Driving Down Opioid Prescribing

INNOVATION IN HEALTHCARE

PROVIDER
HealthPartners & Park Nicollet

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CHALLENGE
Opioid use in the United States has reached epidemic proportions. According to the Department of Health and Human Services, 11.5 million people misused prescription opioids and 116 people died every day from opioid-related drug overdoses in 2016. New solutions are needed to address this crisis.

INNOVATION
We believed one way to heighten awareness of the risks of opioid use, as well as make it easy for our prescribers to do the right thing, was to change the default quantity of pills in our electronic medical record for all opioid medications to 10. This number was selected because it was lower than the average quantity previously prescribed, and generally would result in a total morphine milligram equivalent (MME) that was more in line with clinical practice guidelines such as those recommended by the CDC.

IMPROVING HEALTH
• A default quantity of 10 makes it easy for prescribers to reduce quantity prescribed
• Fewer pills and fewer prescriptions have been shown to reduce the risk of continued opioid use, while at the same time non-opioid options have been shown to be effective in managing pain

ENHANCING PATIENT EXPERIENCE
• Reduced likelihood of addiction
• Better pain management options

TAKING AIM AT AFFORDABILITY
• Reduced total prescriptions by 10 percent from year 1 to year 2 (from 7,131 to 6,407 per month on average)
• Reduced total number of pills by 20 percent from year 1 to year 2 (from 198,586 to 158,082 per month on average)
Assessment of Pharmacist Intervention for Utilization within Accountable Care Organizations (ACOs)

CHALLENGE

Most accountable care organizations (ACOs) have not expanded their focus to the optimal use of prescription drugs, resulting in minimal use of pharmacist intervention. However, adding pharmacists into the ACO model could have a profound effect on patient outcomes and total pharmacy spending. With predictions stating that national health expenditures will account for nearly 20 percent of the Medicare budget by 2020, prescription drugs are a significant component of health care costs. Incorrect use of prescriptions medications can drastically affect total health care spending and patient outcomes.

INNOVATION

To demonstrate the impact of pharmacist intervention on accountable care organizations, we conducted a study where clinical pharmacists collected data on 116 patients from 9/18/2015 to 1/8/2018. Working directly with patients at a local clinic, the pharmacist had an opportunity to work with physicians, nurses, and other health care providers analogous to that of an ACO to coordinate high quality care for patients.

IMPROVING HEALTH

Identification of drug therapy problems in population health:
- 39 percent needed additional therapy
- 19 percent were being treated with a suboptimal drug
- 11 percent had a dose too low
- 7 percent were using inappropriate administration/technique
- 9 percent had an adverse drug reaction
- 16 percent on unnecessary therapy
- 12 percent underuse of medication

Result of Pharmacist Intervention
- 18 percent changed drug
- 8 percent increased dose
- 11 percent altered admin/technique
- 14 percent initiated new therapy
- 13 percent discontinued therapy

ENHANCING PATIENT EXPERIENCE

- 51 potential adverse drug events were prevented out of 116 patients
- Optimized drug choice for 22 percent of patients
- Optimized dose for 9 percent of patients for improved therapeutic results
- Optimized administration/technique for 8 percent of patients for improved therapeutic results

TAKING AIM AT AFFORDABILITY

Drug Related Cost Savings
- Estimated direct cost savings for payer: total savings to payer was $70,513.74 with an initial investment by the employer of $13,150, making the net savings $57,363.74
- Estimated direct cost savings for patients: $15,483 in 12 months

Reference:
A Culture of Daily Continuous Improvement

CHALLENGE

Our ambulatory division lacked a central method for improvement. Site leaders did whatever it took to meet the day’s schedule, jumping from one fix to another. We spent minimal time analyzing problems, leading to frustrating policies and staff burnout. Our leaders knew process improvement existed but found it challenging to incorporate it into regular workflows.

INNOVATION

Through improvement huddles, we empowered frontline staff to routinely break down larger workflow challenges into smaller segments to test change. Our clinics reported improved communication, engagement, alignment, care team resiliency and decision-making, transforming quality and patient experience. We designed an innovative visual management system that creates organizational alignment, facilitates daily updates, and encourages frontline engagement through improvement cards.

Within two months of implementing daily continuous improvement efforts, 195 improvement cards were submitted from 15 of our ambulatory units. This has been scaled up to 40 sites across our ambulatory division. Sites have progressed standard work and identified root causes of problems by conducting improvement cycles, physically changing their work environments and mistake-proofing processes.

