



Partners in improving health

ANNUAL REPORT 2015

A MESSAGE FROM OUR PRESIDENT



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

It has been a remarkable year for research and education across **HealthPartners**. After more than 18 months of planning, Park Nicollet Institute and HealthPartners Institute for Education and Research combined on January 1, 2016 to form one of the largest medical research and education centers in the Midwest, HealthPartners Institute. By combining the strengths and capabilities of these two nationally recognized organizations, HealthPartners is well-positioned to accelerate improvement in quality, experience and affordability for our patients and members.

One of the greatest assets to the Institute is our integration with HealthPartners and the community. Our partners help us focus our priorities, evaluate improvement ideas, and implement findings that will make a difference for our patients and members. This report highlights a few of these partnerships from 2015, including collaboration with:

- Hospital and clinic leadership in the St. Croix Valley to address the shortage of primary care physicians in rural communities.
- HealthPartners and Park Nicollet clinics to promote early childhood development and children's health.
- Patients to develop better pain management options during treatment for cancer.
- Clinicians to improve chronic disease prevention and management.
- National prevention initiatives to spread evidence-based practices to improve community health.

Thank you for your support for our shared mission: to improve health and well-being in partnership with our members, patients and community. We look forward to continued collaboration!

Sincerely,

A handwritten signature in black ink that reads "Steven M. Connelly MD". The signature is written in a cursive, flowing style.

Steven M. Connelly, MD
President, Park Nicollet Health Services
President, HealthPartners Institute
Co-Executive Medical Director, HealthPartners Care Group

Introducing HealthPartners Institute

Our new organization is the result of two innovative and successful institutes combining as one—now called HealthPartners Institute. For decades, the two institutes had the privilege of sharing stories and statistics on research and education and the amazing commitment of employees, colleagues and partners across HealthPartners and the community through our annual reports. This year, we are excited to share our highlights and gratitude as one. We hope you enjoy the topics covered in this annual report and invite you to check out healthpartnersinstitute.org to read more.

New name; familiar competencies

While our name is new, our expertise and services are more robust and accessible than ever. We operate in a matrixed structure, collaborating to support research and education across HealthPartners.



Institute executive directors led efforts to create the new Institute. Jen Augustson; Felix Ankel, MD; Joan Bissen; Andrew Nelson.

Research

Combining two established research programs creates opportunities and efficiencies. Together, we conduct health services, survey-based, behavioral intervention, clinical and basic science research. Our multidisciplinary teams work with collaborators across HealthPartners and the world.

With 450+ active research studies each year, the Institute touches many subjects and initiatives. Our research strengths include:

- Child and maternal health
- Chronic disease/diabetes
- Clinical trials
- Critical care
- Health economics
- Mental health
- Neurosciences/Alzheimer's and Parkinson's disease
- Oncology
- Oral health/dentistry

Education

The development and delivery of comprehensive education programs is now even more focused on improving health and health care. This is more than a standard approach to education. Our teams are systems thinkers, developing and piloting models that expand the impact on those we serve. Our work includes:

- Continuing health professional education, including clinical quality education, clinical simulation, continuing medical education, maintenance of certification and library resources.
- Patient education to help patients and members manage their health and health care. This includes patient education consultation, classes and content development, patient library and nutrition and education visits.
- Future health professional education, including graduate and undergraduate clinical education and modeling to ensure the right number and right mix of trainees for the future work force.

Chronic disease research an Institute strength

HealthPartners Institute's **Center for Chronic Care Innovation** and **International Diabetes Center** conduct dozens of studies each year aimed at improving the care of patients with chronic diseases such as diabetes, heart disease, serious mental illness, prediabetes, cancer and adolescent hypertension.

Two of these lines of research are a suite of condition-specific clinical decision support tools called Wizards and the testing of the safety and effectiveness of an artificial pancreas for patients with type 1 diabetes. "Our development of models for the artificial pancreas and the ability to support physician and patient decision-making at the point of practice are increasing the quality of health and cost-effectiveness for all," said Andrew Nelson, Executive Director of Research and Vice President, HealthPartners.

