Case Studies in Collaboration: Moving Forward in Adolescent STD Prevention

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Minnesota’s Healthcare Landscape

- A system of NON-PROFIT providers & payers, BY LAW
- All licensed health plans MUST participate in state healthcare programs, BY LAW

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<th>Hospitals &amp; Health Systems</th>
<th>Health Plans</th>
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<td>Allina Health</td>
<td>For the health of all.</td>
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Minnesota’s Medicaid Managed Care Model

Medical Assistance (MA)
- Minnesota’s version of traditional Medicaid, based on income
- State/federal funding, administered by Department of Human Services (DHS)
  - Covers kids < 21, pregnant women
  - May also cover qualifying adults with kids, disabled

MinnesotaCare
- For families and children above the Medicaid income limits, even if they have access to insurance (“working poor”)
  - State subsidized, sliding-scale premiums

Minnesota’s Medicaid Expansion
- Brings adults without kids into MA, federally funded

Other programs/demos
- Minnesota Senior Health Options (Dual Medicare/Medicaid)
- Special Needs Basic Care (Disabilities)
- Health Care Delivery System Demonstration Project (TCOC)
- Health Care Homes
Systemic Collaboration

• Local Public Health
  • MN Community Health Services Act, 1976
  • Established community health boards, system of community health needs assessments and plans

• Health Plans
  • Collaboration Plans - mandated in statute since 1995
  • Must be jointly developed with LPH and other community organizations providing health services within the same service area as the plan
  • Current plan (2010-2014) was done collaboratively with all plans together, through agreement with the Department of Health

• Hospitals/Health Systems
  • Community Benefit Plans - new under ACA

• Three sector discussions to align efforts under way
Minnesota Health Plan Collaboratives for Quality Improvement

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Minnesota Health Plan Collaboratives

Plans have been doing collaborative PIPs since 2007

WHAT WORKS AND LESSONS LEARNED:

Team Structure and Dynamics:

Pros:
- Diverse backgrounds and skill sets of members of the collaborative
- Pooling talent from different organizations increases knowledge base
- Shared vision allows for a consistent set of messages for providers
- Efficiency in teamwork

Cons:
- Plans may have different levels of interest and resources available, such as staff, budget
- Extraverts and Introverts – Hearing the little voices
Minnesota Health Plan Collaboratives

WHAT WORKS AND LESSONS LEARNED:

Workload/Costs:
Pros:
• Working with an independent third party (QIO) is essential for data pooling
• Working with other Health Plans spreads out the workload, costs are shared by all

Cons:
• PIP selection and development as a collaborative can be time consuming
• May need additional analytical/data staff from each Plan
MINNESOTA COLLABORATIVE CHLAMYDIA PERFORMANCE IMPROVEMENT PROJECT (PIP)

• PROJECT START DATE:  2013
• Collaborative effort among four Minnesota Health Plans
• Project support provided by our QIO Collaborative Consultant: Stratis Health
• Health Plans partnership with MN Chlamydia Partnership group – organized by MN Dept. of Health& external partner
• http://www.mnchlamydiapartnership.org/
• Goal: Increase the Chlamydia screening rates for women ages 16-24 among our Medical Assistance populations
MINNESOTA COLLABORATIVE CHLAMYDIA PERFORMANCE IMPROVEMENT PROJECT (PIP)

PROVIDER CLINIC/INTERVENTIONS TO INCLUDE:

• Provider Trainings
• Provider Toolkit
• Targeted outreach to low performing clinics
• Support the implementation of the Minnesota Chlamydia Partnership Strategy
• Work with local public health, public high schools, colleges
• Attend health fairs and conferences
Minneapolis Collaborative Chlamydia Performance Improvement Project

PROVIDER TOOLKIT:
• Provides patient, parent, provider education materials and resources
• Sample office policies, protocols, procedures
• Strategies for outreach to youth and young adults
• Profiles of four Minnesota clinics who have implemented changes to increase their screening rates
Minnesota Collaborative Chlamydia Performance Improvement Project (PIP)

Chlamydia Screening: Provider Toolkit
Tools to increase chlamydia screening rates in your practice

Chlamydia is a growing public health challenge. Get the tools to protect the women in your practice!

- Chlamydia is the most frequently reported sexually transmitted infection/disease (STI/STD) in Minnesota and nationally. (Minnesota Department of Health, 2012).
- Chlamydia represents a serious threat to women’s reproductive health, can lead to complications during pregnancy, and may even cause infertility.
- Half of at-risk women in Minnesota are not being screened.

www.stratishealth.org/chlamydiatoolkit.pdf
Minnesota Collaborative
Chlamydia Performance Improvement Project

Chlamydia Screening: Provider Toolkit

The Provider Toolkit was developed to help clinics and providers across the state make simple changes to improve their clinic processes and raise awareness of this public health issue. The toolkit includes:

- Current information on the status of the disease
- Sample office protocols
- Resources for your clinic, patients, and parents
- Profiles of four Minnesota clinics with successful chlamydia screening efforts

The toolkit is available at:
www.stratishealth.org/chlamydiatoolkit

Blue Cross and Blue Shield of Minnesota, HealthPartners, Medica, and UCare developed this toolkit as a collaborative effort with support from Stratis Health.

www.stratishealth.org/chlamydiatoolkit.pdf
Results?

Too early for the collaborative, but Medica’s experience shows improvement
Our Findings:

• The issue is multi-faceted
• A comprehensive solution is needed
• Our leverage points:
  • Providers
  • Enrollees/patients
    • General
    • Targeted

• What are your leverage points?
• Who are your champions?
• Who is missing at the table and how can you engage them?
What’s next?

- Healthcare marketplaces (Exchanges)
- More people insured
- First dollar preventive care coverage
- Reproductive health care debates
- Confusion