Please take your seats.
SIM Talks

Celebrating Innovation in Minnesota
ZACH COULTER
Master of Ceremonies
@zachbobcoulter
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www.simtalksmn.org/captions
ON THE AIR

We’re streaming live at
www.simtalksmn.org

Courtesy of:
SCHEDULE

9:20  Introductory remarks
10:15  Ignite talks
11:30  Lunch
12:30  Action Café
20 slides x 15 seconds = 5 minutes
Let’s hear it!
RAHUL KORANNE
A Roof, Meal, and Bus, Health Impact
Analytics in Healthcare

Analytics: The Nervous System of IT-Enabled Health

The healthcare industry is moving from volume-based reimbursement to a system that is designed to achieve higher quality, lower costs, and a better patient experience. To succeed, healthcare providers are forming accountable care organizations and restructuring their care delivery systems.

<table>
<thead>
<tr>
<th>Collecting the Data</th>
<th>Clinical Intelligence (CI)</th>
<th>Business Intelligence (BI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>30%</td>
<td>33%</td>
</tr>
<tr>
<td>of electronic health information is said to be unstructured. Clinical data, to put it mildly, is full of holes.</td>
<td>use a clinical data warehouse/mining solution, according to HIMSS Analytics.</td>
<td>of healthcare organizations use BI tools.</td>
</tr>
</tbody>
</table>

**Benefits Include:**
1. More cost-effective operations
2. Quality improvement
3. Patient Satisfaction
4. Labor Costs

Transformed Health Care

- Enhanced ability to study care delivery systems
- Empowered individuals
  - Increased transparency
Model for Improvement

- What are we trying to accomplish?
- How will we know a change is an improvement?
- What change can we make that will result in improvement?

Aim
Measure
Ideas

PLAN | DO
--- | ---
ACT | STUDY
HUNGER VITAL SIGN

Within the past 12 months the food we bought just didn’t last and we didn’t have money to get more
Within the past 12 months the food we bought just didn’t last and we didn’t have money to get more.
Within the past 12 months the food we bought just didn’t last and we didn’t have money to get more
HOMELESSNESS DOESN'T CARE HOW YOUNG YOU ARE.
A Public Health Nurse makes a home visit in 1950 rural Alamance County.
Join the JOURNEY
NANCY GARRETT
Providing Incentives to Reduce Disparities through Measurement: A New Roadmap
3 miles could equal up to a 13-year life span difference
We need healthcare payment methods that direct money to providers who serve the populations that need it the most in order to achieve health equity.

1. Patients with the greatest number of social risk factors are concentrated in a small number of safety-net providers.
2. Medicaid reimbursement is below cost.
3. Providers have an important role in reducing disparities and it takes investment to do this.
Patients with the greatest number of social risk factors are concentrated in a small number of safety-net providers.
Percent of Population with Medicaid Coverage

16%

43%

- Midwest hospitals
- Hennepin County Medical Center
Percent of IHP Medicaid Population that is Homeless

- All IHPs: 9%
- Hennepin County Medical Center: 20%
Is This a Hospital or a Hotel?

MAY 26, 2014
Average reimbursement for a colonoscopy in Minnesota

- Medicaid: $224
- Average Commercial: $610
Providers have an important role in reducing disparities and it takes investment to do this.
Working model for social needs

During initial care encounter:
- Inform clinical care
- Address need
- Coding

Outside care encounter:
- Informing another team for another encounter
- Panel Management (providers) (clinics) (care teams)

Capture in Epic/data

Improve health outcomes
EVENYONE SHOULD HAVE A HOME.
Working model for social needs

During initial care encounter:
- Inform clinical care
- Address need
- Coding

Outside care encounter:
- Informing another team for another encounter

Panel Management (providers) (clinics) (care teams)

Capture in Epic/data

Improve health outcomes
Average additional cost incurred by HCMC for patients with homelessness and a mental health diagnosis: $1263
### Overview of 2018 IHP Model | Multiple Tracks

<table>
<thead>
<tr>
<th>Track 1</th>
<th>Track 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overview</strong></td>
<td>IHP entity will receive a risk-adjusted quarterly population-based payment (PBP) tied to clinical, utilization, and social determinant metrics. IHP entity will receive a risk-adjusted quarterly population-based payment (PBP) and enter into a two-way risk model for shared savings/losses tied to clinical, patient experience, social determinants, and HIE infrastructure metrics.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Same as Track 1, plus:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Innovative care model</strong> that provide or coordinate full scope of health care services</td>
<td>Ability to take on financial risk (based on multiple factors)</td>
</tr>
<tr>
<td><strong>Demonstrated ability</strong> to impact TCOC, coordinate care, improve quality</td>
<td>Greater than 2,000 attributed Medicaid lives</td>
</tr>
<tr>
<td><strong>Health Care Homes, NCQA cert., other evidence</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scalable Leader Types</th>
<th>Mid or large sized integrated health system or collaborative partnerships with ability to coordinate and provide the full scope of Medicaid services for attributed patients.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Small, independent</strong> provider systems</td>
<td></td>
</tr>
<tr>
<td><strong>Specialty health care groups</strong> that coordinate care for specific groups of individuals or services</td>
<td></td>
</tr>
</tbody>
</table>

