



HealthPartners[®] Institute

Partners in improving health and well-being

ANNUAL REPORT 2016

PARTNERSHIP

WE ARE STRONGEST WHEN WE WORK TOGETHER AND WITH THOSE WE SERVE



That statement, one of our HealthPartners values, rings especially true for the Institute. Our contributions to health and well-being are made possible and magnified because of partnerships. This report highlights the impact of some of these partnerships in 2016.

Partnering with HealthPartners' integrated health care system helps us focus on initiatives that improve quality, experience and affordability for patients, members and the community. Developing clinical decision support tools for opioid use, gaining a better picture of the overall health of our members and spreading the word about equitable care are some ways in which research and education contribute to HealthPartners' mission. In addition, partnerships in the community connect us with the perspective and passion to make a difference outside our walls.

The Institute's partnerships with medical innovators led to ground-breaking research this past year—the artificial pancreas received U.S. Food and Drug Administration approval after testing at our International Diabetes Center. In addition, by collaborating with other care systems, the Institute extended the impact of its clinical decision support tools to physicians across the country for prioritized treatment and prevention recommendations for patients.

We are challenging traditional education models to support a practice-ready workforce of the future. Our Office of Health Professional Education hosted sessions designed to engage community members in dialogue. Our clinical quality improvement education programs continue to bring clinician leaders together to solve problems and improve care. Read about what happens when oncology and diabetes teams work together to manage hyperglycemia.

Earlier this year, Nico Pronk, PhD, accepted our invitation to become the new President of HealthPartners Institute. Nico is collaborative, strategic, curious, open-minded, influential and inspiring. I am pleased to welcome him to the Institute and know that you will enjoy getting to know him as he leads this great team in advancing its vision.

Thank you for your partnership this past year. You definitely made us stronger. We look forward to continued collaboration.

Sincerely,

Steven M. Connelly, MD
Co-Executive Medical Director
HealthPartners Care Group
Past President, HealthPartners Institute

ADVANCING OUR VISION

INSTITUTE TRANSITIONS TO NEW LEADERSHIP



Institute dyad leaders Jen Augustson, Executive Director, and Nico Pronk, PhD, President

Early in 2017, Nico Pronk, PhD, joined the Institute as its president. Pronk is no stranger. He joined HealthPartners in 1994 and has served in leadership roles in health risk, behavior and management. His expertise as a researcher, teacher and innovator are a great fit for the Institute, and he is eager to get started. He says, “This combination of research, education and quality-improvement services provides an opportunity to create something special about learning and prospering in a complex world – for our people, our organization, our community and the nation. Delivering on the promise that such opportunity creates is a worthy challenge.”

Pronk will partner with Jen Augustson, Executive Director, HealthPartners Institute, in a dyad leadership team. Additional members of the Institute executive leadership team include Felix Ankel, MD, Executive Director, Health Professional Education, and Vice President, HealthPartners, and Joan Bissen, Executive Director, Care Delivery Partnerships.



SYSTEMS APPROACH PREPARES TOMORROW'S CLINICIANS

The Institute's Office of Health Professional Education is co-designing a graduate health professional education strategy with HealthPartners operational leaders. A recent inventory revealed a disjointed system of high-quality programs housed in individual operational units. This was based on historical precedents with little input from care delivery and health plan partners. In addition, advanced practice nurse and physician assistant learners are trained in a non-integrated fashion.

Through partnerships across HealthPartners, the Institute and the community, the team created working groups to learn together and generate questions and ideas about a new design. The groups, focused on people, quality, experience and finance, began their work last fall.

The groups quickly identified the change in focus in graduate medical education from knowledge-based to competency-based. According to Felix Ankel, MD, Executive Director, Health Professional Education and Vice President, HealthPartners. "The competencies now required of residency graduates transcend specialty-specific areas and include proficiency in improvement science, patient- and family-centered care, resource stewardship and 'teaming' behaviors."

The first aim was to determine HealthPartners practice-ready competencies. The groups researched important clinician competencies, discussed application at HealthPartners and recommended developing competencies, noted below, for HealthPartners' graduate education programs. These competencies, assessment techniques to evaluate them and faculty development efforts to teach them will be further defined and assessed.

Next up is the evaluation of HealthPartners' clinical learning environment for its role in ensuring clinicians are proficient in practice-ready competencies. Groups will also investigate HealthPartners' desired workforce model, current workforce gap and strategic role of graduate medical education in recruiting and preparing the future workforce. The costs and benefits of graduate medical education will also be outlined as an initial step toward determining a sustainable financial model to support the system design.

