



# QUALITY UPDATE

Health care quality issues for Minnesota's health care leaders

Spring 2009

## Health Policy Reform

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President and CEO, Stratis Health

WITH THE NOVEMBER ELECTIONS AND THE COUNTRY'S CURRENT ECONOMIC WOES, 'tis the season for renewed energy around health care reform. Federal and state policy makers, think tanks, academic and research institutions, and health care professional and trade organizations are all weighing in with health reform ideas, proposals, and white papers. At the national level, the Center for American Progress' *The Health Care Delivery System: A Blueprint for Reform* and the Senate Finance Committee's *Call to Action, Health Reform 2009* have both garnered significant media and policy maker attention. The American Recovery and Reinvestment Act Congress passed in February contains elements of health reform.

In Minnesota, our legislature took health reform action in the 2008 session, and many of our large health systems have issued white papers and are speaking out on health reform.

How to make sense and keep up with it all?

Stratis Health always looks at these issues through the lens of quality and patient safety. Through this lens, we are studying and engaging on health reform with the following framework in mind:

- Does an idea or proposal increase access to health care services? There is a strong correlation between health care access and quality, including access to primary



care for prevention and screening. Stratis Health does not take a stance on how to achieve universal coverage—whether a single payer model, health insurance exchange approach, or some other idea—but we know that a health system that proactively promotes health and health care for everyone, rather than only reactively treating illness and disease, contributes to quality and patient safety.

- Does this idea or proposal reduce disparities in health care? Equity is closely linked to access. It is worth calling out separately when evaluating health reform proposals, and considering whether disparities—by race, ethnicity, or language, by socioeconomic status, or by geographic locale—are addressed.
- Does this idea or proposal improve health care value? Cost is only part of the equation. Value—the relationship between cost and quality—is the true indicator of whether health and health care are improved. Health reform proposals need to accurately assess not only the cost of health care, but the benefit gained in terms of quality. Investing in

## THIS ISSUE

### The Role of Patient Advocates 2

Filling gaps in our complex health care system.

### Home Health Energized to Evaluate Low Scores 3

Media attention provides catalyst for more research into state's outcome scores

### HIT Adoption in Nursing Homes for Care Delivery 4

Nursing homes need to be planning for EHRs and exchanging data with other providers. Statistics and stories offer a picture of HIT adoption.

prevention may reap substantial benefits, both in terms of dollars saved and longer, healthier lives.

- Does this idea or proposal encourage both patients and providers to do the right thing? We want health reform initiatives that encourage and support patients to be actively involved in their health care, to use data for informed decision-making, and to be proactively engaged in healthy behaviors. We want clinicians and provider organizations to be encouraged and assisted to use the most current evidence-based best practices, to approach their patients as partners, and to maximize positive quality outcomes and experiences of care.

We look forward to continuing to be actively involved in the dialogue, planning, and action required to transform our health system into the safest and highest quality system possible. ○

## The Role of Patient Advocates

Filling gaps in our complex health care system.



Perspective from  
**Dee Kemnitz,**  
Stratis Health Board member

We need to cultivate informed, activated patients who are knowledgeable, and have the skills and confidence to make informed decisions.

**Dee Kemnitz**, is a member of the Stratis Health Board of Directors, serving as a health care consumer representative. She spent more than 45 years at Carlson Companies, where she served as human resources executive.

**THE AMERICAN HEALTH CARE SYSTEM IS GROWING EVER MORE COMPLEX.** Patients have to navigate the bureaucracies of health systems and of insurance companies, and have to understand the specialized languages of medicine and of coverage and billing. Often, these challenges happen when consumers are the most ill.

Several times in the past few years I've had family members who needed help navigating the complexity of health care—I was called into the role of patient advocate.

My brother Roger—an independent thinking, retired North Dakota farmer—suffered a heart attack then drove himself 100 miles to the hospital, where he suffered a second. After treatment, his doctor was ready to discharge him from the hospital. But, Roger was so weak he was unable to walk to the bathroom by himself. He lived alone, with no relatives within a four-hour drive. Despite sharing this information with his doctor, Roger was being discharged.

Fearing for his safety, he called big sister for help.

Four hundred miles later at the hospital, I learned that the doctor had indicated no need for a consult with the hospital discharge planner. The nurse believed that my brother needed about three more days to recover. When I spoke to the doctor about my brother, he stated, "I don't care what you say," and would not recommend a rehabilitation center.