All participating IHPs gain access to robust data files and reports, and peer support opportunities.
InEquality
Equity
MARY LENERTZ
Living a Whole Life in the Community
dreams

goals

action plan

reality!
knowledge/experience
thoughts
skills/abilities
interests
physical feelings/health
values
actions/choices
emotions
personal characteristics
life circumstances
<table>
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<tr>
<th>Domain</th>
<th>Priority</th>
<th>Ranking</th>
</tr>
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<tbody>
<tr>
<td>Housing</td>
<td>1</td>
<td>Unhappy with housing and wants to make a change</td>
</tr>
<tr>
<td>Employment/Vocational</td>
<td>2</td>
<td>Unemployed or unsatisfied with current employment</td>
</tr>
<tr>
<td>Physical Health &amp; Wellness</td>
<td>5</td>
<td>Feels happy, healthy and physically fit</td>
</tr>
<tr>
<td>Social Wellbeing</td>
<td>3</td>
<td>Sometimes, but would like to improve in one or more areas</td>
</tr>
<tr>
<td>Behavioral/Mental Health &amp; Wellness</td>
<td>4</td>
<td>Would like to improve in one or more areas</td>
</tr>
<tr>
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- Housing
- Employment / Vocational
- Physical Health & Wellness
- Social Wellbeing
- Behavioral/Mental Health & Wellness

**Activities & Assessments**

<table>
<thead>
<tr>
<th>Life Plan Activities</th>
<th>Name</th>
<th>Domain Focus</th>
<th>Activity Domain</th>
<th>Start Date</th>
<th>Date Completed</th>
<th>Activity Type</th>
</tr>
</thead>
</table>

To enable this content, create the record.

Record Holder: Kiera Evans

Active
- Housing
- Employment / Vocational
- Physical Health & Wellness
- Social Wellbeing
- Behavioral/Mental Health & Wellness
- Activities & Assessments
MELISSA HUTCHISON
Infrastructure to Support Medicaid Patients at Allina Health
ENTER AT YOUR OWN RISK!!!
Integrated Health Partnerships Contracts
Build solid infrastructure
Organize
Use data to drive decisions
Conduct systematic analyses
Opportunity: noun

A situation or condition favorable for attainment of a goal.

Identify problems and opportunities
Collaborate with operations partners
Set goals
Determine what is needed and what we have
Develop the process/program/intervention
Build measurement and analytic plans
Report back and listen to feedback
Fix, refine, start over
JULIE BLUHM
Embracing the Babel
2013.

Needed a career change.

Applied for an interesting job at Hennepin County piloting an ACO model.

Cool people. On the light rail.

I’m in.
I ONLY UNDERSTOOD 25% OF WHAT YOU JUST SAID.

TO MY BOSS.

DURING MY FIRST WEEK OF MY NEW JOB.

WHO I REALLY REALLY WANTED TO IMPRESS.
Me too.
Convening of experts in DC: Linking Medicaid and Housing
15 people
CMS Medical Director
HUD Director
Nationally recognized experts.
Me.
WHAT
KEEP GOING
DEB KRAUSE
Engaging Employers in Creating High-Value Reports from APCD
### Commercial Price Variation for High Volume Inpatient Treatments

Display of annual average treatments with the largest total spending.

**Service Line:**
- General Surgery
- C/S Surgery
- Orthopedics
- Neurology
- Other

**Key:**
- All Numerals: 
  - Total Spent
  - Hip Replacement
  - Knee Replacement
  - Lower Back Surgery
  - Disk Decompression

**Price Range:**
- Lowest: $12,345,678
- Highest: $98,765,432

#### Summary View
- Market discipline lacking?
- More competitive
- Shop if you can
1
Rocket Science for Dummies

A Reference for the Rest of Us!

William B. Sanders

Author of Creating Learning-Centered Courses for the World Wide Web
Simplicity is the ultimate sophistication.

Leonardo Da Vinci
DEANNA MILLS
Fierce Competitors to Extreme Collaborators
Collaboration = Innovation
“You must do the things you think you cannot do”

Eleanor Roosevelt
Savings Over 3 years!

