

We are

icsi.

A Message from Leadership

Activate. Collaborate. Impact.

There are no better words to describe the forward motion of our work at ICSI and the MN Health Collaborative over the past year. They also paint a picture of ICSI's own transformation as our organization has evolved and continues as one of the major influencers within Minnesota's healthcare community. I was honored to be named President and CEO of ICSI in November of 2018. This new role continues the work I've been doing within the organization since 2009, and since beginning my pediatrics practice more than 30 years ago—improving care for the patients and families we serve.

As I look forward into the next year and the next decade, it's important to reflect on the accomplishments of the last twelve months, which have been substantial. Along with strong initiatives from the MN Health Collaborative, ICSI has been instrumental in leading efforts to address healthcare affordability, advance systems change

capacity through adaptive approaches to quality improvement, and, of course, continue to update guidelines based on evidence-based practices.

As ICSI, we redefine what it means to be a health system; we are individual health systems seeking to collectively bring value and health to the system that is our community. We thrive in an environment of “intellectual generosity”, sharing and building upon our joint learning. As ICSI, we come together as trusted partners, bringing our best to the table. We drive initiatives with passion, purpose and proven practice.

We are stronger together. We are ICSI.



Claire Neely, MD, FAAP
President & CEO



We are icsi.

As ICSI, we have come together to influence and make change in the healthcare industry for over 25 years. We are driven by our mission to build evidence-based, innovative solutions that address the toughest challenges in healthcare.

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Tri-County Health Care, Wadena, MN
University of Minnesota Physicians, Minneapolis, MN
Vibrant Health Family Clinics, River Falls, WI
Western Wisconsin Health, Baldwin, WI

We are MN Health Collaborative.

The MN Health Collaborative is an influential group of health leaders from 15 organizations working together to find solutions to healthcare's toughest challenges.



We bring healthcare organizations together to address major health topics.

395

Opioid-related deaths in 2016 in Minnesota.

1 in 5

Americans experienced mental illness in the past year.

215+

MN Health Collaborative leaders and subject matter experts working together to impact the community.

The MN Health Collaborative is a powerful example of the Minnesota 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 15 major healthcare organizations working together to address major health topics affecting Minnesota communities today including opioid misuse and addiction as well as system improvements to address broader mental health care needs.

Participating Organizations

Health systems in the Minnesota Health Collaborative currently include Allina Health, CentraCare Health, Children's Minnesota, Essentia Health, Fairview Health Services, HealthPartners, Hennepin Healthcare, Hutchinson Health, Mayo Clinic, Medica, North Memorial Health, Ridgeview Medical Center, Sanford Health, UCare, and University of Minnesota Physicians.



MN Health Collaborative partners are working together to reduce opioid overdose deaths by focusing on Prevention, Chronic Opioid Use & Addiction and Disposal.

MN Health Collaborative Opioid Activities

PREVENTIVE: ACUTE NON-SURGICAL PAIN

In 2018, the MN Health Collaborative began implementing community prescribing standards for first opioid prescriptions in ambulatory settings. Providers are recommended to start with non-opioid options, and if opioids are given, prescribe no more than 100 morphine milligram equivalents (MME) total in the initial prescription, especially for opioid-naïve patients. Organizations are seeing positive results as they work to embed this approach into their practices.

PREVENTIVE: ACUTE POSTOPERATIVE PAIN

Rather than a one-size-fits all approach to postoperative pain management, surgical departments have been testing procedure-specific MME goals that acknowledge the varying levels of pain management needed for different procedures.

Nine specialty departments across the Collaborative are actively exploring benchmarks for 22 unique procedures. In 2018, the group saw an 18% decrease in average MME prescribed across all procedures at discharge as a result.

CHRONIC OPIOID USE & ADDICTION

One of the biggest opportunities in the area of chronic opioid use and addiction was providing support for primary care providers. Simply eliminating opioids is not a solution for every patient and providers have questions about the best approach to supporting patients on opioids:

- How do I know if my patient has opioid use disorder?
- What are the criteria for diagnosing opioid use disorder?
- How do I talk to my patient about tapering?

To answer these questions, a Demystifying Opioids package was created. The package contains algorithms for screening, diagnosing, and treating opioid use disorder, and a Frequently Asked Questions (FAQs) handout that discusses effective tapering methods.

DISPOSAL

Disposal of opioids remains an important but often overlooked contributor to the opioid epidemic. Unused opioids that remain in the home pose multiple safety risks: they may be used by the patient at a later date without a clinician's knowledge; they may be taken with or without permission by a family member/friend/stranger; they may be accidentally ingested by a child. The MN Health Collaborative partners are focused on elevating provider and patient awareness about the importance of disposal and making it easier to properly dispose of unneeded opioids.