While the doctor did reluctantly agree to lengthen Roger's stay, I wondered if the health care system had become so complex that, like the legal system, few people can handle their personal matters competently on their own. Like the need to have an attorney to buy a home or create a will, are patient advocates needed to guide people through the maze of health care and to speak up on behalf of patients?

In cases like my brother's, advocates are a Band-Aid solution for problems within the system—a system that does not support patients and clinicians acting

as partners in achieving the best possible outcomes. If both patients and providers take the approach that they are partners in care, perhaps advocates may not need to be called upon so frequently.

Patients need to actively participate in their own care. They need to think through their conditions and write down significant items so they aren't forgotten during the rush of their "six-minute session" with the doctor. Patients need to be truthful with their doctors about their medication use and behaviors that impact their condition.

Doctors should be trained in compassion and to listen to their patients. Health care workers should be empowered to question doctors about safety concerns. Patients should be given access to relevant information, such as the availability of a discharge planner.

We need to cultivate informed, activated patients who are knowledgeable, and have the skills and confidence to make informed choices. To educate health care consumers about their responsibility to participate in their own care, I suggest that all providers give their patients a simple written document explaining that it's important to level with their doctors, to follow instructions, and to report back. This might help patients understand their role better and be more compliant with follow up.

Patient advocates can play an important role in our health care system. Clearly, the very young and very old, the ill and the vulnerable should have support to help them with difficult medical discussions and decisions. According to a Kaiser Family Foundation report, 47 percent of people have brought a friend or relative to a doctor's appointment so they could help ask questions and understand what the doctor was telling them.<sup>1</sup>

If we can fix the gaps in communication and coordination within health care, we might not need to get so much mileage out of patient advocates. ○

1. 2008 Update on Consumers' Views of Patient Safety and Quality Information, Kaiser Family Foundation, October 2008.

# Home Health Stakeholders Energized to Evaluate Low Scores

## Media attention provides catalyst for more research

MINNESOTA'S HOME HEALTH COMMUNITY RESPONDED WITH A POSITIVE CALL TO ACTION when the Star Tribune newspaper put a spotlight on Minnesota home health agencies' low ranking in the Agency for Healthcare Research and Quality (AHRQ) national health care outcome measures.

The Minnesota HomeCare Association (MHCA) and Stratis Health invite all home health stakeholders to participate in the Minnesota Summit for Excellence—Project for Improving Outcome Scores on April 29, 2009, to identify the causes of the state's low scores and to develop proactive strategies based on the findings.

Bob Fazzi, a national expert on home health, was impressed with the response to the media attention. "The state association acknowledged there was an issue. I've seen others who have tried to pull a shell over themselves, trying to protect themselves."

### Past improvement efforts

Stratis Health—as Minnesota's Medicare Quality Improvement Organization (QIO)—supported a group of 114 home health agencies from 2002 to 2005, and 62 agencies from 2005 to 2008, through technical assistance projects to work on clinical quality improvement related to avoidable acute care hospitalization, oral medication management, immunization assessment, and vaccination. "Among other improvements, agencies reduced avoidable hospitalizations, making a statistically significant improvement," said Janelle Shearer, Stratis Health program manager.

The Minnesota home health community looked at the high performing agencies to see what they were doing differently. "We took a best practices approach, trying to train other agencies to adopt the practices of the leading agencies," said Neil Johnson, MHCA executive director. "We've done training on OASIS (assessment data collected to measure patient outcomes) and

how to answer the questions, but whatever we tried did not work to improve our overall scores." Minnesota remains ranked at the bottom.

"I absolutely believe that Minnesota agencies provide excellent care. We've seen their practices and have seen what they do, and we wonder why it's not captured in the measurement instrument," Fazzi commented.

**"It's our mission to fix this...whether it's a quality issue or a measurement issue."**

### Meaning behind the numbers

In past years, MHCA worked with Stratis Health's analytic staff to review the data and understand why the state's measures are relatively poor. Analysis did not reveal clear, actionable explanations.

But when Warren Wolfe, reporter covering issues of aging for the Star Tribune, started out to write an in-depth story about home care, he stumbled upon the national home health scores. Wondering why Minnesota ranked as the fourth worst in home care while performing above average in all other settings of care, he investigated.

