



CLINIC LINK

Quality improvement
news for Minnesota
physician practices

April 2010

REACH IS NEW HIT REGIONAL EXTENSION CENTER FOR MINNESOTA AND NORTH DAKOTA

REACH aims to improve care through the adoption and meaningful use of health information technology



Health care providers in Minnesota and North Dakota have a new opportunity to improve care through the adoption and meaningful use of health information technology and electronic health records. Services from the new federally designated Regional Extension Center Health Information Technology program (REACH) will be available to providers of all sizes and locations—both with and without EHRs—across the continuum of care.

Key Health Alliance (KHA), a Minnesota based partnership of Stratis Health, the Rural Health Resource Center, and The College of St. Scholastica, has been awarded a grant to serve as the REACH for Minnesota and North Dakota. Thirty-two HIT Regional Extension Centers are being established across the country as

part of the American Recovery and Reinvestment Act of 2009.

“Key Health Alliance is pleased to be taking this leadership role to bring additional resources to Minnesota and North Dakota to improve health care quality and efficiency using technology,” said Jennifer Lundblad, PhD, MBA, KHA principal and Stratis Health president and CEO. “Through these federal stimulus funds, we will bring resources to communities and providers who have lagged behind in adoption because of their size, finances, and other limitations, as well as to providers who have already implemented an EHR but need assistance to fully maximize its use.” [More>](#)

KHA expects that providers will be able to register for technical assistance services starting about May 1, 2010. Providers interested in utilizing REACH services should complete a brief online [pre-registration form](#).

REACH HIT Assistance Expanded to CAHs and Rural Hospitals
The Office of the National Coordinator for Health Information Technology

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recently announced the expansion of HIT services to Critical Access Hospitals and rural hospitals as part of the REACH program. KHA and Stratis Health are excited to explore this new opportunity for CAHs and rural hospitals in Minnesota and North Dakota to determine how best to serve them.

For the latest information on REACH and resources, visit www.khareach.org.

RESOURCES FOR YOUR CLINIC

Events

Health Care Homes Webinar: Free and Low Cost Registry Resources April 22, 2010

Presented by Liesl Hargens, senior research analyst at Stratis Health, this free Webinar is provided by the Minnesota Academy of Pediatrics Foundation and the Minnesota Academy of Family Physicians under contract with Minnesota Department of Health (MDH). [More >](#)

HITECH Monthly Update Call April 22, 2010

The Minnesota e-Health Initiative, in conjunction with MDH and the Minnesota Department of Human Services, is sponsoring monthly updates for stakeholders to hear recent HITECH news and to learn about implementation of the e-health provisions of the American Recovery and Reinvestment Act (ARRA) of 2009 and the possible impact on Minnesota. [More>](#)

Susan G. Komen Twin Cities Race for the Cure May 9, 2010, Bloomington, MN

Sponsored by breast cancer survivors and activists, this organization partners with many local nonprofit organizations to help raise breast cancer awareness and provide funds to serve communities and save lives. [More>](#)

Minnesota Stroke Conference 2010: Innovations and Improvements May 11, 2010, St. Cloud, MN

The conference will provide an update on the latest developments in acute stroke treatment and management, describe strategies and lessons learned in implementing telemedicine for stroke, and share best practice strategies and tools for improving stroke care in Minnesota hospitals. [More >](#)

Minnesota e-Health Summit 2010: Leveraging Meaningful Use June 16-17, 2010, Brooklyn Park, MN



Attend this year's Summit and learn how your practice can achieve meaningful use of electronic health records

and health information technology in today's economic and political climate. [More>](#)

Minnesota Rural Health Conference: Leading Change for Rural Health June 28-29, 2010, Duluth, MN

Hear from experts on federal and state health care reform, electronic health record adoption and use, nursing home and hospital reimbursement, and Medicare and Medicaid HIT incentives. Identify resources to respond to urgent changes affecting health care today. Additional topics include health care homes, health care workforce shortages, GAMC issues, prevention, and community health. [More>](#)

