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New Medicare QIO Contract Targets Prevention, Patient Safety, and Medicare Beneficiary Protection

Stratis Health recently submitted a proposal to serve as the Quality Improvement Organization for Minnesota (QIO) for the Centers for Medicare & Medicaid Services (CMS) next scope of work (August 1, 2008 – July 31, 2011). The work outlined in the next contract is quite different from our current work. Rather than organizing the work of the QIO contract around health care settings—hospitals, clinics, nursing homes, and home health agencies, CMS has organized the work under three core themes:



1. Prevention – working with clinics to improve breast and colorectal cancer screening and influenza and pneumococcal screening using evidence-based practices and electronic health record (EHR) care management tools
2. Patient safety – MRSA and surgical care in hospitals, pressure ulcer care and physical restraint use in nursing homes, and prescription drug therapy
3. Beneficiary protection – case review of complaints and denials

In addition, a limited number of QIOs will receive funding for care transitions and chronic kidney disease prevention and management.

Working with clinics over the next three years

Stratis Health plans to continue to build on its EHR work with clinics with an innovative prevention initiative that engages patients in participating in their own care. We will draw on our successful past quality improvement efforts in prevention and on our expertise in the use of health information technologies to promote implementation or redesign of EHR care management tools for preventive services and to identify opportunities for optimizing EHR capabilities.

EHR adoption in Minnesota has advanced rapidly over the past few years. A 2007 Stratis Health survey showed that more than 60% of Minnesota adult primary care clinic sites have implemented or are in the process of implementing an EHR. In the next few years, we will conduct a follow-up survey to evaluate clinic gains in optimizing use of their EHR systems.

Stratis Health also will continue to share information, tools, and resources with clinics and highlight Minnesota success stories via the *Clinic Link*, and will continue to assist providers in understanding CMS policies and programs related to quality, patient safety, and prevention.

We appreciate the support of our many partners in working to achieve patient-centered care, and look forward to continuing to improve health care in Minnesota.

Jennifer Lundblad, PhD, MBA
President & CEO

Materials, Tools, and Resources for Your Clinic

EVENTS

Institute for Clinical Systems Improvement 2008 Colloquium on Clinical Quality Improvement
May 7-9, St. Louis Park, MN www.icsi.org/calendar/calendar_special_events/2008_colloquium.html

Prevention Minnesota Conference: Making Connections 2008
May 8, Minnetonka, MN, www.bluecrossmn.com/preventionminnesota



Minnesota Safety and Health Conference
May 14-16, Minneapolis, MN, www.minnesotasafetycouncil.org/conf/08index.cfm

2008 National Conference on Medication Access, Use, and Safety in Rural America
June 5-6, Minneapolis, MN, www.ruralcenter.org/pages/events/conf-medaccess-2008

**2008 Minnesota Critical Access Hospital and Rural Health Conference:
*Engaging Communities and Transforming Health Care***
June 23-24, Duluth, MN, www.health.state.mn.us/divs/orhpc/conf/index.html



Minnesota e-Health Summit: *From Vision to Action*
June 25-26, Northland Inn, Brooklyn Park, MN,
www.stratishealth.org/training_events

2008 Age & Disability Odyssey Conference
August 18-20, Duluth, MN, www.mnaging.org/odyssey/index.html

RESOURCES

- **Electronic Health Record Survey Results**, www.stratishealth.org/EHRReport
- **2007 Physician Quality Reporting Initiative (PQRI)**, www.cms.hhs.gov/PQRI
- **Local cancer resources**, www.MnCancerResources.org
- **Patient Guide to Methicillin-resistant Staphylococcus aureus (MRSA)**, www.health.state.mn.us/divs/idepc/diseases/mrsa/book.html
- **Immunization facts and resources**, www.stratishealth.org/imm
- **Online self-guided *Disparities in Healthcare* course**, <http://elearning.QualityNet.org>
- **Agency for Healthcare Research and Quality National Health Care Quality Report**, www.ahrq.gov/qual/nhqr07/nhqr07.pdf

Tales from the Field

Minnesota DOQ-IT Clinics

Each clinic that participated in the Minnesota Doctors Office Quality-Information Technology (DOQ-IT) Program completed more than 700 hours of work on readiness assessments, process mapping, and process redesign to prepare for electronic health record (EHR) adoption and implementation. In addition, they participated in three day-long learning sessions, networking with peer clinics and sharing successes and challenges.

All this work helped build a foundation and prepare Minnesota DOQ-IT Program participants to optimize their electronic systems. When these clinics are ready to take full advantage of the tools available in their EHR systems, they will be able to collect data and use it to improve care management and chronic disease management, and implement prevention processes and strategies to improve care for their patients.