Wizard clinical decision support tools enhance patient-physician conversations

Some patients have to be convinced to take action to improve their health. For example, they may be reluctant to take a statin drug to reduce their risk of heart attack and stroke. That's where the Cardiovascular (CV) Wizard clinical decision support tool is particularly useful, said Keith Spears, MD, a family physician at HealthPartners White Bear Lake Clinic. "I can often use the Wizard to convince them to initiate a statin if they're hesitant by showing them their risk for a heart attack or stroke and discussing how we can decrease that risk in the next 10 years by a certain percentage," he said.

Using data extracted from electronic patient medical records, the tool generates prioritized treatment and prevention recommendations for primary care physicians and their patients.

CV Wizard is one in a suite of condition-specific clinical decision support tools created by Patrick O'Connor, MD; JoAnn Sperl-Hillen, MD; and colleagues at HealthPartners Institute. The Wizards save time for busy primary care physicians by displaying up to 50 computer clicks worth of information on one computer screen; the screens are printed out in different versions for the physician and the patient to spur patient-physician decision-making. "The Wizards promote conversations with patients," Sperl-Hillen said.

Wizards tied to different chronic conditions have been implemented in HealthPartners clinics, Altru Health System, Essentia Health Care System and Children's Hospitals and Clinics of Minnesota. Many of these systems have been partners in the ongoing research behind the Wizard. Provider satisfaction rates have generally been 95 percent or better.

The body of research that supports development of these tools stretches back to the early 2000s; in 2005, the Institute debuted the Diabetes Wizard, which was shown to improve patient outcomes. The latest version, called CV Wizard, has recently been enhanced to promote aggressive management of heart risk factors for patients with serious mental illness, who are at very high risk for heart problems. The system also alerts mental health providers to consider alternatives if patients are overweight or experiencing weight gain while on medications that may cause obesity.

Other Wizards focus on providing decision support for conditions such as prediabetes, cancer screening, adolescent high blood pressure and pediatric abdominal pain in the emergency department.

More Wizards are also in the works. "There's just a whole line of important research that's grown up around this," Sperl-Hillen said.

Artificial pancreas brings life-changing possibility to people with type 1 diabetes

People with type 1 diabetes have to constantly monitor their blood glucose and inject insulin because they have a pancreas that does not produce enough insulin to keep their blood glucose levels in check. Now, after a study conducted at 10 research centers, including [International Diabetes Center \(IDC\)](#), a hybrid closed-loop insulin-delivery system (also called the “artificial pancreas”) may be able to do some of the work for them.

The artificial pancreas works by having a glucose sensor in place that checks the blood glucose every five minutes, 24/7, and sends the results wirelessly to an insulin pump that has an algorithm, or program that determines how much insulin to deliver. The pump stops delivering insulin if the sensor sends the signal that the patient’s blood glucose is low or is even heading toward being low. The pump also increases the insulin being delivered if the blood glucose is high or headed up at a fast rate.

The study, the largest and longest of the automated insulin delivery system developed by Medtronic, showed that it reduced hemoglobin A1C (an indicator of average blood glucose levels over three months) by 0.5 percent and met all the safety criteria. This means that patients who used the device experienced no severe hypoglycemia (dangerously low blood glucose) or diabetic ketoacidosis (a serious consequence of insufficient insulin leading to very high blood glucose), said IDC Executive Director Richard Bergenstal, MD. “What it means is that we have a way for patients to meet some of their health goals and also live their life,” he said.

Bergenstal, principal investigator for the study, said that the study provided the evidence that can now be submitted to the U.S. Food and Drug Administration (FDA) and, if approved, this could be the first artificial pancreas to be commercialized within the next year.

The study involved 124 patients aged 14 to 75 years over three months. The device, worn 24/7, reduced hemoglobin A1C levels, on average, from 7.4 percent to 6.9 percent (the goal for people with type 1 diabetes is less than 7 percent).

One patient involved in the study, Les Hazelton, said that the artificial pancreas has given him reassurance. “By understanding the capabilities of the device and how it is able to regulate my numbers, I feel more confident in how I am able to manage my health and be more in control of my diabetes,” he said.

