



# CLINIC LINK

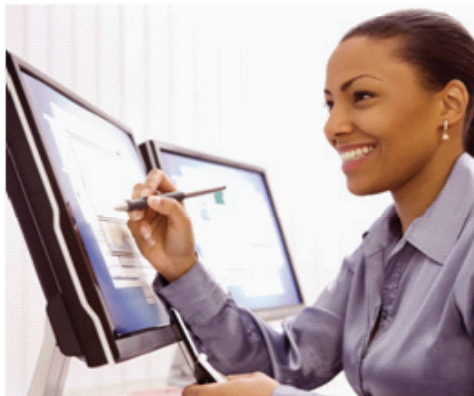
Quality improvement  
news for Minnesota  
physician practices

January 2010

## Updated Health Information Technology Toolkit for Physician Offices

Stratis Health's updated HIT Toolkit for Physician Offices will be available online in February 2010.

Stratis Health also has developed [HIT toolkits](#) for home health agencies, nursing homes, and small and critical access hospitals. Each HIT toolkit is designed with the goal of helping



health care facilities improve quality of care, patient safety, communication, and patient satisfaction, as well as support documentation and reimbursement, and enhance coordination of care.

The updated toolkit for clinics can help you assess their readiness for HIT, plan, and implement HIT, as well as exchange important information about your patients. Look for new tools to help you implement specific applications, operational elements, and tactical approaches, from sample

project plans to issues logs, and training plans.

New resources are available to support quality measurement reporting and help you achieve effective use of your technology, as well as evaluate your readiness to participate in health information exchange and personal health records.

The toolkit guides clinics through a six-phase change management process, with a variety of customizable tools for use at different points in HIT adoption. It can be used for implementing a comprehensive HIT or electronic health record system, for acquiring individual applications, or for overhauling existing systems.

Using tools that have been tested in the clinic environment can help you plan and make the right business and clinical choices for your clinic, which can mean the difference between having a system that achieves value and one that doesn't.

All toolkits can be downloaded in one zip file, or individual tools from each toolkit can be downloaded separately. To receive updates whenever a new tool is added to a kit, scroll to the bottom of the page in the toolkit and click on "Receive Toolkit Updates."

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### January is National Glaucoma Awareness Month

The World Health Organization reports that glaucoma is the second leading cause of preventable blindness in the world. The most common forms of glaucoma primarily affect the middle-aged and elderly, but anyone is at risk for the disease. Glaucoma is six to eight times more common in African-Americans than whites, and nearly as common in Hispanic populations.

Regular eye exams are especially important for those at higher risk for glaucoma, and may help to prevent unnecessary vision loss. Our aging population predicts an epidemic of blindness if we don't take steps now to encourage regular, comprehensive eye exams to preserve vision. Early detection is vital to stopping progression of the disease. [More>](#)

# RESOURCES FOR YOUR CLINIC

## Events

### Health Care Home Webinar: Creating Effective Practice Teams January 28, 2010

Learn about the critical success factors for effective practice teams, a key element for collaborative care and health care home models. Discussions will address techniques for engaging team members, creating a team based approach to care, and understanding and appreciating team roles.

[More>](#)

### Minnesota Academy of Family Physicians 2010 Winter Conference: Behavioral Health/Lifestyle February 5-6, 2010, Baxter, MN

The MAFP 2010 Winter Conference will provide education sessions on physician wellness and avoiding burnout, facilitated advance care planning, weight management and motivating patients, as well as sleep disorders, dementia, and bipolar disorder. [More>](#)

### MMGMA 2010 Winter Conference: The Balancing Act, Quality, Measurement, and Efficiency in a Patient-centered Market March 2-3, 2010, St. Paul, MN

Network with peers at the Minnesota Medical Group Management Association conference to learn about new technologies, cost saving ideas, revenue enhancement opportunities, and other successful strategies for improving the bottom line.

Hear expert speakers discuss the complex operations of human resources, finance, marketing, risk management, regulatory compliance, and information systems. [More>](#)

### Certified Professional Healthcare Quality (CPHQ) Exam Preparation Course March 6, 2010, Twin Cities, MN

The CPHQ exam preparation course will take place at the Minneapolis VA Medical Center. CEUs have been applied for. For more information, contact Skip Valusek, [skipvalusek@comcast.net](mailto:skipvalusek@comcast.net).