Total Prescriptions for Opioid Naïve (people exposed to opioids for the first time)

- **MAY 2017: 10,059 PRESCRIPTIONS**
- **DEC 2018: 7,035 PRESCRIPTIONS**

Prescriptions Outside Recommended Collaborative Standard for Acute Prescribing

- **MAY 2017: 6,190 PRESCRIPTIONS**
- **DEC 2018: 3,907 PRESCRIPTIONS**



MN Health Collaborative Mental Health Activities

MENTAL HEALTH NEEDS IN EMERGENCY DEPARTMENTS

In Minnesota, a dramatic increase in emergency department (ED) visits for mental health needs has contributed to an increased waiting time for patients, increased number of transfers between EDs and hospitals, and long lengths-of-stay for patients in the ED before being transferred for further care.

ED physicians, psychiatrists, and other healthcare leaders in the MN Health Collaborative are working together to create shared standards for care in the ED for people with mental health needs and those who serve them. This effort both builds and requires strong partnership and real trust among not only EDs and inpatient departments, but between healthcare organizations and other community organizations as well. In 2018 this group launched efforts to:

- Reduce wait times and unnecessary tests by adopting shared standards for medical clearance evaluation in the ED prior to inpatient stay.
- Identify and intervene with more people at risk of suicide by implementing shared standards for Suicide Prevention and Intervention in the ED. These recommendations include guidance on reinforcing and strengthening how systems screen, assess and intervene with patients at risk of suicide, both during the visit and afterward.

Later this year the collaborative will further focus on improving transitions between the ED and inpatient and other community organizations.

INTEGRATING BEHAVIORAL HEALTH (IBH) WITH PRIMARY CARE

With 74 out of 87 counties in Minnesota meeting criteria for the federal government category of “mental health professional shortage areas” due to the low number of psychiatrists per 30,000 residents, supporting team care and infrastructure to support integrated behavioral health (IBH) in primary care are vital.

MN Health Collaborative partners have defined and implemented a shared set of evidence-based standard practices, known as the Agnostic Framework, for addressing mental health needs in primary care that have been shown to improve patient care and outcomes. Each Collaborative partner organization is working to close identified gaps between their current IBH activities and the agreed-upon community standards. A primary focus is on building effective decision-making structures between primary care and mental health departments and improving team function at clinical sites. Individual clinics are completing a standard self-assessment survey to understand current status and to assist in organizational planning. Preliminary findings show that provider satisfaction with current behavioral health services correlated with higher levels of integration.

We support health systems change.

ICSI helps health care delivery systems apply evidence-based practices through innovative quality improvement methods and programs that build system change capacity.



We support system change.

GUIDELINES/EVIDENCE BRIEFS

Evidence is ICSI's core. In 2018, we focused on the following initiatives:

- E-cigarettes Evidence Brief—completed March 2018
- Hypertension Commentary—completed June 2018
- Colorectal Cancer Screening Evidence Brief—to be completed Spring/Summer 2019
- Stroke endorsement—to be completed Spring/Summer 2019
- Perioperative Protocol Revision—to be completed Fall 2019
- Palliative Care—to be completed Fall 2019

TOBACCO HEALTH SYSTEM CHANGE

In partnership with ClearWay Minnesota, ICSI presented a series of “How to Talk about Smoking Without Starting a Fire” classes to help change the conversation when it comes to tobacco use. Four hundred fifty people from health systems across the state were trained on motivational interviewing techniques and engaged in conversation about prescribing tobacco cessation products. A Tobacco Health Systems Change Starter Kit for Clinics was also created.

CENTERS FOR MEDICARE AND MEDICAID SUPPORT AND ALIGNMENT NETWORK

ICSI has continued to serve as faculty support to

the Network for Regional Healthcare Improvement (NRHI) Support and Alignment Network (SAN) for the Centers for Medicare and Medicaid Innovation (CMMI) Transforming Clinical Practice Initiative (TCPI). ICSI staff facilitate peer-based learning through interactive coaching and the delivery of web-based, skill-building learning labs for participants around the country.

CHRONIC CONDITION MANAGEMENT

In September, we completed work on our multi-year Chronic Condition Management grant, a partnership between ICSI, the MN Department of Health and HealthPartners Institute. Our 2018 focus was to disseminate lessons-learned from the program, which was done through a series of five public workshops designed to build skills and capacity for systems change.

TRAINING, PUBLICATION, CONFERENCES, KEYNOTES

As ICSI, we convene, we teach, we share learning. In 2018 we:

- Conducted nine webinars
- Hosted 11 lunch-and-learns at clinics
- Facilitated 27 workshops/events
- Presented at 27 meetings/conferences (one of which was a keynote)
- Published three articles and were interviewed twice by the media

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