Visit hpedesign.pbworks.com to view an archive of the system design work.

HEALTHPARTNERS PRACTICE-READY COMPETENCIES

- Communication skills
- Patient- and family-centered care
- Relationship skills
- Teamwork
- Resilience
- Knowledge of health care costs

PRIORITIZING PREVENTIVE SERVICES

Researchers identify those with greatest impact

When it comes to health, it's clear that prevention is important. It is challenging, however, for doctors and patients to know what to focus on during a brief visit. Understanding how to prioritize preventive services is critical because they do not yield the same health benefits for the same cost.

Updated research from the Institute makes comparing evidence-based preventive services easier.

Researchers from HealthPartners Institute published a ranking comparing 28 evidence-based clinical preventive services in the *Annals of Family Medicine* in January 2017. The team partnered with the National Commission on Prevention Priorities to analyze and rank preventive services to help patients and clinicians get the best value for their care.

The services analyzed were identified as effective by the U.S. Preventive Services Task Force or the Advisory Committee on Immunization Practices. The analysis helps identify which services are most important to provide given limited clinician time and varying needs of patients.

The top three most cost-effective and life-saving conversations a doctor can have with a patient include:

- Tobacco use counseling for youth to prevent children from ever starting to smoke
- Asking adults about tobacco use and encouraging those who smoke to quit
- Childhood vaccines



DENTISTS AT THE FRONTLINE OF TOBACCO INTERVENTION

“If you use tobacco, stop” is well-known, but hard-to-follow advice. Now patients may receive more supportive and personalized help at a dental visit. Institute researchers are testing a clinical decision support system designed to help dental providers deliver tobacco interventions and referrals to support lines for further counseling. The research project, funded by the National Institute of Dental and Craniofacial Research, involves testing the system in two dental schools and 16 private practices from the National Dental Practice-Based Research Network. The system will generate personalized, evidence-based recommendations for dentists and dental hygienists to actively engage their patients.

PATIENT EXPERIENCE

MANAGING HYPERGLYCEMIA FOR PATIENTS WITH CANCER AND DIABETES

Patients with cancer who also have diabetes face many challenges. When the Institute's International Diabetes Center (IDC) noticed a trend of oncology doctors reaching out for help in teaching patients about glucose monitoring and insulin, they saw an opportunity to improve care.

High glucose – or hyperglycemia – can occur in patients with cancer and diabetes when they receive glucocorticoids, steroids used to treat nausea. Hyperglycemia can lead to infection, dehydration, poor healing and other health issues that sometimes require hospitalization. Using quality-improvement methods and resources through the Institute's Advanced Training Program for Clinical Quality, staff set out to design a new care process to reduce these risks for patients.

Janet Davidson, IDC Director of Patient Services, partnered with Dylan Zylla, MD, Co-Medical Director of Oncology Research at Fraumshuh Cancer Center, and Anders Carlson, MD, IDC Medical Director, to take a more proactive approach. They formed a quality improvement team with partners from Fraumshuh, IDC, quality-improvement and pharmacy. In May 2016, the team launched a pilot project at Fraumshuh that added glucose testing for all patients before starting glucocorticoids. Those with hyperglycemia were referred to IDC for education on managing their glucose using insulin.

As a result of the intervention, the number of emergent consults requested due to hyperglycemia has decreased. Lowering that risk improves patient quality of life and reduces costs. The team continues to implement the new care process and will expand it to Park Nicollet clinics and, eventually, throughout HealthPartners.

ADVANCED TRAINING PROGRAM

The Advanced Training Program for Clinical Quality was created in partnership with clinical and quality leaders to help coordinate clinical quality improvement. It was launched in 2012 by Park Nicollet as a sister-site program to Intermountain Health. The program seeks to reduce unnecessary practice variation through evidence-based clinical protocols, cost and quality control, and quality improvement. Since 2012, 54 teams with 268 participants from across the organization have partnered to improve health, experience and affordability for patients and members.



HELPING ALL PATIENTS REACH HIGHEST LEVEL OF HEALTH

An elderly Somali patient with diabetes, hypertension and chronic heart failure visits her doctor before she travels to Saudi Arabia for Hajj, an annual Islamic pilgrimage to Mecca. Because Hajj is strenuous, participation presents health risks; however, she is passionate about attending.

