

The Triple Aim: Getting There From Here



Institute for Clinical Systems Improvement

Members

Affiliated Community Medical Centers

Willmar, MN

Allina:

Allina Medical Clinic
Minneapolis, MN

Aspen Medical Group
St. Paul, MN

Quello Clinic
Bloomington, MN

Baldwin Area Medical Center
Baldwin, WI

Brown Clinic
Watertown, SD

**Center for Diagnostic Imaging/
Medical Scanning Consultants**
St. Louis Park, MN

CentraCare
St. Cloud, MN

**Chippewa County-Montevideo
Hospital & Clinic**
Montevideo, MN

Cuyuna Regional Medical Center
Crosby, MN

Essentia Health
Duluth, MN

Fairview Health Services
Minneapolis, MN

Family HealthServices Minnesota
Maplewood, MN

Family Practice Medical Center
Willmar, MN

**Gillette Children's Specialty
Healthcare**
St. Paul, MN

Grand Itasca Clinic & Hospital
Grand Rapids, MN

Hamm Clinic
St. Paul, MN

HealthEast Care System
St. Paul, MN

**HealthPartners Central
Minnesota Clinics**
St. Cloud, MN

**HealthPartners Medical Group &
Regions Hospital**
Minneapolis & St. Paul, MN

Hennepin County Medical Center
Minneapolis, MN

Howard Young Medical Center
Woodruff, WI

Hudson Physicians
Hudson, WI

Hutchinson Area Health Care
Hutchinson, MN

Hutchinson Medical Center
Hutchinson, MN

Integrity Health Network
Duluth, MN

Lake Region Healthcare Corporation
Fergus Falls, MN

Lakeview Clinic
Waconia, MN

Mankato Clinic
Mankato, MN

MAPS Medical Pain Clinics
Minneapolis, MN

Marshfield Clinic
Marshfield, WI

Mayo Clinic
Rochester, MN

**Mercy Hospital & Health Care
Center**
Moose Lake, MN

Midwest Spine Institute
Stillwater, MN

**Minnesota Association of
Community Health Centers**
Minneapolis, MN

Minnesota Gastroenterology
St. Paul, MN

Multicare Associates
Blaine, MN

New Richmond Clinic
New Richmond, WI

North Central Heart Institute
Sioux Falls, SD

North Clinic
Robbinsdale, MN

North Memorial Health Care
Robbinsdale, MN

Northwest Family Physicians
Crystal, MN

**Obstetrics and Gynecology
Specialists**
Edina, MN

Olmsted Medical Center
Rochester, MN

Park Nicollet Health Services
St. Louis Park, MN

**Planned Parenthood Minnesota,
North Dakota, South Dakota**
St. Paul, MN

Rice Memorial Hospital
Willmar, MN

Ridgeview Medical Center
Waconia, MN

River Falls Medical Clinic
River Falls, WI

Riverwood Healthcare Center
Aitkin, MN

South Lake Pediatrics
Minnetonka, MN

**Southside Community Health
Services**
Minneapolis, MN

Stillwater Medical Group
Stillwater, MN

University of Minnesota Physicians
St. Paul, MN

Winona Health
Winona, MN

Principal Sponsors

**Blue Cross and Blue Shield of
Minnesota**
HealthPartners
Medica

Associate Sponsors

**Security Health Plan of Wisconsin
UCare**

*On The Cover

The theme of this annual report stems from the title of the 2011 Reinertsen Lecture presented by Elliott Fisher, MD, MPH, Director for Population Health and Policy at The Dartmouth Institute for Health Policy and Clinical Practice (see article p.6). The ICSI Board of Directors expanded ICSI's focus to target the Triple Aim in 2010. "Getting There from Here" signifies ICSI's journey to achieve the Triple Aim.

About ICSI

The Institute for Clinical Systems Improvement (ICSI) works with medical groups, hospitals, health plans, purchasers, policy makers, public health officials and consumers to improve population health, the patient experience of care and the affordability of care (i.e., the Triple Aim¹).

