STRATIS HEALTH’S MISSION ALIGNS WITH THE AFFORDABLE CARE ACT’S TRIPLE AIM of improved health, improved care, and lower costs through dramatic transformation in health care delivery. We work with communities and the health care sector as a quality improvement expert, educational consultant, facilitator, and data resource. Our focus is leading collaboration and innovation.

Creating Accountable Communities for Health

Stratis Health supports and convenes providers, practitioners, patients, and community organizations in statewide learning and action networks to build and share knowledge, spread best practices, and achieve rapid, large-scale improvement. Stratis Health leads projects aimed at integrating care and increasing coordination to support population and community transitions across the healthcare continuum. The projects bring together hospitals, long term and sub-acute care organizations, home health agencies, clinics, and other stakeholders in community-based efforts to improve care delivery and enhance each patient’s outcome and experience.

Our work supports national priorities to foster value through expert technical assistance that includes sharing best practices, assisting with data analysis, and conducting improvement activities. Whether funded by federal or state contracts or grants, foundations, or health plans, Stratis Health designs and leads initiatives and projects which are aimed at:

- Strengthening Primary Care and Prevention
- Building Capacity at the Community Level
- Facilitating Electronic Health Record (EHR) Adoption and Information Exchange
- Supporting Robust Measurement and Quality Improvement

Strengthening Primary Care and Prevention

A strong primary care system is essential in shifting to an emphasis on health and wellness, effective care coordination, improved access, and reduced disparities. Stratis Health is assisting primary care clinics to use their EHR systems to coordinate preventive services, track and analyze quality improvement, and report quality measures to the Centers for Medicare & Medicaid Services (CMS) and to Minnesota’s payers and reporting systems. In the Minnesota Community Transformation project, we are working with clinics and communities to integrate referral contacts to social service
supports into their EHRs. We serve Minnesota and North Dakota to promote health information technology (HIT) integration into clinical practice and its use to improve population health, through our federally designated role as the Regional Extension Assistance Center for HIT (REACH), and are actively engaged with more than 4,000 clinicians at more than 600 clinic sites across the two states. Our cross-setting work in HIT strengthens quality and performance measurement infrastructure, interoperability, and health information exchange (HIE), which also empowers patients and supports new payment models.

Goal: Creating Accountable Communities for Health across the state, in which integrated networks of providers and community organizations are accountable for improved population health

Our efforts to reduce health disparities among communities of color and underserved populations have assisted primary care clinics and public health agencies across Minnesota—both urban and rural—to improve the ability of clinicians and clinic staff to provide culturally competent care and improve health literacy. We developed and continually expand Culture Care Connection, an online resource center focused on Minnesota’s largest and fastest growing cultural communities.

Stratis Health is a leader in the Minnesota Shared Decision Making Collaborative which promotes patients and their clinical team in assuring that medical decisions are well-informed by best available evidence and consistent with patient preferences and values. We build shared decision making approaches and tools into many of our improvement projects and initiatives.

Building Capacity at the Community Level

A growing part of Stratis Health’s work is at the community level, focused on building capacity for sustainable change. Our expert facilitators guide community leaders—from within health care and outside of health care—to understand their community gaps and assets, and develop and implement action plans, whether in care transitions, palliative care, or medication management. Stratis Health is a leader in developing community needs assessments and planning processes required for hospitals, health plans, and local public health agencies, and helps align priorities and resources at a community level. Stratis Health is facilitating the re-establishment of the Center for Community Health (CCH)—a collaboration of health plans, hospitals, and local public health in the seven county metro area—building systems to improve the health of our community and serving as a catalyst to align the community health assessment process across the three sectors. Aligning efforts will reduce duplication, increase efficiency, and provide shared processes for community needs assessment.

We assess the impact of state and national policies on rural health and help providers in Minnesota and across the country take advantage of opportunities to sustain and improve local services, as part of the Rural Policy Research Institute (RUPRI). Stratis Health develops, tests, and disseminates tools and resources, providing technical assistance to rural providers and communities to help them participate in new payment and care delivery models to improve care coordination, enhance patient outcomes, and lower health care costs.