IMPROVING HEALTH

- We armed leaders with tools to facilitate daily frontline improvement
- Trained leaders to think small to net big results
- Generated over 195 improvement cards in two months, aligning organizational goals of improving health, enhancing patient experience and improving effectiveness of our staff

ENHANCING PATIENT EXPERIENCE

Sites have used the improvement cards to conduct small tests to improve scripted responses and improve their patient hand-off from reception to nursing staff.

TAKING AIM AT AFFORDABILITY

As primary care continues to be challenged by access, staff have used this initiative to improve provider efficiency and ensure nurses and other care team members are working to the top of their skill sets across our ambulatory division.

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PROVIDER

CentraCare Health
Innovation in Healthcare

Care Coordinator Use of EMR Tools to Improve Care of Muscle Spasticity with Intrathecal Baclofen Pump

Provider
Courage Kenny Rehabilitation Institute, part of Allina Health

Challenge
Intrathecal baclofen (ITB) pumps are managed at three clinic locations by several providers. And, each locations process to manage pump refills and battery life needs differed. All three locations utilized a different spreadsheet and Outlook calendar to help the nurses track future appointment dates. These dated tools were not part of the electronic medical record (EMR). In addition, there was no way to identify if an individual receiving ITB changed a scheduled appointment. Due to the risk of withdrawal or overdose, ITB requires increased care management. However, we found it was not standard practice to complete follow-up calls after dose adjustment and check for symptoms of withdrawal or overdose. Complications, ED visits, and hospitalizations were likely to decrease with better care management.

Innovation
After standardizing work at all three clinic locations and building all workflows and documentation into the EMR, we implemented an RN Care Coordinator. This role allowed for greater oversight of this at-risk population through innovative EMR tools and reports. The reports pull data from unique fields within flowsheets and inform the care coordinator of significant quality and safety care issues. Examples include alarm date before the next scheduled refill appointment date; whether an individual was seen for an urgent pump evaluation appointment; or no show and cancelled appointments.

Improving Health
- 47 percent reduction in complications in the first six months

Enhancing Patient Experience
- Individuals receiving ITB now have a care coordinator partner and are called by a nurse 1-2 days after dose adjustment to assess for side effects
- At every dose adjustment, education on overdose and withdrawal symptoms is provided using a standardized patient education after visit summary

Taking Aim at Affordability
- Hospitalizations were reduced from 11 (year prior) to 2 (first six months of program)
- No ED visits for the 265 patients since implementation

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Spinal Cord Injury Care Coordination – A Team of Advocates

INNOVATION IN HEALTHCARE

PROVIDER
Courage Kenny Rehabilitation Institute, part of Allina Health

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CHALLENGE
Coordinating follow-up care after inpatient rehabilitation for individuals who have experienced a spinal cord injury is overwhelmingly complex. In addition to extensive follow-up appointments with multiple specialty care providers, it often includes home equipment and modifications, and adjustment to dramatic change in lifestyle. We recognized that more assistance was needed over time to help guide, advocate for, and sequence care. Caregivers were reporting difficulty and providers were seeing a need for additional support. Gaps in care were also evident when reviewing re-hospitalizations, ED and outpatient utilization of therapy services.

INNOVATION
We implemented an outpatient spinal cord injury care coordination team consisting of an RN care coordinator, care guide, and social worker. The team receives a hand-off at discharge and supports the individual and caregivers for the first two years after injury. Working in collaboration with the physical medicine and rehabilitation provider, the team connects with the patient at regular intervals. They advocate for services and problem-solve common issues like medical supply needs, home modifications, medication issues, insurance and funding barriers, adjustment to impaired functional ability, transportation, bowel and bladder management, emergency preparedness and timely appointment access.

