

**Preventive Care Initiative
HealthSystem Minnesota
1999 Acclaim Award Recipient**

HealthSystem Minnesota orchestrated a systematic shift away from reliance upon annual exams to a new paradigm where "every encounter with a patient is an opportunity to address preventive care needs." Using a [visit planning](#) tool called a [Health Profile](#), they were able to readily identify needed treatments and dramatically improve the rate of patients up-to-date for all preventive services.

The success of the project centered on the strength of the organization's commitment to improving patient care. Using continuous quality improvement tools, senior leaders and front line staff worked together and identified opportunities to improve care without requiring significant additional staff time or equipment. Nurses and support staff assumed increased responsibility in the direct management of patient care. This relieved primary care provider's workload and allowed them time to concentrate on more acute patient concerns.

Goal

To increase number of patients who are up-to-date on preventive care services.

Intervention

All visits seen as an opportunity to address primary care needs. Preventive care guidelines documented on patient care forms including the [Health Profile](#), alerted providers about needed services. Primary care sites received regular measurement and performance feedback.

Highlights

- Organizational Focus. Task force of veteran "innovators" (20 senior leaders, clinicians, nurses, educators, and researchers) representing the many care-delivery systems within the health system conducted a needs assessment.
- [Visit planning](#). The mantra became "every encounter with a patient is an opportunity to address preventive care needs." Simply adding visits was not an option. The group developed [visit planning](#) tools such as a preventive services label, a worksheet, a central [health profile](#), and a nursing work flow process.
- Patient "At Risk" lists. Used to target reminder mailings.
- Standing orders. Nurses were authorized to initiate orders for cancer screenings, cholesterol tests, and immunizations.
- Professional education. Newsletters, articles, lectures, "bottom-line" cards which summarize guideline content, site training, and a half-day seminar for providers. Although educational efforts were well received, more is required than just knowledge acquisition.
- Patient education. Patient brochures addressed frequently asked questions related to specific services such as mammography and colon cancer screening tests.
- Rapid-cycle improvement methodology. Expedited pilot results allowed for more rapid deployment. By mid-1996, the program was expanded to 14 primary care sites.
- Supporting Best Care Department. Established to support the implementation of clinical guidelines in the ambulatory setting.
- Guidance Team. Senior management monitored progress and removed barriers.
- Site-level goals. Given the variation in department needs, scheduling issues, etc., each site was asked to set its own goals based on their individual site measurement and performance feedback.

Results

- Dramatic improvements in the delivery of preventive care were implemented without disrupting usual patient care.
- HealthSystem Minnesota increased the number of patients who were 100 percent up-to-date on preventive care services from 13 percent at baseline in 1996, to 43 percent in 1998.

Concluding Remarks

What have we learned?

- It is possible to make deep changes across an integrated delivery system by integrating work at the organizational level, process level, and job performer level. Deep change requires work at all three levels. We have used the same method to create massive improvements in access to appointments for 196 care teams.
- Care improvements are only one type of performance improvement for a health care organization. An organization needs an overall approach to improving performance which is applied to care improvements and to other types of improvements.
- Stating a concrete, measurable and attainable goal is key but also difficult to do. A concrete aim helps the project team stay focused and helps communicate the proposed changes to the organization.
- Visit planning and "at risk lists" serve as generic audit steps to assure that patients achieve goals. The generic process of visiting planning and at risk lists will likely improve the care of patients with hypertension, stable coronary heart disease and diabetes.
- "Rapid cycle improvement" promotes deep change by identifying unintended consequences and unforeseen barriers.
- "Unblinding measures" gets people's attention and promotes change.
- There is no simple way to automate data collection without an automated medical record.
- Waiting for a new computer isn't necessary.

What would we do differently?

- Build more top-down accountability by setting the expectation that each involved work team sets a goal related to the project. Each work team would report its progress at the quarterly operations review when other measures of performance are reviewed.
- Unblind measures from the outset.

What changes have we made to our quality improvement system?

- Currently, each operating unit reports their performance related to cost/unit measures, operating margin measures and access to appointment measures. We are working on adding a quality measure for each work team. In general, these quality measures would represent the work team's contribution to an organization-wide initiative.
- We offer a two-session workshop to facilitate project teams in developing aims and measures and beginning their first change cycle soon.
- We actively manage all strategic initiatives and mentor other improvement efforts. We track all care improvement efforts throughout the organization and ask all care improvement teams to publish aims, measures and the names of people involved with the improvement effort.
- We are adding hypertension, diabetes and stable coronary heart disease to visit planning and to at-risk lists.
- We are close to automating measures for diabetes and stable coronary heart disease.

Critical Success Factors

- Integrating the levels of organization, process and job/performer. Leadership must commit the organization to change, must allocate resources and must be prepared to remove barriers. The process must be well developed with defined roles and responsibilities. Sites and individuals must know what is expected of them and must receive feedback about their performance compared to expectations.
- An overall organizational method for improving performance.
- Project leaders with a "fire in their belly."

Building on Success - Innovation Fund

Summary

HealthSystem Minnesota will create an innovation fund to nurture the seeds of future improvements. The fund will begin with \$60,000 from the American Group Medical Association (AGMA) Acclaim award.

HealthSystem annually establishes strategic improvements and uses operating resources to support these improvements. In addition to strategic improvements, many good ideas for potential improvements arise each year. Some of these innovative ideas could eventually blossom into important strategic improvements but the ideas require resources for development and cultivation. HealthSystem Minnesota will create an innovation fund to nurture the seeds of future improvements.

Eligibility Criteria

Potential uses of the funds include: needs assessment or baseline measurement activities, staff training programs and materials, patient education materials, travel to learn from other organizations and reimbursement to departments or sites for "time off the line." *Computer software is not eligible because of associated hidden costs, complexities and inefficiencies of "niche" computer software, software designed to meet very specific needs.*

For a project to be considered there needs to be:

- evidence that the proposed change will improve the patient experience. Patient experience includes perceptions, morbidity, mortality, risk reduction, service and cost
- an "owner" with department endorsement of proposed improvement
- a clearly stated project aim and measure of success

Requirements

The "owner" will complete an application form. Once the funds are approved, the owner will submit a 6-month and a 12-month report summarizing how the funds were used and the knowledge gained from the project.

Selection Process

1. "Owner" submits application.
2. The Supporting Best Care Guidance Team will select projects and determine amounts of funding based on the probability of the project enhancing the experience of patients and the magnitude of potential benefit. The guidance team will report selections to the Clinical Board of Governors.

Management of the fund

1. Supporting Best Care staff will manage the selection process, the reporting process and the administration of the funds. Supporting Best Care will submit an annual report to the Clinical Board of Governors regarding the fund.

2. The Supporting Best Care guidance team will explore potential sources of ongoing funding. Possible sources include other cash awards, investment profits or contributions from individuals, foundations or pharmaceutical companies.

Application

Please send the completed application to David Abelson MD, Information Management Building

1. Please describe why you selected this particular improvement.
2. Please describe the proposed improvement. What other teams and individuals at HealthSystem Minnesota will participate or be affected by the improvement? Please summarize your communications with these teams and individuals regarding the proposal.
3. How will the proposed improvement enhance patient experience?
4. Describe the evidence that the proposed improvement will enhance patient experience.
5. Describe how you plan to use the innovation funds to support the improvement.

To obtain an application form or for more information about the application process, contact David Abelson, MD, at 993-2036.

HealthSystem Minnesota is a complex, integrated delivery system with 15 primary care sites serving the Twin Cities metropolitan area.