### National Patient Safety Awareness Week March 7-13, 2010

Patient Safety Awareness Week is a national education and awareness-building campaign for improving patient safety at the local level.

Hospitals and health care organizations across the country are encouraged to plan events to promote patient safety within their own organizations. Learn about educating your patients on how to become involved in their own health care and learn how working with other hospitals can build partnerships with your patient community. [More >](#)



### Fifth Decennial: International Conference on Healthcare-associated Infections 2010 March 18-22, 2010, Atlanta, GA

Hear new international and domestic perspectives on scientific evidence in antimicrobial resistance, surveillance strategies, emerging infections, and new technologies. The conference is sponsored by the Centers for Disease Control and Prevention, Association for Professionals in Infection Control, Infectious Diseases Society of America, and Society for Healthcare Epidemiology. [More >](#)

### Issues & Strategies on Adult Vaccine Preventable Disease March 19, Chaska, MN

Hear the latest information about seasonal and H1N1 influenza, HPV, and more at the Minnesota Coalition for Adult Immunization's 19th annual conference. For more information, contact Mari Drake, 651-428-6591, [maridrake@comcast.net](mailto:maridrake@comcast.net).

### Minnesota Academy of Family Physicians 2010 Spring Refresher April 15-16, St. Paul, MN

The MAFP annual update will help family physicians, allied professionals, family medicine residents, and medical students update their medical knowledge, acquire new skills, improve their clinical practice, and reinforce appropriate practices. Sessions will include a health information technology update from Stratis Health. [More>](#)

## Resources



### Culture Care Connection Web Site

[www.culturecareconnection.org](http://www.culturecareconnection.org)

Stratis Health's online learning and resource center, funded by UCare, supports Minnesota health care organizations in their ongoing efforts to provide culturally competent care.

### Patient Education Brochures

- ✦ [Breast Cancer](#)
- ✦ [Cancer Screenings](#)
- ✦ [CRC Screenings](#)
- ✦ [Vaccines](#)

### Cancer Prevention Resources

- ✦ [American Cancer Society](#)
- ✦ [Centers for Disease Control and Prevention](#)
- ✦ [Colon Cancer Alliance](#)
- ✦ [Minnesota Cancer Alliance](#)
- ✦ [National Cancer Institute](#)

### Medicare References

- ✦ [Centers for Medicare & Medicaid Services](#)
- ✦ [Immunization Billing](#)
- ✦ [Physicians Quality Reporting Initiative](#)
- ✦ [Preventive Services](#)

### Colon Cancer Screening: An Emerging Priority

March is National Colon Cancer Awareness Month. More Minnesotans die of colon and rectal cancer than either breast or prostate cancer. Screening tests offer a powerful opportunity for the prevention, early detection, and successful treatment of this disease. But one in three Minnesotans 50 and older are still not getting screened.

In 2007, the Minnesota Cancer Alliance (MCA) made colon cancer screening its top priority in pursuit of reducing the state's cancer burden. Initial MCA efforts focused on access for the uninsured through development of a toolkit for free colon screening events. Over 200 men and women have been screened at Abbott Northwestern, Fairview Southdale, Health Partners, Immanuel St. Joseph and Unity hospitals. Planning for additional events continues.

In 2009, MCA partnered with the American Cancer Society to host a health systems roundtable to develop strategies to increase screening and an advisory council to create a framework for action. These efforts have been coordinated with the Institute for Clinical Systems

Improvement, which is reviewing current colon screening guidelines and with MN Community Measurement, which is examining current screening and quality metrics. MCA plans to roll out new tools and host a learning collaborative to support health system efforts in colon screening by the summer of 2010.

### Colon Cancer Materials for Patients and Providers

Providers in the clinic setting play the most important role in getting people screened for colorectal cancer. The American Cancer Society offers free materials to help physicians encourage colorectal cancer screening among patients 50 and older. If patients don't hear about screening from their physician, they may not think they need it. Learn more at [www.cancer.org/colonmd](http://www.cancer.org/colonmd), or call 1-800-227-2345.

[The Primary Care Clinician's Evidence-Based Toolbox and Guide](#), created by clinicians for clinicians, can help improve colorectal cancer screening in actual practice. The toolbox provides the most current scientific information and advice to help make screening practices more efficient. PDF and online versions are available.

