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The Best Minnesota e-Health Summit Yet! *Minnesota e-Health Summit 2008: From Vision to Action*



Stratis Health is proud to have been a sponsor of the fourth annual Minnesota e-Health Summit. This year's attendees of the sold out Summit and Pre-Summit sensed a palpable excitement, camaraderie, and community at the event. More than 400 health

care and health information technology (HIT) professionals from all settings of care came from across the state to network, share their experiences, and hear local, state, and national speakers paint a picture of the current HIT landscape.

The overarching message for providers at this year's Summit is to *act now*. With a state mandate for health care providers to implement interoperable electronic health records (EHR) by 2015, there is no reason to put off implementation. The mandate includes hospitals, clinics, nursing homes, home health agencies, and public health agencies.

Commissioner of Health Dr. Sanne Magnan and Director of Olmsted County Public Health Services Mary Wellik announced *Statewide Implementation Plan 2008*, a practical guide to help providers get started. Developed by the Minnesota e-Health Initiative Advisory Committee (www.health.state.mn.us/e-health/), the plan is unique in the nation. It presents a model for adopting and effectively utilizing EHRs, with recommendations and guides for implementation standards. Jennifer Lundblad, president and CEO of Stratis Health, said, "It feels good to be in the action phase, optimizing technology to support clinical decision making and data collection to improve quality of care and patient safety."

Keynote speaker, Director of the Agency for Healthcare Research and Quality Dr. Carolyn Clancy, praised Minnesota for its designation as one of 14 national Chartered Value Exchanges. The multi-stakeholder collaborative promotes interoperable HIT, data and price transparency, and incentives for quality care. Clancy said, "If Minnesota doesn't get it right, nobody can."

Recurring themes emerged at Summit sessions from Minnesota clinics that have already been in the trenches working to implement and optimize their EHR systems—such as the critical need

for good planning, repurposing your current workforce, and involving physicians in the entire process from the beginning. In response to fears about electronic systems going down, Dr. Jim Welters, Northwest Family Physicians said, "Paper goes down at least three times a day when you can't find the chart."

"Paper goes down at least three times a day when you can't find the chart."

Plan to attend Summit 2009—and register early, we expect another sold-out event!

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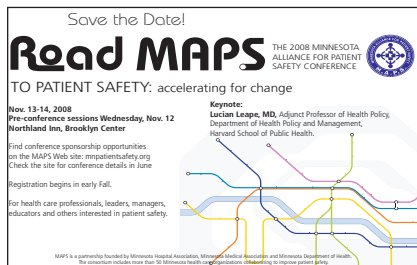
Materials, Tools, and Resources for Your Clinic

EVENTS

Age & Disability Odyssey Conference, August 18-20, 2008, Duluth, MN. The Odyssey will focus on dynamic, practical strategies to achieve real, person-centered, empowerment; use data and measure relevant outcomes; strengthen community-based approaches; and break down silos to foster collaboration, www.mnaging.org/odyssey/index.html.

Sixth National Conference on Quality Health Care for Culturally Diverse Populations, September 21-24, 2008, Minneapolis, MN. The conference will address needs and concerns that affect the day-to-day practice of culturally appropriate care at the clinical, organizational, and community level and continue the integration of cultural competence/disparity reduction in mainstream health care priorities, www.diversityrx.org/ccconf.

Many Faces of Community Health: Prevention & Treatment of Diabetes at the Community Level, October 30-31, 2008, St. Louis Park, MN. Stratis Health is pleased to be a sponsor of this conference and other educational events that align with and support our mission. The conference focuses on improving health and reducing disparities in underserved populations and for those living in poverty. Keynote speaker, Joia Mukherjee, MD, MPH, has a diverse background in increasing treatment of complex diseases in poor countries, www.manyfacesconference.org.



Minnesota Alliance for Patient Safety (MAPS) Conference: Road MAPS to Patient Safety, Accelerating Change, November 12-14, 2008, Brooklyn Center, MN. Stratis Health is a proud sponsor of the 2008 MAPS conference. Speakers will discuss a variety of topics related to patient safety, including transitions of care, pressure ulcers, health care transparency and disclosure, and patient safety in ambulatory care and critical access hospitals. Pre-conference sessions will address improving patient safety through simulation, communication, and teamwork. MAPS is a partnership that includes more than 50 Minnesota health care organizations. Registration begins in early fall, www.mnpatientsafety.org.