IMPROVING HEALTH
• Actual follow-up with Primary Care Provider increased by 12 percent and follow-up with Physical Medicine and Rehabilitation Physician increased by 70 percent
• Participation in outpatient therapy increased by 199 percent due to education and assistance with logistics like scheduling and transportation

ENHANCING PATIENT EXPERIENCE
Individuals with spinal cord injury and their caregivers receive the services of a team who advocate, problem solve, and assist with removing barriers that prevent needed care

TAKING AIM AT AFFORDABILITY
• 68 percent reduction in emergency department utilization in the first 6 months following discharge
• 67 percent reduction in rehospitalization in the first 6 months following discharge
**INNOVATION IN HEALTHCARE**

**SmartCare: Innovative Primary Care**

**PROVIDER**
Park Nicollet & HealthPartners

**CHALLENGE**
As health care costs continue to be a focus, we needed to develop a better way of delivering care to our patients that was convenient and flexible, reduced total cost of care and provided high quality and a positive patient experience.

**INNOVATION**
We created the SmartCare Clinic to provide team based, full-service primary care to patients in flexible, convenient ways, such as video visits, phone visits, e-visits and in-person visits, resulting in high quality patient experience at a reduced cost.

**IMPROVING HEALTH**
- Having a care team instead of solely relying on an individual provider allows for consistency in meeting the needs of patients
- Comprehensive, coordinated care that treats the whole person

**ENHANCING PATIENT EXPERIENCE**
- Increased patient experience with extended hours: Monday-Friday 7 a.m. – 7 p.m. & Saturdays 8 a.m. - noon
- Convenient care options, including phone visits, video visits, e-visits and in-person visits
- Patient-centered care that is focused on developing a partnership

**TAKING AIM AT AFFORDABILITY**
- Care provided by right level of provider based on patient need (RN, PA, NP, MD), helps reduce costs for patients
- Reduced referrals to specialties
- Reduced visits to Emergency Room and Urgent Care

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CHALLENGE

Research shows patients who meet with pharmacists to review medications and work together to eliminate medication-related problems are more likely to reach health-related goals. However, once patients reach these goals, there is not an established protocol for patient follow-up to determine if they have maintained these goals, developed additional medication-related issues or continued to take medications without concerns. This outreach can be a time-intensive process. To get patients back to see pharmacists as quickly as possible, outreach to these patients by someone other than the pharmacist was necessary.

INNOVATION

We created a protocol to integrate a pharmacy technician in the pharmacy practice model to identify patients who develop new problems with medications and/or do not continue to meet health-related goals after discharge from the pharmacist’s care. The technician uses calling templates to inquire about medication side effects, patient concerns, adherence issues and patient monitoring results. Based on patient response, the technician assists patients in scheduling back with the pharmacist if needed. The technician also calls patients who no-show for appointments with the pharmacist to encourage rescheduling these visits.

IMPROVING HEALTH

• Patients were referred back to pharmacists sooner for medication-related issues
• Patients who no-showed to appointments received personalized outreach to help reschedule those appointments in a timely manner

ENHANCING PATIENT EXPERIENCE

• Outreach between normally scheduled appointment times helped ensure patients weren’t experiencing any new medication adverse events
• Patients who no-showed for appointments were contacted to help them pick out an appointment time that would work best with their schedule

TAKING AIM AT AFFORDABILITY

• Using pharmacy technicians to function as an extension of the pharmacist is more cost-effective than increasing outreach by pharmacist practitioners
• Getting patients to see pharmacists as soon as problems arise decreases risk of medication-related adverse effects
PROVIDER
Sanford Health of Northern Minnesota – Bemidji Clinics

CHALLENGE
We identified an issue with patients not being scheduled for follow-up appointments after being hospitalized. Follow-up appointments are vital for a smooth transition back into the ambulatory care setting. This follow-up care supports prevention of complications and readmission to the hospital. And, providing appropriate care improves the patient experience. CGCAHPS surveys reflect lower-than-desired scores in overall recommendation of provider office and care coordination.

INNOVATION
To help with the identified issues above, RN Health Coaches see the patient during their hospital stay to start the transition of care and coordination process. As well as provide follow-up phone calls to the patient after discharge.

IMPROVING HEALTH
• Decreased readmission rates
• Increased number of patients with follow-up appointment with clinician in primary care department

ENHANCING PATIENT EXPERIENCE
• Increased understanding of transition back to ambulatory care, reducing readmissions, therefore, reducing cost to patient and increased satisfaction with overall care
• Improved patient satisfaction scores in overall care coordination, health care team asked about prescription medications and overall recommendation

TAKING AIM AT AFFORDABILITY
• Reduced readmissions
• Improved efficiency in transitions of care and care coordination

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PROVIDER
Goodrich Pharmacy

CHALLENGE
The local clinic in town closed, leaving the community without convenient access to health care. The challenge was to improve the community’s access to care by offering additional services through the pharmacy.