Wolfe and another reporter analyzed the CMS data, comparing and ranking states on all measures. "Looking at the data I thought that can't be right," said Wolfe. "Most people I talked to said it can't be right, but no one can explain it."

His research led him to Fazzi, who had two staff drill down into the data. But, they couldn't explain the low scores either.

### Catalyzed for action

"We were kind of crossing our fingers that the media wouldn't look at the data," Johnson commented.

But, the media attention has proven to be a positive catalyst. MHCA, Stratis Health, and Fazzi Associates pulled together a steering committee last December to theorize why the scores are so low. Several potential lead explanations emerged—all are complex, multi-component issues.

The April 29 summit, co-sponsored by Stratis Health, will explore these, as well as results from an audit of randomly selected agencies and a survey of all Medicare-certified agencies in Minnesota. "The group has decided it's our mission to fix this," noted Fazzi. "Whether it's a quality issue or a measurement issue, we've said let's go after it."

MHCA invited the 15 lowest ranking states to participate in the summit, and the association will share its findings.

"I believe that in the long run people will get better services," said Fazzi. "This is already having an impact." Through Johnson's outreach, Vermont discovered it was ranked the lowest in the country. Now they have a task force to examine its scores and will be coming to the April summit.

"When I first started writing about aging issues 18 years ago I'd stop by a nursing home and people would be very nervous to be talking to a reporter," said Wolfe. "People are much more open now, even those with troubling scores."

Stratis Health thinks the change is due, in part, to Minnesota's focus on transparency in data reporting and its providers commitment to using data to support continuous quality improvement. We applaud the home care industry for working to understand and improve patient outcome measures to ensure quality care. ○

# HIT Adoption in Nursing Homes for Care Delivery

Nursing homes need to be planning for EHRs and exchanging data with other providers

**HOSPITALS AND CLINICS ARE ABUZZ IMPLEMENTING ELECTRONIC HEALTH RECORD (EHR) systems** in an effort to meet the state and federal mandates that all health care providers have an interoperable EHR system in place within their clinical practice setting. Even greater activity is expected with the \$19.2 billion that Congress has earmarked for health information technology (HIT) in the 2009 stimulus package.

While the 2015 state and federal mandates apply to all health care providers, long term care lags behind hospitals and clinics in adoption of EHR, due to numerous resource-related issues. Long term care needs to be part of the e-revolution—not because of the mandates, but to help ensure quality care across the continuum.

“I haven’t heard anything in the legislative arena about plans to back off on the dates of the mandate,” said Lori Meyer, Aging Services of Minnesota senior vice president.

In Minnesota, 32 percent of nursing homes reported having fully or partially implemented an EHR, according to a Stratis Health survey (more on page 6).

## Leadership in nursing homes

“If your administrator thinks the status quo is good, things won’t happen,” commented Diane Hagedorn, director of nursing at Rice Care Center.

The difference in those organizations that have adopted HIT is their leadership, commented Meyer. They really believe the technology will make a difference. They can see what HIT can do for residents and how it can be a useful tool for staff.

“I’ve really encouraged staff to come to me with ideas about technology,” said Penny Solberg, administrator at Spring

Valley Care Center. “The idea for our new software came from RNs who had used it elsewhere. They were sold on it because all of the data is integrated and transfers to the MDS (minimum data set).”

Some Aging Services members took advantage of state grants and loans to advance HIT. “They saw access to resources and put together applications. They moved quickly with the incentive,” Meyer noted.

If new state and federal monies become available, nursing homes need to be ready with a plan in order to benefit from the incentives.

Rice Care Center’s administrator was able to get a Department of Human Services grant that helped purchase computer kiosks. “Getting help with the expense really helps,” said Hagedorn. “You have to have an administrator who is digging and will write the grants.”

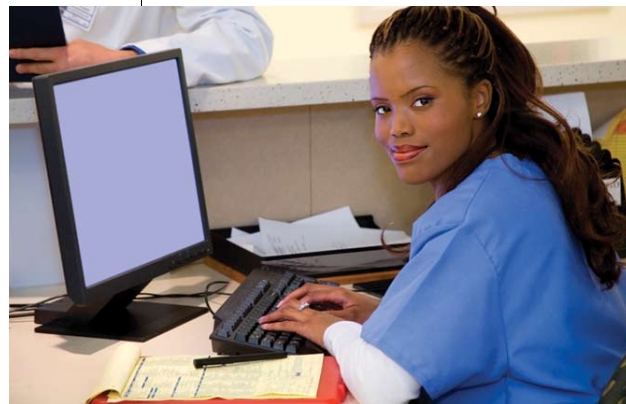
## Coordinating across settings

To meet the goal of interoperability, health care facilities across systems and across geographic boundaries will need to work with each other. As facilities wrestle with how to move forward with technology, they take different approaches to working with other providers in the community to explore data sharing.