During an annual physical, a woman reveals that she has had depression and anxiety since childhood. After months of behavioral therapy, she shares that her conditions are linked to confusion about gender identity.

A Latino man arrives at his doctor's office to discuss abdominal pain. He speaks minimal English and wishes to speak in Spanish. His daughter is with him, and he wants her to be his interpreter. The daughter seems willing, and there are no bilingual staff members on hand to talk with him. Is it okay for her to interpret?

Equitable care describes a state in which every person can achieve their highest possible level of health. These scenarios describe health interactions that are complicated because of language preferences, cultural values and stress from gender confusion. To help those we serve reach that highest level of health requires humility, awareness, education and resources.

HealthPartners' equitable care strategy focuses on reducing disparities, supporting language preferences, understanding cultural humility and engaging with patients, members and the community. The Institute's education area plays an active role by supporting development of tools and education programs for care teams.

Education tools support equitable care

Culture Roots is a newsletter produced by the Institute's clinical quality and patient education teams. It presents a scenario, like those above, provides background on related concepts and suggests action to remove the barriers to equitable care. Each issue is packed with practical information and resources from the organization and community. The newsletter is shared with equitable care champions, clinicians, administrators and leaders and is available to all HealthPartners employees. It often generates discussion and discovery because the scenarios prompt readers to share personal experiences.

Equitable care champions are team members who raise awareness among staff and clinicians about health disparities in care and patient experience. The Institute supports champions by ensuring they have access to training and expertise needed to serve as resources for others. A newsletter provides in-depth information and data on equitable care focus areas. It includes links to resources and learning opportunities such as reports, conferences and quality-improvement activities. It's a tool for champions to connect and share ideas and best practices. It also offers tips on driving the messages within their clinical areas. Additional tools such as a web series are planned for 2017.

"We are honored to support equitable care at HealthPartners," said Christine Bloom, Institute Quality Director. "Clinicians want to partner with patients in their health journeys. Listening, practicing cultural humility and knowing resources exist within the organization and community are key to providing equitable care."

CARE IMPROVEMENT

OPTIMIZING CARE OF TEENS WITH HIGH BLOOD PRESSURE

High blood pressure, or hypertension, is a common chronic disease and a leading risk factor for stroke and heart disease. Although usually considered an adult condition, in many cases, hypertension begins during childhood or adolescence. Unfortunately, diagnosis and care of hypertension in youth remains far below optimal standards. Researchers at HealthPartners Institute are trying to change that.

The team, led by Senior Investigator Elyse Kharbanda, MD, will develop, implement and evaluate a clinical decision support system. The newly developed system, known as TeenBP, aims to help clinicians identify hypertension in patients and provide care consistent with national guidelines.

The study measures the system's effectiveness and cost-effectiveness in identifying and caring for teens with new-onset hypertension. It is funded by the National Heart, Lung and Blood Institute.

Early identification is key to preventing damage

According to Kharbanda, the study is important because, for reasons such as limited time at visits and competing priorities, new-onset hypertension in adolescents may be missed. By the time young adults' hypertension is identified and treated, their heart and blood vessels may have already been damaged.

Preliminary findings demonstrate that TeenBP can improve clinician recognition of hypertension and increase patient referrals to dietitians for blood pressure management. Long term, the hope is that early identification of hypertension will help patients and their families make important lifestyle changes to prevent future heart disease.

TeenBP has been implemented in some HealthPartners clinics as part of the study and is expected to be implemented in all by the end of this year.



IMPROVING QUALITY OF LIFE FOR PEOPLE WITH MENTAL ILLNESS

Institute Senior Investigator Rebecca Rossom, MD, works with collaborators across the country on studies of suicide prevention, serious mental illness (SMI) and opioid use disorder aimed at helping patients and families facing difficult times.

Suicide prevention

When patients are at increased risk for suicide, intervention is critical. A National Institutes of Health-funded study of 20,000 patients at HealthPartners Institute and three Kaiser Permanente locations aims to find more effective interventions by comparing three treatment arms. Patients at high risk receive either usual care, are invited to participate in online dialectical behavior therapy or participate in a risk assessment and care management program. While in-person therapy is useful, it can be expensive, difficult to access and requires time to travel to appointments; online therapy is more affordable and convenient and may also be effective.

