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We are honored to be the convener, facilitator, and backbone organization charged with ensuring our members and sponsors reach their shared aspirations in service of a healthier population.

Respectfully,

David Abelson, MD
Claire Neely, MD
Greetings,

2017 marked an important transition year for ICSI. We took a careful look at where we were and made the choice to direct our efforts toward supporting the collaborative work needed to impact the complex systemic problems facing health systems. In some ways, this is a return to ICSI’s deepest roots.

Renewed interest and excitement for collaborative action to achieve shared goals flowed from 2016 conversations with the leaders of current and former ICSI member organizations. These conversations clearly showed a need for ICSI to evolve as an organization to support the deep collaboration necessary to solve the most challenging problems facing health systems.

The leaders of these organizations saw a need for a new kind of collaborative table, to benefit patients, organizations and our community as a whole. As a group, they would address problems that could not be solved by a system-based problem solving. Hearing about each other’s efforts to improve patient care, they saw the potential for system-wide improvements. They focused on the opportunity to create a new collaborative network.

Thus, ICSI became the backbone organization supporting the MN Health Collaborative, which is featured in this report. To date, over 150 working group members are advancing collaborative action. And new partnerships have been forged in support of the collaborative work.

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25th Anniversary

2017 Annual Report

NEW GENERATION OF COLLABORATION

“Minnesota has a rich history of health care organizations collaborating to address some of the greatest challenges faced by our patients and members. Together, we can make a meaningful impact on issues such as curbing opioids and increasing access to mental health care.”

Andrea Walsh, President and CEO of HealthPartners

“I am proud that we continue to work together with those important partners. Only by using our collective skills and complementary assets can we be successful in addressing challenges with the broad scope and impact of behavioral health and opioid overuse. I am confident that solutions will be discovered and implemented to advance the care and outcomes of our patients and communities.”

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“ICSI is a valuable collaborative platform that has helped us to drive our work across disparate systems to improve patient experiences.”

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The MN Health Collaborative has a unique ability to conduct tests in the field, transparently share and learn from one another, and quickly, and implement shared standards and best practices. MN Health Collaborative partners are working groups each focused on specific issues. This includes over 150 people from 14 working groups each focused on specific needs. The MN Health Collaborative has a unique ability to conduct tests in the field, transparently share and learn from one another, and quickly, and implement shared standards and best practices. MN Health Collaborative partners are working groups each focused on specific needs.

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ICSI as Collaborative Backbone

As the backbone organization for the MN Health Collaborative, ICSI is both neutral convener and catalyst, with a bias for action on a Collaborative level. While the Collaborative CEOs and working groups set shared aims and goals, it’s ICSI’s role to help the Collaborative reach them.

With 25 years of experience in convening around evidence-based healthcare practices, ICSI applies both science and art to its own methods. We’ve designed and use a Collaborative Action Framework, based in part on Collective Impact and other models. The framework incorporates additional insights drawn from ICSI’s hands-on experience in implementation.

Chronic Condition Management

The Chronic Condition Management (CCM) program entered its third and final year in 2017. Developed in partnership with MN Department of Health and HealthPartners Institute, its goal was to help health care organizations enhance their systems for managing patients with hypertension and other chronic conditions.

As ICSI conducted onsite practice facilitation the first two years, we identified a need to go upstream and strengthen the infrastructure to better support staff and care providers supporting patients with chronic conditions. A series of training sessions was developed, targeted to upcoming leaders, and delivered in early 2018 to 150 participants. The trainings disseminated lessons learned in CCM on both the attitudinal and operational elements found in highly successful systems with established management frameworks or models of care to address chronic conditions.

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2017 marked the conclusion of the State Innovation Model (SIM) Practice Facilitation program, conducted in partnership with Minnesota Department of Human Services (DHS) and funded by a grant from the Center for Medicare and Medicaid Innovation (CMMI). Five organizations gained SIM practice facilitation support for improvement. While each contributed to integrated and improve workflows for their individual care delivery improvement goals, a major takeaway was that there is no shortcut around culture work. It is inherent in any change effort.

Acknowledging this need, DHS offered a short grant extension for CCSI to spread learnings from another ICSI SIM project, the Team Quality Improvement (TQI) Learning Community. Thus, Prime the Pump - Activate the Team to Accelerate Improvement workshops were delivered through three regional workshops and online at two health systems, reaching 245 participants and receiving excellent satisfaction scores.

Read about one of the SIM-Practice Facilitation projects:


Tobacco Health Systems Change

This two-year effort in partnership with ClearWay MinnesotaTM aims to increase health systems’ capacity to address and assess tobacco use. Several workshops, practice facilitation efforts, and dissemination strategies have been employed to identify needs and provide information and resources to primary care clinics serving populations with the highest prevalence of smoking commercial tobacco.

A 2017 highlight was the development and delivery of the “Jump Start” workshops. Offered onsite at clinics, mostly Community Health Centers, participants learned how to conduct effective patient conversations on nicotine use and smoking using motivational interviewing. Clinicians also received updated education on medications and nicotine replacement therapy. The training reached over 170 clinicians and other staff.