Hospital discharge plans don’t always include all of the data needed by nursing homes to accurately plan for residents on admission.

Rice Care Center now can look at and print the hospital’s information. “Being able to view the hospital records has cut our need to call Medical Records,” said Hagedorn. “It has really helped with time management.”

As part of St. Mary’s Hospital, Detroit Lakes, and Innovis Health affiliating, they are rolling out EHR to all clinics in Detroit Lakes. Physicians in the clinics can open medical records from the hospital, and the hospitals can access clinic data, according to Christy Brinkman, administrator at St. Mary’s Regional Health Center. The nurse manager at her nursing home has access to the hospital EHR for nursing home admissions.



“Nursing home staff no longer need to struggle with the time and ability to catch a busy nurse in the hospital,” Brinkman said. “Staff should be able to log in and get the information needed to complete the MDS, saving an abundance of time.”

“Our goal is that in six months, all of the nursing homes within a 50-mile radius will have remote access to our hospital charts,” shared Brinkman. “It can make the hospital staff more efficient and allow for good discharge planning and transfer of care.”

They’ve met with local nursing homes to introduce the way the hospital nurses are going to chart in the new EHR and how to access it. To help manage system security, participating nursing homes have to sign confidentiality and liability agreements, user access will be restricted with tokens—small devices that display a constantly changing security code—and the IT department will run regular reports on access.

Spring Valley Care Center wants to coordinate with the providers in its region to improve care by sharing patient information. “When our new system is up and running this summer, doctors will be able to access our nursing home residents’ data by logging into our system with a user name and password,” said Penny Solberg, the nursing home’s administrator.

Spring Valley has run into challenges to accessing hospital data, as well as other coordination barriers. Being 10 minutes from the county border excludes it from being part of a planning group for providers in Olmsted County. And, as a small facility it’s put low on the list when organizations prioritize who to work with.

### Planning for HIT

“A big mistake people make is thinking that new clinical care software will only take three or four months to implement,” said Sue Severson, director of Health Information Technology Services at Stratis Health. “Providers need to allow time—six to 18 months or more—to analyze their processes and to carefully assess their needs.”

“Implementing EHR is like making a commitment to be married,” said the administrator of Municipal Hospital and Granite Manor, George Gerlach.

Spring Valley Care Center will have its new software system up and running by summer so its nurses can do point of care entries. “It’s been a four-year process to select our new software. Other facilities in the area have this same software. We were able to tap into their knowledge about the product and work out the bugs before getting into it,” said Solberg.

Best practice based, step-wise planning helps providers make sure they are invest-

ing in systems that will make them more efficient and aid in care delivery.

It’s easy to overlook steps in the processes that are done every day. State inspection surveyors found that some homes were missing behavioral charting—questions right off the MDS—because it had been missed as part of their EHR.

Hearing this from other long term care providers, Rice Care Center decided to go back to paper to make sure it was capturing this information and more accurately reflecting the care being given. “We talked with the software vendor about it, and charting changes are now in the works,” said Hagedorn.

As part of negotiations with its software vendor, Spring Valley made sure the vendor has plans for its software to be able to adapt to future needs. “Hopefully, our new software is putting us in a position to continue to change,” said Solberg.

“Nursing homes need to try to establish a priority—to put a goal out there,” said Hagedorn. “We’re only able to take baby steps, so our nursing department goal for 2009 is to increase computer charting.”

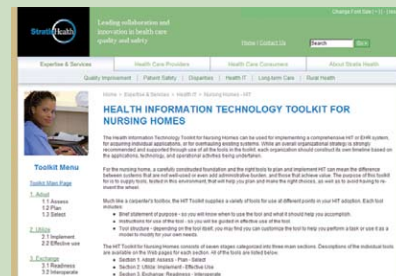
### Looking ahead

“Minnesota’s e-Health Advisory Group recognizes that public health and long term care need a solution to bring these groups along,” said Todd Bergstrom, director of research and payment at Care Providers of Minnesota.

