



# CENTRAcare Clinic

## PROVIDER

CentraCare Clinic – Northway Family Medicine

## FOR MORE INFORMATION, CONTACT:

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## CHALLENGE

CentraCare identified unexpectedly low immunization rates for individuals ages 12 and older. These rates were well below the Healthy People 2020 Immunization and Infectious Diseases goals. The clinic recognized an opportunity for improving the rate of vaccine administration in adults, specifically the influenza and pneumococcal vaccines.

## PROCESS FOR CHANGE

We removed the task of ordering vaccinations from providers and shifted it to the nursing staff. The nursing staff received education on vaccine schedules, ordering and administering per clinic protocol. Pre-visit planning process highlighted potential vaccines for each patient visit. Nursing staff reviewed vaccines with patients and ordered and administered vaccines prior to the provider entering the room. Providers reviewed and supported these process changes.

## RESULTS

- All vaccine rates at the Northway Family Medicine Clinic improved.
- Most vaccine rates doubled:

	Influenza	Pneumovax	Pevnar
<b>2015:</b>	681	34	319
<b>2016:</b>	1,576	111	675

## ADOPTION CONSIDERATIONS

- Nurse education is critical.
- Be aware of current vaccine rates in order to identify areas of opportunity.
- Gain provider support by requesting and incorporating their feedback for new processes.

## RECOMMENDATIONS FOR SUSTAINING GAINS

- We will sustain our gains by providing continuing education for nursing staff and empowerment to work to the top of their license.
- Our process is now standardized and is an expected workflow that nurses follow.
- We will continue to look at vaccination rates to make sure we are not declining.
- We plan to spread this process to clinics within the organization.

## Improving Immunization Rates in Individuals 12 and Older

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Here with you

### PROVIDER

Essentia Health

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### CHALLENGE

At Essentia Health, 18.8 percent (39,810) of patients use tobacco, exceeding the Minnesota rate (14.4 percent) and the national rate (15.1 percent). The tobacco use rate among our patients with diabetes or vascular disease is 19.6 percent and 21.9 percent respectively. Primary care providers identified limited resources and time constraints as barriers to treating tobacco dependency.

### INNOVATION

We took a number of steps, including expanding internal resources of Certified Tobacco Treatment Specialists (CTTS) from eight to 38 by offering on-site training. We focused outreach for patients with comorbidities of diabetes and/or vascular disease. Provider education was delivered using evidence-based clinical guidelines. We implemented a team-based approach, including expanded role of the RN, and standardized workflows/referral process and utilization of protocols. Lastly, we collected and shared data to monitor progress and impact of our interventions.

### IMPROVING HEALTH

- Significant increase of patients referred for counseling (210 percent).
- Prior to implementation, 42.4 percent of patients who used tobacco had documentation that they were offered cessation services. The current rate is 87 percent.
- Follow-up with patients at six months has demonstrated a quit rate of 35.2 percent, and 55.9 percent for patients prescribed a medication with three or more counseling visits.
- Of patients “relapsed” at six months, 34 percent have scheduled an appointment to make another attempt.

### ENHANCING PATIENT EXPERIENCE

- CTTS staff available in clinic settings (including small, rural communities) offer accessible and convenient on-site counseling.
- Shared decision making and individualized treatment plans.

### TAKING AIM AT AFFORDABILITY

- Locally deployed resources make participation in tobacco cessation convenient and affordable.
- Tobacco treatment is one of the most cost-effective services, providing a substantial return on investment in the short and long term.
- Decreasing the tobacco use rate makes health care more affordable for all.

## Strategies for Integrating Tobacco Dependence Treatment

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#### PROVIDER

University of Minnesota Health

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#### CHALLENGE

Primary Care Center (PCC) breast, cervical, and colorectal cancer screening rates were below the state average. PCC's goal was to meet or exceed the statewide average.

#### INNOVATION

A physician and rooming staff member partnered to design and implement training for PCC rooming staff to update, discuss, and order preventive care, including breast, cervical, and colorectal cancer screenings, that were due for each patient. This is now part of the standard rooming process for all patients. This process was tracked using a "Missed Opportunity" report which shows patients who had a visit, were due for preventive care and screenings, and whether the preventive care need was addressed. Rooming staff were expected to review this report weekly. Additional guidance was provided by our rooming staff champion.

#### IMPROVING HEALTH

- Increase in cancer screenings improves the chance of catching early stage disease and the odds of patient survival.

#### ENHANCING PATIENT EXPERIENCE

- Patient has more time with their provider for discussion of their specific needs.

#### TAKING AIM AT AFFORDABILITY

- Assigning the right task to the right role allows both rooming staff and provider to use time more effectively.
- Predicted cost savings as early detection through screening allows for early intervention and treatment.

The Use of Electronic SmartSet Orders by Rooming Staff to Improve Preventive Cancer Screening

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