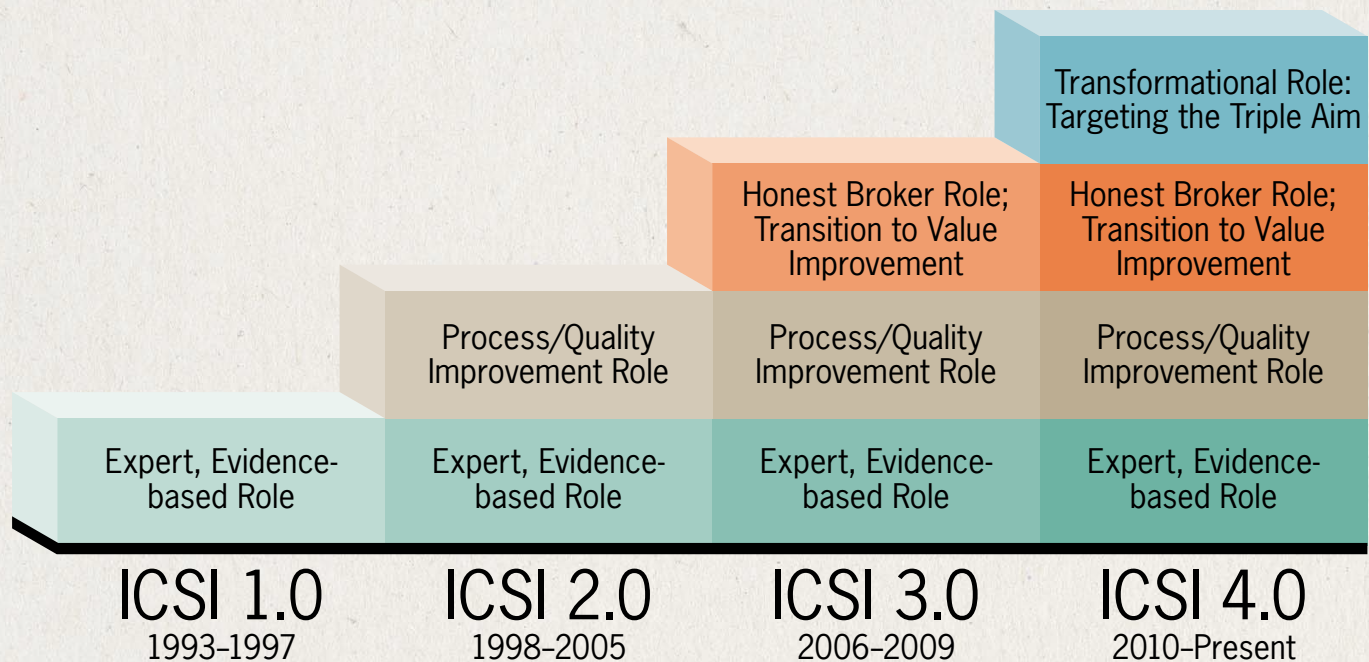
Founded 19 years ago by HealthPartners, Mayo Clinic and Park Nicollet Health Services, ICSI today is the Upper Midwest's leading health care collaborative. It is comprised of 55 dues-paying medical groups and hospitals representing more than 9,000 physicians, and is sponsored by five non-profit Minnesota and Wisconsin health plans.

As an independent, non-profit organization, ICSI has continually evolved to help its stakeholders address increasingly complex health care issues. ICSI began by developing evidence-based health care guidelines to help providers practice best medicine. Upon this guideline foundation, ICSI next helped medical groups and hospitals establish cultures of quality and implement system-wide best clinical practices. Entering its second decade, ICSI became known as a neutral convener and "honest broker" that brought providers, health plans and other diverse stakeholders together to champion system-based improvements that no single group could solve on its own.

In 2011, the ICSI board of directors expanded the focus of the collaborative to achieve the Triple Aim. ICSI is advocating for collaboration with other organizations to accelerate transformation across more populations, launching initiatives that meet SMART (specific, measurable, attainable, realistic and timely) goals, thinking of "health" as well as health care reform, and working to co-create solutions that engage community resources and help consumers and patients share ownership in their health and care.

ICSI is extending its collaboration's influence, in part by working more closely with the Network for Regional Healthcare Improvement (NRHI), a national group of regional health improvement collaboratives of which ICSI is a founding member. ICSI has also formalized its consulting business under ICSI Professional Partnerships to advance the ICSI collaborative's knowledge locally and nationally.

1. The Triple Aim: Care, Health and Cost. Berwick DM, Nolan TW and Whittington J. *Health Affairs*, May 2008, Vol. 27, No. 3, 759-769.



Dear Colleagues and Friends

2011 was a very exciting year for ICSI as we continued our journey towards the Triple Aim. There are patients, citizens, families and communities who need us to accelerate our collaboration to improve health, their experience of care, and the affordability of care in our region; they need us to reach the “There” as the title of our annual report says.

Many conversations with members, sponsors and other stakeholders have indicated that we must move beyond the “Here” in ICSI’s evolution. ICSI needs to help accelerate transformation across our health community to meet the challenges of achieving better health, better care and lower costs.

As a result, ICSI entered a new phase in 2011 that we call ICSI 4.0. We clearly retain and build upon ICSI’s heritage and strengths, but it also recognizes both the maturity and potential of our collaborative. (See evolution of ICSI, page 1.)

Getting to the Triple Aim requires ICSI to tackle strategic initiatives differently, broaden our scope, move faster, and consider both “health” and “health care” in our communities.

