LEADING THE WAY
Partners in Excellence

PREVENTIVE CARE RECOGNITION

Celebrating peers who are leading the way to improved health, experience and affordability.
Three outstanding initiatives aimed at “raising the bar” for preventive health care by improving outcomes and demonstrating care process sustainability that addresses the total cost of care, received HealthPartners’ third annual Preventive Care Recognition Award.

The Preventative Awards, presented at HealthPartners annual Partners in Excellence dinner, recognized five applicants overall, representing all levels of the health delivery system that made significant quality improvement to the populations they care for.

We recognize and appreciate all the efforts each of you are making in achieving the Triple Aim by providing high quality preventive care on behalf of our members, your patients. Full details on the preventive care winners and all applications are available under Partners in Quality on our provider website.
Improving Colorectal Cancer Screening Through a Fecal Occult Blood Test Kit Mailing Project

Allina Health
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Challenge
Patients who had never been screened for colon cancer were often hesitant to get a colonoscopy and FOBT (fecal occult blood test) had not been offered to them as a choice for screening. Secondary issue was that our minority population had lower screening rates than our Caucasian/English speaking population.

Innovation
Mailing of iFOBT (FIT) kits to patient’s homes that had no record of previous screening in our EMR. Used an external vendor and automated lab instrumentation centralized the work-flow.

Improving Health
• Routine screening for colorectal cancer prevents up to 60% of cancer deaths in men and women over age 50.
• Proactively sending FOBT kits increases the likelihood of screening in patients who previously refused screening when offered.

Enhancing Patient Experience
• Patients who previously avoided colonoscopy were more open to FOBT testing that required no dietary restrictions, prep, or invasive procedure.
• FOBT testing can be particularly attractive to patients on anticoagulation therapy
• Receiving instructions in the patients preferred language increased the likelihood they would complete screening.

Taking Aim at Affordability
• System-level mailing and processing of kits is more cost effective than when done at an individual clinic.
• Removal of pre-cancerous polyps or finding colon cancer in its early stages reduces the cost of treatment and mortality
**Childhood Immunizations**

Essentia Health

Contact: Cindy Ferrara cindy.ferrara@essentiahealth.org

**Challenge**
Childhood Immunization: Increase the % of children fully immunized by age 2 years

**Process for Change**
Implemented standing orders, vaccine administration protocol, centralized outreach, reconciliation of state registry data with electronic health record, and reduction of missed opportunities.

**Results**
- Overall increase in % of children fully immunized by age 2 years from 75% to 83%
- Decrease in missed opportunities to complete immunizations in children overdue that presented in clinic for other reasons
- Increased alignment with data in clinic electronic health record and state immunization registries

**Adoption Considerations**
- Standing orders and vaccine administration protocol
- Centralized outreach and appointment review
- Reconciliation of state immunization registries with clinic electronic health record
- Immunization champions
- Data feedback

**Recommendations for Sustaining the Gains**
- Monthly data feedback to practices
- Monitor reasons for children who have incomplete immunizations at 2 years in order to address opportunities for improvement
- Education for staff/providers
- Identification of children overdue for immunizations starting at 18 months and centralized approach for outreach to this population
**Challenge**
The Annual Wellness Visit (AWV) for Medicare Part B provides early identification of health and cognitive concerns in patients over 66 years of age. The AWV is used to create a personalized prevention plan for the patient with its goal being to promote wellness rather than waiting for a patient to exhibit symptoms before trying to improve their health.

The AWV process and requirements were not clearly understood by either patient or the health care team resulting in inefficient use of resources (waste), leading to less than optimal outcomes and confusion throughout the care and documentation process. An opportunity existed to improve patient outcomes as well as improve the financial results of this process.

**Process for Change**
The goals and subsequent outcomes were to design a standardized, patient-centered workflow for the AWV that efficiently adapts to the varied staffing models found in our primary care clinics, improves patient satisfaction with the process and increases the number of AWVs completed accurately from 7% to 25% (average across region).

**Results**
We either met or exceeded our goals:
- Each region increased AWVs to 24-27% of potential.
- Coding errors are no longer an issue and complaints to the billing office are minimal.
- Financial benefits to date exceed $900,000
- Both patient and medical provider satisfaction have improved (see attached quotes and a poem written by our patient partner).

**Adoption Considerations**
- We needed input from the patient’s perspective. Consequently, we included a patient partner on our team.
- We needed to know the population of patients over age 66 in each region.
- We needed to understand each region’s perspective.

**Recommendations for Sustaining the Gains**
- A Control Plan and Countermeasures were developed.
- We developed Implementation Packets including Work Flow Maps to easily navigate the process.
- We provided training to all affected employees.
Free Assessments in the Clinics and in the Field

ActivePT and Sports
Contact: Joan Kopacz joankopacz@activeptandsports.com

Challenge
Educating the community and preventing injuries and addressing pain as well as preventing potential injuries. We started this program by developing simple evaluations that are accessible and affordable for everyone in southeastern Minnesota.

Process for Change
ActivePT implemented free assessments for pain, shoe assessments, ACL injuries, ankle stability, pillow assessments, and core stability for the community to become more educated so that they can live healthier more active lives. Assessments are performed by licensed physical therapists and athletic trainers in the clinic, designated community requests, or at a community event.

Results
Since implementing and expanding this program we have completed:
- Over 6,500 free assessments in clinic and at events between 2011 - 2014
  - In Clinic: 714 on average
  - At Events: 2,800 on average
- “In Clinic” preventative screening Assessments
  - 55% Injury
  - 30% Shoe
  - 15% Other including pillow, ACL risk, ankle stability and core strength
- “At Events” preventive screening Assessments
  - 50% Shoe screening
  - 38% Injury and pain
  - 12% Other

Adoption Considerations
- Ease of assessment - time and location
- Minimal Costs for both the community and the clinic
- Easily understood cards for future reference

Recommendations for Sustaining the Gains
- Provide ongoing education classes to local running groups and sports organizations
- Evaluate the program’s effectiveness and implement any adjustments warranted
- Expand the program to other community events
Non-Caucasian Colorectal Cancer Screening

CentraCare Health System
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Challenge
Colorectal cancer incidence and mortality rates are high among non-Caucasian. They are more likely to be diagnosed with colon cancer in advanced stages due to lack of screening. Regular screening can help prevent colorectal cancer through diagnosis at an early, curable stage or through removal of precancerous polyps. Since CentraCare Clinic has low colorectal cancer screening rates among non-Caucasian, a better process for screening this patient population was needed.

Process for Change
In May 2015, CentraCare Clinic Family Health Center contacted 75 non-Caucasian patients over 50 and above whom where overdue for colorectal cancer screening through the phone. The phone call encounter included colonoscopy education, other colorectal cancer screening options, and if patient desired, instructions on completing immuno fecal occult blood (IFOB) test.

Results
- 75 patients were contacted through the phone
- 50 patients were sent a IFOB test Kit
- 25 patients sent back samples to the clinic lab
- 12 patients requested and had a colonoscopy done
- 2 of the IFOB tests were positive

Adoption Considerations
- Better education to patients on how to use IFOB test Kit
- Self-addressed stamped envelope resulted in high return rate of sampled kits from patients

Recommendations for Sustaining the Gains
- Work vigorously on non-Caucasian colorectal cancer screening registry
- Share “best practice” ideas with different sites