

INSIDE

- **Materials, Tools, and Resources for Your Clinic**, p. 2
- **New Medicare QIO Contract**, p. 2
- **Tales from the Field: Lac qui Parle Network**, p. 3
- **October is Breast Cancer Awareness Month**, p. 4
- **It's Flu Season: Get Your Shots**, p. 4
- **Prescription Drug Therapy Quality Improvement**, p. 5
- **Pro Bono Colorectal Cancer Screening**, p. 5
- **Five County Mental Health**, p. 5

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

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A portion of this material was prepared by Stratis Health, the Medicare Quality Improvement Organization for Minnesota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

9SOW-MN-6.3-08-01 101508

Readiness Assessment Essential for a Successful EHR Conversion



Is your clinic planning to adopt an electronic health record? Organizational assessment must be the first step in your strategic plan. An assessment helps answer questions such as, *Why should we adopt an electronic health record? Are we ready? How do we involve our staff in the process?*

Skipping the assessment step in favor of a quick decision to select a vendor, purchase an EHR, and get underway may be tempting, but first understanding—in concrete terms—why you are converting to an EHR, how it will be financed on an ongoing basis, and if your staff is ready are all critical factors to success. Being clear about your goals needs to be an integral part of your strategic plan.

Your expected return on investment should be both quantifiable and intangible. In addition to achieving improved patient care, immediate access to data, and increased revenue, you also need to decide if improving clinician satisfaction is one of your goals—do you want to make sure all your clinicians are able to get home on time every day?

The success of implementation is directly related to the level of effort spent planning. And key to developing a well-planned strategy for implementing an EHR involves knowing the attitudes and technological skills of your staff members, if they are ready for this change, and how they will be able to adapt to the new technology. Readiness assessment and goal setting can mean the difference between the success or failure of an enterprise. Don't be one of the clinics that purchases an EHR without first determining why they need it—then do nothing with it.

With state and federal mandates for implementing interoperable electronic health records by 2015, Minnesota clinics are moving forward with EHR adoption. Stratis Health can help your clinic determine its specific needs and opportunities, and understand the barriers involved in implementation. If you would like to know more about the readiness assessment process or other Stratis Health HIT services, contact Director of Health Information Technology Services Sue Severson, at 952-853-8538, or sseverson@stratishealth.org.

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Materials, Tools, and Resources for Your Clinic

EVENTS

Many Faces of Community Health: Prevention & Treatment of Diabetes at the Community Level

October 30-31, 2008, St. Louis Park

Intended for health care professionals; clinic administrators; finance managers; public health, community, and social services staff; and others working to improve the health status of at-risk and underserved populations. Stratis Health is pleased to be a sponsor of this conference, which focuses on improving health and reducing disparities in underserved populations and for those living in poverty.

www.manyfacesconference.org.



Minnesota Alliance for Patient Safety (MAPS) Conference: Road Maps to Patient Safety, Accelerating Change

November 12-14, 2008, Brooklyn Center

Stratis Health is a proud sponsor of the 2008 MAPS conference for health care professionals, leaders, managers, educators, and others interested in patient safety. Sessions will address patient safety issues related to transitions of care, pressure ulcers, health care transparency, and patient safety in ambulatory care and small critical access hospitals. MAPS is a partnership that includes more than 50 Minnesota health care organizations. Visit Stratis Health's poster boards on our nursing home pressure ulcer initiative, Culture Matters initiative, and medication bar coding initiative. www.mnpatientsafety.org.



RESOURCES

- **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.

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

As Minnesota's Medicare Quality Improvement Organization, Stratis Health contracts with the Centers for Medicare & Medicaid Services to ensure and improve quality of care for Medicare beneficiaries. The new three-year QIO contract began on August 1, 2008. One significant change in this contract is that CMS is deploying scarce QIO resources and expertise to areas of highest need. Some of the work is more directive than in the past, targeting providers that meet specific criteria to receive improvement assistance. The three core themes in the new contract are:

- **Prevention** – working with clinics to improve breast and colorectal cancer screening and influenza and pneumococcal screening using evidence-based practices and EHR care management tools
- **Patient safety** – MRSA and surgical care in hospitals, pressure ulcer care and physical restraint use in nursing homes, and prescription drug therapy
- **Medicare beneficiary protection** – case review of beneficiary complaints and denials

Under the new contract, Stratis Health will continue to provide statewide support that contributes to Minnesota's collaborative health care improvement environment. This support will include newsletters, like *Clinic Link*, which share resources and tools, highlight Minnesota success stories, and assist providers in understanding CMS policies and programs related to quality and patient safety.



Tales from the Field: Lac qui Parle Network EHR Implementation is a three dimensional chess match



Mark Roisen, executive director of the Lac qui Parle Network of clinic and hospital systems, suggests that EHR implementation is a quality improvement and change management project. He also describes it as a three-dimensional chess match, which requires coordinating and managing infrastructure

and workflow process with new software, end users, payers, and vendors.