ICSI 4.0 also requires us to enhance our values. In its past ICSI has emphasized the values of collaboration, trust, leadership and innovation, passion, objectivity, and patient-centeredness. These values have served us well in our previous stages, and will remain as a solid foundation. Our task moving forward is to focus on some additional values, such as co-creation and nimbleness, as well as strengthen our values of trust and innovation. These important values underpin our work as board members, staff, members, sponsors and communities to create sustainable health systems for the populations we serve.

- Co-creation means our redesigns and our innovations involve patients, families and communities in new ways that prompt us to center on their needs.
- Trust means we listen, we respect, and we value our differences. We constantly pay attention to relationships, with integrity and openness, to accomplish our mission. We see trust as a verb.
- Nimbleness means we are flexible and adaptive toward our goals, and we act to accelerate our work. We are savvy, skillful and resourceful under the pressing need for change.
- Innovation means creating the leading edge of better processes, outcomes, products, or ideas that are used by stakeholders. We relentlessly collaborate, renew and change to achieve better results with our members, sponsors and communities.

Co-creation is especially important because the health system that we are improving is for the people and populations we serve. We must listen deeply to what people really want, versus what we can do to them or for them. Listening and effectively hearing are the foundation of healing and healing relationships.

As an organization, ICSI is striving to be more accountable under version 4.0. For the first time in ICSI’s history, the Board adopted a system-wide ICSI goal: to reduce avoidable readmissions by 20% by Dec. 31, 2012 and to increase by 16,000 the nights of sleep that patients and families spend in their own beds. These are bold goals that we set collectively with our operating partners Minnesota Hospital Association and Stratis Health, our supporting partners MN Community Measurement (MNCM) and the Minnesota Medical Association, and more than 60 community partners as part of the RARE (Reducing Avoidable Readmissions Effectively) Campaign. The work is very exciting as a beginning vantage point to address avoidable admissions.



Collaborating Toward the Triple Aim

“Getting There from Here” also requires having deeper health-focused conversations among ICSI members and sponsors about what rising health care costs are doing to our communities, our state and our nation. They are robbing dollars from the other factors that make us healthy, such as education, housing, job development and the design of healthy places to work and live. As one ICSI member physician said, “Rising health care costs are creating unsustainable communities.”

ICSI highlighted the affordability component of the Triple Aim through a “Total Cost of Care (TCOC): Balancing the Triple Aim” Forum, co-sponsored with MNCM. This event clearly illustrated that desired payment reform is happening. Payments are starting to be aligned with care coordination services, shared savings, and total quality and total costs of care. Many transitions based on a foundation of trust, collaboration and quality are occurring. Our challenge moving forward will be to help stakeholders change their roles and functions to align with the payment changes with Triple Aim goals in mind, particularly affordability.

Our challenges ahead are daunting, but I know we are making progress on our journey. The reason? You are unique people who have been willing to share your best practices, your expertise, and your knowledge to build ICSI Versions 1.0, 2.0 and 3.0. And I know that you will continue to share your wisdom, your hopes and your dreams going forward. I also believe we will find ways to address our fears, losses and uncertainties as we move “from here to there” getting to the Triple Aim. There is no better place to tackle these changes than our health community with the openness and honesty that you exhibit. Thank you for all you are doing to accelerate our journey.



Sanne Magnan, MD, PhD
President and CEO

In 2011, ICSI committed its unique and effective collaboration to target the Triple Aim. I am very proud to say ICSI made significant advances in improving health, care and affordability during the year. This was evident in our RARE Campaign to reduce avoidable hospital readmissions statewide, our pioneering work on Total Cost of Care, and the launch of a low back pain initiative. We also extended the DIAMOND collaborative care team model to additional behavioral health and chronic disease management, and ended the year with a statewide option for high-tech diagnostic imaging scans in Minnesota to be ordered using decision support. These and other activities that support our mission are highlighted in this annual report.

What is equally exciting is the renewed energy and commitment to collaborate among members, sponsors and new stakeholders to accelerate change that creates higher value and more affordable care for those we serve. While exciting, these will be tough, transitional years for all of us in health care. My belief is that our foundation of trust, collaboration and transparency serves us well in this transformation toward the “There” of the Triple Aim. I thank all of you for your collaboration, hard work and willingness to share in this journey. It makes all the difference for our community.



Brian Rank, MD
Chair, ICSI Board of Directors
Medical Director
HealthPartners Medical Group &
Regions Hospital



The Triple Aim: Getting There from Here

It seems appropriate to use a portion of the title of Dr. Elliott Fisher's 2011 Reinertson Lecture to encapsulate ICSI's activities for the year. Work around ICSI's strategic initiatives, quality improvement activities and health care guidelines was designed to get us moving from "here to there." This report highlights our progress on a number of fronts, and illustrates how the collaboration among ICSI's numerous stakeholders is enabling us to co-create a healthier tomorrow in our region.

