

Targeting the Triple Aim Together



To Achieve a Sustainable Health System

On the Road to a Sustainable Health System

Dear Colleagues, Friends and Community Stakeholders:

Thank you for your commitment to the ICSI mission to champion quality and accelerate the value of the health care we deliver to the populations we serve. We appreciate your leadership and involvement to improve health, experience and affordability for patients, families and communities.

During 2013, we as an organization increasingly recognized the existence of “polarities” in the health care environment, and the importance of addressing them, especially moving forward. Polarities are ideas seemingly at opposite ends of the spectrum. An example that exists in health care today is simultaneously caring for the individual and caring for a population. Several other polarities that come to mind are collaboration and competition, and fee-for-service and global payment.

As clinicians, we are great at working with patients and families to solve health problems or alleviate symptoms, and sometimes that’s just what we do — e.g., treating uncontrolled hypertension, creating

an asthma plan for a child and family, or developing a differential diagnosis for chest pain. But polarities are not problems to be solved, but concepts to be balanced. To do so requires tapping into the power of both/and thinking and not getting trapped into either/or thinking. It means embracing both ideas simultaneously, accepting each one’s interaction with the other and yet creating a pathway for improvement.

To address real issues and polarities in 2013, ICSI took action based on the following criteria:

1. Living our values of trust, innovation, nimbleness and co-creation
2. Using the Triple Aim as our guidepost for transformation
3. Remaining grounded in evidence-based medicine
4. Convening diverse stakeholders at ICSI’s neutral table to address system-wide issues that no single group could solve on its own
5. Focusing on improvements in care, health and costs

Embracing these tenets, ICSI accomplished much in 2013. The following pages highlight the work enabled by the collaboration among members, sponsors, purchasers, patients and other community stakeholders.

Though dealing with problems and polarities in health care is challenging, we are excited about the opportunity to accelerate positive change in our health system. Our collective work has always focused on “the right thing to do”. Thank you for aspiring to this high standard. We look forward to using our collective wisdom and collaborative spirit to bring more results that demonstrate that we can build a sustainable health system for our families and communities.



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Achieving the Triple Aim, and Local and National Impact

During 2013, ICSI concluded, continued and began new initiatives designed to help members improve the health of their populations, the patient care experience, including quality, and the cost of care. In addition to helping ICSI members achieve Triple Aim results, several initiatives garnered national recognition for Minnesota's collaborative work.

RARE Campaign Exceeds Goals; Targets Mental Health

The RARE (Reducing Avoidable Readmissions Effectively) Campaign helped prevent 7,030 avoidable readmissions through September 2013, exceeding its 2013 goal by 1,000 with three months of results still to come (measurement lags six months). The campaign now involves 84 hospitals and 100+ Community Partners. Operating partners ICSI, the Minnesota Hospital Association (MHA) and Stratis Health supported participants' efforts through 20 learning opportunities.



Representatives of the three RARE operating partners received the national Eisenberg Award. (L to R): Mrs. John Eisenberg; Christine Cassel, CEO, National Quality Forum; Kathy Cummings, ICSI; Tania Daniels, MHA; Vicky Olson, Stratis Health; and Margaret VanAmringe, The Joint Commission.

Three-year Highlights

- 28,120 more nights for patients in their own beds
- \$60 million estimated in savings
- 2013 Eisenberg Award from the National Quality Forum and The Joint Commission

Next Steps: Thirteen organizations with inpatient mental health units will participate in a mental health learning collaborative designed to help reduce readmissions and improve transitions into post-acute care for these patients.

Treating Patients with Both Mental and Physical Conditions

ICSI is among the first 107 recipients of the Health Care Innovation Awards from the Center for Medicare and Medicaid Innovation (CMMI). ICSI completed its first year of leading eight regional medical groups in the implementation of COMPASS (Care of Mental, Physical And Substance-use Syndromes).