Serious mental illness

People with SMI die, on average, 20 years earlier than their peers — and heart disease is their leading cause of death. SMI includes disorders such as bipolar disorder, schizophrenia and schizoaffective disorder. The Institute is studying whether a decision support tool called the SMI Wizard can improve heart health for patients with SMI. The study is funded by the National Institute of Mental Health (NIMH).

If patients have reversible risk factors for heart disease that are not at goal, the Wizard prioritizes the risk factors and gives this information to the patient and clinician. The tool also determines if the patient has a high body mass index and is taking an SMI drug that can cause weight gain; if so, it encourages the clinician to consider switching to a different drug. The SMI Wizard is being tested in clinics at HealthPartners, Park Nicollet and Essentia Health.

Researchers are also looking at whether a smartphone app and wearable device similar to a smart watch can help thwart mania or depression in patients with bipolar disorder. Every day for one year, 200 patients will log into the app to answer questions about their mood while the device collects data on such factors as how socially connected they are, how many steps they've taken and how much sunlight exposure they've received. This study is funded by NIMH. "The goal is to identify early symptoms of mania or depression to get patients connected back with their clinician to potentially prevent mood episodes," Rossom said.

Opioid use

Opioid use disorder (OUD) is a growing public health problem. To combat OUD, researchers are developing a clinical decision support tool to help clinicians identify and treat it. OUD can be treated in primary care with certain medications, but their use can be complicated. This decision support tool will guide clinicians in the use of medications for OUD. It will be pilot-tested in Park Nicollet and HealthPartners primary care clinics for six months. This study is funded by the National Institute for Drug Abuse's Clinical Trial Network.

“The goal is to identify early symptoms of mania or depression to get patients connected back with their clinician to potentially prevent mood episodes.”

– Rebecca Rossom, MD

INTERNATIONAL DIABETES CENTER CELEBRATES 50 YEARS

RESEARCH JOURNEY LEADS TO ARTIFICIAL PANCREAS

International Diabetes Center (IDC) is celebrating 50 years of helping people live well with diabetes. For 34 of those years, Richard Bergenstal, MD, has been an integral part of the center. He joined as medical director in 1983 and was named executive director in 1996. Throughout his career, Bergenstal has been principal investigator on National Institutes of Health (NIH) funded studies evaluating the importance of glucose control in type 1 and type 2 diabetes, studies on novel diabetes medications and technology, and new models of diabetes care.

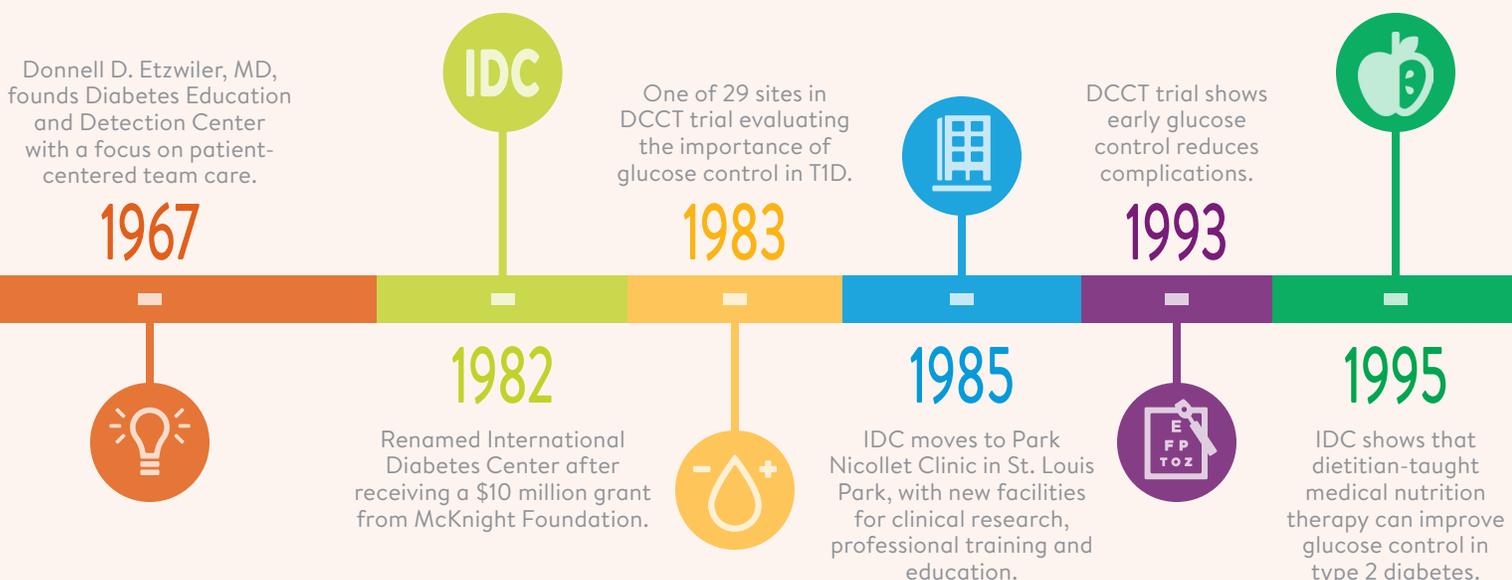
One of these NIH trials, the Diabetes Control and Complications Trial (DCCT) showed that good glucose control could dramatically reduce complications in type 1 diabetes (T1D). IDC embarked on studies to find a way to safely achieve good glucose control using advanced technology. The center published articles in the *New England Journal of Medicine* in 2010 and 2013 showing an insulin pump and continuous glucose monitor used together