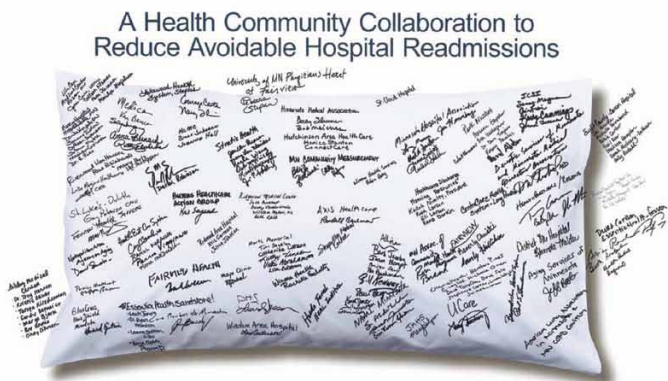
Collaborating on Reducing Avoidable Readmissions Effectively (RARE)



Mark Werner, MD, Medical Director, Fairview Health Services, was one of more than 100 representatives from participating hospitals and the Operating, Supporting and Community Partners who signed a pillow poster to publicly show their commitment to the RARE Campaign.

Nothing exemplified ICSI's deepened commitment to achieve the Triple Aim than the RARE (Reducing Avoidable Readmissions Effectively) Campaign. ICSI, the Minnesota Hospital Association (MHA), Minnesota Council of Health Plans, Stratis Health and numerous individual care delivery systems had all been working to prevent avoidable hospital readmissions. To build upon this existing work and accelerate improvement across the region, ICSI, MHA and Stratis Health united as Operating Partners to launch the RARE Campaign (www.RAREadmissions.org). They were joined by the Minnesota Medical Association and MN Community Measurement as Supporting Partners, and more than 60 Community Partners are providing resources and/or support to the campaign.

The Operating Partners have secured broad stakeholder involvement and collaboration; helped hospitals set specific readmissions reduction goals; and are providing resource consultants, experts and toolkits to help each participating hospital achieve its individual reduction goals.



Helping patients spend 16,000 nights in their own beds.

Maintaining patient health after a hospital stay so we all sleep more peacefully.



Not only is the RARE Campaign committed to decrease avoidable readmissions by 20% by Dec. 31, 2012, but is designed to be the first initiative to reduce avoidable hospital admissions as well.



A "pillow" theme is used to symbolize the patient and family benefits of achieving the RARE Campaign's goal of 4,000 fewer readmissions—16,000 more nights of sleep in their own beds.

Improving Primary Care and Specialist Interactions: Low Back Pain Initiative

Launched in July, the campaign called upon hospitals and others in the care continuum to focus on five key areas known to reduce avoidable readmissions: comprehensive discharge plan, medication management, patient/family discharge preparation, transition care, and transition communication.

By year's end, 76 Minnesota hospitals accounting for more than 80% of the state's annual readmissions were participating, with the vast majority having completed an organizational assessment of their hospital's readmissions, and committed to improving their performance in key gap areas identified. The focus in 2012 will be on implementation and achieving goals, sharing lessons learned to provide hospitals with best practices, and setting the stage to next address preventing avoidable hospital admissions.

Triple Aim Goals: Preventing Avoidable Readmissions



The recently revised ICSI Adult Low Back Pain Guideline indicates that 90% of back pain patients improve within four to six weeks with conservative therapy. Yet the incidence of back surgeries per capita is higher in Minnesota than the national average.

This information combined with the interest in this common condition, prompted the ICSI board to approve a new initiative on low back pain. Its purpose is to measurably improve the patient experience and the treatment of acute low back pain, plus foster better interaction between primary and specialty care providers, so that implementing evidence-based care and best practices will result in improved patient outcomes and appropriate back surgery.

An advisory committee in early 2012 will develop model(s) designed to achieve the initiative's goals; implementation through pilots is planned for the second half of 2012.

Population health:

- Prevent 4,000 avoidable readmissions within 30 days of discharge (reduce overall readmissions rate by 20% from 2009 base by 12/31/12)

Care experience:

- Recapture 16,000 nights of patients' sleep in their own beds
- Improve by 5% on HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey questions on discharge

Affordability of care:

- Save an estimated \$30 million for commercially insured patients; additional savings for Medicare patients

Addressing All Components of the Triple Aim, Including Affordability

ICSI's mission is to champion the cause of health care quality and to accelerate improvement in the value of the health care we deliver to the populations we serve. In the face of unsustainable increases in health care costs, ICSI addressed the affordability component of the Triple Aim through several venues.