Lac qui Parle is a 10-year old non-profit hospital-services cooperative in western Minnesota that includes Appleton Area Health Services (Appleton), Johnson Memorial Health Services (Dawson), and Madison Lutheran Home (Madison). The network recently chose Healthland as its EHR vendor and has just begun working with its implementation team.

Narrowing down choices from the initial five candidates to two was easy, but making the final choice was difficult. The network eventually chose a vendor with the functionality, service, and maintenance that best fit the network. According to Roisen, “CHIT certification and HL7 standards help assure you are getting a good product. Although vendors are at different stages in the certification process, the industry as a whole is moving toward the same functionality.”

To quantify the differences between vendors based on criteria stipulated in Lac qui Parle’s request for proposal, its steering committee used a [key differentiator worksheet](#) customized from the example in Stratis Health’s EHR toolkit. The worksheet allowed for a score card analysis at site visits, with results that provided solid information to present to the network’s board of directors.

Hearing from peers who have been through the EHR process also was helpful. Roisen said, “Dr. Jim Welters of Northwest Family Physicians located in the northwest Minneapolis suburbs came to our clinic. That was a huge hit. One of the doctors on our steering committee commented, ‘When you hear from one of your peers, it really resonates.’ ”

As many staff members as possible have been involved in the process from the beginning and have participated in educational webinars. Results of an attitudes and skill survey showed that the majority of staff members are excited about the project and realize that with the 2015 state and federal mandates, EHR implementation and interoperability are not an option, but a necessity.

Lac qui Parle is now revisiting its process map, redefining its vocabulary, and preparing for chart conversion. Roisen said, “It has been a pleasure working with Sue, Margret, and other staff at Stratis Health. Among other tasks, they helped us set a timeline and write our request for proposal. We’re very excited about entering the next phase and coordinating the next round of Stratis Health educational webinars with our implementation workplan.”

Lac qui Parle Network members at a clinic site visit.



L to R: Judy Caruth, clinic administrator, Appleton Area Health Services, Appleton; Brant Hacker, MD, Madison Lutheran Home, Madison; Deb Colon, FNP, Appleton Area Health Services, Appleton; Tonya Jorgenson, RN, Madison Lutheran Home, Madison; Eric Weisberg, MD, Glacialridge Health Center, Glenwood; Ralph Gerbig, MD, Johnson Memorial Health Services, Dawson

October is Breast Cancer Awareness Month

According to the American Cancer Society, breast cancer is the most common cancer in women in the US. Over 40,000 women will die from the disease this year. Encourage women in your patient population to get their mammogram this year.

Medicare covers the costs of certain screening tests for breast cancer, cervical cancer, colorectal cancer, and prostate cancer. For more information on Medicare eligibility and coverage, contact the Centers for Medicare & Medicaid Services at 1-800-MEDICARE (1-800-633-4227) or go to www.cms.hhs.gov.



It's Flu Season: Get Your Shots

Protect yourself and your patients—get your flu shot this year. A flu shot is your best defense against the flu and its complications.

And remind your patients and staff to get their flu shots and to practice good hand washing and hygiene—covering your cough can prevent the flu and other respiratory illnesses prevalent this time of year.

Medicare provides coverage for the flu vaccine without any out-of-pocket costs—no deductible or copayment. Flu vaccine is a covered Part B benefit (not a Part D covered drug.)

Immunization Resources

Use the following resources to help your clinic prepare for the 2008-2009 flu season (October through May):

Flu and PPV Vaccination Guides

The [Influenza Vaccination Pocket Information Guide](#), produced by the National Influenza Vaccine Summit, provides information on indications and contraindications for injectable and intranasal influenza vaccines, populations targeted for vaccination, and directions on administering the vaccines. Although this year's [Pneumococcal Polysaccharide Vaccination Pocket Guide](#), produced by the Immunization Action Coalition, is no longer available, you can still print your own copy, or use last year's guide, which is still up to date.

Immunization Action Coalition Email Newsletter

The [IAC newsletter](#) provides immunization and hepatitis B resources and recommendations from the Association for Professionals in Infection Control and Epidemiology (APIC).

Protect Our Patients Visitor Education Toolkit

Use this [APIC toolkit](#) to help raise awareness among your patients of their role in infection prevention.

Subscribe to Weekly Influenza Activity

Get an [email alert](#) and from the Minnesota Department of Health every week during the flu season with graphs, maps, data from previous years, and information on outbreaks.

Influenza Information for Non-English Speakers

MDH provides [influenza resources](#) in several languages for non-English speakers.

CDC Vaccine Information Statement Updates

By Federal law, all vaccine providers must give patients, or their parents or legal representatives, the appropriate vaccine information statement whenever a vaccination is provided. Review recent [updates](#) from the Centers for Disease Control and Prevention.

