

We are

icsi.

A Message from Claire Neely

In a sea of opportunities to collaborate, “why ICSI?” is a conversation I am proud to have. For over 25 years ICSI has influenced healthcare in our region as a trusted, neutral convener through the creation of guidelines and leading quality improvement initiatives. And like every organization in healthcare, we’ve adapted to meet the needs of our members and the changing landscape. A significant part of our transformation is our shift from micro system change, where our focus was helping individual organizations improve, to macro systems change, where we broaden our focus to influence the environment in which we practice; changing the climate and culture to impact healthcare’s toughest challenges.

Why ICSI?

› **Reach.** Our members represent approximately 50 medical groups, hospitals and health plans. Together, we build and spread thoughtful, evidence-based, solutions; solutions that are prototype tested across our membership during development to ensure they have the power to stick—and spread.

› **Influence.** ICSI and the MN Health Collaborative are recognized as leaders in complex systems change. We convene cross-sector stakeholders in our region, ensuring fair process and rigorous discourse so that hidden solutions can be discovered and elevated to collectively advance action and improve outcomes. Because of this, we’ve been invited to partner with the Minnesota Department of Health (MDH)

and Department of Human Services (DHS) to do ongoing work on opioid prescribing and suicide prevention. We are also getting national attention as others, outside our region, want to learn about what we do and how we do it.

› **Impact.** Across organizations engaged in ICSI initiatives, there are clear indications of improved practices and outcomes. Examples include our quantitative opioid prescribing data which show not only a decrease in overall prescriptions for acute pain, but also, when opioids are needed, safer doses are being prescribed; and qualitative reports from emergency departments show an increasing number of patients who are identified as at-risk of suicide are entering care pathways that address and reduce this risk.

ICSI working groups—and more importantly, the people who comprise those groups—are a stunning representation of what can be achieved when collaboration and drive are combined to create better healthcare systems for everyone.

As ICSI, we are not individual health systems. We are one system actively changing the care environment. We are stronger together.



Claire Neely,
President and CEO



We are icsi.

ICSI is a network of healthcare systems and multiple cross-sector stakeholders who take action together to tackle our most challenging healthcare issues. We power the MN Health Collaborative for targeted problem-solving and collective action.

Members and Sponsor

ICSI is comprised of approximately 50 medical group and hospital members representing 8,500 clinicians in Minnesota and surrounding areas.

Sponsor

HealthPartners

Members

Allina Health, Minneapolis, MN
Blue Cross Blue Shield, Eagan, MN
Center for Diagnostic Imaging/Medical Scanning Consultants, St. Louis Park, MN
CentraCare Health, St. Cloud, MN
Children's Minnesota, Minneapolis & St. Paul, MN
CCM Health, Montevideo, MN
Community University Health Care Center, Minneapolis, MN
Entira Family Clinics, Maplewood, MN
Essentia Health, Duluth, MN
Fairview Health Services, Minneapolis, MN
Fairview Range, Hibbing, 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 Healthcare, Minneapolis, MN
Hudson Physicians, Hudson, WI
Hutchinson Health, Hutchinson, MN
Lake Region Healthcare Corporation, Fergus Falls, MN
Lakeview Clinic, Waconia, MN
Lakewood Health System, Staples, MN
MAPS Medical Pain Clinic, Minneapolis, MN
Mayo Clinic, Rochester, MN
Medica, Hopkins, MN
Midwest Spine & Brain Institute, Stillwater, MN

Minnesota Association of Community Health Centers, Minneapolis, MN
Minnesota Community Care, St. Paul, MN (formerly West Side Community Health Services)
MNGI Digestive Health, St. Paul, MN (formerly Minnesota Gastroenterology)
Natalis Counseling & Psychology Solutions, St. Paul, MN
North Clinic, Robbinsdale, MN
North Memorial Health, Robbinsdale, MN
NorthPoint Health & Wellness Center, Minneapolis, MN
Northwest Family Physicians, Crystal, MN
Olmsted Medical Center, Rochester, MN
Ortonville Area Health Services, Ortonville, MN
Park Nicollet Health Services, St. Louis Park, MN
People's Center Clinics & Services, Minneapolis, MN
Physicians' Diagnostics & Rehabilitation Clinics, Edina, MN
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Southside Community Health Services, Minneapolis, MN
Tri-County Health Care, Wadena, MN
UCare, Minneapolis, MN
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University of Minnesota Physicians, Minneapolis, MN
Vibrant Health Family Clinics, River Falls, WI
Western Wisconsin Health, Baldwin, WI

We activate macro systems change for health.

