherence Behaviors Through Trajectory Models”

Josh Salzman, MA: “Assessing Intraosseous Pressure in Healthy Human Subjects: Proof of Concept”

2014 Resident Grants

Nathaniel LaFleur, MD: “Does Internal Jugular Vein Collapse Predict Low Central Venous Pressure?”

Zeke McKinney, MD: “Department of Transportation Medical Examination Review in Comparison to Medical History from Electronic Health Records”

Gustavo Cortes Puentes, MD: “The Effect of Body Positioning and Intra-Abdominal Pressure on Calculated Driving Pressure”

Kathryn Anderson, MD, PhD, MSPH: “Patterns in Pretravel Care-Seeking Behaviors in HealthPartners”

Linda Obiero, PharmD: “Withdrawal Symptoms in Adults Receiving Dexmedetomidine Based on Infusion Duration and Total Dose”

Arianne Baldomero, MD: “Driving Pressure in Mechanically Ventilated Hospitalized Patients”



Internal grants
support the work
of research and
education



2014 Completed internal grant summaries

Six internal grants were completed in 2014. Here are the findings.

Cesarean Delivery in Minnesota Pat Fontaine, MD

The overall primary care Cesarean delivery rate was 27.8%. Unadjusted Cesarean delivery rates ranged from 22.6% in the northwest part of the state to 30.7% in the northeast. Cesarean rates were highest among Spanish-speaking women (37%). Cesarean delivery increased with patient age, from 14% for ages 11-19 to 41% for ages 40-49. It also increased with BMI, from 15% for the underweight to 28% for the severely obese. Uninsured women, those with a midwife or family physician provider, and those receiving continuity of care had lower rates of Cesarean delivery.

Impact of Health Information Exchange Network on Clinical Decision Making in an Urban Emergency Department Brad Gordon, MD

About one third of the provider visits with successful health information exchange resulted in a change in clinical decisions for that patient's diagnostic or treatment plan. The most common such change involved diagnostic imaging; most providers reported that they didn't need to order imaging tests because they were able to find previous results. Ninety-two percent of cases had specific information in mind when making a request, but 38% retrieved unanticipated but useful information.

Assessing Accuracy of Blood Pressure Measurement in HealthPartners Usual Clinical Care (follow-up study) Karen Margolis, MD

Blood pressure measurements taken by nurses during regular clinic visits were slightly higher than those taken by researchers using a standardized protocol. The mean difference in individual blood pressures was 5.2/3.4 mm Hg per person. This finding shows that, while blood pressure may have been previously underestimated, it is now slightly overestimated in the clinics.

Factors Influencing Satisfaction in Emergency Department Patients

Matt Morgan, MD

Several demographic factors significantly affect patient satisfaction, including Hispanic ethnicity, black race and age older than 65. Longer wait times had a significant negative effect on satisfaction. The number of visits to the emergency department had a minimal effect on satisfaction.

Pilot Study of Cerebral Perfusion in a Swine Model of Propranolol Toxicity

Ben Orozco, MD

The data obtained were sufficient to power the next study, which will use the same model but attempt to establish any difference between cerebral perfusion in pigs treated with propranolol and insulin versus propranolol and norepinephrine.

Effects of High-Dose N-Acetylcysteine on Respiratory Health Status in Patients with Chronic Obstructive Pulmonary Disease and Chronic Bronchitis

Charlene McEvoy, MD

This study was closed early because of scientific evidence showing that high doses of the antioxidant N-Acetylcysteine may increase growth of existing tumors in mice. Trials in humans with both chronic obstructive pulmonary disease and interstitial lung disease have not shown this to be true. However, the trial was ended because recruitment would not be feasible given the possibility of increased tumor growth.



Pat Fontaine



Brad Gordon



Karen Margolis



Matt Morgan



Ben Orozco



Charlene McEvoy

2014 financials

Statement of activities

Total operating revenue	\$20,797,000
Total investment revenue	530,000
Total expenses	21,594,000
Net loss	(\$267,000)

Statement of financial position

Assets	
Cash/cash equivalents	\$10,287,000
Other receivables	450,000
Research project receivables	2,997,000
Investments	16,120,000
Property/equipment	411,000

Total assets \$30,265,000

Liabilities	
Accounts payable	\$899,000
Deferred revenue	234,000

Total liabilities \$1,133,000

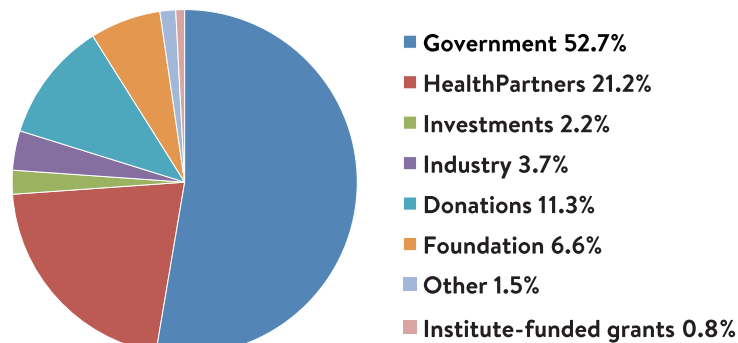
Net assets	
Unrestricted	
Undesignated	\$24,375,000
Board-designated	2,398,000

Total unrestricted \$26,773,000
Temporarily restricted 2,359,000

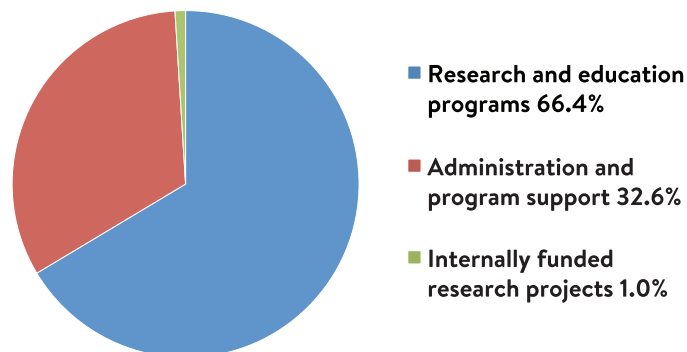
Total net assets \$29,132,000

Total liabilities + net assets \$30,265,000

Revenue sources



Expenses



stewardship

By the numbers

6,779

health professionals
participated in
simulation-based
clinical education

5

patents awarded

300+

active research studies

19

abstracts published

500+

resident physicians
participated in clinical
education rotations

210

poster presentations

100+

physician assistants
and nurse practitioners
participated in clinical
education rotations

13

books and book
chapters published

43

clinician researchers

330

clinician educators

123

first-author journal
articles published

249

research articles published

92

new applications to
conduct research at
HealthPartners

451

medical literature
searches performed
and 4,029 article
requests filled

200+

medical students
participated in clinical
education rotations

24

career research
investigators

23

new federal grants
received

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