The annual Reinertsen Lecture was a foundation in ICSI's focus on all parts of the Triple Aim including Total Cost of Care (TCOC). Elliott Fisher, MD, MPH, the Director for Population Health and Policy at The Dartmouth Institute for Health Policy and Clinical Practice, discussed "Achieving the Triple Aim: Getting There from Here." He talked about the consequences of increased health care spending on individuals, communities and the nation, and how that impetus is driving changes in care delivery and the development of new approaches to performance measurement and payment reform, such as the creation of accountable care organizations (ACOs). He also discussed the importance of the involvement of communities in achieving the Triple Aim.



Dr. Elliott Fisher addressed total cost of care and ACOs during the annual Reinertsen Lecture.

Addressing the Affordability Component of the Triple Aim

ICSI and MN Community Measurement subsequently hosted a TCOC: Balancing the Triple Aim Forum.

Senior community health care leaders helped an overflow audience of almost 300 to understand:

- What TCOC is and how it is measured
- Why addressing TCOC is critical for patients and communities
- The important role providers play in making care more affordable
- The implications for provider groups if affordability isn't addressed
- How peer organizations are addressing TCOC within the context of the Triple Aim

Sessions ranged from how to use Lean tools to address total cost of care to a panel discussion with stakeholders developing or contemplating ACOs. A video of patients and employers explaining why TCOC must be addressed was presented, as were many supportive materials such as a glossary of TCOC terms.

Attendees gave the event high ratings, with 97% of survey respondents indicating they were very satisfied or satisfied with the forum overall. As a result of the extremely high interest in TCOC, ICSI is planning follow-up activities in 2012.

Explaining how their organizations address TCOC were Forum panelists (left to right): Rachelle Schultz, President and CEO, Winona Health; Robert Nesse, MD, CEO, Mayo Health System; Tim Hernandez, MD, Family HealthServices Minnesota; Jim Eppel, Senior Vice President, Health Management and Commercial Products, Blue Cross and Blue Shield of Minnesota; and David Abelson, MD, President and CEO, Park Nicollet Health Services.



DIAMOND: Expanding the Collaborative Care Team Model

After three years and more than 8,000 activated patients, the DIAMOND program continues to prove it is a highly effective model for treating patients with depression. At year's end, DIAMOND clinics collectively reported 30% of their patients with depression were in remission by six months. These results are six times better than results reported on clinics statewide by MN Community Measurement.

Expansion to the Foundation for Medical Home

Many primary care clinics have noted that implementing DIAMOND's collaborative care team model has provided a blueprint for the design of their health care home. They report that the model helped change their clinic's culture, enhanced the continuity of care for patients, aligned them with outside expertise (a consulting psychiatrist) and vastly improved care coordination. Learning how to integrate behavioral health into primary care is also helping medical groups establish accountable care organizations and/or take steps to address their total cost of care in delivering health services.

Expansion to Substance Abuse

ICSI's activities in 2011 focused on how well the model could manage more behavioral health and/or chronic diseases. As part of a grant from the Agency for Healthcare Research and Quality, ICSI worked with the Pittsburgh Regional Health Initiative, the Wisconsin Collaborative for Healthcare Quality and the Wisconsin Initiative to Promote Healthy Lifestyles to create a model that combines the DIAMOND program with the SBIRT (Screening, Brief Intervention, Referral to Treatment) program for substance abuse.



Cathy Brouwer, Care Manager, screens a patient for substance abuse as an extension of the DIAMOND program at one of Chippewa County-Montevideo Hospital and Clinic facilities.

“The collaborative care team model is a wonderful addition to health care delivery. It enables us to focus on more than the physical aspects of an illness, and helps us provide the best possible care while significantly impacting patient outcomes.”

Cathy Brouwer, Care Manager,
Montevideo Clinic

Twenty-two DIAMOND clinics began to additionally screen to identify and address substance abuse in patients in late 2011 to determine how well care managers can handle multiple behavioral health issues, and how effective SBIRT is in reducing substance abuse. There is high interest in both outcomes, as America's Health Rankings™ puts Minnesota third in the nation for prevalence of binge drinking, and patients with substance abuse often also suffer from depression.

Expansion to Behavioral Health Clinics

ICSI's work in depression and collaborative care team models has expanded beyond primary care.

ICSI led the Minnesota Behavioral Health Depression Collaborative (MBHDC) for the third year to establish and implement best practices for depression care in behavioral health clinics. The emphasis this year was on increasing the reliable usage of the PHQ-9 (standard measurement tool) to identify the severity of a patient's depression and monitor their progress toward remission, implementing a stepped-care approach to treatment, measuring patient outcomes, and connecting MBHDC members with DIAMOND primary care clinics.

The Minnesota Department of Human Services contracted with ICSI to work with seven Assertive Community Treatment (ACT) teams to help them better care for their clients with serious mental illnesses (SMI). ICSI aided the ACT teams in creating systems to track, coordinate and co-manage preventive care and chronic medical disease care for their clients with SMI.