moved a step closer to good control. Also, in 2010, IDC made a strategic decision to team up with the T1D Exchange, funded by the Helmsley Charitable Trust, to bring 70 leading U.S. diabetes clinics together to collect consistent data on barriers to achieving good glucose control in 30,000 individuals with T1D. Good team care, regular glucose monitoring and using advanced technology were keys to successful management.

In 2015, IDC was selected as one of 10 sites in the world to study the Medtronic 670G hybrid closed-loop system. The system uses a sensor that checks glucose every five minutes, day and night. Results are sent wirelessly to an insulin pump with a built-in program that determines how much insulin to deliver to keep glucose as normal as possible. IDC published study results in *JAMA* in September 2016, and a few weeks later the U.S. Food and Drug Administration approved the first-ever hybrid closed-loop system, often called the first generation artificial pancreas.

MILESTONES OVER 50 YEARS

International Diabetes Center has made many contributions to diabetes research on the journey to an artificial pancreas.



NEW SPACE CONNECTS PATIENTS WITH DIABETES TECHNOLOGY

Richard Bergenstal, MD, reviews data from a patient's continuous glucose monitor in the Fricke Technology Room at International Diabetes Center. The room was built in 2016 in memory of longtime patient Shirley Fricke, with funding from her family. Patients with diabetes use the room to upload and view data from their medical devices. They also can have a hands-on experience with the latest insulin pumps and continuous glucose monitors and access information on research studies and community health events.



While patients must still interact with the system every day, the study showed they improved their overall glucose control, reduced their low glucose levels and felt some of the burden of living with diabetes was lifted.

The first generation artificial pancreas is now being prescribed by a few diabetes centers in the U.S. including the pediatric and adult endocrinology clinics at Park Nicollet and the adult endocrinology clinic at HealthPartners.