## CULTURE CORNER



### Vietnamese Americans in Minnesota

In 2006, Minnesota had a Vietnamese population of 23,563. According to the American Community Survey, the Vietnamese American population in the US grew from 245,025 in 1980 to 1,599,394 in 2006, representing the second largest Southeast Asian American group.

Mass immigration to the US began in 1975 at the end of the Vietnam War with the fall of Saigon. More than 125,000 Vietnamese who had ties with the government or Americans escaped from invading Communists. In 1977, a second wave of refugees began fleeing Vietnam from new communist policies of re-education, torture, and forced relocation. More than two million Vietnamese, who came to be known as “boat people,” fled in small, overcrowded boats to other Southeast Asian countries for asylum.

Many Vietnamese immigrants had severe health problems on arrival in the US from poor living conditions, starvation, and abuse during the Vietnam War and in refugee camps. Their medical problems included TB, hepatitis B, malaria, malnutrition, trichinosis, anemia, leprosy, and intestinal parasites.

The most common cancers seen in this population are prostate, breast, lung, and colon/rectum. Because of exposure to Agent Orange during the War, Vietnamese immigrants are potentially at risk for cancers, immune deficiency, endocrine

disruption, and neurological damage. Rates of smoking and smoking-related cancer among Vietnamese men are very high.

Many Vietnamese believe that Asian people are different physiologically than white people. Western medicines are thought of as “hot” and too potent for their physiology. As a result, they may not take medicines as prescribed. They often attribute symptoms to a physical weakness. A weak heart is expressed by panic, palpitations, and dizziness; a weak kidney is expressed by impotence; a weak stomach or liver is expressed by indigestion; and a weak nervous system is expressed by headache or lack of concentration.

Vietnamese people also believe in the medicinal properties of specific foods, such as mung beans, green beans, and bitter melon, which is believed to help control high blood pressure.

Acupuncture and dermabrasive procedures based on the Chinese philosophy of hot/cold physiology are often used to treat headache, cough, nausea, and other maladies.

Cutaneous hematomas are made on the face and trunk by pinching and pulling the skin to release excessive air, by rubbing oiled skin with a coin or spoon, or by cupping—heating air in a cup with a flame, then placing the cup onto the skin. As the air cools, it contracts and pulls on the skin, leaving a purple mark. Moxibustion, often combined with acupuncture, is the process of making superficial burns on the skin with ignited incense. Marks on the skin from these procedures may be misinterpreted by providers as the result of physical abuse.



**The Vietnamese American population in the US grew from 245,025 in 1980 to 1,599,394 in 2006, representing the second largest Southeast Asian American group.**

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Although older refugees may suffer from post traumatic stress disorder, anxiety, and depression, they may not wish to discuss these disorders with providers. Traditional Vietnamese may believe that mental illness is shameful. In Vietnam, mental illness was feared and denied. The mentally ill were often hidden away.

Because Vietnamese people value politeness and respect for authority, patients may not ask providers questions or voice concerns. If they disagree or do not understand, they may simply listen and answer yes, then not comply with recommendations or return for further care. Vietnamese people often smile easily, regardless

of underlying emotions in situations other cultures find inappropriate. They may not take appointment times literally, arriving late so as not to appear overly enthusiastic.

A typical Vietnamese diet is generally healthy, with rice or noodles, fresh vegetables, and fish or meat. However, the diet also can be high in sodium from fish sauce and MSG, and low in fiber from lack of whole grains. Rice and traditional desserts are high in sugar and saturated fats from coconut milk and oil. In Vietnamese culture, chubby children are considered healthy and a sign of prosperity.

Dairy and soy products are not part of a typical Vietnamese diet, although most children drink milk. Many adults

are lactose intolerant and may lack calcium. Some Vietnamese women believe that formula is more nutritious than nursing for their infants.

#### Sources

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American Immigration Law Foundation, [http://www.aifl.org/awards/benefit2005/vietnamese\\_essay.shtml](http://www.aifl.org/awards/benefit2005/vietnamese_essay.shtml), viewed September 2009

Ethnomed [http://ethnomed.org/cultures/vietnamese/vietnamese\\_cp.html](http://ethnomed.org/cultures/vietnamese/vietnamese_cp.html), [http://ethnomed.org/ethnomed/cultures/vietnamese/vietnamese\\_cp.html#western](http://ethnomed.org/ethnomed/cultures/vietnamese/vietnamese_cp.html#western), viewed September 2009

## 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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