The next step is studying the effectiveness and safety of the device on children, pregnant women and high-risk groups such as those demonstrated to be at high risk for hypoglycemia and the elderly and testing further improvements to the system. “This is a field that is emerging, and we’re right in the center of it here at International Diabetes Center and HealthPartners,” Bergenstal said. “I was not sure I would see this breakthrough advance in my career.”



Created by Medtronic, the artificial pancreas helps patients with diabetes control their blood glucose.

“By understanding the capabilities of the device and how it is able to regulate my numbers, I feel more confident in how I am able to manage my health and be more in control of my diabetes.”

— LES HAZELTON, PATIENT INVOLVED IN THE ARTIFICIAL PANCREAS STUDY

6,750

PATIENT VISITS

International Diabetes Center (IDC) certified diabetes educators provide education on diabetes care—including technology. In 2015, IDC provided 6,750 education visits and 462 health psychology visits to help people live well with diabetes.

Health Economics team's models have national impact

The Institute's **Health Economics research team** made headlines when new federal aspirin recommendations were issued based in part on its modeling work in early 2016. Their work was **published recently in *Annals of Internal Medicine*** and featured in news outlets across the country.

To help the U.S. Preventive Services Task Force update its aspirin recommendations, the team conducted microsimulation analyses using data from a review of findings from research studies examining aspirin's potential benefits and harms. The team combined the best existing scientific evidence to simulate the long-term impact of aspirin recommendations on large numbers of modeled individuals to show differences in intended effect and adverse events by age, sex and other factors.

The result was more precise guidance from the Task Force, tailored by age range and sex, on who should take daily aspirin to reduce the risk of heart disease or colorectal cancer. The goal was to identify those most likely to benefit from long-term aspirin use when potential harms, such as serious bleeding in the stomach or brain, are considered.

HealthPartners Institute ModelHealth™ microsimulation models address common conditions

Work began on the team's economic models, which have been used to inform policy and medical decision-making locally and nationally, in 1999. The work has grown to include a family of models known collectively as ModelHealth, including conditions such as obesity, tobacco use, colorectal and cervical cancers, sexually transmitted diseases and heart disease.

The team primarily uses microsimulation models to analyze the long-term health impact and cost-effectiveness of health policies. Microsimulation simulates individual lifetimes with and without a particular intervention.

Broad portfolio

Examples of modeling the team has done:

- Updating the nationally influential ranking of clinical preventive services under the auspices of the National Commission on Prevention Priorities. This ranking, currently under scientific review, provides a method to meaningfully compare 28 diverse, nationally recommended clinical preventive services by measuring their impact on long-term population health and cost-effectiveness.
- Created CommunityHealthAdvisor.org, a publicly available website that shows the impact of evidence-supported policies and programs up to 30 years in the future at the national, state or county level.
- Performed policy analyses for the Centers for Disease Control and Prevention to show the effect of policies affecting tobacco use, heart disease and obesity on health and cost or cost savings by insurance type.
- Published estimates of the national reduction in cardiovascular disease and net cost savings that could be achieved over 10 years with a nationwide adoption of team-based programs to help patients manage persistent uncontrolled hypertension.



Health economist Steven Dehmer, PhD, is part of the team that created ModelHealth.

Prevention Priorities

HealthPartners Institute has strengthened its collaboration with the National Commission on Prevention Priorities (NCPP), a group of prevention experts that has long guided key elements of the Institute's work.

Together with HealthPartners, the NCPP provides information to help decision-makers identify prevention services and policies that maximize the health benefits of their investments. The Institute has developed the methodology to rank clinical preventive services for the NCPP. It also provides administrative services, helps secure funding and contributes to setting strategic direction of the NCPP.

The NCPP-HealthPartners collaboration includes the following tools to help identify priorities in health care and community health:

- **Ranking of clinical preventive services** (see article at left).
- **Community Health Advisor** helps public policy leaders and other decision-makers identify which evidence-based, population-wide preventive approaches (eg, reducing tobacco use) will have the biggest impact and be the most cost-effective in their community.

