

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.

Health care quality improvement enhances the lives of patients and improves the efficiency of health care delivery—decreasing the cost of health care and the burden on purchasers of health care services, including the Medicare Trust Fund.



Stratis Health receives funding from federal and state government contracts, foundation and corporate grants, and health system projects.

We have served Minnesota as the Medicare Quality Improvement Organization (QIO), under contract with the Centers for Medicare & Medicaid Services (CMS), for almost **30 years**.

In a 2007 survey, **100 percent** of Minnesota health care providers reported that they **provide better care** because of work with Stratis Health.

We ranked **first in the nation** for overall stakeholder satisfaction with our QIO work, scoring 96.3 percent.

700,074 Medicare Enrollees

Protecting their rights

As the QIO, responds to calls from beneficiaries and their representatives, helping them with quality of care concerns, and discharge and discontinuation appeals. Conducts medical reviews of cases regarding Medicare quality of care concerns. Convenes the Community Outreach Committee to foster the flow of information among Medicare beneficiaries, community and senior advocacy organizations, and government.

- 1,624 Help-line calls per year
- 1,824 medical reviews annually
- 94% of beneficiaries were satisfied with our complaint review process
- 70,000 pieces of health information provided on request annually

600 Adult Primary Care Clinics/Physician Offices

Enhancing the use of technology

Worked with over 78 clinics in the Doctor's Office Quality Information Technology program to facilitate adoption and implementation of electronic health records (EHRs).

- 84% of clinics in the evaluation group met the goal of selection, implementation, or improvement of their EHRs

Reducing health disparities

Worked with 27 clinics in urban and rural Minnesota to reduce language and cultural barriers to effective health care. Engaged physicians and staff to better understand their changing demographics and to build more culturally relevant approaches to care delivery into their practices. Launching an online learning center to improve the cultural effectiveness of health care delivery and reduce health disparities.

400 Nursing Homes

Increasing patient-centered care

Led Minnesota's participation in the Advancing Excellence in America's Nursing Homes national campaign—more than half of the state's nursing homes participated. Supported 53 nursing homes in a collaborative focused on reducing physical restraints, pain, and pressure ulcers, lowering workforce turnover, and moving from an institutional environment to one that is person-centered. Conducted a survey of Minnesota nursing homes to assess their level of health information technology (HIT) use.

- 1.7% decrease in pressure ulcer rate for high-risk patients in 53 nursing homes, saving Medicare \$1.8 million
- 31% of nursing homes statewide have an EHR system; lack of capital resources was the top barrier to implementation



CentraCare Clinic, Long Prairie, Minnesota, worked with Stratis Health on **cultural competency**. The clinic hosted six three-hour medical language classes for its staff. Learning Spanish words for body parts and medical conditions enabled staff to better discuss health issues with their Spanish speaking patients.

Lakewood Health Care Center, Staples, Minnesota, reduced its use of **physical restraints** from 12 percent to zero, after participating in Stratis Health's nursing home technical assistance group. The nursing home focused on person-centered care—assessing residents on an individual basis—and provided a system-wide education program on falls prevention.

200 Home Health Agencies

Improving clinical care

Provided training and resources to all Minnesota home health agencies on avoidable acute care hospitalization, oral medication management, immunization assessment, and vaccination. Supported 62 home health agencies working on clinical quality—21 worked on improving the use of telehealth and changing organizational culture to be patient centered and focused on quality.

- 36% improvement statewide in assessing for flu and pneumococcal immunizations
- 6.3% reduction in avoidable hospitalizations for the 62 agencies, reducing Medicare costs

135 Hospitals

Improving clinical care

Assisted 100 hospitals on appropriate care measures for heart failure, acute myocardial infarction (AMI), and pneumonia; 15 hospitals on surgical care improvement; 10 hospitals on management of chest pain; nine hospitals on medication bar coding; and nine hospitals on patient safety culture. Reviews root cause analyses and corrective action plans submitted to the Minnesota adverse event reporting system and provides facility feedback to promote system level improvement.

- 10% improvement statewide in the use of appropriate care measures for heart failure, AMI, and pneumonia
- 350 reviews conducted for 125 adverse events (such as wrong site surgery) in one year

Ensuring quality in Critical Access Hospitals (CAHs)

Worked with 15 Minnesota CAHs, a designation for rural limited service hospitals, to improve their care delivery for heart failure or pneumonia. Leading a CAH collaborative to improve the culture of safety.

- 52% collective improvement in care delivery for the 15 CAHs

Improving efficiency

Assisted all Minnesota hospitals with how to collect and submit quality measure data to the national repository for public reporting and pay-for-performance initiatives. Worked with 10 hospitals to improve level of care assignment for Medicare billing compliance. Developed the *Rural Health Information Technology (HIT) Toolkit for Small and Rural Communities* to advance the use of HIT.

- Improvements in billing procedures at the 10 hospitals could save the Medicare Trust Fund over \$800,000 annually.

Minnesota Communities

Enhancing coordination of care

Led a regional health information exchange project to allow for accurate information sharing in a standard and secure manner. In fall 2008, 10 rural communities will be brought together for an 18-month learning collaborative to start or strengthen their palliative care programs.

Numerous Partnerships

Works in collaboration with health care providers, health plans, trade associations, advocacy organizations, and government agencies to facilitate health care improvement for people and communities.