$16,607,540
Healthier Patients
Happier Patients
Test Your BLOOD PRESSURE
MORRISON COUNTY PRESCRIPTION DRUG TASK FORCE
STORIES CREATE CHANGE
WE ARE SCARED TO BRAG
I KNOW YOU’RE MINNESOTAN
WHY TELL YOUR STORY?
STORIES KEEP YOUR PROGRAM ALIVE
CONTINUE DOING GREAT WORK
HELP OTHERS REPLICATE YOUR SUCCESS
PEOPLE > NUMBERS
KNOW YOUR AUDIENCE
KNOW YOUR PURPOSE
NOW, GO AND TELL YOUR STORY
SARAH KEENAN
Bluestone Integrated Care
Bluestone Integrated Care Program

On-Site Primary Care

Care Coordination

Psychiatric Care
Primary Care

Assisted Living/Group Homes

Community
Care Coordination Hierarchy

Assessment

Self Care Plan Optimizing

Wellness/Behavioral Change

Chronic Care Needs

Patient Engagement through Basic Needs (rarely medical)

Needs Hierarchy
thinking

THE BOX
ED REDUCTION

- Root Cause Analysis
- Emergency Department Assessment
- 10% ED REDUCTION
- Chronic Disease: 31%
- Acute Trauma: 19%
- Fall: 19%
- Mental Health: 19%
- Seriousness of Condition: 12%
- Other (both substance abuse): 6%
Population Health Approach to Interdisciplinary Team (IDT) Review

Medica SNBC Patients

Merge Data Sources
1) Medica
2) Main Enrollment Grid

Patient Risk Level Low, Medium or High Risk?

LOW RISK

Not included in IDT unless requested by CC

Conduct IDT Review
1) Patient History
2) Discuss Plan/Goals/Interventions
3) Review Data & Summary of Care
4) Discuss Barriers

MEDIUM & HIGH RISK

IDT Actions/Interventions

Virtual Visit
Psych Visit
Medication Review
Increase frequency of CC Visits
C WOW Visit
Update Care Clan/Goals

Track Follow ups & Outcomes
Case Study
Partnership
Health of a Population

Experience of Care

Per Capita Cost

The Triple Aim
Lower Readmission Rates

*Self-reported results based on 6 month measurement period in 2H 2013.
**Results based on CMS internal data from self reporting entities.

Reduced ER Visitation

*Results from Medica© on per capita ER Visitation for Care Coordination patients over a 6 month period.

Reduced Inpatient Stays

*Results from Medica© on inpatient stays for Care Coordination patients over a 6 month period.

Excellent Satisfaction Rates

*% of "True" survey responses to "I would recommend BPS to others." from over 550 family member responses to online survey.
***% of "True" survey responses to "I would recommend BPS Services to others." from over 130 facility staff members at partner facilities.
KATHY LANGE
Solutions and Hope in Opioid Crisis
Opioid Use
An American Epidemic

4.6% of the world’s population
Consuming 80% of the global opioid supply

SIM GRANT AWARD

$368,112
CHI Unity Family Health

- Benzo units: 5562
- Narcotic units: 22,254
- Stimulant units: 3053
Schedule 4 units filled each month at Coborn's Pharmacy
Our Story: American Hospital Association NOVA award
ACTION

WORLD CAFE + OPEN SPACE

CAFÉ
Host
INTRODUCE PROJECT STAYS

Guests
CONTRIBUTE MOVE
CREATE THE AGENDA

MARKET PLACE

CATEGORY

TABLE NUMBER

PROJECT POSTED BY TABLE HOSTS

2 ROUNDS OF CONVERSATION
The Art of Good Conversation

Connect Head + Heart

Focus on What Matters

Listen with
Attention
Talk with Intention

Listen until you understand

Connect Ideas

Judgement

Include Everyone
What am I grateful for?

BREAK

TAKE AWAYS

TABLE HOSTS

SYNTHESIZE

TIME

WHAT DID I LEARN

NEXT STEPS??
<table>
<thead>
<tr>
<th>Host Name</th>
<th>Personal Synthesis Page #</th>
<th>E-Health</th>
<th>Payment &amp; Accountability</th>
<th>Integrated ORA</th>
<th>Patient Centered, Integrated Care</th>
<th>Community-driven Solutions</th>
<th>Project Name/Description</th>
</tr>
</thead>
</table>

**Action Step**

**Action Step**

**Action Step**

**What do I do first?**

**What am I grateful for?**
For what can you express gratitude?
Discussion

1. What gaps/barrers exist?
The Art of Good Conversation

- Connect Head & Heart
- Focus on What Matters

Listen with Attention
Talk with Intention

- Listen until you understand
- Judgement

- Connect Ideas
- Include Everyone
DISCUSSION #2

What are the essential next steps?
The Art of Good Conversation

- Connect Head + Heart
- Focus on What Matters

Listen with Attention, Talk with Intention

- Connect Ideas
- Include Everyone

Listen until you understand

No Judgement
What am I grateful for?

Break

Table Hosts

Synthesize

Time

Takeaways

What did I learn

Next Steps??