This three-year initiative seeks to develop and implement a sustainable collaborative care management model in primary care to treat patients with depression plus diabetes and/or heart disease, with an option to also address risky substance use. The COMPASS intervention partners are learning the value of this model for identifying and treating complex patients, often outside the traditional clinic setting.

ICSI also completed its work with four other regional collaboratives to combine the DIAMOND (Depression Improvement Across Minnesota, Offering a New

Direction) program for depression with the SBIRT (Screening, Brief Intervention and Referral to Treatment) model for risky substance use. The lessons learned from this "Partners in Integrated Care" (PIC) initiative are being applied to the COMPASS program and elsewhere.



(Clockwise from lower left): Martha Sanford, MD, consulting physician; Sara Harris, RD, certified diabetes educator; Shelly Rattei, care coordinator; and Bob Most, MD, consulting psychiatrist, are members of the Stillwater Medical Group's COMPASS "Systematic Case Review Team" that monitors and manages the care of complex co-morbid patients.

2013 Highlights

- 34 ICSI member clinics participating in PIC screened 36,710 people for risky substance use
- ICSI received a Minnesota Department of Public Safety grant to pilot the SBIRT model with Driving While Intoxicated (DWI) offenders
- Eight organizations nationally enrolled almost 2,000 patients in COMPASS through 100+ clinics; five ICSI members are offering COMPASS, and Mayo spread the program to several Florida clinics

Next Steps: ICSI and its CMMI partners will explore how COMPASS complements and/or integrates into health care homes/medical homes, and what financial models can support its sustainability.

Decision Support Embedded into Practices

With the majority of Minnesota clinics now using decision support to order appropriate high-tech diagnostic imaging (HTDI) scans, ICSI “officially” ended its HTDI initiative in 2013. As an advisor on

the American College of Radiology (ACR) National Advisory Group for Decision Support, ICSI continues to provide feedback on ACR’s appropriateness criteria development and revision process.



Minnesota health care leaders who collaborated on ICSI’s HTDI initiative met with U.S. Rep. Eric Paulsen (center). He noted that ICSI’s work influenced a bi-partisan bill submitted to Congress supporting a national clinical decision-support approach for ordering HTDI scans for Medicare patients.

Six-year Highlights

- Prevented an estimated 100 cancers by curtailing unnecessary CT scans
- Saved an estimated \$234 million (helped reduce an annual 8 percent increase in HTDI claims (2003–2006) to a total increase of 1 percent (2007–2013))
- Enabled provider/patient decision making and greater patient satisfaction
- Improved clinic efficiency

Next Steps: ICSI is establishing an advisory council to oversee the direction, development and design of additional ICSI decision-support work. This will be done in collaboration with the Midwest Research Network clinical decision support special interest group and other subject matter experts.

Focus on Affordability Within the Triple Aim

Tackling Waste and Overuse

As part of its Triple Aim work, ICSI formed an Affordability Advisory Committee to guide its activities to help medical groups eliminate waste and avoid overuse of medical procedures not supported by evidence. Broad stakeholder input identified opportunities to address key drivers of overuse, including: unwarranted practice variation; patient engagement; and financial alignment of incentives.

Embedding affordability and a concept of value-added care into guidelines, initiatives and the ICSI website supported efforts to bring the same degree of legitimacy to addressing the cost of care as ICSI did previously with quality and experience of care.



Through partnering with Twin Cities Public Television and Citizens League and support by The Bush Foundation, a video was produced to show how rising health care costs are taking dollars from other key social determinants of health, and why citizens and clinicians need to discuss this issue.

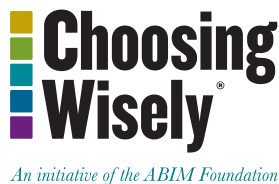
Highlights

- Affordability language was included in each guideline revision
- ICSI supported MN Community Measurement’s development of its Total Cost of Care measure
- ICSI developed a Triple Aim Improvement Tool to identify organizational strengths and opportunities for delivering on the Triple Aim
- ICSI helped the University of Minnesota Internal Medicine Residency program develop and deliver a value-based care curriculum

Next Steps: ICSI will continue to embed affordability into all scientific documents and activities similar to how ICSI incorporates patient-centeredness and shared decision-making.