If nursing homes have not already started planning for an EHR system, they need to start. “We’ll have problems if everyone waits until 2015,” said Meyer.

Hagedorn summarized the future well, “Electronic is where we need to be.” ☉

## IN BRIEF



### Health Information Technology Toolkit for Nursing Homes

Stratis Health recently released the Health Information Technology Toolkit for Nursing Homes. It can be used to implement a comprehensive EHR system, acquire individual HIT applications, or overhaul existing systems.

The toolkit was funded by Aging Services of Minnesota, Alliance Purchasing, and MHA Service Corporation for use by nursing homes in Minnesota. “It’s not that providers do not realize the state of technology,” said Lori Meyer, Aging Services senior vice president. “They do not know where to start—what the first step is.”

The toolkit supplies tools that will help nursing homes plan and make the right choices. It consists of seven stages categorized into three main sections: Adopt, Utilize, and Exchange.

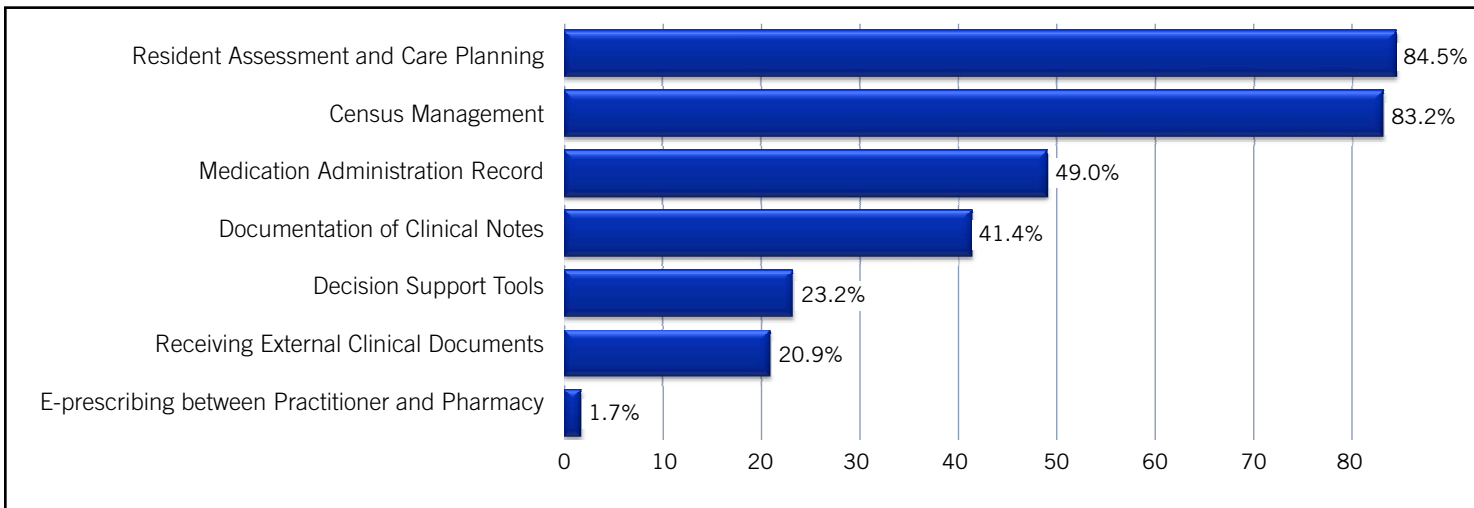
Developed using Stratis Health’s extensive experience in helping providers adopt HIT, working with nursing homes on quality improvement and patient safety, and developing toolkits, this toolkit provides a roadmap that helps remove the fear so people can take the steps that will lead to making the right selection.

“We funded the kit because we wanted to provide a resource, in partnership with a credible organization like Stratis Health, to help organizations move through the process,” Meyer said. “With the 2015 mandate, we’re excited about the toolkit. It’s a great resource.”

The toolkit is available online at [www.stratishealth.org/HIT\\_Toolkit\\_NH](http://www.stratishealth.org/HIT_Toolkit_NH).