Hands-On Practice Transformation

ICSI’s work with systems in various transformation projects – and with multiple partners – gives us an insider’s insight into the real-world needs, challenges, and potential for improvement in healthcare.

Scientific Documents

In 2017, based on needs discovered by the MN Health Collaborative Opioid Working Group, updates were made to the Pain Assessment, Non-Opioid Treatment Approach and Opioid Management guideline.

In addition, three full guideline revisions were completed this year: Diagnosis and Treatment of Osteoporosis, Diagnosis and Treatment of Respiratory Illness in Children, and Adult and Adolescent Low Back Pain.

An Evidence Brief on Asthma was started in 2017 and completed in early 2018.

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Journal of Community Health Nursing, 34:3, 136-146, DOI: 10.1080/07370016.2017.1340764

Collaborative practitioners gathered for the Guiding Principles forum at the MN Health Collaborative’s annual event.

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Improving Mental Health Care in Primary Care and in Emergency Departments

Another aim of the MN Health Collaborative is to decrease the burden experienced by patients with mental health needs and the people who serve them in Emergency Departments (EDs). This working group is developing, testing, and implementing shared standards for patients with mental health needs in the ED through the full experience of care, including assessment, treatment, and referral/transition to subsequent care. Further work is being done to identify appropriate support for primary care to meet people’s behavioral health needs and to increase access to specialty psychiatry for people with more complex needs.

The 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.

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The MN Health Collaborative has a unique ability to conduct tests in the field, transparently share and learn from one another quickly, and implement shared standards for care. As the work effort progresses, the Collaborative will disseminate best practices and learnings broadly.

Working with the MN Health Collaborative, it has become clear that we can balance reductions in the amount of opioid pain medication prescribed while maintaining a patient-centered approach to pain management. While much of this could be done at the individual institution level, we will be able to take the right action more quickly when we can share and learn from our partners’ successes and setbacks, both. I look forward to the many positive changes that will come out of our work and can honestly say that serving as a member of the Opioid Acute Pain Prescribing Working Group has been the most meaningful part of my professional career.

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Thus, ICSI became the backbone organization supporting the MN Health Collaborative, which is featured in this report. To date, over 150 working group members are advancing improvements in the current target areas of the opioid epidemic and mental health crisis.

Transformation is never easy. Energized by this new strategic direction, our staff has resourcefully and willingly taken on new roles and responsibilities to support the work and establish ICSI’s new place in our community.

We are pleased to report that momentum grew substantially throughout 2017. At the request of Governor Mark Dayton, and alongside the CEOs, ICSI supported the development of recommendations needed to assure a sustainable future for Medicaid. Organizations re-joined ICSI and began participating in collaborative action. And new partnerships have been forged in support of the collaborative work.

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Sponsors

HealthPartners
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Members

Allina Health, Minneapolis, MN
Center for Diagnostic Imaging/Medical Scanning Consultants, St. Louis Park, MN
CentraCare Health, St. Cloud, MN
Children’s Hospitals & Clinics of Minnesota, Minneapolis, St. Paul, MN
Chippewa County-Montevideo Hospitals’ Clinic, Montevideo, MN
Community University Health Care Center, Minneapolis, MN
Cuyuna Regional Medical Center, Crosby, MN
Emila Family Clinic, Maplewood, MN
Essentia Health, Duluth, MN
Fairview Health Services, Minneapolis, MN
Fairview Range, Hibbing, MN
Family Practice Medical Center, Willmar, MN
Grand Rapids Clinic & Hospital, Grand Rapids, MN
Hamen Clinic, St. Paul, MN
HealthEast Care System, St. Paul, MN
HealthPartners Central Minnesota Clinic, St. Cloud, MN
HealthPartners Medical Group & Region’s Hospital, Minneapolis, St. Paul, MN
Minnesota Health Care System, Minneapolis, St. Paul, MN
North Memorial Health, Robbinsdale, MN
North Clinic, Robbinsdale, MN
NorthPoint Health & Wellness Center, Minneapolis, MN
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Pine River Health Services, St. Louis Park, MN
People’s Center Health Services, Minneapolis, MN
Premier Dental & Rehabilitation Clinics, Edina, MN
Prime Healthcare Minnesota, North Dakota, South Dakota, South Dakota
Quality Health, St. Paul, MN
Rice Memorial Hospital, Willmar, MN
Ridgeline Medical Center, Winona, MN
Riverwood Health Center, Askim, MN
Sanford Health, Sioux Falls, SD
(2018 member)
South Lake Pediatrics, Minnetonka, MN
Southside Community Health Services, Minneapolis, MN
Tri-County Health Care, Wadena, MN
University of Minnesota Physicians, Minneapolis, MN
Vibrant Health Family Clinics, River Falls, WI
West Side Community Health Services, St. Paul, MN
Western Wisconsin Health, Baldwin, WI
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“New Generation of Collaboration”

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“What excites me most about the collaborative approach is being able to learn from others and scale solutions at a much quicker pace. This is about working across systems to improve patients' health and wellness.”

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