ICSI Spreads *Choosing Wisely*® Campaign in Minnesota

ICSI received a two-year American Board of Internal Medicine (ABIM) Foundation grant to spread the national *Choosing Wisely* campaign in Minnesota. This campaign helps clinicians and consumers discuss more than 200 tests and procedures that specialty medical groups have indicated are unnecessary, overused, and, in some cases, harmful. In the first phase of this campaign, ICSI is increasing awareness of *Choosing Wisely* among clinicians, employers, and patients, and helping medical groups implement the campaign elements.



ICSI aligned with other ABIM grantees — the Minnesota Medical Association (MMA) and Minnesota Health Action Group (The Action Group) — to form Choosing Wisely Minnesota with the goal of accelerating awareness and implementation of the national campaign across the state.

Highlights

- Aligned with fellow grantees to launch *Choosing Wisely* Minnesota
- Prioritized 11 initial recommendations to address the Triple Aim
- Co-branded a website with Consumer Reports for clinicians and patients to secure in-clinic tools and patient-friendly materials to aid conversations
- Raised awareness through webinars, surveys, public service announcements and media coverage

Convening Stakeholders on Opioid Usage

ICSI is recognized for providing a safe environment where diverse stakeholders can tackle system-wide health care issues. A tough one arose in 2013 when reports indicated prescriptions for opioids had increased almost fourfold in the past decade. While opioids are needed to address pain, overuse can lead to dependency, and myriad other health concerns.

To address this difficult issue, ICSI collaborated with representatives from the Minnesota Medical Association, Minnesota Council of Health Plans, the Minnesota Department of Human Services, and other stakeholders to develop an Acute Pain Assessment and Opioid Prescribing Protocol.



Highlights

- ICSI updated state legislative representatives and policymakers on community efforts to develop an Acute Pain Assessment and Opioid Prescribing Protocol and revise the Assessment and Management of Chronic Pain Guideline
- ICSI added an “informed consent form” to its low back pain and chronic pain guidelines for clinicians to use when prescribing opioids

Next Steps: In 2014, these collaborating groups will explore options for piloting and spreading implementation of the new protocol.

Supporting Member Activities

ICSI provided more than 50 educational/learning offerings to members in 2013. These ranged from the annual Colloquium that attracted more than 400 health leaders, to face-to-face meetings, webinars and conference call networking

sessions around such topics as quality improvement and adaptive leadership. ICSI also continued to collaborate with other organizations to identify opportunities for alignment and coordination of community-focused efforts.



ICSI celebrated its 20th anniversary by inviting its first Board chair, Jim Reinertsen, MD (L), to deliver the annual Reinertsen lecture. Panelists responding to his presentation were (L to R): Rahul Koranne, MD, Vice President and Executive Medical Director, HealthEast Community Services and Bethesda Hospital; Val Jensen, JD, Board Chair, United Family Medicine Clinic; Stella Whitney-West, CEO, NorthPoint Health and Wellness; and Sanne Magnan, MD, PhD, President and CEO, ICSI.

Highlights

- Sessions on motivational interviewing and coaching drew more than 100 people
- Launched a more robust, up-to-date and user-friendly website
- Enhanced its member QI Boot Camp and QI intensive training modules

Next Steps: The ICSI Membership Committee and ICSI staff are working on new member onboarding processes, and revising member orientation.

Engaging Patients, Partnering with Communities

Increasingly ICSI members and other stakeholders are focusing on improving the “health” of citizens in order to achieve the Triple Aim. A Bush Foundation grant supported ICSI’s work in this arena, and included creation of a video on

rising health care costs, community conversations that engaged citizens and clinicians in the Triple Aim, and a presentation on efforts to establish accountable health communities at the Institute for Healthcare Improvement annual forum.