INNOVATION
We established a collaborative practice agreement allowing our pharmacists to diagnose and prescribe treatment for influenza and group A strep. Our pharmacists screen and assess patients. Diagnosis is determined using point of care testing. Then, our pharmacists prescribe and dispense medication for positive test results. They also discuss self-care and when referral to a clinic is needed.

IMPROVING HEALTH
- Convenient access to health care helps patients receive treatment in a timely manner
- Early treatment of disease helps prevent worsening illness, leads to less missed work and school, and may reduce hospitalizations
- Community exposure is reduced when patients are treated early and can receive their diagnosis and treatment from the same location

ENHANCING PATIENT EXPERIENCE
- Local access to care means patients save time
- Availability of walk-in appointments makes care more accessible
- Receiving a diagnosis and treatment from the same location makes the care process convenient
- Increased access to care in a rural location without a primary care provider or clinic

TAKING AIM AT AFFORDABILITY
- Pricing is similar to other “in-pharmacy clinic” care services
- Convenience and time savings make this service a good value for patients
- Convenient care, early treatment, and visiting fewer locations to receive care all help minimize community exposure to illness

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PCSK9 Inhibitors: The Impact of a Systematic, Team-Based Approach to Reducing Financial Barriers and Improving Rates of Approval

**ChALLENGE**
PCSK9 Inhibitors are a costly but valuable treatment for patients with hyperlipidemia. The challenge begins with identifying patients who will benefit the most and includes securing pharmacy benefit coverage in a way the patient can remain compliant.

**INNOVATION**
Minneapolis Heart Institute (MHI) preferentially centralized diagnostics and prescribing of PCSK9 inhibitors to a subgroup of providers and clinicians who partnered with Allina Health Pharmacy (AHP) to leverage expertise obtaining prior authorizations and educating patients. In this multidisciplinary approach, multiple resources are available to the patients, including dietitian and nursing support. Patients are identified by the prescribers, the pharmacy liaison obtains the prior authorization and a pharmacist educates the patient in clinic prior to starting the therapy. The pharmacist and pharmacy liaison use a database within the EHR to track prescription status, related labs, and PA expirations for all PCSK9 inhibitor patients, as well as compliance data for AHP managed patients.

**IMPROVING HEALTH**
- Directs patients with greater cardiovascular risk levels to a more specialized team for evaluation prior to prescribing
- Educates patients on appropriate use and administration, providing in-clinic training to increase comfort and compliance
- Database allows a task-based approach to track a large number of patients following labs, the prescription renewal process and PAs to ensure the medication is working safely and patients can remain compliant

**ENHANCING PATIENT EXPERIENCE**
- Patient receives personal education in clinic by multiple disciplines as needed to ensure understanding
- Preapproval addresses formulary barriers and removes doubt from treatment plan

**TAKING AIM AT AFFORDABILITY**
- PA process was streamlined by recruiting the pharmacy liaison (AHP pharmacy technician role), reducing strain on Triage and transfer of duty from a nurse to a pharmacy-insurance specialist
- Centralizing the prescribing increased appropriateness and helped control access to an expensive therapy
- Above demonstrated by prior authorization approval rates >95 percent
- Referral to prescription assistance programs or manufacturer resources when appropriate to assist and maintain therapy

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PROVIDER
Essentia Health

CHALLENGE
Patients put their trust in us to provide safe care. Studies reveal that more than 250,000 people in the United States die every year because of medical mistakes, making it the third leading cause of death after heart disease and cancer. Internal survey results indicated we could improve our culture of patient safety, especially in the area of employees feeling safe to report and learn from errors.

INNOVATION
Implemented “Just Culture,” an accountability model that supports a core set of beliefs that changes the focus from error and outcomes to system design and management of behavioral choices. It moves from an overly punitive culture and strikes a balance between punitive and blame-free. It encompasses the benefits of learning at an organizational and individual level and the need to retain personal accountability and discipline.