Residency program to increase family medicine physicians in rural Wisconsin



A new family medicine residency program in the St. Croix Valley is set to increase the number of family medicine physicians who practice in rural and underserved areas of Wisconsin. The HealthPartners Methodist Hospital/Western Wisconsin Rural Residency Program, academically sponsored by HealthPartners Institute, is designed to add two physicians to northwestern Wisconsin each year, beginning in 2021. The first resident will begin training at Park Nicollet Clinic – Creekside, near Methodist Hospital, in 2018.

The collaboration within HealthPartners will attract medical students from around the region to complete their first year of residency at Methodist Hospital in St. Louis Park, followed by a second and third year in Western Wisconsin, training at both the Amery and Westfields hospitals and clinics. The Methodist program was selected because of its reputation as a well-respected program that has attracted resident candidates who have ultimately joined rural practices. The emphasis of the new residency is to attract medical students with connections to Wisconsin who also desire to practice in a rural setting.

“This program will train residents in a rural practice where they will learn the skills unique to rural medicine and communities to become excellent physicians,” says Jeremy Springer, MD, Director of the Methodist program.

The three-year residency program is funded by a \$750,000 grant from the Wisconsin Department of Health Services. In 2011, a report from the Wisconsin Hospital Association estimated that the state would need to train or recruit an additional 100 physicians a year through 2030 to meet projected demand for health care.

The program helps meet a growing need in the community. Research shows that physicians often locate a practice close to where they completed their medical residency. An estimated half of physicians locate in the same state and often in the same town where they complete residency, according to the Rural Health Research Center.

“This program means that, in coming years, more patients will not have to wait to see a doctor or have to drive longer distances to get care,” says Andrew Dorwart, MD, HealthPartners St. Croix Valley Medical Director.

“This program will train residents in a rural practice where they will learn the skills unique to rural medicine and communities to become excellent physicians.”

– JEREMY SPRINGER, MD, DIRECTOR OF THE METHODIST HOSPITAL RESIDENCY PROGRAM

Providing education, supporting clinical quality improvement

HealthPartners Institute offers physicians and other health care professionals opportunities to maintain, develop and increase their medical knowledge and skills through lectures, conferences, webinars, regularly scheduled series based on hospital or department needs, enduring materials to support key system care initiatives and clinical quality care improvements on a specific condition or care process. The Institute's **Continuing Medical Education (CME) department** is nationally accredited by the Accreditation Council for Continuing Medical Education (ACCME) and has been awarded ACCME's highest ranking, Accreditation with Commendation. This ranking is for CME departments who demonstrate compliance in all 22 areas of ACCME's updated accreditation criteria.



Advanced Training Program in Clinical Quality Improvement

The Advanced Training Program (ATP) was created in partnership with clinical and quality leaders to build a framework for coordinated clinical quality improvement. Launched in 2012 by Park Nicollet as a sister-site program to Intermountain Health, the clinical leadership program seeks to reduce unnecessary practice variation through evidence-based clinical protocols, cost and quality control and quality improvement.

Since 2012, 41 teams with 197 participants from across the organization have worked together to improve health, experience and affordability for our patients and members. Teams have focused on improving patient care, pain management and a broad range of clinical conditions. Teams are selected by clinical leaders and participants attend in-class sessions over four months. Mark Sannes, MD, is the clinical course director.

As of October 2013, ATP quality improvement projects are also designed to qualify for Maintenance of Certification Part IV as part of HealthPartners Multi-Specialty Portfolio Program status through the American Board of Medical Specialties.

Pain intervention project helps cancer patients

As a participant in ATP, Dylan Zylla, MD, Co-Medical Director of Oncology Research at Frauenthuh Cancer Center, and his team tested a clinic-wide pain intervention initiative to improve documentation of personalized pain goals (PPG) and decrease high-cost, long-acting opioid use among patients at the center.

The 18-month quality improvement initiative educated patients on pain management and opioids, informed clinicians about the cost and effectiveness of long-acting opioids and added a nursing protocol to document a PPG in the medical record. The goals were to better assess patients' pain management by more consistent collection of their pain goals, improve pain management by increasing PPG achievement rates and decrease prescribing of high-cost, long-acting opioids through nursing and physician education.