Larry Schulz, CEO, Lake Region Healthcare, visited with Fergus Falls residents during one of the community conversations on the Triple Aim.



Highlights

- ICSI received a Robert Wood Johnson Foundation (RWJF) grant to communicate with providers about linking health care with public health and community resources to improve health
- Presented the concept of “Co-Creating a Sustainable Healthy Tomorrow” — a model to help create accountable health communities that target the Triple Aim locally — to RWJF
- Sponsored an eight-week course with 60 ICSI participants to explore the applicability of the ReThink model in ICSI’s Triple Aim work

Embedding Shared Decision-Making in Clinic Practice

ICSI is partnering with the Mayo Clinic to develop a Shared Evidence-based Medicine (EBM) toolkit, with the goal of implementing shared decision-making (SDM) tools in clinics as standard practice. ICSI also integrated SDM concepts and support into such ICSI initiatives as RARE and cancer screening learning collaboratives.

ICSI Advances Development of Health Measures

ICSI convened a Global Health Measures Discussion Group with broad stakeholder representation to discuss the current state of global health measures and identify potential measures that could be tested in 2014-2015.

New PAC Seal of Approval

ICSI's Patient Advisory Council (PAC) champions patient and family-centered care, and the use of shared decision-making. ICSI bolstered the PAC's role in 2013 with the development of a Seal of Approval. All of ICSI's work as well as documents and projects of ICSI members can be submitted to the PAC for seal consideration.



SHIP

ICSI worked on the Statewide Health Improvement Program (SHIP) and Community Transformation Grant in Northern Minnesota. ICSI formed a learning network with public health organizations and clinics to improve BMI and tobacco use screening rates.

ICSI Enhances Its Guidelines

ICSI took numerous steps to enhance its foundational guideline work. This included development of a new endorsement process, expanded implementation tools, and web-based communication for the work group review process.

At year's end, ICSI announced three enhancements to its scientific document program in order to continue to lead the nation in the development of evidence-based guidelines and protocols:

- ICSI will enhance its guidelines to meet new National Guideline Clearinghouse standards by mid-2014.
- In addition to developing its own guidelines, ICSI will endorse some guidelines from other respected organizations.
- ICSI will extend the revision cycle on some guidelines where it can be done without affecting the practice of best medicine.

By taking these actions, ICSI can focus more on adding decision-support information to key guidelines, developing toolkits to enhance their implementation in practice, and adding new guidelines as appropriate.



Tom Frieden, MD, MPH, Director of the Centers for Disease Control and Prevention (CDC), visited ICSI to learn how Minnesota has achieved excellent control of hypertension. CDC now includes ICSI's Hypertension Diagnosis and Treatment Guideline, which Dr. Frieden called an "exemplar" to follow, in CDC's hypertension treatment protocol resources that support its Million Hearts™ Campaign.

Highlights

- CDC included ICSI's hypertension guideline in support of its Million Hearts™ Campaign



- ICSI developed a Prevention and Management of Obesity in Children and Adolescents Guideline
- ICSI revised 16 guidelines to provide members and sponsors with evidence-based care recommendations
- ICSI incorporated *Choosing Wisely* recommendations where they aligned with ICSI guidelines

Accelerating Improvements in Health Care Through Collaboration

The Institute for Clinical Systems Improvement is an independent, nonprofit health care improvement organization that unites medical groups, non-profit health plans, employers/purchasers, and consumers to bring innovation and urgency to improve population health, optimize the patient experience and quality, and make health care more affordable. In 2013, ICSI was a collaboration of more than 50 dues-paying medical groups and hospitals representing 8,000 physicians, sponsored by five Minnesota and Wisconsin health plans, and directed by an 18-member board of directors.



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.

Members

Affiliated Community

Medical Centers

Willmar, MN

Allina Health

Minneapolis, 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

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

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 Health Care

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

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 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

Stillwater Medical Group

Stillwater, MN

University of Minnesota Physicians

St. Paul, MN

Winona Health

Winona, MN

Principal Sponsors

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