IMPROVING HEALTH
- Learning from our harm events and near misses by identifying modifiable causes and taking action on the findings to prevent harm in the future
- Development of skills and system design strategies to create procedures that reliably result in better outcomes
- Consistent principles for managing behavior that build respect, security, support and transparency

ENHANCING PATIENT EXPERIENCE
- Reduces opportunity for human error and captures errors before they become critical
- Decreases the chance of repeat errors
- Influences quality and outcomes for patients through a culture of patient safety

TAKING AIM AT AFFORDABILITY
- In a punitive environment, people cover up errors and under-report problems, potentially leading to poor mortality and readmission rates
- It is estimated that medical errors cost in excess of $17 billion each year. A highly reliable health care organization can aid in bending the cost curve
- Health system errors bring risks, which include financial and human loss, negative impact on workforce and lost confidence and trust among members of the community

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Preoperative Medical Management to Prevent Complications in Patients Undergoing Hip and Knee Replacement Surgery

INNOVATION IN HEALTHCARE

PROVIDER
Fairview Health Services

CHALLENGE
Complications following an elective hip or knee replacement are devastating for patients and largely preventable. Our hospital was experiencing preventable complications for joint replacement patients, which negatively impacted patient experience and value of care.

INNOVATION
We implemented a workflow by which at-risk patients were identified and medically optimized prior to their joint replacement surgery.

IMPROVING HEALTH
• We flagged patients who were at risk of a medical complication and ensured they were medically optimized well before their scheduled surgery date
• Patients experienced better medical management prior to surgery, resulting in fewer complications and better patient outcomes

ENHANCING PATIENT EXPERIENCE
• Patients had a single nurse navigator from the hospital who coordinated any medical optimization needs and managed communication within the care team members
• Patients experienced a well-coordinated surgical pathway from several weeks prior to surgery until after they returned home
• Patients and their families experienced fewer cancelled and rescheduled surgeries

TAKING AIM AT AFFORDABILITY
• Avoided 35 last-minute cancellations, resulting in $105,000 cost savings in improved Operating Room efficiencies alone over the 6-month pilot
• Complication rates decreased 38 percent and readmission rates dropped 43 percent during the pilot

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Improvement in Blood Pressure Measures through Community Pharmacist-Prescriber Coordinated Care

INNOVATION IN HEALTHCARE

CHALLENGE
Maintaining blood pressure goals reduces the risk for further cardiovascular complications, adding to quality of life and reducing financial burden associated with further cardiovascular complications. Our primary care clinics closely track their hypertension population and the proportion of patients meeting the MNCM blood pressure goal criteria. We believe pharmacy services for patients with hypertension can enhance the ability to deliver value-based care.

INNOVATION
We initiated a Blood Pressure Goals Achievement Program (BPGAP) to support clinic efforts that improve the rate of patients meeting their blood pressure goals. The program included four pharmacist interventions: blood pressure measurements, education about blood pressure and patient-specific goals, medication recommendations to the prescriber and patient follow-up protocol and tracking. The pharmacy’s access and utilization of a patient’s electronic health record for blood pressure documentation and treatment recommendations, the pharmacist-managed follow-up protocol and true integration in blood pressure management make this program innovative compared to other pharmacy blood pressure services.

IMPROVING HEALTH
• Increased hypertension medication utilization
• Improved population systolic and diastolic blood pressure values
• Achieved a 40 percent increase in the proportion of patients meeting their blood pressure goals

ENHANCING PATIENT EXPERIENCE
• Increased patient convenience with drop-in blood pressure monitoring
• Enhanced coordination of care between pharmacy and clinic teams in addressing hypertension care and follow-up

TAKING AIM AT AFFORDABILITY
• Reduced need for clinic visits specific for blood pressure monitoring
• Blood pressure monitoring offered free of charge as frequently as needed
• Better hypertension management ultimately leading to lower risk of cardiovascular events and health care utilization

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INNOVATION IN HEALTHCARE

Early Post Surgical Spine Program

PROVIDER
Physicians’ Diagnostics and Rehabilitation (PDR) Clinics

CHALLENGE
Post-surgical care for spine surgery typically focuses more on monitoring healing of the surgical structure (wound, hardware fixation, bone graft) than the patient’s biopsychosocial healing (physical, psychological and social well-being). And, unlike post-operative orthopedic surgeries such as total hip or knee replacements in which therapy begins two weeks after surgery, spine surgeons are not likely to refer to rehabilitative therapy until much later, if at all.