The MN Health Collaborative is a powerful example of Minnesota's healthcare community's commitment and ability to collaborate – even while being competitors – to better serve our patients, families, and communities.

With ICSI serving as its backbone organization, the MN Health Collaborative includes physicians and other representatives from influential healthcare organizations taking action on major health issues affecting Minnesota communities.



Highlights of Recent Activity

Three major themes stand out for 2019: improvement, expansion, and recognition

These trends show not only the importance and impact of the work to-date, but are vital for ongoing success. Increasing our reach and influence will support our collective ability to improve the overall system, assuring better care, smarter spending and better health for all those we serve.

Improvement

Quantitative opioid prescribing data show a decrease in overall prescriptions for acute pain, and they also show, when opioids are needed, safer doses are being prescribed. Since the MN Health Collaborative cares for the majority of patients in MN, this improvement is reflected in the state decreases that have been reported. Emergency Departments in the Collaborative, working to improve mental health care, have established improved care pathways for patients identified at risk of suicide.

Expansion

The ICSI network expanded in 2019 on two critical fronts, as necessary for macro systems action and improvement. New organizations joined the postoperative opioid prescribing improvement work. The first expanded cross-sector group, focused on people in mental health crisis, was commissioned to begin work in 2020. We continue to cultivate relationships across sectors in order to maximize impact for cost saving and health of our patients and communities.

Recognition

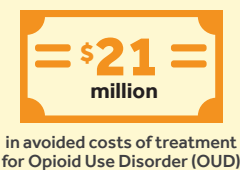
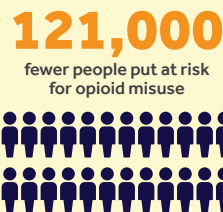
The MN Health Collaborative is being recognized for the impact of its systems change work. Both the Minnesota Department of Health (MDH) and Department of Human Services (DHS) have approached us to partner with our ongoing work in opioid prescribing and suicide prevention. National organizations and other states have reached out to learn from the Collaborative's pioneering work in Emergency Department (ED) mental health and opioid prescribing.

MN HEALTH COLLABORATIVE ACUTE NON-SURGICAL OPIOID PRESCRIBING

GOALS

Prevent acute to chronic opioid use
Reduce exposure to harm of opioids
Reduce extra pills in the community

COMMUNITY IMPACT (OCTOBER 2017-DECEMBER 2019)



TACTICS



37% DECREASE in the rate of opioid prescriptions for acute non-surgical pain across all settings (ambulatory care, urgent care, emergency department)



16% DECREASE in the rate of opioid prescriptions for acute non-surgical pain above recommended standard across all settings (ambulatory care, urgent care, emergency department)

Physicians and their teams are working together within the Collaborative to develop safer prescribing practices based on individual patient needs, and procedure-specific community standards for opioid use to provide guidance to all prescribers.

The organizations have seen tremendous success in efforts to reduce opioids prescribing for acute non-surgical pain. From October 2017 to October, 2019, there has been a marked decrease in both opioid prescribing rates and total opioid dosages resulting in approximately 2.4 million fewer pills being introduced into the community and 121,000 fewer patients placed at risk of opioid misuse.

For postoperative pain, the Collaborative has endorsed a patient-centered, procedure-specific approach to safely decrease the amount of post-operative opioids and reducing the large variation in prescribing among surgeons. From 2016 to 2018, community data shows considerable improvement, with the average postoperative prescription going from 205 morphine milligram equivalents (MME) to 150 (MME). The Collaborative has been working on all surgical procedures with an initial four-month focus on orthopedic, spine and podiatry surgeries.

MN HEALTH COLLABORATIVE POSTOPERATIVE OPIOID PRESCRIBING

GOALS

- Safe prescribing practices for pain management
- Reduced exposure to harmful effects of opioids
- Prevention of transition from acute to chronic opioid use
- Reduce extra pills in the community

WHAT WE KNOW



80% of patients undergoing orthopedic and spine surgical procedures receive an opioid prescription for pain management postoperatively.



14.7% of patients undergoing neurosurgical and orthopedic procedures reported using opioids without a prescription, in greater amounts, or longer than prescribed, compared to 1.9% of all adults nationally.