Over the next three years, Stratis Health will build on this foundation to help clinics identify opportunities and strategies for EHR optimization by more fully utilizing their care management tools to improve breast and colorectal cancer screening and influenza and pneumococcal screening.

Congratulations to the following clinics that worked so hard to get to this point.

- ★ Bloomington Lake Clinic, Bloomington, Mendota Heights, Minneapolis
- ★ Camden Physicians, Maple Grove, Minneapolis, Plymouth
- ★ Central Lakes Medical Center, Crosby
- ★ Glenwood Medical Center (Glacial Ridge Health System), Glenwood
- ★ Fergus Falls Medical Group, Fergus Falls
- ★ Grand Itasca Clinic & Hospital, Grand Rapids
- ★ Hutchinson Medical Center, Hutchinson
- ★ Mankato Clinics, Mankato
- ★ MultiCare Associates, Fridley, Roseville
- ★ P. S. Rudie, MD & Associates, Duluth
- ★ SMDC Health System, Aurora, Deer River, Ely, International Falls
- ★ Superior Health Medical Group, Duluth, Proctor, Two Harbors
- ★ Wadena Medical Center, Wadena

Find the HIT Acronyms

How familiar are you with the language of health information technology? Find some of the more commonly used acronyms in the grid below.

C	D	R	X	S	R	V	E	P
O	S	Y	U	R	I	X	D	O
E	D	M	S	H	N	L	I	B
U	U	K	C	P	H	X	U	C
I	S	O	D	X	R	R	C	C
P	L	S	R	B	W	D	C	R
A	J	X	D	V	W	K	I	Z
C	D	W	V	C	V	S	F	G
S	A	E	R	X	P	M	S	E

CCR: continuity of care record (patient health record sent from one provider to another)

CDR: clinical data repository

CDSS: clinical decision support system (software that processes discrete data according to logical rules to provide reminders and alerts)

CDW: clinical data warehouse (database optimized for aggregate data analysis)

EDI: electronic data interchange (sends eligibility inquiry, claims, prescriptions, etc. to payer/pharmacy)

EDMS: electronic document management system (document imaging, e-mail, e-fax, storage, retrieval)

eRX: electronic prescribing system (drug selection and transmission of prescription to retail pharmacy)

LIS: laboratory information system

PACS: picture archiving and communication system (for x-rays and other clinical images)

PHR: personal health record (patient contributed data)

PMS: practice management system (practice operations, e.g., scheduling, billing)

RIS: radiology information system

Allina Receives HIMSS Davies Award for Superior Data Integration



ALLINA
Hospitals & Clinics

In February 2008, the Healthcare Information and Management Systems Society (HIMSS) recognized Allina Hospitals and Clinics for excellence in its use of health information technology by awarding the organization its 2007 Nicholas E. Davies award.

The award is presented in honor of Nicholas E. Davies, a physician who championed electronic health records (EHR) as critical to improving patient care.

Allina's implementation was unique. It not only included both hospitals and clinics, but went beyond a basic EHR implementation to achieve complex data integration. The project has involved eight hospitals and over 70 clinics to date, with the total commitment of its board members and senior leaders, and the clinicians who were an integral part of designing and implementing the project.

Susan Heichert, director of the EPIC EMR implementation, called Excellian, described the implications of Allina's accomplishments. "We were thrilled to receive the 2007 HIMSS Nicholas Davies Award. Through the implementation of this technology, we have achieved the mission of creating one record for each patient that we treat, regardless of which Allina hospital or clinic provides the treatment – 'One patient, One record.'" Allina can consolidate data from both the ambulatory and inpatient settings. This facilitates superior data integration; one of the key goals of its project.

"This longitudinal view of data enhances our ability to provide complete and safe care for our patients," said Heichert. In planning the roll out, Allina focused on standardizing processes across all hospitals and clinics, which in turn standardizes the way data appears to the end user. Standardizing data allows the organization to present the data in a more meaningful way in screen displays as well as in printed reports, enabling better decision support for clinicians.

Allina expects to achieve its goals of improving patient care, improving efficiency, recouping its expenditures, and reducing future costs in a relatively short period of time. The organization is now looking to optimize its EHR by taking advantage of all the data being collected and by working to connect with other health care systems through the Minnesota Health Information Exchange.

Heichert said, "Central to Allina's mission is serving our communities. Improving the type, amount, and quality of data we collect allows us to better understand our patient populations, including those with chronic diseases." Allina has been able to use the system to gather data to show how it is doing on an individual provider basis in relation to core and community measures benchmarks, and to provide timely feedback. Allina also can use its MyChart patient portal to share information with patients so they can more easily and proactively manage their health.

Stroke Awareness Signs: Walk, Talk, Reach, See, Feel

The new national American Heart Association (AHA) Stroke Awareness campaign, "Give Me 5," was launched on March 26, 2008, with a new way for consumers to remember stroke warning signs: *Walk, Talk, Reach, See, Feel*.