INNOVATION
Our vision is to create a new standard of care for post-surgical spine patients by creating a model that combines the post-surgical clinic care visits with an early rehabilitative therapy referral ultimately to reduce post-surgical complications, revision surgeries, and longer-term failed surgery syndrome. Perhaps monitoring and providing therapy in the early weeks following surgery would be helpful in reducing fear of movement, providing support and expectations around pain and the recovery process and preventing post-surgical complications. Thus, improving patient outcomes and ultimately decreasing health care costs.

By partnering with local spine surgeons, we created an early post-surgical spine rehabilitation program. Patients were seen as early as two weeks after surgery and monitored in the early recovery phase. Therapy focused on graded return to safe functional activities, pain neuroscience education, and progressive exercise. We concluded that 92 percent responded favorably in Total Perceived Recovery (TPR), 93 percent discharged at a low risk of psychosocial barriers to recovery (Keele) and 70 percent had a meaningful improvement in function (PSFS).

IMPROVING HEALTH
- Reduced disability
- Improved return to work
- Reduced pain medication / narcotics
- Improved self-efficacy

ENHANCING PATIENT EXPERIENCE
- Improved continuity of care
- Improved self care and recovery process
- Reduced uncertainty, fear and anxiety

TAKING AIM AT AFFORDABILITY
- Reduced surgical complication costs and/or revision surgery
- Reduced cost of later post-surgical rehabilitation (chronic disuse, fear of movement)

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CHALLENGE

Two problems prompted looking for an innovative solution. The first problem is the costs associated with a colonoscopy. We knew we needed to find a better way to improve affordability. We also wanted to find a way to make the colonoscopy as comfortable as possible, with the least amount of risk. Over time, we became frustrated with the cost of a colonoscopy charged by facilities and the need for propofol sedation, which increases the cost. We were continually looking for ways to improve quality while also reducing costs.

INNOVATION

Rather than use air to distend (extend) the colon, we switched to water during a colonoscopy. As soon as the colonoscope is inserted, a foot pedal allows for continuous insertion of water instead of air to navigate through the colon. Dirty water is removed at the same time, and the least amount of water needed to see proximal colon is used.

IMPROVING HEALTH

• Decreased discomfort and cost to the patient, which will make a colonoscopy a more inviting way to screen for colon cancer
• According to the Centers for Disease Control and Prevention, colon cancer is the second leading cancer killer in the United States. Early detection of colon cancer equals higher patient survival rate, which inevitably decreases cost of expensive cancer treatments and procedures

ENHANCING PATIENT EXPERIENCE

• Decrease discomfort for a patient during a colonoscopy procedure
• Reduced costs for the patient by eliminating the need for stronger sedation and provider resources

TAKING AIM AT AFFORDABILITY

This innovation allowed us to achieve the Triple Aim of decreasing patient discomfort, increasing the quality of a colonoscopy and decreasing the cost. Patients may not always see the direct cost of a screening colonoscopy because it may be covered by their insurance company. However, the insurance company is then paying the higher cost, which could lead to higher premiums the following year.

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BMI as a Vital Sign

PROVIDER
Perham Health Clinic managed by Sanford Health

CHALLENGE
Seventy-five percent of the clinic’s patient panel is considered overweight or obese, which is higher than the national average of 67 percent. Patients who receive counseling from their care team about healthy lifestyle changes are three times more likely to engage in positive behavior change. Understanding this, Perham Health Clinic made this work a strategic priority.

INNOVATION
We incorporated body mass index (BMI) into the vitals overview within the standardized clinic rooming process. We also trained nurses to educate patients on the significance of their BMI in relation to the BMI chart. This prepped the patient for a more in-depth conversation with the provider about the health implications related to weight gain and/or elevated BMI.

IMPROVING HEALTH
• Educating patients on their BMI level prepares the patient for a conversation with their provider during the office visit
• Reducing BMI and increasing activity levels will improve overall health of the population

ENHANCING PATIENT EXPERIENCE
• Patients feel less threatened or hurt when their BMI is treated in the same manner as other vitals
• Utilizing motivational interviewing strategies develops patient trust and promotes establishment of meaningful, patient-centered goals
• We provide patients with resources that promote incorporating healthy lifestyle changes into their daily routine. Examples include one-on-one coaching and utilization of a diabetes prevention program curriculum
• Perham Health has increased its performance score 14 percent since December 2017. This is equivalent to an additional 1,208 patients meeting the 2018 MNCM measurement specifications

TAKING AIM AT AFFORDABILITY
• Obesity contributes to 75 percent of health care issues
• Patients who are obese cost on average $1,400 more per year than patients at a healthy weight
• Partnering with patients to adopt healthier lifestyles and/or maintain current healthy lifestyles has the potential to decrease the financial impact of obesity on patients, health systems and health insurers

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The need arose to objectively measure patient progress and struggles in real time in order to increase treatment responsivity as well as engage patients in state-of-the-art recovery content. This would in turn engage them on the transition from clinical management to self-management.