WHAT WE ARE DOING

SAFER PRESCRIBING BY SPECIFIC PROCEDURES



TOTAL KNEE REPLACEMENT

› 25% decrease in the amount prescribed (455 MME vs. 342 MME)



LUMBAR SPINE FUSION

› 40% decrease in the amount prescribed (683 MME vs. 413 MME)



TOTAL HIP REPLACEMENT

› 37% decrease in the amount prescribed (417 MME vs. 263 MME)



CERVICAL SPINE FUSION

› 32% decrease in the amount prescribed (459 MME vs. 313 MME)

Source: Data from a single major health plan in MN from 2016 to 2018

Integrated Behavioral Health

Desired Impact: Increase the number of patients who have access to integrated behavioral health services in their primary care clinic. The group developed and adopted a community standard for integrating behavioral health into primary care. Ongoing, impactful activities include leading a statewide IBH implementation ECHO and working with Department of Human Services and commercial health plans to advance reimbursement for Collaborative Care codes.

Mental Health in Emergency Departments

Emergency departments are experiencing a sharp increase in patient visits for mental health crisis. The Collaborative has developed and implemented shared standards for mental health in EDs, and is partnering with agencies to help people in crisis get the right care, faster.

Medical Clearance Evaluation

Desired Impact: Standardize best practice and reduce unnecessary labs and testing when determining if an individual is medically stable to transfer to an inpatient facility.

The group began with this shared area of focus in 2018 as a starting place with an additional aim to build better communication and trust between EDs and inpatient facilities, both intra-organizationally and across their health systems. This work is now being spread to other inpatient and ED facilities.

Suicide Prevention and Intervention

Desired Impact: Standardize evidence-based practices in screening, assessing, intervening, and conducting follow-up for people at risk of suicide presenting in EDs.

The group developed and released these shared standards early in 2019. All organizations have now adopted the same screening tool, the Columbia Suicide Screening Severity Rating Scale (C-SSRS). Now, they are working to improve practices in assessment and intervention and doing early work to operationalize follow-up to reduce further suicide risk.



Further work within EDs to better address mental health includes interventions for agitation and aggression.

Improving Crisis Transitions with Community Partners

In Minnesota, other agencies and care providers are also highly interested in improving care and flow for people in crisis. 2020 begins an extended effort with cross-sector stakeholders to collectively coordinate efforts and align for impact.

Guidelines/Evidence Briefs

Evidence is the heart of everything we do.

In 2019, our working groups focused on the following topics:

Guidelines:

- › Palliative Care in Adults
- › Perioperative Care (new opioid management section)

Endorsements:

- › 2018 American Heart Association (AHA)/American Stroke Association (ASA) Guidelines for the Early Management of Patients with Acute Ischemic Stroke
- › Perioperative Care (new opioid management section)

Evidence Briefs:

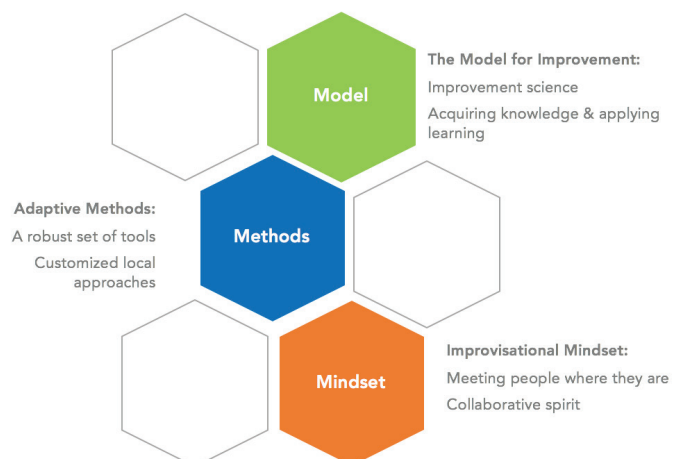
- › Suicide Prevention and Intervention in the Emergency Department
- › Colorectal Cancer Screening

Capacity Building

ICSI is proud to be a leader in building organizational systems change capacity, both within ICSI's management and the broader healthcare community. In addition to building individuals' capacity through participating in working groups, ICSI saw an increase in 2019 in requests for our training and sharing best practices, both locally and nationally. So often leaders know WHAT they want to do, but the HOW is challenging, and part of that challenge is overcoming issues relating to relationships, power dynamics and rigid mental models of how things are done.

ICSI offers courses, as well as workshops and keynotes for leaders that combine the science of improvement with the art of improvisation, called Quality Improv(e). Having a comprehensive toolkit that addresses the model for improvement, adaptive engagement methods and a collaborative and flexible mindset is important.

Quality Improv(e) Framework



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