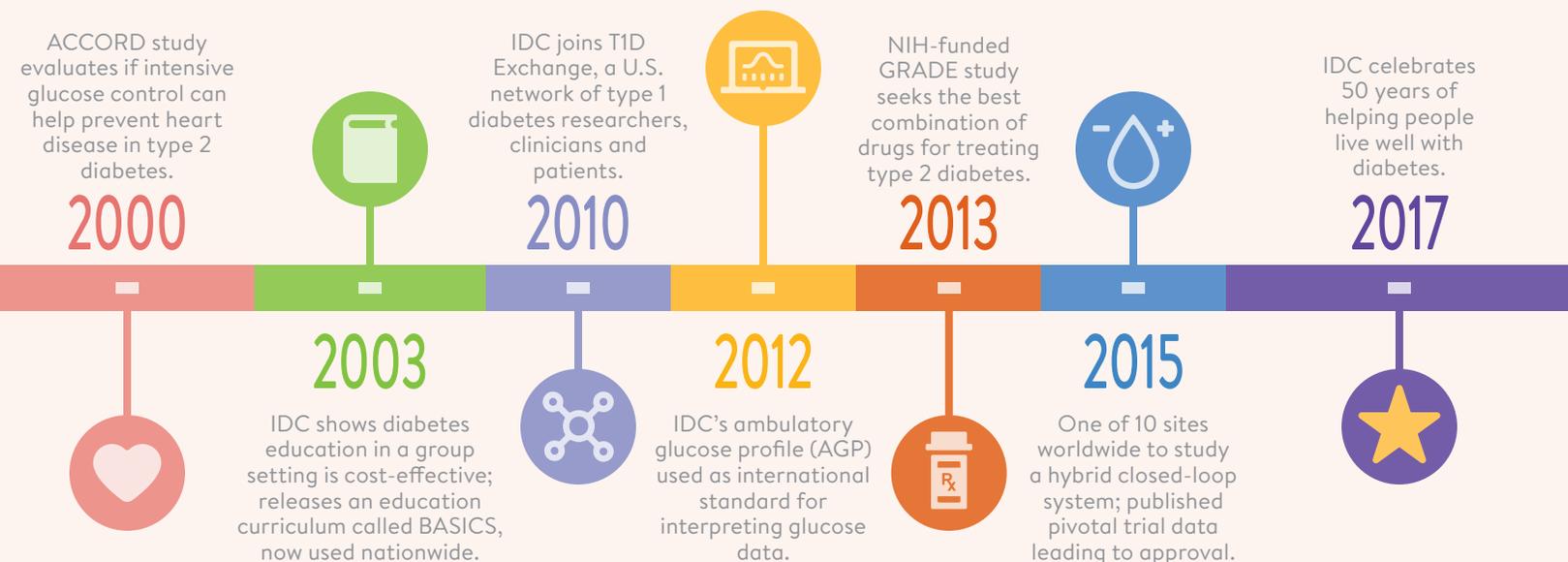
“This is one of those developments I’ve been telling my patients is coming for years, but I wasn’t sure I would see it during my career,” said Bergenstal.

IDC was eager to explore the elements needed for an effective next generation system. Early in 2017,

the National Institute of Diabetes and Digestive and Kidney Disease (part of the NIH) awarded IDC and Schneider Children’s Medical Center in Israel a \$6.94 million grant to continue their groundbreaking work in artificial pancreas research. IDC and Institute researchers will study if a new system can improve glucose control even more than the currently approved system, particularly around meal times. The study will begin in late 2017 and enroll 100 youth age 14 to 30 years old.

Integration with Park Nicollet and HealthPartners creates a vibrant environment for research and education. That organizational support has helped IDC advance its mission and reach these milestones.

Here are some highlights from the past 50 years.



MEASURING WELL-BEING ADDS TO OVERALL PICTURE OF HEALTH

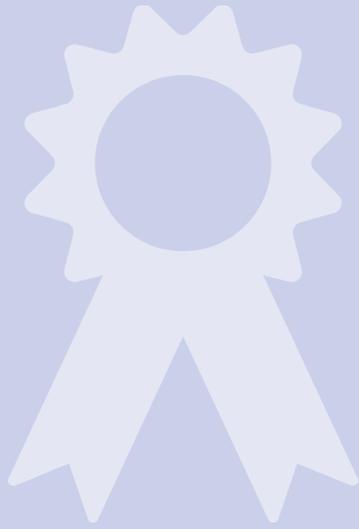
For more than 20 years, HealthPartners has analyzed clinical and claims data to improve preventive care, manage chronic diseases and promote healthy behaviors. More recently, the Institute and health plan partners deliberately considered the notion that overall health is more than not having a disease or being physically fit. Well-being and life satisfaction play an important role. But how can they be measured? In 2015, the Institute supported development of a measure that assesses elements of well-being, such as job satisfaction, strong social connections and financial security.

Why is it important to measure?

“This can help more accurately assess our progress on improving health and well-being because health is not just the absence of disease; it is having an overall positive life experience,” said Thomas Kottke, MD, Medical Director for Well-Being for HealthPartners and Institute Senior Investigator. The analysis of the measure helps identify and address the conditions that create the highest burden of disease and have the greatest impact on the health and well-being of patients and insurance plan members. The measures can also guide community-directed initiatives to focus on the most significant gaps and needs.

Details of the new measure were published by the National Academy of Medicine and the Centers for Disease Control and Prevention in the journal *Preventing Chronic Disease*.





CLINICAL SIMULATION CENTER HELPS REGIONS HOSPITAL EARN INNOVATION AWARD

Minutes and seconds count when someone is having a stroke. HealthPartners Institute's Clinical Simulation Center is helping make sure patients with stroke-like symptoms get an accurate diagnosis quickly. That work contributed to Regions Hospital's Emergency Center Code Cerebrovascular Accident (CVA or stroke) project, which won the Innovation of the Year in Patient Care, Large Hospital award by the Minnesota Hospital Association.

