

## NPP Evaluation Case Study Report: HealthPartners

Located in Bloomington, Minnesota, HealthPartners is an integrated healthcare system with 12,000 employees. Founded in 1957, HealthPartners is the largest consumer-governed, nonprofit healthcare organization in the nation. HealthPartners provides care, insurance coverage, and research and education in carrying out its mission to improve the health of its members, patients, and the communities in which it serves. The HealthPartners family of healthcare companies serves more than 1.36 million people in Minnesota and surrounding states and covers nearly one in four residents in the Twin Cities metro area. This case study presents the history of how the National Priorities Partnership (NPP) framework was adopted by HealthPartners within its goal setting process and used in ongoing idea generation by its leaders to identify solutions addressing the national population health priority of NPP. As an organization with longstanding history in addressing population health and disparities issues, HealthPartners is also contributing to NPP in these two areas.

### Project story

NPP and HealthPartners have parallel aims regarding improving population health and decreasing disparities. HealthPartners' leadership has been involved in these arenas for many years, contributing to current population health research and participating in national committees. HealthPartners strives to be "the best and most trusted provider in healthcare in the country."

HealthPartners has long been an advocate for strategic planning, in setting a direction, and in having long-range, challenging goals to improve population health, while being more efficient and cost effective. In 1994, HealthPartners began its three-to-five-year strategic planning process to transform its continuum of care. This led to a reduction in incidents in diabetes complications, such as heart attacks, blindness and amputations, by more than 30%. Their multiple strategic plans spur ambitious programs, including those in obesity and tobacco use. To take their population health focus to the next level, in 2010 HealthPartners went through a strategic planning process and developed its Partnership for Better Health Goals 2014.

As a normal part of a strategic planning process of an organization wanting to be the best of its kind, the NPP priorities and goals were included as one of various relevant and current tools in the 2010 process of developing their 2014 goals. In addition, with their strong belief in the idea that "disparities are an economic burden on all," and as a *partner* in the endeavor to improve the health of Americans, HealthPartners leadership utilized the NPP goals to generate ideas for making changes in its operations to even better achieve the mutual population health goals of NPP and HealthPartners.

HealthPartners' voice within the NPP partnership helped promote population health to priority status. In 2008, NPP legitimized this focus through the work of the Population Health Workgroup, in which, in the words of one HealthPartners case study participant, "taking healthcare from just focusing on individuals and thinking more broadly [with a population focus] is one of the major contributions of the NPP set of goals." To HealthPartners, the inclusion of population health within NPP's priority

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set, and having a Population Health Workgroup, reinforces at the national level that medical and public health professionals and systems all have a shared responsibility for health problems in our nation. The priority and Workgroup legitimized the topic of *health*. As one leader shared, “NPP was making a comment about health being legitimate as well as healthcare” where much of the prior national discussion was in terms of healthcare. Furthermore, HealthPartners leadership conveyed an opinion that in convening all varieties of stakeholders, NPP points medical, public health, community, and government organizations in the same direction, creating leverage for improved national health outcomes.

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### Value of the NPP and the Framework

HealthPartners’ leadership shared many reasons for why they use the NPP framework. These included:

- the framework makes important advances especially in terms of population health as a priority area
- the original six priority areas with goals are seen as the “right” ones in engaging the public, etc.
- the logic of the secondary drivers, such as IT systems logic, was well done
- overall, the framework is easy to embrace because it aligns with HealthPartners’ thinking, and it challenges HealthPartners in ways the organization felt it needed to move forward

One leader went on to say, “there are a lot of national quality standards which are homogenized to the extent where everyone has to be able to do them – so they are pretty low-bar measures. These [NPP’s] are written in a way that challenges all of us, no matter where you stand on them.”

In addition to providing the framework, NPP was the catalyst for bringing several large health players together. HealthPartners has collaborated with Kaiser Permanente and Dartmouth-Hitchcock as a result of being at the same NPP meeting and finding out they had a mutual interest in creating better metrics of an individual’s health status. The outcome of this collaboration is not yet evident, but together these organizations are pushing the envelope in developing innovative and useful measures.

### Deciding to engage with NPP and the Framework

Pre-existing relationships between HealthPartners’ leadership and the National Quality Forum (NQF) as conveners of NPP, a prior commitment to serious quality improvement as evidenced by HealthPartners use of the

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Institute for Health Improvement's Triple Aim and the Institute of Medicine concepts and reports, and a pre-existing devotion to population health issues primed HealthPartners for an active and receptive role when Dr. George Isham, the Chief Health Officer at HealthPartners, was invited in 2007 to join the NPP partnership, representing America's Health Insurance Plans. HealthPartners engagement was further fostered by the NPP framework itself, which supported systems level change and provided a challenge to HealthPartners in ways that the organization wanted to move forward. One HealthPartners' leader explained, "if you do not have a framework, then you get lost in the details." Case study participants also said that a major contribution of NPP is that it legitimizes talking about cost and resource use as part of the quality conversation, partly through the overuse priority.