RESOURCES

- **Electronic Health Record Survey Results.** Comprehensive survey results measuring the level of EHR adoption and implementation in Minnesota's adult primary care clinics, www.stratishealth.org/EHRReport.
- **2008 Physician Quality Reporting Initiative (PQRI).** Regular updates on the PQRI incentive payment for eligible professionals who satisfactorily report data on quality measures for covered services provided to Medicare beneficiaries, www.cms.hhs.gov/PQRI.
- **Local cancer resources.** Connect to support groups, transportation, financial assistance, and palliative care, with links to treatment options, clinical trials, pain management, and more, www.MnCancerResources.org.
- **Minnesota Falls Prevention Initiative.** Falls are not a normal part of aging—they can be prevented. Download patient education materials that have been tested with older adults, www.mnfallsprevention.org. Subscribe to the listserv for concise, useful information at <http://mailman.stpaul.visi.com/mailman/listinfo/fallsprevention>. For more information, contact Kari Benson, Minnesota Board on Aging, kari.benson@state.mn.us.
- **Commonwealth Fund Report.** Providers use EHRs to measure quality of care, with examples from HealthPartners and Park Nicollet Health Services, www.stratishealth.org/ehealth_measures.
- **Aging Research Translator.** Summaries of research on aging that have been translated into normal language, Cornell Institute for Translational Research on Aging, www.agingresearchtranslator.com/blog.php.
- **Patient Safety and Quality: An Evidence-Based Handbook for Nurses.** Agency for Healthcare Research and Quality and Robert Wood Johnson Foundation, www.ahrq.gov/qual/nurseshdbk.

Tales from the Field: Sawtooth Mountain Clinic Goes Live!

In April 2008, the Sawtooth Mountain Clinic (SMC), in Grand Marais, MN, announced its new EHR to the communities it serves in Cook County. In addition to a press release in the local paper, the clinic produced brochures and posters to advertise the event. A member of the Northern Minnesota Network, SMC was the network's first partner to go live.

SMC is excited to be able to provide faster, safer care for its patients, with immediate access to medical histories and test results and immediate checks for drug and allergy interactions when ordering new prescriptions. The EHR is already providing improved medication documentation, improved safety and patient privacy, and better communication throughout the clinic and with hospitals, pharmacies, and other clinics. SMC Executive Director Rita Plourde says, "Complete electronic health record implementation takes time, but with the EHR, patients will eventually be able to have immediate test results, and information will be readily available for physicians and other clinical staff involved with patient care."

Northern Minnesota Network (NMN) is a non-profit HIT organization, whose mission is to support members through improved information technology systems to provide comprehensive, primary medical and dental services. NMN is currently working with three members that provide care through 19 underserved areas of Minnesota and eastern North Dakota.

Minnesota Ranks First in Nation for Overall Quality of Health Care

On March 26, 2008, the Agency for Healthcare Research and Quality released its 2007 State Snapshots, with information on the quality of health care in our state and nationally. Minnesota ranks first in the nation for overall quality of health care, based on 15 measures. The state ranks above the national average in 10 out of 12 measures, underscoring the diligent work of health care providers and quality improvement advocates in Minnesota. Here are some examples of Minnesota's outstanding rankings:

- Minnesota's physician offices collectively ranked second in the nation, even stronger than last year
- Minnesota hospitals are ranked "strong," and are in the top 25% of all hospitals nationwide
- Minnesota nursing homes improved on nine of the 19 quality indicators included in the report. Moving from average to strong, our facilities rank in the top 25% of homes nationally

Rankings for the State Snapshots are based on measures from various data resources with the most current data available on each measure. For more information, go to www.ahrq.gov/news/press/pr2007/snapshotspr.htm.

Minnesota Named Chartered Value Exchange

On February 1, 2008, Health and Human Services (HHS) Secretary Mike Leavitt recognized 14 communities with a special federal distinction for their strong commitment to improving quality and value in health care. HHS designated these partnerships of providers, employers, insurers, and consumers as the country's first Chartered Value Exchanges (CVE) for their work in implementing cutting-edge, collaborative methods to transform health care at the local level into a patient-focused marketplace. Minnesota was selected from nearly 40 applicants to be among the first group of CVEs. The Minnesota Healthcare Value Exchange is a joint endeavor co-led by the Buyers Health Care Action Group, the Institute for Clinical Systems Improvement, MN Community Measurement, and Stratis Health.

CVEs represent one of a number of health care reform initiatives undertaken by HHS that are built on four cornerstones:

1. Advancing interoperable health information technology
2. Measuring and publishing quality information to enable consumers to make better decisions about their care
3. Measuring and publishing price information to give consumers information they need to make decisions on purchasing health care
4. Promoting incentives for quality and efficiency of care

For more information, go to www.hhs.gov/valuedriven.