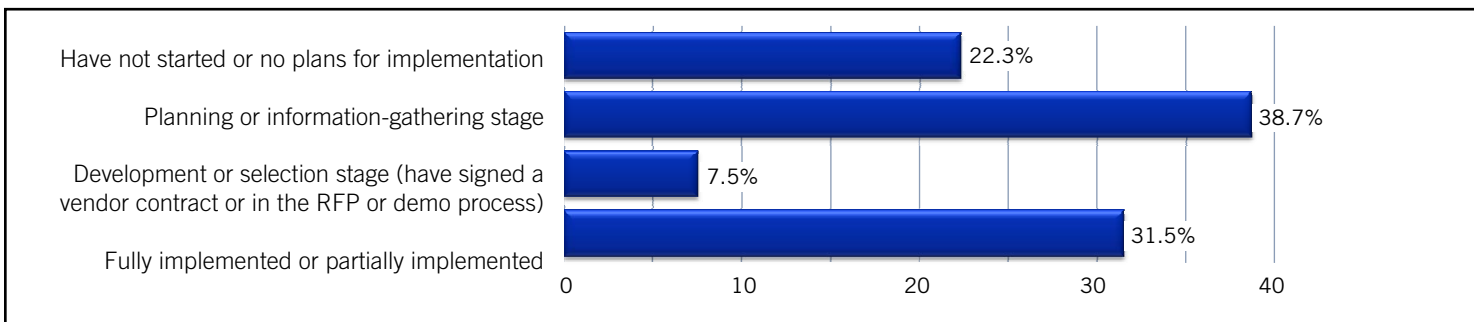
## Looking at the numbers: nursing home HIT adoption in Minnesota

### Clinical/Administrative Functions Supported by Software/Technology



N= 297

### EHR Implementation Status



N= 297

**TO MAKE PROGRESS TOWARD MEETING THE LEGISLATIVE MANDATE**, the Minnesota Department of Health (MDH) contracted with Stratis Health to determine the level of health information technology (HIT) use in Minnesota nursing homes. Stratis Health developed, implemented, and analyzed a survey sent to nursing home administrators at Minnesota’s 380 Medicare-certified nursing homes.

With a 78.2 percent response rate, the survey collected information about the implementation and use of HIT software/technology to support care delivery in nursing homes.

The majority of nursing homes have implemented software for residential assess-

ment and care planning, as well as census management. But, only 31.5 percent have bundled these and other software tools into an electronic health record (EHR) system.

Nursing homes affiliated with some sort of group—either a hospital, integrated system, or a regional chain—or located in an urban area are more likely to have an EHR system implemented than those who are not part of a group (46.7%). Nursing homes that are not part of a group, such as freestanding nursing homes in rural communities, are less likely to have an EHR fully or partially implemented (28.2%).

“The revenue needed for HIT and EHR is not built into the reimbursements to en-

able long term care facilities to move into EHR,” said Todd Bergstrom, director of research and payment at Care Providers of Minnesota. “Stratis Health’s survey made it apparent that facilities that are part of a health system or hospital system are far more likely to have more latitude—more resources—to pursue HIT.”

The full report, *Minnesota Nursing Home Health Information Technology Survey Results* (June 2008), is available online at [www.stratishealth.org/HIT\\_NHsurvey](http://www.stratishealth.org/HIT_NHsurvey).

Stratis Health conducts analytical work in support of assessing and improving health care quality and patient safety.

# Building Healthier Communities Award given to CardioVision 2020

Growing an appreciation for the culture of health care quality in Minnesota

In celebration of National Patient Safety Week in March, Stratis Health announced the newest recipient of its Building Healthier Communities award—CardioVision 2020.

The Building Healthier Communities award provides CardioVision 2020 funding to establish and update Web-based community education, awareness building, and social networking “heart healthy” resources for Olmsted County, Minnesota, with the secondary purpose of serving as a model and resource for other communities across Minnesota to implement similar locally-based health and prevention programs.

“This funding will help continue CardioVision 2020’s 10-year track record of benefitting the residents of Olmsted County,” said Stephen Kopecky, MD, Stratis Health board chair and cardiologist at Mayo Clinic, based in Rochester. “This program aligns well with Stratis Health’s efforts to reduce treatment disparities by reinforcing adherence to lifestyle and medical therapies for cardiovascular disease prevention and treatment and to help promote continuation and coordination of care.”