Expansion beyond Minnesota

ICSI's growing expertise in the collaborative care team model also resulted in the spread of the model beyond Minnesota (see ICSI's Professional Partnerships section of this report on page 12). In addition, ICSI staff served on a committee that authored a Depression Care Guide published by the American College of Physicians, and served on a National Committee for Quality Assurance (NCQA) depression measures work group to help drive new behavioral health NCQA/HEDIS measures. The American Psychiatric Association also highlighted ICSI's DIAMOND program in its report, “Primary Care Collaborations and Training Projects.” DIAMOND was cited as “an innovative collaborative project helping to increase access to quality mental health treatment.”

Spreading Clinical Decision Support to Achieve the Triple Aim in Imaging



John Butler, MD, HealthPartners Medical Group, uses the decision-support tool for ordering appropriate imaging scans.

Following an intensive pilot, ICSI launched a statewide initiative at the end of 2010 to offer medical groups and hospital-based clinics a decision-support tool that enables providers to order high-technology diagnostic imaging (HTDI) scans while with their patients. In 2011, ICSI focused on helping clinics adopt this more efficient, patient-centered, and cost-effective option which offers advantages over contacting a radiology benefit management (RBM) firm for prior notification.

Adoption of the clinical decision-support option accelerated when the Nuance RadPort® tool's appropriateness criteria, based on American College of Radiology standards, was made available through both electronic health record systems and a secure Website. This enabled any clinic with a computer to use clinical decision support. Blue Cross and Blue Shield of Minnesota, HealthPartners, Medica, UCare and the Minnesota Department of Human Services are accepting decision support as an immediate and electronic form of prior notification.

“Using decision support gives me helpful guidance without disrupting my usual workflow. Having this information while with the patient in the exam room also supports shared decision-making.”

John Butler, MD,
HealthPartners Medical Group

At year's end, 40 Minnesota clinics were using the decision-support tool, and the five integrated systems that piloted this clinical decision support were transferring to the system. Another 52 clinics were in various stages of implementation, and 106 were in the queue for adoption.

More than 1.4 million HTDI scans have been ordered using decision support by Minnesota clinics since 2007. ICSI estimates that 75% of HTDI claims being filed at the end of 2011 were ordered using decision support. That wide adoption and the benefits of using clinical decision support drew attention from both the Centers for Medicare and Medicaid Services, and Congressional aides working on legislation to address the nation's budget issues. ICSI staff had the opportunity on several occasions to explain the benefits of using clinical decision support versus contacting an RBM for prior notification approval.

As usage of decision-support spread across Minnesota, two ICSI subgroups began work: a HTDI Evaluation Subgroup and a HTDI Appropriateness Criteria Subgroup. The HTDI Evaluation Subgroup is analyzing de-identified data enabled by the Nuance RadCube® data tool to identify correlations between indications, test selections, provider types, and modality with patient outcomes. It is also partnering with MN Community Measurement to identify and analyze HTDI measures. This subgroup will make recommendations to the Appropriateness Criteria Subgroup so it can correlate patient outcomes with appropriateness criteria, and recommend changes to the Nuance decision-support criteria to achieve optimal outcomes.

Advancing Toward the Triple Aim on Multiple Fronts

ICSI members and sponsors worked with a broad spectrum of stakeholders to advance existing, and initiate new, activities that each in their own way contribute to the Triple Aim.

Advancing Health Care Homes and ACO Models

ICSI has been working to help medical groups establish health care homes since the concept was mandated by 2008 Minnesota legislation. Activities in 2011 primarily involved leading a statewide learning collaborative, funded by the Minnesota Department of Health, to help primary care clinics build the capacity to meet the standards, criteria and expected outcomes of health care home certification.



ICSI also supported member efforts to establish accountable care organizations (ACOs). In March, ICSI held a symposium addressing the elements important for successful ACOs. Representatives from care delivery organizations and health plans shared their experiences in developing various types of ACOs, while other speakers described how Minnesota's legislated health care home, pilots for ACOs and other reform initiatives affect the establishment of ACOs. Subsequently, through a workshop entitled "From Fragmentation to Seamless Coordination," ICSI and consulting firm Amicus addressed one of the most critical components

for establishing a successful ACO—the readiness, compatibility and relationships that exist between the partnering organizations. Jack Silversin, DMD, DrPH, of Amicus told participants that without effective partnerships, uniting organizations can remain in their silos, wasting other work done to address technical, legal and financial issues. Participants learned such things as how to determine if their organizations could deliver on commitments made to an ACO, and how to know which potential partner(s) are the best fit.

Colorectal Cancer Work Seeks to Increase Screening

ICSI has been working for the past several years to help care delivery systems reduce deaths from colorectal cancer. In July, ICSI launched a learning collaborative on colorectal cancer screening in partnership with the American Cancer Society and the Minnesota Department of Health Sage Scopes program — a colorectal cancer-screening program that provides free colonoscopies for eligible Minnesotans.

