

# Physician

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The Institute for Clinical Systems Improvement (ICSI) was founded in 1993 as the nation's first regional, non-profit collaborative designed to bring together medical groups, hospitals, health plans, and purchasers to provide high-quality and value-driven health care services to patients.

ICSI today comprises 58 medical groups representing 9,000 physicians and is funded by six Minnesota health plans. As it celebrates its 15th anniversary, ICSI is expanding its scope of work beyond its core evidence-based guidelines to help transform the health care system in Minnesota.

Before we examine this strategic shift, it's important to review ICSI's history to understand why ICSI is broadening its role.

## ICSI history

HealthPartners, Mayo Clinic, and Park Nicollet Medical Center created the Institute for Clinical Systems Integration, as it was initially called, to improve the quality and value of patient care and improve the overall health of the populations served by ICSI members.

Creating health care guidelines became ICSI's

first foray into improving health care. A major strength of the guidelines was their rigorous development process. It involved extensive and periodic review of the medical literature, plus collaboration and agreement by leading physicians and specialists on the best standards of care.

To date, ICSI has created more than 50 evidence-based health care guidelines that are the standards used by physicians throughout Minnesota and across the U.S. to deliver high-quality and cost-efficient care. The guidelines have addressed health conditions ranging from diabetes and depression to heart failure and palliative care. A full list of the guidelines is available at [www.icsi.org/guidelines\\_and\\_more](http://www.icsi.org/guidelines_and_more).

ICSI later changed its name to the Institute for Clinical Systems Improvement to better reflect its mission to accelerate improvement in the quality and value of health care.

## Crossing the quality chasm

### *Taking the lead as ICSI turns 15*

By John Allen, MD, MBA, AGAF, FACC

ICSI supported members' efforts to use guidelines through action groups—regularly scheduled forums for sharing strategies, information, and accomplishments among many medical groups. In addition, ICSI began to conduct educational seminars, workshops, and national conferences on different aspects of clinical quality improvement. The organization also offered medical groups customized courses and consultation designed to meet their specific quality improvement needs.

ICSI hit a milestone in 2001 when membership reached 29 medical groups, and Blue Cross Blue Shield of Minnesota, Medica, PreferredOne, and UCare Minnesota joined HealthPartners as sponsors. A year later Metropolitan Health Plan became the sixth health plan sponsor. Minnesota became the first state where medical care was built around the systematic use of science-based

best medical practice protocols developed by physicians and sponsored by all major health plans.

To accelerate change, ICSI members committed to targeting four clinical or service issues for improvement annually. Members collaboratively tackled hospital safety issues such as medication safety, safe site surgery, and building rapid response teams. Clinically, they addressed such issues as cardiovascular disease, asthma, patient access, and preventive services. With statewide reach, ICSI members also focused on one or two topics annually that had major health implications for patients. ICSI's first organization-wide initiative on diabetes was launched in 2001.

ICSI next helped members establish evidence-based quality improvements system-wide. Its "Leading a Culture of Quality" programs acknowledged that an organization's culture, driven by its leaders, is a powerful force for engaging all physicians and staff in improving patient care.

## ICSI today

ICSI has always addressed the pressing needs of health care at the time, whether developing guidelines, help-

ing members with their quality improvement efforts, or driving statewide initiatives. Today, the prevailing pay-for-services model has created enormous challenges. The complexity of the system and the “tyranny of the visit” (payment based only on physicians seeing patients face-to-face in office visits) have confused patients and often left them unsatisfied with their care. Frustrated physicians are leaving their profession, and the cost of care has become as important as the quality of care. The current situation calls for drastic change in the health care system: It’s not enough just to change tires when the car’s chassis is broken.

In response to these challenges, the ICSI board of directors has determined that ICSI must take a leadership role in transforming the health care system to achieve dramatic improvements in health care quality and value. They believe that health care must make significant changes to “cross the quality chasm” and are confident that ICSI has the potential required to help accomplish that. ICSI is well positioned to help its Minnesota-based care delivery and health plan stakeholders demonstrate to the rest of the country that redesigning the health care system can create measurable improvements.