The initiative starts with first responders to the 911 call. If stroke seems likely, they alert the Emergency Center by calling a Code CVA. The code activates a team of stroke experts that meets the patient and first responders.

Clinical Simulation staff partnered with staff and leaders to design and facilitate simulated code CVAs in the Emergency Department.

LISTENING SESSIONS INFORM HEALTH PROFESSIONAL TRAINING

The Office of Health Professional Education has hosted two listening sessions to generate ideas, set priorities and identify outcomes and tools for creating the future of health professional training.

The first event, in September 2016, drew more than 40 representatives of schools, health systems, operational leaders, preceptors and former students. They began discussing questions such as "If we were to focus on a few top priorities, what would make the most impact?" and "What does success look like?"

Participants generated themes and priorities for moving forward, such as aligning training capacity to the priorities of health care systems' workforce needs and developing new training models that strengthen relationships between students and clinical sites.

At a January 2017 event, participants began to discuss best practices and pilot projects. The session was designed to identify tangible outcomes and tools needed to advance this work. For example:

- The HealthPartners Geriatrics Department talked about the importance of developing an efficient process for taking students and recruiting preceptors.
- Fairview Health System discussed how it is looking at developing a process to track student projects.
- Hennepin County Medical Center presented on how it will restructure its medical student rotations to address the desire to cultivate more meaningful relationships between students, preceptors and patients.

Visit healthpartnersohpe.com to learn more about the listening sessions.

WIZARD TOOL SPREADS TO OTHER HEALTH CARE SYSTEMS

A clinical decision support system developed by Institute researchers that improves patient care and clinician satisfaction is spreading to health care systems across the country.

The Wizard offers personalized advice at patient visits on how to lower risk of conditions such as heart disease, diabetes, prediabetes, hypertension and cancer. It is being developed to also help with the management of acute abdominal pain, opioid use disorder and serious mental illness. It works by identifying people with risk factors and then generating individualized, prioritized treatment and prevention recommendations.

JoAnn Sperl-Hillen, MD, who co-created the Wizard with Patrick O'Connor, MD, and colleagues, said the system saves time for clinicians and is a good way to spur a dialog with patients about their health. "Its real value is that it helps patients quickly recognize health priorities and pay attention to their risks to prevent bad health outcomes," she said. "When national guidelines change, it can get new treatments and evidence-based recommendations into practice very quickly."

Disease-specific Wizards have been implemented or are being tested within HealthPartners and Park Nicollet clinics, Children's Hospitals and Clinics, Essentia Health Care System, Altru Health System, Kaiser Permanente Northern California, Kaiser Permanente Northwest, New York University and Regions, Westfields, Lakeview and Hudson hospitals in eastern Minnesota and western Wisconsin.

Grant supports spread of the Wizard to 60 more clinics nationally

Now, thanks to a grant from the National Heart, Lung and Blood Institute, the Cardiovascular (CV) Wizard will be rolled out to 60 safety-net community health centers (CHCs) across the country. These clinics provide care to low-income, diverse Americans. The aim of the project is to reduce disparities in heart disease risk factor control among people who receive care at CHCs and who traditionally have had far worse control of their heart disease risk factors and a greater incidence of heart attacks and strokes than their peers.

This study will create a dissemination guide to facilitate even wider spread of the CV Wizard tool to other CHCs and care settings and will build knowledge about how to minimize disparities in heart disease care and outcomes using clinical decision support. It will help translate investments in informatics and electronic health records into real clinical benefit for millions of high-risk, low-income Americans.

According to O'Connor, "This will be our biggest Wizard-related programming challenge ever. However, it is a tremendous opportunity to see how much a well-designed and well-implemented [clinical decision support] system can improve quality of chronic disease care in a setting with major quality issues and many resource constraints."

Development of the first Wizard stretches back to 2004. Since then, the Institute has received more than \$23 million in grants from federal funding agencies for these projects.

The Wizard will help translate investments in informatics and electronic health records into real clinical benefit for millions of high-risk, low-income Americans.



HELPING DOCTORS AND PATIENTS RESPOND TO LUNG SPOTS

Hearing about a spot on a lung can be frightening for a patient. HealthPartners Institute is participating in a nationwide study to help doctors and patients work together to monitor the spot and respond appropriately.