Facilitating EHR Adoption and Information Exchange

We guide health care organizations across the care continuum in preparing for, selecting, implementing, and fully using EHRs to deliver safe, high quality, and efficient care. We assist in the use of EHR tools for patient self-management and preventive care, and to build chronic care management systems.

Stratis Health co-leads REACH—one of 62 nonprofit federally designated regional extension centers dedicated to helping providers in Minnesota and North Dakota improve care by implementing and using EHR systems.

- REACH is serving over 4,850 individual primary care providers at approximately 630 clinics, as well as 110 critical access and rural hospitals.
- As of June 2013, nearly 50% of providers and 35% of hospitals engaged with REACH have achieved stage one of meaningful use, which are among the best rates in the nation.

Our services continue to expand as the needs of the community evolve, supporting priority initiatives in HIE and data analytics. Our offerings include: readiness and meaningful use assessments; organization and workflow
redesign; physician engagement and coaching support; privacy and security best practices; project management infrastructure; data reporting; clinical decision support and meaningful use; “go live” support; EHR optimization to improve quality metrics; and functional interoperability and HIE support.

We serve both primary and specialty care, including: behavioral health, chiropractic, dental, dermatology, eye, and urology; using our expertise to assist them in EHR adoption and optimal use of their technology.

**Goal:** Ensuring that all providers are able to securely exchange data among care partners, within and outside of the health care system

We lead the CMS Special Innovation Project in HIT for Post-Acute Care Providers, assisting hospitals and their referral nursing homes in three Minnesota communities to improve quality and coordination of care through the effective use of HIT during care transitions, leveraging standardized patient assessment content to facilitate HIE with hospitals, and reducing medical errors by improving the medication management process. Long-term and sub-acute care providers collaborate with a referral hospital, exchanging standardized patient assessment content, discharge documents and other information.

Stratis Health builds on Community Care Teams by integrating health care with behavioral health, long term care supports/services, and social services. We have implemented a number of HIE projects, including a rural regional HIE to allow for accurate information sharing in a standard and secure manner; consulting services to a critical HIT network; and educational consulting to a number of health care organization collaborations across Minnesota. We have nationally recognized experts with knowledge in technology standards to support information exchange.

**Supporting Robust Measurement and Quality Improvement**

Robust data and measurement systems and organizational change skills are essential to the ability of health care organizations to succeed in a new payment and delivery environment. Quality improvement, change management, and data collection and analysis for quality and performance measurement are central strategies and long-standing competencies which Stratis Health offers to the provider organizations we serve. Whether assisting in process mapping and workflow re-design, developing organizational quality measurement dashboards, or implementing performance improvement projects, our staff works side-by-side with clinicians and administrative leaders to support their commitment to quality and the Triple Aim.

We facilitate the Collaborative Healthcare Associated Infection Network (CHAIN) with the Association for Professionals in Infection Control and Epidemiology - Minnesota Chapter, Minnesota Department of Health, and Minnesota Hospital Association (MHA). Stratis Health is coordinating Minnesota’s coalition to support CMS’s Partnership to Improve Dementia Care, which aims to safeguard nursing home residents from unwarranted antipsychotic drugs.

We led a collaborative of 27 nursing homes to reduce rates of high risk pressure ulcers and physical restraints. The 18 months of data show:

- Pressure ulcers decreased from 12.50% to 5.93%
- Physical restraint use decreased from 7.46% to 3.6%

Stratis Health partners with MHA and the Institute for Clinical Systems Improvement in leading the RARE Campaign—a statewide campaign to prevent 4,000 avoidable hospital readmissions across Minnesota. Hospitals are implementing evidence-based strategies in five key areas known to have an impact on readmissions: comprehensive discharge planning, medication management, patient and family engagement, transitions support, and communication.

- Participants have collectively prevented 4,570 readmissions in the last two years, exceeding the goal of 4,000 prevented readmissions.

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