This work achieved improvements in quality of care and clinic staff satisfaction, as well as decreases in drug costs. Documented pain goals increased from 20 percent to over 70 percent, and goals were achieved in nearly 90 percent of patients. Rates of high-cost, long-acting opioid prescriptions as a total of all long-acting opioids declined from 46 percent to 35 percent. In recognition of these achievements, Zylla received a 2016 Innovator Award from the Association of Community Cancer Centers.

COMMERCIAL-FREE PROVIDER

Medical industry has supported Continuing Medical Education (CME) activities for many years, through grants and exhibit space fees. In recent years, concerns have been raised about this type of support because of potential and perceived influence from industry on CME programs and activities. To address these concerns, leaders in the CME department proposed becoming commercial-free. In 2014, we decided to end grant funding, and in 2015, went further and eliminated exhibits at conferences. With these changes, HealthPartners has distinguished itself as a leader in providing evidence-based content free of potential commercial influence.



Panelists Gwen Verchota, PhD, APRN-BC; Charlie Lais, MD; and Shannon Neale, MD; share their experiences at the Clinician Educator Community of Practice event.

Preparing for the work force of the future

In addition to training 500 residents and fellows each year, the Institute's **Office of Health Professional Education** is looking ahead. They see a future where health professional education produces practice-ready clinicians, provides the right mix and number of trainees to match work force needs and exists in a sustainable financial model. The team is taking innovative steps to reach that future state.

HealthPartners has a unique opportunity to more effectively and efficiently train the clinicians of tomorrow within an educational model built upon the Triple Aim of health, experience and affordability, "teaming competencies," and practicing to the limits of license. The health professional team is doing more than talking among themselves about this opportunity. They are engaging the clinical education community in the discussion and nurturing connections to support the co-creation of the graduate education system of the future.

According to Felix Ankel, MD, Executive Director, Health Professional Education, Vice President, HealthPartners, the Twin Cities is poised to take a leadership position in this approach. To tap into this experience and passion, the team hosted its second **Clinician Educator Community of Practice** event in April 2016.

Almost 100 people participated in the event to discuss two challenging topics in a practical and collaborative way:

1. What will the health care team of 2020 look like?
2. What will practice-ready mean in 2020?

Panel discussions with HealthPartners and community educational leaders generated questions, stories and the exchange of ideas. The event helped set the stage for continued dialogue around graduate education training that incorporates not only the head, but also the heart. The next step in this journey is to co-create a HealthPartners graduate education design process with teams organized around four dimensions: people, quality, experience and stewardship.

Stay connected to the discussion by visiting our medical education community site at mededcommunity.com and following [#mededCoP](https://twitter.com/mededCoP).

Institute programs support children's health and well-being

Whether it's research to find new ways to determine the safety of vaccines during pregnancy or providing consistent education materials for new parents, the Institute's work supports the goals of HealthPartners' Children's Health Initiative.

The Children's Health Initiative consists of projects to support mothers and children from pregnancy to age 5 by promoting early brain development, providing family-centered care and strengthening communities. The projects focus on aims such as reducing teen pregnancy, encouraging parents to read to their children and promoting drug- and alcohol-free pregnancies.

The Institute supports these goals through several educational programs and lines of research.

Reach Out and Read

A national program that builds on the relationship between parents and their child's pediatrician, Reach Out and Read encourages parents to read to their children. HealthPartners is a proud partner of this program in which pediatricians give a book to children aged 6 months to 5 years at all well-child visits at our clinics and talk with their parents about the importance of reading. In 2015, more than 95,000 books were handed out to children as part of Reach Out and Read.

The Institute's Patient Education department, along with colleagues in quality improvement and clinical departments throughout the organization, worked to implement the program and train clinicians. Part of their charge was to order age-appropriate books in different languages and have translators check the books to make sure they were good translations.



Streamlining patient education materials for new parents

Because Park Nicollet obstetric patients were receiving a large number of printed educational materials in pregnancy and beyond, a project team formed in 2014 to improve the materials and significantly reduce the number of handouts given to patients.

After a needs assessment, the team worked to consolidate and streamline education across the care continuum, providing a more consistent experience for patients while offering education in both print and online.

