

CENTRACARE Clinic



Hypertension Pharmacologic Innovation Tool

INNOVATION IN HEALTHCARE

PROVIDER

CentraCare Health

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CHALLENGE

CentraCare has over 27,000 patients with hypertension. It is a major factor in many chronic diseases and is often seen as a precursor to heart disease, heart attacks, stroke, kidney disease, vascular disease, and is a significant factor in diabetic complications. Detailed predictive data analysis has shown that it is one of the three major predictors of future diseases and health care spending. And, the Minnesota Department of Health reports 27 percent of Minnesotan adults reported having high blood pressure.

INNOVATION

We developed a robust tool that significantly improved our workflows to prescribe, adjust, and titrate anti-hypertensive pharmacologics to our patients with hypertension. This tool highlights patients not on pharmacologics who are at high risk of developing stroke and heart disease. It also indicates opportunities where more effective pharmacologic intervention is possible, encouraging intradepartmental collaboration and improved patient compliance with their care plans. Within four months of development, the tool has been operationalized across our organization, resulting in a 972-patient improvement of controlled blood pressure.

IMPROVING HEALTH

- Patients with hypertension receive optimal care, leading to improved health outcomes
- Builds lasting relationships with patients and their primary care team
- Encourages changes in lifestyle intervention and titration off anti-hypertensive pharmacologics

ENHANCING PATIENT EXPERIENCE

- By focusing on visits that encourage patient accountability and increasing opportunities to practice motivational interviewing, this tool builds meaningful relationships, enhancing patient experience with the entire care team
- Facilitates follow-up calls and in-between visits, encouraging patient accountability and support

TAKING AIM AT AFFORDABILITY

- Utilizes staff and providers more effectively by minimizing waste (chart audits), improving unproductive time spent working with registries and maximizing face time with patients
- Helps to close gaps in care with improved hypertension quality metrics



WE'VE GOT YOUR BACKSIDE



Increasing Colorectal Cancer Screening Rates to 80 percent by 2018

INNOVATION IN HEALTHCARE

PROVIDER

Sanford Westbrook Clinic

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CHALLENGE

Colorectal cancer (CRC) is the second leading cause of cancer death in the United States and has become a national public health initiative. The National Colorectal Cancer Roundtable established the goal of 80 percent of eligible adult patients aged 50 and older receive screening for CRC by 2018. We intend to increase the CRC screening rate in our Minnesota community clinic from 66.7 percent (Jan 2016) to 80 percent by end of 2018.

INNOVATION

We implemented multiple provider and nurse driven interventions to increase CRC screening rates. Strategies included leveraging reports, team huddles, a gap card tool, transparency board, laminated eligibility sheets and staff education.

IMPROVING HEALTH

- Routine screening for CRC can lead to early detection and treatment of cancers. This allows for improved outcomes for patients diagnosed with cancer
- Early detection and treatment can decrease costs to patients by initiating treatment in early stages of cancer growth, potentially shortening the treatment course and improving survival rate

ENHANCING PATIENT EXPERIENCE

- Moving away from the historic style of care when decisions were made solely by the doctor, we instead offer multiple validated screening tests, including take-home options (as patient eligibility allows), resulting in patients actively participating in their medical care decisions
- Engaged patients complete cancer screening at a higher rate when we can offer test options that mitigate their specific barriers like travel, time away from work, high cost and fear
- Reviewed all due or overdue health maintenance patient needs at every visit through a team-based approach to prioritize care needs and prevent missed opportunities. Preventive care and chronic disease management is addressed more consistently, leading to a healthier MN community!

TAKING AIM AT AFFORDABILITY

- When routine screenings are completed and cancers are detected and treated earlier in the disease process, the overall cost to the patient and the health care system and industry is reduced
- Patients are also given alternative testing options such as the FIT test and the Cologuard test, which may be a more affordable option than a screening colonoscopy





Allina Health

PROVIDER

Allina Senior Health

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CHALLENGE

Despite recommendations for routine use of the Prevnar vaccine in 2014, the numbers of vaccinated adults remain low. Seniors in assisted living facilities pose additional challenges for receiving the vaccine due to difficulties in accessing primary care clinics or pharmacies. Many assisted living dwelling seniors are managed by in-house provider teams that lack a standardized process for vaccines. These challenges result in a low administration rate for the Prevnar vaccine. Through 2016, only 31.5 percent of seniors (age 65 and older) received the Prevnar vaccine nationally.

PROCESS FOR CHANGE

We developed and implemented a standardized process for administering Prevnar vaccines. Provider teams assess the vaccination status, provide patient education and obtain consent. In partnership with the organization's internal pharmacy, we set up the ability to order the vaccine through Part B billing and the pharmacy delivers the vaccines to the assisted living facility. Provider teams then administer the vaccinations onsite to the patients. Ongoing screening is completed and we offer Prevnar vaccination clinics biannually. Prevnar vaccination rates have been identified as an assisted living facility quality measure which is tracked monthly and reported to each provider.

RESULTS

- Provider teams have administered 324 Prevnar vaccinations since 2015
- Increased Prevnar vaccination rates from 23 percent in 2015 to 83 percent through June 2018 for assisted living patients

ADOPTION CONSIDERATIONS

- Is the patient able to receive the Prevnar vaccine through another service (i.e. facility pharmacy similar to Influenza services)? If unable, is the organization's internal pharmacy able to support the service?
- Understand the patient's insurance benefits
- Thorough review of Prevnar and Pneumovax status

RECOMMENDATIONS FOR SUSTAINING THE GAINS

- Establish a process for monitoring vaccine status and provide Prevnar clinics for new patients biannually
- Prevnar immunization rates are reported monthly to the providers
- Role clarity of involved team members



Improving Prevnar Vaccination Rates amongst Assisted Living Dwelling Seniors

PREVENTIVE CARE