

Clinical Practice Council Meeting Minutes
July 8, 2021
1:00 to 2:00
WebEx

| Topic | Discussion/Findings | Actions/Follow Up |
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| Call to Order | George Morris, MD, Physician VP, Performance Excellence, called the meeting to order at 1:02 | |
| Approval of Agenda | | Approved. |
| Approval of Minutes (05.13.21) | | Approved as written. |
| Culture Moment | Rachael Lesch, RN, MBA, BSN, led the group in culture moment discussing how we are going to recharge our energy in the new fiscal year. Lesch shared the quote, “People have within them the wisdom and creativity to confront even the most difficult challenges”. Joe Blonski, MD, MBA, VP Ambulatory Division, said that leaders sometimes feel like they must be the one with all the answers. When we can make use of our teams, we can get multiple perspectives and identify blind spots. Many times we do have exactly what we need right in front of us. | |
| Quality Measures – <ul style="list-style-type: none"> • Vizient Scorecard | Katie Trosdahl, MBA, Population Health Consultant, reviewed the Population Health System Scorecard wrapping up FY21. <ul style="list-style-type: none"> • Goal was not met for hypertension and diabetes. <ul style="list-style-type: none"> ○ CCH and Carris had improvement in both over the past four months. • Colon cancer has been doing well. • Struggling with Asthma. • Also struggling with Immunizations. <ul style="list-style-type: none"> ○ Influenza is the big one that hurt us last fall when the kids were not getting the vaccine. • Lesch asked group to think about strategies of how we can do patient outreach around Immunizations working together with the Call Center, Laura’s Team, Pop Health Schedulers, and Peds, so we have those flu shots available at the time of fall visits. • Attribution is going up, which is good. • Lesch said another area of concern is our decline in breast cancer screening as it was greater than other health systems. We ended up in the 70th percentile. | Chelsie Bakken will share the Vizient Quality and Accountability Scorecard they are developing at the system and entity levels in August. |

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| | <ul style="list-style-type: none"> ▪ Maybe a community-wide push working with radiology for access. ▪ Marketing and Communications may have some ideas. ▪ Targeted messaging. | |
| Colon Cancer – Age of Screening | <ul style="list-style-type: none"> • The Pre-Visit Planning Committee met and reviewed the guideline and modified a bit of the language so our pre-visit planners can lower the age range to age 45 and tweak the set-up orders for colonoscopy, Fit, or Cologuard depending on the risk assessment of the patient and what they had done previously. • Pre-visit planning group is separate from the preventative group. • Julie Youngs, MD, Paynesville Family Medicine, is aware we are moving forward with these recommendations and are looking for the clinical support approval to update health maintenance. • Not all insurance companies are covering the younger ages. Reminder that insurances may change coverage. Patients should always check with their insurance. • Creating talking points that would make sense from a provider perspective are on Preventative Services radar. • Lynn McFarling, MD, SMIO, noted that patients would receive a MyChart message they would need a colon cancer screening when it becomes due if it is in Health Maintenance. They will try to make sure they do not flip anything out from what was already preset. • Within Colon Cancer Screening you can select different options. | <p>McFarling will check the message that goes out in MyChart.</p> <p>Summary points:</p> <ul style="list-style-type: none"> • Both Preventive Services and Pre-Visit Planning support this change. • Health Care Maintenance will go to Clinical Decision Support within the next month. • Timing – would want to link them together. • Communication. • Tuchtenhagen to connect with McFarling’s people how the message goes out once it flips to a lower age. <p>Scott Rahm, MD, Family Med, SCMG Clearwater moved to approve. Kathryn Duevel, MD, Medical Director, Quality, and Innovation, Carris, seconded the motion. Motion carried. Dr. Satre will be notified, and we will follow up with Clinical Decision Support team.</p> |
| Consent Agenda <ul style="list-style-type: none"> • RN Protocol for Hypertension Management | <ul style="list-style-type: none"> • Per Renee Doetkott, RN, MSN, Ambulatory Practice Nursing Director, Ambulatory Care noted the protocol has gone through stakeholder review and feedback. • Duevel does not see any resistance from Carris to be a part of this. | <p>Trosdahl will ask Doetkott to add Carris sites.</p> <p>Lesch motioned to approve. Duevel</p> |