The group partnered with Customized Communication Inc. to provide Park Nicollet-branded, evidence-based content and visuals. Park Nicollet launched the line of books and eBooks and an app at the end of 2014. In April 2016, the books went live in HealthPartners care groups, and the app will soon follow.



Preparing for Childbirth



Maternal and child health research

The Institute's team of maternal and child health researchers conducts many important studies designed to improve health in mothers and their children. For example, researchers Elyse Kharbanda, MD, and Jim Nordin, MD, work on a nationwide partnership that conducts studies evaluating the safety of influenza and pertussis vaccines when given during pregnancy as part of the Vaccine Safety Datalink project. The results have been presented at national research conferences and to the Advisory Committee on Immunization Practices, the group that sets U.S. vaccination recommendations. "Overall, our research supports the safety of current vaccine recommendations—that women should receive the influenza and pertussis vaccines during pregnancy," Kharbanda said.

Two other recent Institute studies with broad impact on child and maternal health were related to pregnancy and depression, according to researcher Nancy Sherwood, PhD. One focused on a pilot Web-based program for perinatal women at risk for depressive relapse. The other focused on depression treatment during pregnancy using an approach called behavioral activation therapy. It found that behavioral activation therapy is effective for pregnant women, offering significant depression-, anxiety-, and stress-related benefits.

AROUND THE INSTITUTE

Equitable care initiatives work to teach cultural humility, reduce health care disparities

Equitable care initiatives seek to remove or reduce health care disparities due to race, creed, color, age, sex, national origin, sexual orientation, familial status, veteran status or health insurance coverage. HealthPartners is focused on an integrated approach to addressing disparities in care. We approach this work through multiple strategies, including reducing disparities with information and best clinical practices, supporting language preference through interpreters and translated materials, engaging with our community and working to build teams that are reflective of the communities we serve.

The champions program is one of multiple strategies in the equitable care initiative. About 150 HealthPartners employees have become equitable care champions, whose goal is to raise awareness among staff and clinicians about internally measured health disparities in care and patient experience. Champions complete orientation and participate in equitable care learning activities throughout the year. They also network with other champions to identify and share best practices for promoting equitable care and cultural humility.

A team representing Graduate Medical Education (GME) is also addressing equitable care as part of a national project focused on health care disparities. The project's mission is to align GME with HealthPartners' equitable care and community engagement priorities and help residents become leaders of change in reducing disparities. The team is developing an equitable care educational strategy for residents and fellows, starting with a resident-led video that describes our patient population and equitable care strategy. Residents will be encouraged to enroll in the champions program and will receive a champions toolkit. Tools are also being developed for program directors to provide education on the basics of cultural humility.

Clinical Simulation Center grows

The Institute's **Clinical Simulation Center** saw a 58 percent increase in participation in 2015, with 9,900 participants at Regions Hospital, Methodist Hospital, HealthPartners and Park Nicollet Clinics, HealthPartners Dental Clinics, and external organizations, including LifeLink iii and several local nursing schools. In 2015, the Simulation Center team worked with Methodist Hospital and Park Nicollet Clinic leadership and educators to implement simulation.

As a result, nearly 800 staff participated in simulation activities during skills days, orientation and mock codes. Simulation was added to new resident onboarding at Regions Hospital, focusing on compliance, risk and "best care, best experience." The Clinical Simulation team also provided opportunities for more than 1,000 HealthPartners Medical Group staff to practice managing disruptive patients as part of the Workplace Violence Education Initiative. After experiencing an actual event, a staff member wrote, "Since we had that experience [simulation training], we were prepared for managing this situation."



The Clinical Simulation Center's age-simulation suit consists of components that simulate age-related impairments in the wearer to increase understanding of elderly persons' experience and behavior. For example, the suit alters gait and the ability to grip objects. The ability to understand elderly persons' increased mental load and uncertainty in making movements helps not only train health care experts but also aids in the development of products and services for this age group.

Simulation Center Manager Krista Kipper models the age-simulation suit.