The Hazelden Betty Ford Foundation designed a secure patient portal called MyRecovery Compass (MRC). However, it is much different than the patient portals many use with their own health care clinics. It includes numerous features to improve patient outcomes, increase patient engagement and empower patients in their transition from clinical management to self-management.

Use of assessments such as Feedback Informed Treatment (FIT) empowers the patient to provide real-time feedback to clinicians about their treatment experience, allowing for more responsive treatment interventions. MRC provides resources to inform patients about symptoms and communication avenues, as well as the ability to use assessments to provide comprehensive data between sessions. This minimizes the reliance of retrospective self-report data to guide treatment.

MORE® (My Ongoing Recovery Experience) is a robust program that includes self-assessments, interactive online workshops and an extensive library of videos and articles, all to drive milestone-based recovery. This process also includes access to a coach. FIT uses several clinically validated instruments to measure clinical domains to allow for a more responsive treatment experience. These instruments also provide patients another means for active involvement in co-creating their treatment experience through active feedback and assessment tools.

Patient access to MRC is included with the care provided at the Foundation. Use of tools like FIT allows a more targeted and focused care/intervention approach that may decrease the overall length of stay for patients and assist with the transition to less intensive/less expensive levels of care. Use of assessments can increase alignment between urgent and emerging patient needs and the clinical focus, as well as identify effective treatment strategies.

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INNOVATION IN HEALTHCARE

PROVIDER
CentraCare Health’s Recovery Plus

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CHALLENGE
Of the 1,670 patients seen at Recovery Plus in 2017, 1,041, or 62.3 percent, self-identified as tobacco users. Tobacco was not addressed at all within our treatment program unless the patient inquired with the provider. Counseling staff did not address tobacco use as part of the treatment plan or within counseling.

INNOVATION
Upon admission, our medical staff begins the conversation of the correlation between alcohol and other drugs and tobacco. They inform the patient of the opportunity to receive nicotine replacement therapies and counseling while participating in the program. Including a quit attempt as part of the treatment plan is ultimately up to the patient. Historically, tobacco is not considered a drug within substance use disorder (SUD) treatment. Patients have even been told only to tackle one addiction at a time. Our program is now addressing alcohol, tobacco and other drugs, not just alcohol and other drugs.

IMPROVING HEALTH
• Smoking causes 1.5 times more deaths among SUD clients than the alcohol and drugs that bring them into treatment
• Quitting tobacco during chemical dependency treatment leads to a 25 percent increased success rate of long-term sobriety

ENHANCING PATIENT EXPERIENCE
• Increased opportunity for patients to address all chemical addictions at one time
• Made it easier for patients to manage medications with medical and counseling staff while withdrawing from nicotine
• Ensured all patients had access to nicotine replacement therapies regardless of their ability to pay
• Integrated a plan for tobacco dependency part of Dimension II in the overall patient treatment plan

TAKING AIM AT AFFORDABILITY
In looking at our population health risk scores, 7,000 of the 12,000 high risk patients are current or past tobacco users.

Tobacco Treatment in Recovery
Enhancing Patients’ Lives with Conservative Care Pathways for Back Pain

INNOVATION IN HEALTHCARE

PROVIDER
Fulcrum Health, Inc.

CHALLENGE
Too often, prescription pain medications are the first line of defense in treating acute and sub-acute back pain, which will affect 80 percent of adults at some point in their lives. Fortunately, there are multiple non-invasive, non-prescription acute and chronic pain management alternatives. The challenge is to provide a care pathway for conservative care first that is well understood, widely available and follows these evidence-based options.

INNOVATION
Fulcrum has launched a demonstration project called ChiroFirst, which evaluates a comprehensive, conservative care pathway for adults with acute and sub-acute low back pain. This new pathway places a doctor of chiropractic as the standard point of entry and utilizes ChiroCare Centers of Excellence (CCoE) clinics to collect outcomes data related to the Triple Aim (patient outcomes, patient satisfaction, and cost).