Antiviral Agents for Seasonal Influenza

Although yearly vaccination with the flu vaccine is the best way to prevent complications of influenza virus infections, according to CDC, [antiviral medications](#) can be effective for prevention and treatment.

Prescription Drug Therapy Quality Improvement Assistance Available to Medicare Providers

Stratis Health is offering Medicare providers and practitioners, Medicare Advantage Prescription Drug Plans, and Prescription Drug Plans quality improvement assistance to decrease the rates of drug on drug interactions and potentially inappropriate medications prescribed in the elderly. Information, tools, and guidance on quality improvement methods are being offered to clinics, hospitals, nursing homes, and home health agencies. We share the commitment of Minnesota providers who deliver the best possible health care. Let us know how we can help you in your work to decrease these rates. For more information, contact Program Manager Kelly O'Neill, at 952-853-8507 or koneill@stratishealth.org.

Pro Bono Colorectal Cancer Screening Critical for Uninsured and Underinsured

Many people in Minnesota who are uninsured or underinsured are at risk for colorectal cancer because they cannot afford to be screened for the disease. Because diagnosing colorectal cancers very early while they are still curable is critical, a legislative initiative is underway in Minnesota to fund free colorectal cancer screening programs for this population.

To address this important issue, a group of attendees at this year's Minnesota Cancer Alliance Summit took part in working sessions to commit to action and identify next steps for supporting and expanding pro bono screening programs that bring together hospital systems and provider groups.

In November 2007 and March 2008, long before the Summit, Fairview Southdale Hospital conducted two successful pro bono screening events. The screenings resulted in 40 patients screened—25 with polyps and 13 with pathology. Since the Summit, the colorectal cancer screening workgroup has established objectives and strategies to reduce disparities in screening by increasing access to screening for low income, under and uninsured Minnesotans. The group is also working to develop and promote a free screening model which relies on volunteers to provide screening services and facilities to waive procedure fees. In addition, the group plans to produce and distribute a reference guide designed to help motivated individuals and organizations hold free screening events, with the goal of conducting five to seven events per year that could result in 125 to 175 screenings.

Five County Mental Health Well on its Way to EHR Adoption

Five County Mental Health Center provides a broad range of mental health services at seven clinics in eastern Minnesota, with more than 80 staff members. The health center just began its electronic health record adoption process in May of this year and is waiting to hear if it will receive two Minnesota State grants to support the project. Five County has already completed the phases of readiness assessment, workflow analysis, and goal planning, and is well into the vendor selection process. The center expects to begin implementing in early 2009 and be fully implemented by 2010.



Five County Mental Health Center

(Continued on p. 6)

(Continued from p. 5)

Brenda Thomas, office coordinator and EHR project manager, is coordinating the project with help from the group's steering committee. Sue Reising, business manager, said, "We have a strong team and Brenda is doing a wonderful job coordinating the project. People are really on board, with a lot of top down support."

Thomas and Reising described the effort and soul searching that went into establishing long-term goals and determining what an EHR would mean to the clinics. Providing better services by having immediate access to patient records was primary. Brenda said, "For example, if a client received therapy in Sandstone and is then seen for psychiatry in North Branch the next day or next week, records wouldn't be available." Other clinic goals included the ability to assess client outcomes and help clients set and meet their own improvement goals. Having an interoperable EHR would improve ongoing coordination with hospitals, pharmacies, schools, and community agencies. Business goals included having accurate client records for billing and diagnostic codes and increasing revenue for the continued success of the center, which would attract the best clinicians.

Staff members learned about the upcoming project through managers and at all-staff meetings, and each staff member completed a readiness assessment. Reising said, "There was a lot of buzz about the upcoming conversion. People are ready; they're frustrated with the manual systems and eager to get started." Five County wants to be proactive, meeting the guidelines and having a system in place before it is required. Thomas expects clients to be comfortable with the electronic system because technology is so prevalent throughout other areas of health care and because some clients are already using video conferencing. The center has not yet conducted site visits to observe other systems, but has gotten a lot of good information via telephone from other clinics throughout the state. Once vendor selection is complete, implementing systems for practice management, appointment scheduling, billing, and the EHR component will begin.

Thomas and Reising said that the whole planning process has been very enlightening and would recommend it to other clinics considering EHR adoption. It helped them take a step back and think about what they wanted, rather than jumping in with vendor selection. Readiness assessment showed them how technologically ready they actually were, and the workflow analysis allowed them to compare current processes with what they could be doing—such as reducing the number of forms used and making them more usable and uniform.

Stratis Health is Uniquely Qualified to Help You

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

Electronic Health Records and Health Information Technology

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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.

*Did you miss an issue of Clinic Link?
Go to www.stratishealth.org/cliniclink for past issues.*