Stratis Health Rural Palliative Care Initiative

Stratis Health is launching the Rural Palliative Care Initiative, a learning collaborative that will bring together as many as 10 rural communities in the fall of 2008 to start or strengthen palliative care programs in their communities.

Palliative care is an approach to managing serious illness that centers around quality of life. It customizes treatment to meet the needs of each individual, seeking to relieve pain, anxiety, shortness of breath, fatigue, nausea, loss of appetite, and other symptoms. Practitioners of palliative care help patients and their families understand treatment options and facilitate effective communication among health care professionals, patients, and family members.

Stratis Health is leading the initiative, in partnership with Transitions and Life Choices, the palliative care program of Fairview Health Services. Through a generous grant, UCare is providing funding for the initiative. Communities involved in the collaborative are served by a hospital with fewer than 150 licensed beds, vary in composition, and include a combination of members from a health care interdisciplinary team. The application deadline is August 22, 2008. Communities selected for participation in the collaborative will be announced in September. For more information about the initiative, contact Janelle Shearer at 952-853-8553 or jshearer@stratishealth.org, or go to www.stratishealth.org/palcare.



Demystifying the EHR Planning and Selection Process Goal setting is the difference between success and failure

At the Minnesota e-Health Pre-Summit Workshop, Dr. Tom Arneson, medical director for industry-sponsored research at the Chronic Disease Research Group, described the keys to developing a well-planned strategy for adopting and implementing an interoperable electronic health record. As former Director of Population Health at Stratis Health, Dr. Arneson worked with clinics that were in the process of implementing EHRs. He says, “There is no silver bullet—value is directly proportional to the level of effort spent planning and implementing.”

Being clear about your goals must be part of your strategic plan. Many clinics have purchased an EHR without having determined the reasons they need it—then have done nothing with it. Do you just need a basic EHR system with functions that cannot be customized or a comprehensive EHR that collects data from multiple sources for clinical decision support at point of care? Do you want to improve patient care and patient safety and also improve patient and provider satisfaction? Understand what you want. Your expected return on investment should be both quantifiable and intangible—access to data, e-prescribing, increased revenue, and provider satisfaction, such as getting home every day on time.

A communication plan is also a critical part of planning. Dr. Arneson cited an example of one clinic that did not have a plan for communicating with all staff. The clinic’s medical record staff all resigned and found other jobs because they thought the EHR was going to replace them—when in fact, they were a critical part of the EHR plan, but did not know it.

Clinics need to recognize that leadership must be committed for the long haul and that the steering committee and project manager are not temporary roles. These roles need to be ongoing to ensure that benefits of the EHR are realized, that the system is maintained, and that a change management process is in place. A project manager is critical to the success of the venture, working with front line staff and leadership, coordinating vendor selection and EHR implementation, and providing product oversight and issues management. A project manager helps identify goals, organizes the effort, and ensures staff is ready.

“There is no silver bullet. Value is directly proportional to the level of effort spent planning and implementing.”

Dr. Arneson says, “A decent EHR can bring great success if well planned and implemented; while the best EHR can be poorly implemented and result in minimal value. In the end, there is no perfect product; so select one and get on with it.”

For more information about determining your clinic’s specific needs and opportunities for adopting and implementing an EHR, contact Sue Severson at sseverson@stratishealth.org or 952-853-8558.

Culture Corner: Living Room Language

One way to improve communication between providers and patients is to use plain, nonmedical language—“living room” language. The table below gives examples of alternatives to medical jargon.

Medical Term	Alternate Wording		Medical Term	Alternate Wording
Analgesic	Pain killer		Lateral	Outside
Anti-inflammatory	Lessens swelling and irritation		Lipids	Fats in the blood
Benign	Not cancer		Malignancy	Cancer
Carcinoma	Cancer		Menopause	Stopping periods, change of life
Cardiac problem	Heart problem		Menses	Period
Cardiologist	Heart doctor		Metastatic	Cancer has spread
Catheterize bladder	Place a tube where urine comes out		Monitor	Keep track of
Cellulitis	Skin infection		Noninvasive	Without surgery, needles, or cutting the skin
Chemotherapy	Drugs to treat cancer		Oral	By mouth
Contraception	Birth control		Osteoporosis	Soft, breakable bones
Echocardiogram	Picture of your heart		Pulmonary embolism	Blood clot in your lung
Enlarge	Get bigger		Radiology department	X-ray department
Fractured femur	Broken hip/leg		Referral	Send you to another doctor
GI specialist	Stomach doctor		Tap your knee	Put a needle in your knee and remove fluid
Heart failure	Heart isn't pumping well		Terminal	Going to die
Hypertension	High blood pressure		Toxic	Poisonous

For more information about this topic, search for Health Literacy and Patient Safety: Help Patients Understand Manual for Clinics, Barry D. Weiss, MD. American Medical Association Foundation and American Medical Association, www.amassn.org.