Hospice and Palliative Nurses Association Clinical Practice Forum: Palliative Care and Advanced Pulmonary Disease September 17-19, Bloomington, MN

Pulmonary disease is one of the top four leading causes of death in America. Life-limiting illnesses, such as advanced pulmonary disease present their own unique challenges for patients living with and dying from advanced pulmonary disease. The forum will demonstrate the integration of palliative care and pulmonary nursing practices for end-of-life care management. [More >](#)

Resources

Exchange Partnership Launches Web Site

Based in Minnesota, the Exchange is a partnership of Minnesota health care organizations, public health agencies, community groups, and health plans formed to exchange information and resources about health communication and multilingual health materials. The site includes thousands of translated health education materials, guides, and links to state and national cultural care sites, including [Culture Care Connection](#), with helpful tips on best cultural care practices.

Most Exchange resources and information are available free of charge, however the online library of translated health materials is available for members only. To access the online library, use Stratis Health's login information: Login: Stratis, Password: Health. [More>](#)

PREVENTIVE CARE AND TECHNOLOGY



Providers Can Improve Preventive Care through Meaningful Use of their EHRs

Stratis Health and other Medicare Quality Improvement Organizations across the country are working with primary care physician practices

to leverage the power of electronic health record systems to increase rates of colorectal cancer screening, mammography, seasonal and H1N1 influenza and pneumococcal pneumonia immunizations.

An EHR system acts as a computerized repository for patient health information that may include patient demographics, progress notes, medications, vital signs, medical history, immunizations, and radiology reports.

More than 2,000 primary care practices are participating in QIO prevention projects nationwide. QIO staff share best practices in a number of ways, such as visiting clinics and conducting teleconferences and Webinars. Participating practices are learning how to modify clinical workflows to achieve greater efficiency with EHRs, fully utilize EHRs to coordinate patient care and extract and report data to support quality improvement. EHR systems can:

- ✦ Track preventive care, tests, and immunizations
- ✦ Generate clinical reminders at the point of care
- ✦ Identify patients who have not received services
- ✦ Trigger alerts about potential drug interactions
- ✦ Measure preventive service rates at the practice level
- ✦ Report performance on quality of care indicators

By the end of this project, Stratis Health and other QIOs must have achieved the following relative improvement rates through the practices participating in the project:

- ✦ Screening mammography: 10%
- ✦ Colorectal cancer screening: 15%
- ✦ Influenza immunization: 10%
- ✦ Pneumococcal immunization: 15%

Learning how to fully utilize the features of an EHR will, over time, result in better patient outcomes and enhance the investment physicians have made in technology. [More>](#)

Benefits of Using an EHR

- ✦ **Faster Data Access:** More time can be spent with patients. EHRs can improve communication between clinical team members and streamline workflow for the entire clinical staff.
- ✦ **Identifies Opportunities:** EHRs allow for increased efficiencies and revenue and support pay-for-quality and pay-for-performance reimbursement.
- ✦ **Quick Response:** Patient questions about health history or prescriptions are answered immediately. No need to take a message and get back to the patient.
- ✦ **No Pulling Charts:** No paper charts are needed for patient visits, phone calls, or answering questions.
- ✦ **Simultaneous Messaging/Queries:** EHRs allow for communication with multiple staff members or clinicians simultaneously.
- ✦ **Accurate/Safe Documentation:** No more sticky notes. Easy, reduced risk method to document clinical interactions (date, time, provider name).

Better Preventive Care Needed

Medicare now pays for more preventive services; however, fewer people are taking full advantage of them.

- ✦ **Colorectal Cancer Screening:** Screening rates are so low that less than 40 percent of colorectal cancer is found early. The Centers for Disease Control and Prevention indicates a 90 percent survival rate for colorectal cancer if it is found early and treated.
- ✦ **Mammograms:** When cancer is detected and treated before it has spread outside the breast, 98 percent of women survive for five years or more. The U.S. Preventive Services Task Force estimates that having a mammogram every one to two years may reduce the risk of dying from breast cancer by 30 percent.
- ✦ **Pneumonia/Influenza Vaccinations:** The number of Americans who receive influenza and pneumococcal vaccinations is still well below the government's target rate. The majority of pneumonia deaths and nearly 90 percent of flu deaths occur in adults over age 65.