The 12 organizations participating in the collaborative heard presentations on the evidence behind colorectal cancer screening, aims and measures, adaptive versus technical approaches to increase appropriate screening, and how to improve their screening processes through value stream mapping. Organizations are striving to increase their screening rates to contribute to a Minnesota Cancer Alliance statewide goal of 80%, compared to the current 66%. The effectiveness of the collaborative will be determined when the screening rates of the 12 organizations are measured by MN Community Measurement in mid-2012.

Implementing Shared Decision-Making to Engage Patients

The involvement of patients, families and communities must be amplified to achieve the Triple Aim. ICSI worked to increase patient engagement through its continuing work on Shared Decision Making (SDM) that is funded in part by the Robert Wood Johnson Foundation. The inclusion of SDM guidance has been added to many ICSI guidelines. It has been specifically incorporated into the ICSI Colorectal Cancer Screening Learning Collaborative and integrated into training of pilot clinics supported through the Minnesota Shared Decision Making Collaborative.

The use of the ICSI Collaborative Conversation SDM model was spread across more care delivery systems based on the following benefits experienced by pilot groups implementing it:

- Increased understanding of roles and cohesiveness among departments
- Success in normalizing the model by building it into electronic health record systems, the care management meeting process, and the reporting/charting process
- Moving care from a paternalistic approach to an inter-disciplinary approach
- Demonstrating the critical role of patients and family in improving care

The value of ICSI's growing expertise in SDM was acknowledged by many organizations. The Institute for Patient and Family Centered Care has incorporated ICSI SDM materials in its presentations. ICSI staff also presented on its work at the Institute for Healthcare Improvement National Forum, the Aligning Forces for Quality National Meeting, the Buyer's Health Care Action Group, and the World Congress Leadership Summit in Shared Decision Making.

Advancing Toward the Triple Aim on Multiple Fronts

continued

Capturing the Voice of the Patient and Community

ICSI's Patient Advisory Council (PAC) is playing an ever-increasing role in helping members practice more patient-centered medicine. PAC member perspectives enhanced the design of the ICSI Collaborative Conversation model to improve shared decision-making. Similarly, they contributed insights into the messaging required by care managers to introduce to patients the sensitive topic of substance abuse as part of the DIAMOND/SBIRT work.

PAC members also contribute to ICSI's guideline work, providing the patient's voice to such guidelines as preventive services and chronic pain, and to the rapid response protocol. Individuals have also represented the PAC by speaking at forums on ACOs, co-presenting with ICSI staff nationally on shared decision-making, and serving on steering committees for such key initiatives as RARE and low back pain. ICSI's PAC members also offered their insights to MN Community Measurement on how to make its Website provider/clinic performance data more patient-friendly.

With ICSI's increasing focus on the Triple Aim and co-creating healthier communities, the role of the PAC will become even more important. We thank all the members for their ongoing support.

Members of ICSI's PAC include (back row, L to R): Bill Adams, Kathy Bassett, Mary Johnson, Ken Zaiken, Lynn Everling, and ICSI facilitator Myounghee Hanson; (front row, L to R): Barb Degnan, Tina Marsh, Ann Godfrey, and Janis Oakes

Strengthening ICSI's Evidence-based Core

ICSI's foundational evidence-based medicine work supports the Triple Aim by providing best practice guidelines and protocols to improve clinician and patient decision-making.

Much of ICSI's work on its evidence-based guidelines in 2011 followed the release of two Institute of Medicine (IOM) publications: *Clinical Practice Guidelines We Can Trust* and *Finding What Works in Health Care: Standards for Systematic Reviews*.

To meet or exceed the IOM standards, ICSI took the following steps:

- Enhanced its Conflict of Interest policy
- Initiated a phased implementation of the Grading of Recommendations Assessment, Development and Evaluation (GRADE) system as a method of assessing the quality of evidence and strength of recommendations
- Enhanced its literature search process with emphasis on systematic reviews
- Increased patient involvement by using the ICSI PAC to review guidelines
- Expanded feedback received as part of guideline revision work to include general public comments as well as solicited directed questions from specialists, employers, etc.



Through the support of many ICSI members, ICSI revised 19 guidelines and three protocols during 2011. ICSI also made the decision to incorporate its order sets into respective guidelines, or retire them moving forward. From a format standpoint, ICSI added “interactive” capability to its pdf versions of its guidelines to simplify navigation through the documents.

An Example of an Enhanced Guideline: Low Back Pain

ICSI members made a major revision to the Adult Low Back Pain Guideline to improve the evaluation of low back pain, reflect evidence-based changes in care related to treatment, and provide a comprehensive document to spur consistency in treatment among care providers. Its scope was changed to include both acute and subacute management of non-specific low back pain, and each stage had a plan of care developed.