The need for redesign is greatest in two areas:

1. Shift from systems of care that put health care providers and organizations at the center to systems of care that are patient-centered and focused on patient activation, safety, reliability, timeliness, and equity of care.

2. Shift to a health care system that is value-driven.

### **New scope**

In 2008 ICSI is focusing on “Redesign for Results” (R4R) strategies to address the cost and quality issues plaguing health care. It is bringing together providers, health plans, employers, and patients to tackle the structural and cultural issues that cannot be resolved by any single stakeholder.

**The DIAMOND program.** A promising new R4R program is Depression Improvement Across Minnesota, Offering a New Direction (DIAMOND), launched in March in ten Minnesota clinics. The DIAMOND model combines an evidence-based care delivery component with payment for care management services used to augment the care provided by the patient’s primary care physician.

Under “usual” care in the primary care setting, depression can go undiagnosed. If it is diagnosed, the patient typically is sent to a psychiatrist and/or medicated. Since the primary care facility usually lacks follow-up, the patient may stop taking medication or keeping doctor appointments. Relapse can occur; the patient suffers and again becomes a more serious burden on the health care system.

The DIAMOND care delivery model uses a team approach to depression management that includes the primary care physician, a care manager, a consulting psychiatrist, and the patient. It ensures a more accurate diagnosis of depression in the primary care setting, monitors the patient over time, and helps prevent relapses. Studies have

shown that patients receiving treatment with this care model have fewer suicidal thoughts, are productive for more days, and are more likely to go into remission than patients who receive usual treatment. The cost of caring for these patients is also approximately \$3,300 less over a four-year period, as demonstrated in a study described in the January 2008 issue of the American Journal of Managed Care.

However, this care delivery model has been difficult to put into practice because it has been economically unsustainable—care management services have not been eligible for reimbursement. The payment model developed in DIAMOND—and adopted by six Minnesota health plans and the state Department of Human Services—is making it possible to obtain better outcomes and lower costs. DIAMOND could become a road map for how depression, as well as other chronic diseases, is managed in the U.S.

**Chronic disease prevention guideline.** Another example of ICSI’s Redesign for Results strategies is a new health care guideline on chronic disease prevention released in March (the full guideline is available at [www.icsi.org/guidelines\\_and\\_more/chronic\\_disease\\_risk\\_factors\\_primary\\_prevention\\_of\\_guideline\\_23508.html](http://www.icsi.org/guidelines_and_more/chronic_disease_risk_factors_primary_prevention_of_guideline_23508.html).) It has a broader scope than past ICSI activities because it acknowledges patient behavioral issues and activation. It also adopts a community approach involving providers, health plans, employers, and schools to support patient lifestyle changes. In this way, ICSI will facilitate improvement in patient care

within the health care system and the community.

### **The future**

Over the past 15 years, ICSI has gained a much better understanding of the barriers that must be overcome to give patients the care they deserve. The use of evidence-based practices is one way to improve the quality of care and outcomes for patients, and guidelines have always been and remain the foundation of ICSI’s efforts.

But we also need a health care system that is patient-centered and value-driven. ICSI will use its collaborative and innovative processes to be a leader in creating this system. ICSI will focus more on system-wide issues and will create and test models that increase value and decrease waste.

State Sen. Linda Berglin, chair of the Minnesota Senate Health and Human Services Budget Division Committee, recently stated that “we are lucky to have ICSI in our state.” We are honored by such comments because ICSI owes its success to the physicians, health plans, employers, and consumer groups that work to ensure our patients get the best health care in the nation. Working collaboratively, ICSI will continue to set the standard in health care guidelines regionally, as well as take a leadership role in transforming Minnesota’s health care system into a patient-centered and value-driven entity. ❏

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