CardioVision 2020 aims to reduce cardiovascular disease burden in Olmsted County to the lowest levels in the US by 2020, by promoting healthy lifestyle habits as well as appropriate therapies for the prevention and treatment of cardiovascular disease.



Through this award, Stratis Health joins with other community partners—Mayo Clinic and Foundation, Blue Cross-Blue Shield of Minnesota, and other community partners in Olmsted County—that support CardioVision 2020.

## First award recipients report back

The first recipients of Stratis Health’s Building Healthier Communities award, in October 2007, have reported back the achievements they’ve made with their award funds.

**Institute for Nursing Quality.** This nascent institute moved from a concept to an advisory council of nursing educators, nurse executives, and staff nurses who laid out a two-phase work plan for which it will seek funding:

- Conduct an environmental assessment of available evidence-based nursing practices on the topics of pressure ulcers, depression, and care coordination
- Build capacity for nursing leadership in the areas of quality and evidence-based practice by advancing research projects that have direct and immediate implications for nursing practice

## Minnesota Health Literacy Partnership.

This coalition of individuals and organizations striving to educate providers and consumers about health literacy used its award funds to develop:

- Health literacy training package for health care providers
- Health literacy training program for consumers
- Identity and governance structure for the organization

The Building Healthier Communities award supports initiatives that can help grow an appreciation for the culture of health care quality in Minnesota. ○

“I have a hard time when I go for a women’s check up because I do not know the names of the parts.”

“When I get a prescription I don’t understand anything when I return home.”

- Comments from intermediate English as a second language (ESL) students surveyed as part of Minnesota Health Literacy Partnership’s consumer awareness program, funded through Stratis Health’s Building Healthier Communities award program.

# STRATIS HEALTH NEWS

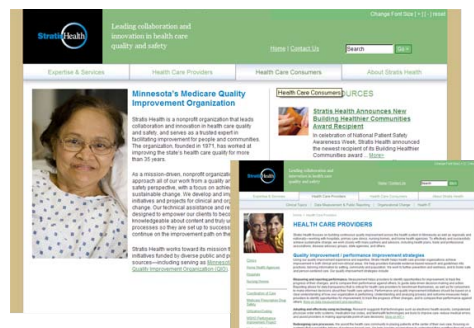


Barbara LeTourneau, Stephen Kopecky, Stratis Health board chair, and Susan Crutchfield.

**Stratis Health supports patient safety work nationwide** Stratis Health was awarded a contract to support the operations of Medicare Quality Improvement Organizations (QIOs) nationwide to improve patient safety and health care quality. October 1, 2008, we started working with the Oklahoma Foundation for Medical Quality to jointly serve as the national Patient Safety Quality Improvement Organization Support Center (QIOSC). As the QIOSC, Stratis Health develops and offers tools, resources, training, and support for QIOs to work with hospitals and nursing homes on such clinical areas as pressure ulcers and physical restraints, and in organizational leadership and team building.

**Minnesota Health Reform Initiative** Stratis Health is helping to carry out a variety of the health reform initiative projects passed by the Minnesota legislature last year, including the statewide Health Care Homes readiness assessment, the quality measures/incentive payment redesign project, and the baskets of care project.

We thank outgoing board members **Susan Crutchfield, MD; John Kleinman, MD, FACP;** and **Barbara LeTourneau, MD, MBA,** for their years of service on the Stratis Health Board of Directors.



**Stratis Health Web site redesigned** We've redesigned our Web site to provide you with easier access to health care quality and patient safety resources. [www.stratishealth.org](http://www.stratishealth.org)

**Jane Pederson, MD, Stratis Health director of medical affairs,** was reappointed by Governor Tim Pawlenty to serve a four-year term on the Minnesota Board of Examiners for Nursing Home Administrators as a physician member. She is a board member of the Minnesota Gerontological Society as well. Pederson previously served as a geriatrician for PartneringCare HealthPartners Senior Services.



**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 federal and state government contracts, and community and foundation grants, including serving as Minnesota's Medicare Quality Improvement Organization.

**Stratis Health** works with the health care community as a quality improvement expert and clearinghouse, educator and trainer, consultant and supporter, convener and facilitator, and a data resource.

Contact us to see how we can assist you with your quality improvement needs. Call 952-854-3306 or 1-877-787-2847 (toll-free) or email us at [info@stratishealth.org](mailto:info@stratishealth.org).

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