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| | <ul style="list-style-type: none"> • Morris stated we could approve in its current format, knowing that either future or an addendum could be added to link it with Carris sites. | <p>seconded the motion. Motion carried.</p> |
| <p>Asthma Committee Next Steps</p> | <ul style="list-style-type: none"> • This is a measure where we have some opportunity. • Work streams: <ul style="list-style-type: none"> ○ Tactical. <ul style="list-style-type: none"> ▪ How we reach out to patients. ▪ How to get ACTs and Asthma Action Plans done. ○ Evaluation of guideline updates needed. <ul style="list-style-type: none"> ▪ The subgroup has not had provider representation for some time. ▪ May need to think of this more of a project than an ongoing committee. Providers would look at guidelines and then be done. ▪ Other parts of the project would be operational of how we continue with the other aspects of chronic disease management for asthma. • Lesch and Rahm proposed to disband the Asthma Clinical subgroup and put together a project team with a focused purpose of reviewing guidelines, make the changes, and focus on it from a standard work perspective once that is done. • Offering citizenship time may be helpful for recruiting. | <ul style="list-style-type: none"> • Will need to research if this is a sanctioned project if it would meet the requirements for maintenance and certification performance improvement for the Board of American Family Practice. May be a reason for some providers who might want to be part of a short-term project. Maybe offer MOC? • Lesch will craft a broad communication that can be targeted within departments or sections for one or two people we might want to individually recruit. Blonski, Morris, Rahm, and Wigert can give feedback. |
| <p>Acute Ambulatory Opioid Prescribing Guideline</p> | <p>Duevel presented</p> <ul style="list-style-type: none"> • The purpose of the Acute Ambulatory Opioid Prescribing (AAOP) is to set a standard of care at CentraCare around safe opioid prescribing for acute pain in the outpatient. • Committee has created guideline. And ready to roll out. • Goals were defined. Recommendations were made to adopt the 2018 MN Opioid Prescribing Guidelines. • Reviewed letter that will be going out the week of July 26. • Concerns: already see some physicians do not want to prescribe and now seeing more people in the ED to address their pain. They want to add a paragraph stating: | |

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| | <ul style="list-style-type: none"> • “Understand the best practices for opioid prescribing. Safe effective pain release is the goal. Do not deny opioids when indicated”. • Working on patient handout. Integrated Pain Steering Committee suggested to make sure redesign could be used outside of just this one function if we are going to be able to put this within Epic some time. • Resource for having difficult conversations with folks who need to taper, who were or are chronic users. • Guideline approved by the Acute Ambulatory Opioid Prescribing group June 22. • Communication: <ul style="list-style-type: none"> ○ Duevel is taking this to various groups. ○ Morris will make announcement at the July 13 COVID & Beyond meeting ○ Prescribing clinicians will receive the email with guidelines and supporting materials in the last half of July. ○ IS will be developing metrics and reporting tools. ○ Duevel has been working with nursing leaders. ○ Roll out date is July 26th. • Integrative Pain Steering Committee will be the one to approve. • IS is trying to figure out how to use the criteria that the State is using and be able to incorporate it into Epic so we can just use one set of measures that we are already getting measured on. | |
| Care Pathways Cadence – Hypertension | | Tabled to August |
| Wrap up | <ul style="list-style-type: none"> • Looked at the data. • Support Breast Cancer Screening work • Support and approve Colorectal Screening from both the Preventative Services and Pre-Visit Planning groups knowing it needs to connect with Clinical Decision Support. • Approved Hypertension Nurse Protocol. Deb Peterson and Duevel will connect with Doetkott looking to add Carris sites. • Asthma will be a project-based recruiting. • Opioid guidelines will be coming out with communication and feedback over the next couple of weeks. | |
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| Adjournment | Adjourned at 1:58 | |

Next Meeting: August 12, 2021 - 1:00 to 2:00 - WebEx

Minutes: Linda Reberg | Administrative Assistant II | Population Health.

Attendance:

| A/P | Name w/Professional Designation (MD, RN, LPN, SW, etc.) | Education (BSN, DNP, BA, etc.) | National Certification (CCRN, CEN, NE-BC, etc.) | Job Title (Director, Educator, etc.) | Department / Location |
|-------|---|--------------------------------|---|--------------------------------------|--|
| Phone | Joe Blonski, MD | MBA | | Vice President | Ambulatory Care Division |
| A | Chelsie Bakken, RN | MBA, BSN, CPPS | | Sr Director | PE Improvement |
| A | Renee Doetkott, RN | MSN | | Ambulatory Practice Nursing Director | Ambulatory Care |
| Phone | Kathryn Duevel, MD | | | Medical Director | Quality and Innovation - Carris |
| A | Melissa Fradette, RN | MSN | CCRN-K | Magnet Program Director | Nursing Practice |
| Phone | Rachael Lesch, RN | MBA, BSN | | Exe. Director | Quality Improvement/ Population Health |
| A | Mark Matthias, MD | MBA | | Vice President | Medical Affairs/ Acute Care |
| Phone | Lynn McFarling, MD | | SMIO | Internal Medicine | River Campus |
| Phone | George Morris, MD | CPE, FAAFP | | Vice President | Performance Excellence |
| A | Phil Opatz | | | Consultant | Population Health |
| Phone | Scott Rahm, MD | | | Family Medicine | SCMG - Clearwater |

| A/P | Name w/Professional Designation (MD, RN, LPN, SW, etc.) | Education (BSN, DNP, BA, etc.) | National Certification (CCRN, CEN, NE-BC, etc.) | Job Title (Director, Educator, etc.) | Department / Location |
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| A | Thomas Schrup, MD | MBA | | Vice President | Specialty Care Division |
| Phone | Katie Troisdahl | MBA | | Consultant | Population Health |
| Phone | Hannah Wieshalla | MBA | CHFP | Sr. Director | Quality Improvement & Network Support |
| Phone | Ulrika Wigert, MD | | | MD Family Practice | Sauk Centre |
| Guests: | | | | | |
| Phone | Laura Tuchtenhagen, RN | | | Manager | Population Health |
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