Communicate to Make a Difference: Cross-Cultural Communication

This web-based course invites learners to spend time thinking about and developing their own responses to a variety of ideas and situations related to culture, communication, and public health. Explore the meaning of culture, methods of communication, and strategies for communicating more effectively by taking part in virtual group conferences, reading and responding to simulated e-mails, and utilizing resource documents. The course is divided into the following three modules and takes approximately two-and-a-half hours to complete. CEUs are available.

1. **Culture** presents basic but important concepts of culture through a virtual group seminar, including a definition of culture and reasons why people create cultural stereotypes.
2. **Communication** describes health communication and the process of human communication and offers several communication strategies.
3. **Cross-Cultural Communication** helps learners compile a list of effective cross-cultural communication strategies to resolve the communication situation presented in the first module.

Go to www.nynj-phtc.org/cc/home/cc-login.cfm.

Online Culture and Health Literacy Training

Learn how inequalities in health information contribute to unequal treatment and health outcomes for some populations and what you can do to close the gap and improve health literacy. The following modules offer 0.5 contact hours each.

- **Beyond Access** describes the inequalities in generating, manipulating, and distributing health information and the capacity to act on health information among social and cultural groups in the U.S.
- **Case Studies in Culture and Health Literacy** describes three Minnesota efforts to address the health literacy gap: the ECHO Project (emergency preparedness with cultural communities), PhotoVoice, and the Urban Health Agenda Community Advisory Committee.

Go to www.cpheo.sph.umn.edu/cpheo/mclph/healthlit.

2008 Physician Quality Reporting Initiative (PQRI)

For the 2008 PQRI reporting period, a practice must report PQRI quality-measures information to the Centers for Medicare & Medicaid Services (CMS) either by adding the pertinent quality-data codes (CPT Category II, and/or G-codes where applicable) to Part B Physician Fee Schedule Fee-For-Service claims submitted to the Carrier/MAC or by submitting data to a qualified registry that will submit measures results (reporting and performance rates) plus reporting numerator and denominator data to CMS on the professional's behalf. CMS will announce the approved registries by August 31, 2008. For more information, go to www.cms.hhs.gov/PQRI/20_Reporting.asp#TopOfPage and www.cms.hhs.gov/PQRI/01_Overview.asp#TopOfPage.

Medication Therapy Management: Consumer Education Needed

As part of the Medicare Prescription Drug Improvement and Modernization Act, each Part D Prescription Drug Plan is required to establish a Medication Therapy Management (MTM) program for eligible Medicare beneficiaries. MTM services can be provided by telephone, through mailers, or in face-to-face interactions with a health care professional such as a pharmacist. MTM services are designed to optimize therapeutic outcomes, improve medication use, reduce the risk of adverse adherence, and improve compliance with prescribed regimens.

As a result of the program, providers may see increased patient compliance, the ability to derive best practices for patient outcomes, and improved measures for PQRI. The Medicare Part D benefit and the MTM program are still relatively new. As part of Stratis Health's work with Medicare consumers and Medicare Part D providers, consumers were surveyed to gain information on their understanding of and satisfaction with the MTM program. Overall, for those consumers who received MTM services, 79 percent were either satisfied or very satisfied with the program.

Consumer education about both programs is an ongoing need. Providers can educate their patients about MTM services and its benefits, and can collaborate with MTM pharmacists to improve patient self-management through MTM. Patients can find out if they are eligible for MTM services by contacting their local pharmacy or their drug plan. For more information about this service, contact Jerri Hiniker at jhiniker@stratishealth.org or 952-853-8540.

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.

Electronic Health Records

- **Sue Severson, CPEHR, CPHIT**, Program Manager, sseverson@stratishealth.org, 952-853-8538
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Physician Practice/Pharmacy and Electronic Health Records

- **Jerri Hiniker, RN, BSN, CPEHR**, Program Manager, jhiniker@stratishealth.org, 952-853-8540

Cultural Competency

- **Mary Beth Dahl, RN, CPC, CPHQ**, Program Manager, mdahl@stratishealth.org, 952-853-8546
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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.

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