Award Winning Patient Education Publications

25th Annual National Mature Media Awards

- **Silver**
Your Care Guide for Understanding Stroke
- **Bronze**
Anticoagulation Patient Folder

22nd Annual National Health Information Awards

- **Bronze**
Your Care Guide for Understanding Stroke

Patient Education supports patient care, nutrition education and health literacy

HealthPartners Patient Education team collaborates with care teams and departments across the organization to support clinical quality, patient and member experience and pay-for-performance goals. The team develops, implements and evaluates patient education resources that inform and engage patients and members. Content and resources are evidence-based, provide consistent messaging and meet health literacy guidelines.

Patient Education is involved in many organizational initiatives, including anticoagulation, delirium, advance care planning, depression and preventive services. In 2015 the team, along with content experts from Methodist Hospital, the Stroke Program, Cardiology, Neurology and the Anticoagulation Clinic, worked together to deliver three award-winning publications (see sidebar).

Patient Education also provides nutrition education services at Park Nicollet Clinics to support patients and organizational healthy eating initiatives such as Connecting the Dots childhood obesity task force, pediatric weight management program, yumPower school challenge, Camp 5210 and pediatric adult weight management.

Another focus of Patient Education is health literacy. The team developed a white paper titled “[Health Literacy Guidelines at HealthPartners: An Evidence-Based Strategy.](#)” The paper outlines our health literacy guidelines and summarizes the research supporting them. These health literacy standards are being implemented across the organization.

Researchers look to blood test to identify at-risk concussion patients

Institute researcher Sandi Wewerka and colleagues at the Critical Care Research Center are conducting a study in collaboration with the University of Pittsburgh to determine whether a blood test can predict the severity and duration of concussion symptoms. Concussions, which are caused by blunt trauma to the head, are the most common neurological injury, occurring in more than 1.6 million children and adults each year. Concussions cause long-term brain dysfunction in about 15 percent to 20 percent of patients, making them a significant public health concern. The symptoms of concussion are often vague (eg, sleepiness, dizziness, mental “fogginess”), range from mild to severe and can be short term or long term.

Recent research suggests that a serum protein biomarker called SNTF may predict the severity and estimated recovery time of a patient with a concussion. The overall aim of Wewerka’s project, “Biomarker Levels as a Predictor of Concussion Severity OUTcomes (BlacOut)” is to determine whether a blood test for SNTF at the initial emergency department visit and at 30- and 90-day follow up can predict the severity and duration of concussion symptoms of patients diagnosed with or presumed to have a concussion. To date, no clinical testing can predict concussion severity or presumed duration of symptoms. If this collaboration demonstrates that a biomarker accurately identifies patients at risk for more severe or prolonged symptoms, efforts could be aimed at treating these patients earlier to help them return to normal function.





Fundraising approved for research space in new HealthPartners Neuroscience Center

In December, the Regions Hospital Foundation board of directors approved a \$10.5 million fundraising campaign for neuroscience research in the new HealthPartners Neuroscience Center, which is being built less than a mile from Regions Hospital in St. Paul. Funds raised will help build and provide equipment for the research space and support ongoing research operations. It will also provide funding for physician researchers and a research fellow. “This space will accelerate our ability to make new discoveries and advance treatments for disorders of the brain and spinal cord,” said Leah Hanson, PhD, Senior Director of [Neuroscience Research](#).

The four-story, 130,000 square-foot neuroscience center will bring together under one roof programs for injuries and diseases involving the brain, spine, nerves and muscles. The facility will be the largest freestanding neuroscience center in the Upper Midwest and one of only a few in the country. The new building means that research and clinical trials will be easier for patients to access. In addition, physicians and researchers will work together more closely, spurring new ideas and allowing research to be done more efficiently. Construction is expected to be complete in early 2017.

“This space will accelerate our ability to make new discoveries and advance treatments for disorders of the brain and spinal cord.”