IMPROVING HEALTH
The functional improvement demonstrated by outcome scores for chiropractic care reflected a positive outcome for adult, acute and sub-acute low back pain.

ENHANCING PATIENT EXPERIENCE
- The results of the Clinic Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) Survey shows a consistent rating of 95 percent patient satisfaction
- Conservative care first pathway helps reduce patient confusion regarding the selection of a place of service for pain management
- Doctors of chiropractic encourage active care, prevention education, and self-care, which often leads to more successful long-term pain management and overall health benefits
- The CCoE program offers a credentialed and validated network of clinics known for consistently applying best practices and patient-centered care

TAKING AIM AT AFFORDABILITY
- Preliminary results indicate the ChiroFirst clinics use fewer visits to treat low back pain across all insurance products when compared to the entire Fulcrum network
- There is a decrease in unnecessary and costly high-tech imaging, and a reduction in redundant medical procedures

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Innovative Use of Simulation Software to Design Models for Improvement of Essentia Health East (EH) Emergency Department (ED) Patient Lead Time and Throughput

**PROVIDER**
Essentia Health

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**CHALLENGE**
With limited success, we made various attempts over the past 15 years to better manage patient census, improve the rate that patients move through the ED, decrease the number of patients leaving without being seen and reduce patient length of stay. In addition, we had to see patients in hallways due to overcrowding.

**INNOVATION**
We developed a technique using simulation software to optimize work flow processes in the ED to make confident, evidence-based decisions in a test environment without involving patients. We designed various models to determine optimum staffing and patient flow through the ED with 95 percent confidence. As a result, we implemented a sustainable Joint Evaluation Triage process.

**IMPROVING HEALTH**
- Allows improved quality of care due to more time with the physician or advanced care practitioner
- Allows earlier access to specialized care facilities (e.g. hospital, long term care, psych facilities)

**ENHANCING PATIENT EXPERIENCE**
- Reduced patient wait time and average length of stay by improving patient flow in the ED
- Reduced number of patients being “roomed” in hallways

**TAKING AIM AT AFFORDABILITY**
- Reduced volume of patients leaving without being seen in the ED from 3.74 percent to 1.2 percent
- Improved patient access to the ED through improved patient flow allowing increased volumes
Fertility Preservation in Children Facing Chemotherapy and Radiation Therapy

INNOVATION IN HEALTHCARE

PROVIDER
Mayo Clinic, Rochester, Minnesota

CHALLENGE
Due to the excellent long term survival of childhood cancer patients, quality of life concerns are at the forefront for these individuals, particularly the ability to have children after undergoing cancer treatment which could have adversely affected their reproductive potential. Children who have undergone puberty are typically able to provide a semen sample (boys) and egg storage (girls) before beginning chemotherapy. However, there are currently no clinically available options for young children with cancer who have not yet had any changes of puberty to preserve fertility before treatment.

INNOVATION
As part of a research protocol, we are offering fertility preservation methods to young patients facing cancer treatment that could affect their ability to have children. This involves storage of ovarian tissue for girls and testicular tissue for boys prior to undergoing cancer treatment. The procurement of this tissue occurs at the same time as other surgical procedures, such as central line placement. This is a multi-disciplinary collaboration including pediatric oncology, gynecology, endocrinology, urology, surgery and reproductive endocrinology providers.

IMPROVING HEALTH
• A key quality of life concern for long term childhood cancer survivors is desire for fertility. Studies on the subject reveal there is an increased desire to procreate following successful cancer therapy
• Discussion of fertility preservation in young children facing cancer therapy at the outset of treatment offers hope and encouragement at a challenging time

ENHANCING PATIENT EXPERIENCE
• Combining the procedure of fertility preservation with other procedures negates the need for multiple anesthetic events
• In follow-up phone calls after the procedure to retrieve ovarian or testicular tissue, patients have voiced greater satisfaction with the comprehensive cancer treatment, including securing reproductive potential

TAKING AIM AT AFFORDABILITY
• By combining the procedure to save future fertility with another procedure, costs are driven lower
• Becoming an on-site storage facility for this tissue has also helped reduce overall costs of storage and shipping for patients

CONTACT:
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Chattha.Asma@Mayo.edu

PROVIDER
Mayo Clinic, Rochester, Minnesota

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