A lung spot, called a small pulmonary nodule, is a growth or scar tissue in the lung that appears on a chest computed tomography (CT) scan.

Doing repeat CT scans can help doctors find lung cancer early, when it is most treatable. However, it can also increase the risks, cost and inconvenience of having unnecessary tests.

The Watch the Spot study will help doctors understand how often to repeat CT scans to determine if a nodule is cancerous. The study, which involves 47,000 patients, will also look at how often patients prefer to have CT scans and how they would like to be notified of the results.

According to Charlene McEvoy, MD, MPH, Clinical Investigator at HealthPartners Institute, this study is important because lung cancer, if caught early, can be cured. Because lung nodules are more often benign, repeat scans could lead to unnecessary procedures. It is critical to consider outcomes important to patients as this new screening program is rolled out across the country, especially since follow-up guidelines have not been rigorously evaluated.

Each year, about 1.5 million Americans are diagnosed with a pulmonary nodule. Most are smaller than a nickel. The vast majority are harmless, with only two to three percent of nodules identified as lung cancer.

Sponsored by the Patient-Centered Outcomes Research Institute, the study is taking place at 14 health care organizations across the country. Study teams are collecting data from both patient medical records and brief surveys over two years.

Power of partnership



2016 Financials

Statement of activities

Total operating revenue	\$37,583,000
Total investment revenue	2,455,000
Total revenue	\$40,038,000
Total program expenses	\$26,934,000
Total admin/program support expenses	\$13,923,000
Total expenses	\$40,857,000
Net loss	\$(819,000)

Statement of financial position

Assets

Cash/cash equivalents	\$7,197,000
Accounts receivable	9,718,000
Pledges receivable	88,000
Other current assets	162,000
Total current assets	\$17,165,000

Other Assets

Investments	\$50,114,000
Property/equipment	2,196,000
Other assets	61,000
Total other assets	\$52,371,000
Total assets	\$69,536,000

Liabilities

Accounts payable	\$4,211,000
Deferred revenue	154,000
Total liabilities	\$4,365,000

Net assets

Unrestricted	
Undesignated	\$61,431,000
Board-designated	2,398,000
Total unrestricted	\$63,829,000
Temporarily restricted	1,268,000
Permanently restricted	74,000
Total net assets	\$65,171,000
Total liabilities + net assets	\$69,536,000

BY THE NUMBERS

AROUND THE INSTITUTE

1.5 million

views of patient education content
by patients and members

3,172

medical literature searches
performed by our libraries

23,582

participants in 402 continuing
medical education activities

15,953

participants in patient and diabetes
education classes and nutrition visits

9,500

health professional participants
in clinical simulation programs

334

Institute employees

294

paper and poster presentations at
national and international conferences

400+

research studies

327

articles, books and book chapters published

600

clinician educators

830

medical students and 450 advanced
practice students participated in clinical
education rotations

575

medical residents and fellows

400

clinician researchers and 33 career
research investigators



After 26 years of research leadership, Andrew Nelson, at podium, has transitioned to an advisory role for HealthPartners and the Institute. His contributions in developing a strong and innovative research program and collaborating with national partners established a framework for success that we are honored to build upon.

BOARD OF DIRECTORS

The Board of Directors provided strategic insight as it supported the Institute in its first full year as a combined organization. The Board guided the development of a strategic plan supporting our role as collaborator, catalyst and innovator in advancing our vision.

2016 Institute Board of Directors

Steven Connelly, MD

President, HealthPartners Institute and Co-Executive Medical Director, HealthPartners Care Group

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Megan Remark

Chief Executive Officer, Regions Hospital

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Vice Dean of Education, University of Minnesota School of Medicine

John Schousboe, MD, PhD

Research Fellow, HealthPartners Institute

ABOUT

HealthPartners Institute is one of the largest medical research and education centers in the Midwest. We help transform health care in our region and across the nation through the combination of research, education and quality-improvement services and innovation. Our efforts are strengthened through our integration with HealthPartners and the community.

MISSION

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

VISION

To accelerate improvement in health and well-being through research, education and collaboration.

ATTRIBUTES

We strive to be an innovator known for our contributions to knowledge and learning, and a catalyst in supporting the transformation of care, working in collaboration with internal and external partners and those we serve.

Institute partners and employees gather for our celebration in 2016





healthpartnersinstitute.org

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