— LEAH HANSON, PHD, SENIOR DIRECTOR OF NEUROSCIENCE RESEARCH, HEALTHPARTNERS INSTITUTE

2015 financials*

Statement of activities

Total operating revenue	\$36,331,000
Total investment revenue	1,104,000
Total revenue	37,435,000
Total program expenses	\$ 29,228,000
Total admin/program support expenses	10,978,000
Total expenses	40,206,000
Net loss	\$ (2,771,000)

Statement of financial position

Assets

Cash/cash equivalents	\$7,073,000
Accounts receivable	7,103,000
Pledges receivable	95,000
Other current assets	3,413,000

Total current assets \$17,684,000

Investments	\$ 49,510,000
Property/equipment	813,000
Other assets	61,000

Total assets \$ 68,068,000

Liabilities

Accounts payable	\$ 5,469,000
Deferred revenue	11,000

Total liabilities \$ 5,480,000

Net assets

Unrestricted	
Undesignated	\$ 58,424,000
Board-designated	2,398,000
Total unrestricted	60,822,000
Temporarily restricted	1,692,000
Permanently restricted	74,000

Total net assets 62,588,000

Total liabilities + net assets \$ 68,068,000

* Consolidated financials of Park Nicollet Institute and HealthPartners Institute for Education and Research prior to merger.

Partnerships build and strengthen HealthPartners Institute

The creation of HealthPartners Institute was fostered by support and leadership from HealthPartners and the community. Those connections, many decades strong, remain critical to our success. The innovation, passion and guidance we experience with our collaborators each day make us stronger and broaden our impact. We are grateful for each of our partners.

Board of Directors

In preparation for the combination, the HealthPartners Board of Directors approved the establishment of a single board of directors for both institutes. Directors include internal and community members whose partnership is critical to achieving our mission. The board held its inaugural meeting in April 2015.

- **Steven Connelly, MD**, President, HealthPartners Institute; Co-Executive Medical Director, HealthPartners Care Group
- **Tom Brinsko**, Chair, HealthPartners Board Member and Resource Specialist with YMCA of the USA
- **Beth Waterman, RN, MBA**, Vice Chair, Chief Improvement Officer, HealthPartners
- **Beth Averbeck, MD**, Associate Medical Director of Primary Care, HealthPartners
- **Curt Boehm, MD**, Chief Medical Information Officer, HealthPartners
- **Bill Doherty, PhD**, Professor of Family Social Science and Director, Citizen Professional Center, University of Minnesota
- **Dave Dziuk**, Chief Financial Officer, HealthPartners
- **Charlie Fazio, MD**, Senior Vice President and Medical Director, HealthPartners Health Plan
- **John Finnegan, PhD**, Professor and Dean, University of Minnesota School of Public Health
- **George Isham, MD, MS**, Senior Advisor, HealthPartners; Senior Fellow, HealthPartners Institute
- **Bob Knopp, MD**, Professor of Emergency Medicine, University of Minnesota School of Medicine
- **Megan Remark**, Chief Executive Officer, Regions Hospital
- **Mark Rosenberg, MD**, Vice Dean of Education, University of Minnesota School of Medicine
- **John Schousboe, MD, PhD**, Director, Osteoporosis Center, Park Nicollet Clinic; Research Fellow, HealthPartners Institute; Co-chair, Park Nicollet Institutional Review Board

Institute leadership

Many teams and committees from the Institute and beyond help shape strategies, support operations and contribute to our success. We thank all for their ideas and leadership.

Institute executive leadership

HealthPartners Institute operates in a matrixed structure based on three divisions and an operational service area.

- **Felix Ankel, MD**, Executive Director, Health Professional Education, and Vice President, HealthPartners
- **Jen Augustson**, Executive Director, Operations
- **Joan Bissen**, Executive Director, Care Delivery Partnerships
- **Andrew Nelson**, Executive Director, Research, and Vice President, HealthPartners

Institutional Review Boards

The Institutional Review Boards play a significant role in the research subject protection program by reviewing all research protocols to consider conduct that could affect the safety, rights and welfare of participants. We have Institutional Review Boards in place for HealthPartners, Park Nicollet and Metro-Minnesota Community Oncology Research Consortium.

Research and Education Committees

Committees, councils, advisory boards and teams from across HealthPartners and the community provide direction and support for research and education strategies and activities. The combination of the Institutes brought expertise and innovation from many existing groups together to provide an even stronger network.

HealthPartners Institute shares the mission of HealthPartners and seeks to serve our community through our education and research programs.

Mission

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



healthpartnersinstitute.org

© 2016 HealthPartners