[More>](#)

CULTURE CORNER

Minnesota Clinics Worked Hard to Immunize their Patients for H1N1—and it Paid Off

Minnesota ranked eighth in the nation in the percentage of all residents who were vaccinated for H1N1 according to the Centers for Disease Control and



The state was ranked first in vaccine coverage for people aged 25 to 64 with medical conditions that put them at higher risk for influenza-related complications. An estimated 47 percent of Minnesotans at high risk, aged 25 to 64, received the H1N1 vaccine. Of Minnesotans six months of age or older, 31 percent received the vaccine.

Using a collaborative approach by working with local public health agencies and other health care partners proved to be a successful strategy for increased vaccinations.

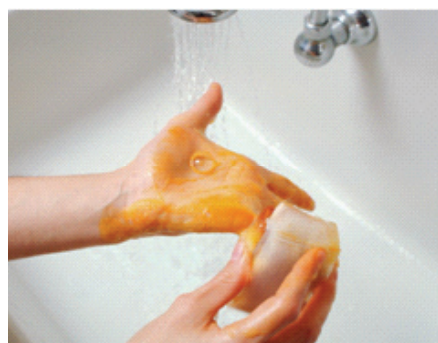
Universal Annual Influenza Vaccination Recommended

A panel of immunization experts—the Advisory Committee on Immunization Practices, which advises the Centers for Disease Control and Prevention (CDC)—voted February 24, 2010, to expand the recommendation for annual influenza vaccination to include all people aged six months of age and older.

The expanded recommendation takes effect in the 2010 – 2011 influenza season. The new recommendation seeks to remove barriers to influenza immunization and signals the importance of preventing influenza across the entire population. [More >](#)

WHO Issues Global Call for Point-of-Care Hand Hygiene

The World Health Organization is again issuing a global call to action for health care workers and organizations to campaign on May 5, 2010, for improved point-of-care hand hygiene to reduce health care associated infections. Plan to take part in the campaign at your organization. [More >](#)



Social Determinants of Health Largely Responsible for Health Inequities

There is more to the problem of growing health disparities between white and non-white populations than the commonly recognized issues of disease, injury, access, and health risk behaviors. According to the World Health Organization, social determinants of health are largely responsible for health inequities.

Social determinants of health are the social and economic conditions in which people are born, grow, live, work, and age, including factors such as lower income, food insecurity, and living in crowded housing.

These factors are all associated with poor health and adverse health outcomes. For example, a girl born today can expect to live more than 80 years if she is born in a country with superior social and economic conditions, but less than 45 years if she is born in a country with poor social and economic conditions.

Social determinants of health are the social and economic conditions in which people are born, grow, live, work, and age, including factors such as lower income, food insecurity, and living in crowded housing.

Social inequities and discriminatory beliefs are shaped by overarching policy choices, such as distribution of

CULTURE CORNER CONTINUED



money, power, and resources at global, national, and local levels.

What can be done about this staggering problem? WHO and the Centers for Disease Control and Prevention

are currently working with partners to develop more effective programs, policies, and systems that improve health equity and social determinants of health. They are paying special attention to investing in programs that:

- ✦ Provide the greatest potential to reduce health inequities from the start, such as child development
- ✦ Create healthy places for people living in urban settings, with access to quality housing, clean water, and sanitation
- ✦ Provide fair employment, secure work, a living wage, and improved working conditions

- ✦ Ensure social protection throughout life, illness, disability, and loss of income

At a practical level, when evaluating the issue of growing health disparities between white and non-white populations, consider the impact of the social and economic factors that already may have put your patient at a health disadvantage.

STRATIS HEALTH IS UNIQUELY QUALIFIED TO HELP

Clinic Link is published quarterly by Stratis Health for Minnesota physician practices. 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 nonprofit 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.

Stratis Health works toward its mission through initiatives funded by diverse public and private sources; this includes serving as Minnesota's Medicare Quality Improvement Organization.

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