AHA's Stroke Collaborative has worked closely with the American Academy of Neurology, the American College of Emergency Physicians, and AHA/American Stroke Association colleagues to increase awareness among consumers of stroke symptoms, to call 9-1-1, and to get to the emergency department quickly. They also encourage providers to assemble professional resources in one location and develop new resources for patients, caregivers, and acute stroke teams to provide optimal patient care.

For resources related to stroke, consumers and health care professionals can go to www.giveme5forstroke.org.

WALK IS THEIR BALANCE OFF?
TALK IS THEIR SPEECH SLURRED OR FACE DROOPY?
REACH IS ONE SIDE WEAK OR NUMB?
SEE IS THEIR VISION ALL OR PARTIALLY LOST?
FEEL IS THEIR HEADACHE SEVERE?

If any of these stroke symptoms occur suddenly call 9-1-1!



Culture Matters

Clinicians working with multicultural patients and families can contribute to a positive experience by being sensitive to cultural beliefs and practices. Clinicians can convey respect for cultural values through the way they communicate with patients and deliver their health care. This may include calling for help in interpreting behavior, either from a clinician who is from the same ethnic group as the patient or from an expert familiar with the group's language, lifestyle, and values.

Recognizing individual differences helps clinicians avoid cultural stereotyping. Because persons of the same ethnicity can have different beliefs and practices, it is important to understand the particular circumstances of the patient or family by obtaining information on such topics as the patient's place of origin, social and economic background, degree of acculturation, and personal expectations concerning health and medical care. The following questions could help in assessing culturally diverse patients and families:

So that I might be aware of and respect your cultural beliefs:

1. Can you tell me what languages are spoken in your home and the languages that you understand and speak?
2. Please describe your usual diet. Are there times during the year when you change your diet in celebration of religious and other holidays?
3. Can you tell me about your beliefs and practices that you feel I should know about, including those observed during major life events such as birth, marriage, and death?
4. Can you tell me about your experiences with health care providers in your native country? How often each year did you see a health care provider? Have you noticed differences between the type of care you received in your native country and the type you receive here? If yes, could you tell me about those differences?
5. Do you use any traditional health remedies to improve your health?

6. Is there someone, in addition to yourself, with whom we should discuss your medical condition?
7. Are there certain health care procedures and tests that your culture prohibits?
8. Are there other cultural considerations I should know about to help me serve your health needs?
9. Do you have any questions for me? Is there anything else you would like me to know?
(Encourage two-way communication.)

Adapted from *Cultural Competence for Clinicians: Enhancing Your Cultural Communication Skills*; University of Michigan - Program for Multicultural Health (www.med.umich.edu/pteducation/cultcomp.htm).



Serving Patients from the Eastern European Community

Minnesota has one of the largest Eastern European communities in the Midwest, with religious refugees from the former Soviet Union. What do these patients like about the American medical culture?

- High quality medical care, excellent equipment, and a variety of medications
- The right to choose a physician (in Russia, the patient had to go to a regional health care setting)
- Preventive check-ups covered by insurance
- Excellent medical service in cities and small towns
- Good community support: transportation services, home health aides, assistive devices, and special programs such as Meals on Wheels
- Combined in-patient and out-patient practice in most clinics
- Follow-ups with the same physician

(Continued on page 6.)

Eastern European Community (continued)

What do Eastern European immigrants find difficult in American medical culture?

- Ambulances provide only basic services and do not treat patients at home; no house visits by providers
- Unnecessary clinic visits initiated by physicians
- High insurance premiums and high cost of medical services resulting in high co-pays
- Lack of multi-specialty clinics, necessitating excessive travel to see several specialists

People from Eastern European countries often are hesitant to open up to an American physician. In Russia, patients confess to the doctor as if they were speaking with a priest. They tend to expect more compassion and emotional closeness with their physician. Expressions of feelings are different between Russian and American cultures, and problems arise directly from this cultural barrier. Rather than appreciating the privacy and individual autonomy of being a patient in the U.S., Eastern European immigrants may complain about the quality of medical treatment they receive and may be skeptical about the doctor's ability to understand their problems.

Adapted from the experiences of Elena Polukhin, MD, PhD, Russian American Medical Association. For more information about this topic, go to www.russiandoctors.org/blog/2006/07/culturally-sensitive-medicine.shtml.

Stratis Health is Uniquely Qualified to Help You

Stratis Health works with the health care community as a quality improvement expert, educational consultant, convenor, facilitator, and data resource. Contact these staff members for assistance with your quality improvement needs.

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Stratis Health is a non-profit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

Did you miss an issue of Clinic Link?

Go to www.stratishealth.org/cliniclink for past issues.

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