The evidence in the guideline supports a conservative approach to care, including the delay and appropriate use of imaging for non-specific low back pain and radicular low back pain, as well as a decrease in the usage of opioids. The guideline includes a core treatment plan recommended for the subacute phase of non-specific low back pain that increases the focus on reducing pain and increasing function through the usage of various evaluation tools, as well as the use of shared decision-making in setting the care plan.

New Consensus-based Process for Urgent Issues

ICSI also used a new process to respond to urgent member needs. Incorporating key elements of our clinical practice guideline development process, this rapid response approach was used to address dabigatran, which is used to help prevent strokes or serious blood clots in people who have atrial fibrillation. In contrast to Coumadin, for dabigatran, there is no known antidote. Therefore, ICSI's first Consensus-Based Statement, Dabigatran: Consensus-Based Statement on Emergency Care of Bleeding, addressed this urgent need. The process also established a format for potential future topics that may be well served by this expeditious review and publication of available evidence and recommendations.

Increasing Influence; Helping Members Improve

No single organization can determine how to achieve the Triple Aim, and therein lies one of the strengths of the ICSI collaborative. Members and sponsors work together to tackle complex problems and find innovative and workable solutions that can then be shared across all organizations.



(Left to right): Kay Kamke, RN, Director of Clinical Operations; Dale Dobrin, MD, Medical Director; and Maria McGannon, CPNP, Director of Quality Improvement, South Lake Pediatrics.

“Our quality improvement team has benefited greatly from participating in ICSI's Cultivating Quality Series and the ICSI Colloquium. Through a presentation by ICSI's Gary Oftedahl, MD, we gained a new appreciation for our opportunities and a better understanding of how to more effectively serve our patients while increasing their satisfaction.”

Dale Dobrin, MD, Medical Director,
South Lake Pediatrics

ICSI Professional Partnerships Extends ICSI's Collaboration And Influence

A new program launched to support all ICSI members was the QI Boot Camp. This collaborative provides an overview of the fundamental principles and models members need to build and accelerate implementation of their process improvement initiatives. The “camp” focuses on QI infrastructure, change management principles, developing a project charter and measurement of progress, PDSA cycles, and applying strategies to facilitate organizational teams.

New Membership Requirements Planned

At year's end, the ICSI board approved a new plan offering more flexibility in the requirements for membership. The plan, which will be shared with ICSI members early in 2012, offers members a variety of activities to choose from that reflect their organization's size and acknowledge the quality improvement efforts that members deem very important to achieving the Triple Aim. The emphasis for members will still be on supporting ICSI strategic initiatives and collaborative work.

The Value of ICSI's Living Laboratory

ICSI keeps its members and the health community at large at the forefront of innovations and developments that are transforming the delivery and payment of health care. The annual ICSI Colloquium on Health Care Transformation offers the largest venue for this exchange of ideas. The 2011 Colloquium emphasized the Triple Aim under the theme: Thriving in an Era of Health Care Reform: Advancing Accountability, Affordability and the Patient Experience.

Two years ago ICSI formed a consulting arm called ICSI Professional Partnerships to be a natural extension of its collaboration, and as a vehicle for creating statewide and nationwide supporters and implementers for emerging healthcare initiatives championed by ICSI. It can draw attention to programs being implemented by our members and sponsors locally that can serve as national models, and conversely identify innovations occurring in other markets that might warrant adoption by ICSI.

Based on ICSI Professional Partnerships' success to date and growing opportunities locally and nationally, the ICSI board established it as a strategic area in 2011.

A significant amount of ICSI Professional Partnerships' business in 2011 revolved around integrating behavioral health into primary care and helping organizations advance their medical home efforts. For example, ICSI consultants have helped train members of the Michigan Center for Clinical System Improvement/Western Michigan Physicians for Transformation on how to launch a DIAMOND-like program. Similarly, they helped the Hawaii Primary Care Association and Hawaii Medical Service Association (Blue Cross Blue Shield of Hawaii) to integrate depression and diabetes care into their health care home model.

The National Council for Community Behavioral Healthcare contracted the group to work with organizations in five states as part of a Depression Care Collaborative primarily focused on maximizing the use of the PHQ-9 to identify and monitor their patients with depression, and creating more efficient and effective workflows for follow-up coordination.

ICSI Professional Partnerships has also helped ICSI members who wanted to enhance their own quality improvement efforts. One ICSI member contracted for a customized “QI Boot Camp” to advance training of their QI leaders and one member contracted for a more intensive focused LEAN improvement.

This group is also spreading the value of collaboration beyond Minnesota borders. A very gratifying example of this is when some Michigan health care leaders solicited ICSI Professional Partnerships to establish an ICSI-like organization in the state--the Michigan Center for Clinical System Improvement has Mi-CCSI as its acronym, pronounced “Mix-csi.”

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