



# NEW GENERATION OF COLLABORATION

*2017 Annual Report*

**ICSI** Institute for Clinical  
Systems Improvement

“Minnesota has a rich history of healthcare 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 these important issues. Only by using our collective skill and commitment can we hope to be successful in addressing challenges with the broad scope and impact of behavioral health and opioid overuse. I am optimistic that solutions will be discovered and implemented to advance the care and healing of our patients and communities.”

- David C. Herman, M.D.,  
CEO of Essentia Health

“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 prioritize patients above all else.”

- Penny Wheeler, M.D.,  
CEO of Allina Health

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 challenges facing healthcare.

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 single organization.

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.

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



Having statewide agreement that mental health patients are having a poor experience in our Emergency Departments (EDs) has helped us move towards system-based problem solving. Hearing about each other's efforts to improve assessment and treatment in the EDs has set the bar higher for what each organization expects of itself. Moving patients more quickly and safely from the EDs to the appropriate treatment setting now seems within reach.



**- Steve Miller, MD, Executive Medical Director,  
Behavioral Health, University of Minnesota Health**

# The MN Health Collaborative

Early in 2017, subject matter experts were deputized by the MN Health Collaborative CEOs to further scope the work and commence action to address the opioid epidemic and mental health crisis. There are now nine working groups each focused on specific issues. This includes over 150 people from 14 organizations designing and championing action within their organizations.

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.

## Reducing Opioid Use and Improving Pain Management

MN Health Collaborative partners are committed to reducing opioid prescribing and overdose deaths and improving care for people experiencing pain and addiction. Initial efforts have focused on nonsurgical and surgical prescribing practices. Surgeons are currently testing an innovative, tiered approach to post-operative opioid prescribing. Also in development are system improvements for chronic pain management, identification and

treatment of addiction, and tapering patients off or to lower doses of opioids. Finally, the Collaborative organizations are creating increased awareness and options for disposal of controlled substances.

## 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.



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 endeavor of my professional career.”



- Tad Mabry, MD, Orthopedic Surgeon, Mayo

## 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 is 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.



## Tobacco Health Systems Change

This two-year effort in partnership with ClearWay Minnesota<sup>SM</sup> 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.

## 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 Approaches 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 Adults](#), and [Adult Acute and Subacute Low Back Pain](#).

An [Evidence Brief on E-cigarettes](#) was started in 2017 and completed in early 2018.



# 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.

## 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 healthcare 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 system 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 any chronic condition. Participants gained skill-building in improvement science, teamwork, and collaboration, with a focus on developing enhanced capacity for advancing change.

“ Thank you for the short, meaningful exercises I can bring to my team or different stakeholders. It encouraged a new way to look at the same thing: it's the process, not the people.”

## State Innovation Model (SIM) for Practice Facilitation

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 ICSI practice facilitation support for improvement, which contributed to the teams' ability to integrate 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 ICSI to spread learnings from another ICSI SIM project, the Team Quality Improvement (QI) Learning Community. Thus, Prime the Pump - Activate the Team to Accelerate Improvement workshops were delivered through three regional workshops and onsite at two health systems, reaching 245 participants and receiving excellent satisfaction scores.

Read about one of the SIM-Practice Facilitation projects:

Laila S. Akhter, Jeyn L Monkman, Gao Vang & Jeanne Pfeiffer (2017) [Improving Asthma Control through Asthma Action Plans: A Quality Improvement Project at a Midwest Community Clinic](#), Journal of Community Health Nursing, 34:3, 136-146, DOI: 10.1080/07370016.2017.1340764

“ I learned ways to engage team members to be part of the QI process, and the importance of allowing them to make mistakes along the way.”



## 25th Anniversary

In 1992, the groundwork for ICSI began with a vision paper written by Dr. James L. Reinertsen, followed by a two-day planning session attended by over 70 cross-sector leaders. While the first guideline work group session was held in November 1992, ICSI was officially founded on January 7, 1993, with the mission "...to help the care systems of its participating organizations become living laboratories for continuous improvement in the quality and value of health care and in the overall health of the population served." Watch for more celebration of our 25th anniversary throughout 2018.

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& St. Paul, MN

Chippewa County-Montevideo Hospital & Clinic,  
Montevideo, MN

Community University Health Care Center,  
Minneapolis, 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

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,  
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Hudson Physicians, Hudson, WI

Hutchinson Health, Hutchinson, MN

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MAPS Medical Pain Clinic, Minneapolis, MN

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Minnesota Association of Community Health Centers,  
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North Memorial Health, Robbinsdale, MN

NorthPoint Health & Wellness Center, Minneapolis, MN

Northwest Family Physicians, Crystal, MN

Olmsted Medical Center, Rochester, MN

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Park Nicollet Health Services, St. Louis Park, MN

People's Center Health Services, Minneapolis, MN

Physicians' Diagnostics & Rehabilitation Clinics,  
Edina, MN

Planned Parenthood Minnesota, North Dakota,  
South Dakota, St. Paul, MN

Rice Memorial Hospital, Willmar, MN

Ridgeview Medical Center, Waconia, MN

Riverwood Healthcare Center, Aitkin, MN

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*(new 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

Winona Health, Winona, MN

*"The heart and soul of ICSI is collaboration – among providers, payers, purchasers, government, and local support services. Continuous change is the new landscape for healthcare: Working together, we can improve the health of our communities."*

*- Paula J. Santrach, M.D.  
Chief Quality Officer, Mayo Clinic  
ICSI Board Chair*