### Use of the NPP Framework

The NPP priorities and goals were shared with HealthPartners' leadership through the Chief Health Officer of HealthPartners, Dr. George Isham. Dr. Isham made presentations to the board, and distributed and discussed NPP publications, such as the 2008 Priorities and Goals document and the October 2010 letter to the U.S. Department of Health and Human Services.

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The NPP framework was one of various tools utilized in HealthPartners' 2010 goal setting process, which resulted in the publicly available strategic planning document, *Partners for Better Health – 2014 Goals*. While the exact language of the NPP framework is not in the 2014 goals, the framework did influence the resulting HealthPartners document.

In addition, HealthPartners conducted an internal analysis on where they stood in relation to certain NPP goals. Three priority areas highlighted by NPP were particularly important to HealthPartners: patient and family engagement, overuse, and population health. In the internal analysis, the Medical Management Group went through and identified which NPP overuse subgoals they had already worked on and those they had not. This process helped "make sure we were thinking of the right things and stimulate ideas on where to look at overuse going forward."

HealthPartners' leadership also used the three goals in the population health priority to stimulate their thinking on how to address those areas. The leadership asked "how can we move that along? How can we develop that further?" One leader has the goals posted on his bulletin board even now. He shared that he "frets" about how to address the third population health goal— creating a single metric for health. He poses the question to himself and others about how to derive a number that is both meaningful and actionable. But it is not just this leader who thinks about the NPP priorities and goals today. The goals have generated a great deal of discussion between at least three of HealthPartners' leaders. The population health goals are also a conversation starter and a stimulus in conversations undertaken between HealthPartners and other organizations.

The work of NPP and its partners is creating a bi-directional and complementary set of efforts. One HealthPartners leader described the give-and-take in this way:

*“It is not clear NPP did this and therefore we did that. It’s a back and forth kind of influence, and that is the best way for ideas and action to develop. They are general and abstract in settings like NPP, but [we are] very real and practical out here where one puts it into practice.”*

HealthPartners’ leadership expressed a belief that to date, NPP is not telling national stakeholders *how* to do their work, but they are setting up the *domains* in which organizations can carry out work in their own ways, with their own strategies and approaches. The domains and accompanying goals were helpful for HealthPartners in setting appropriate challenges within their strategic planning goals.

### NPP Helped Legitimize Discussion of Systems Change

NPP helps the disparities work of HealthPartners by elevating the discussion about the impact of systems change so that it was regarded more highly than other competing projects within the organization. For HealthPartners, addressing disparities meant making a system-wide change in the electronic medical record system to facilitate race/ethnicity data collection within the Medical Group by physicians: “We cannot reach our goals just by telling physicians to ask for race and ethnicity data of patients within their offices. We need a systematic approach” where the electronic system prompts for the information. While HealthPartners had long established collecting race and ethnicity data in various sectors of its organizational system, HealthPartners improved it by now having one unified response set of categories that everyone uses within the Medical Group. HealthPartners has achieved race/ethnicity data on more than 90% of its patients. This improvement happened over the last couple years. One HealthPartners leader said, “had NPP not had it [population health and disparities] as a priority, it is unlikely it [funding for the improvement] would have risen to a higher strategic level of discussion to address it” as soon as it did within the organization.

### NPP Processes Provided a Model for the How of Improvement

Through the work of NPP, HealthPartners learned *how* to think about or frame an issue in goal setting that is more holistic. That is, said participants, when thinking about goals, it is important to identify three levels: one that is 100% in your control to achieve, one that is shared where it will take partnerships to accomplish, and the third is an aspirational goal which no one knows the answer for how to do it yet, but where many smart people are thinking about how best to address it. The three types of goals within NPP’s population health priority area are set up in this way. “That concept is crystallized for us by the work of the NPP... the idea about *how* to think about something.” One HealthPartners leader explained, “I think for HealthPartners as a whole it [the three tiered goal structure] created a *gradient of ways* in which we relate to population health.”

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In addition, HealthPartners seeks ways to bring more efficiency into the system to achieve the mutual population health goals. For example, one customized intervention is same-day mammography where

patients who are overdue for a mammogram are offered the service when at the clinic for some other reason. While NPP may not have contributed directly to this successful program, ideas such as this one are created when leadership reflects on NPP's priorities and goals and the processes that NPP models.

## Sharing back

There are at least three specific ways that HealthPartners and/or its staff have contributed to NPP, or supportive measurement work within NQF. First, HealthPartners is a member of The Institute for Clinical Systems Improvement (ICSI), and participates in the ICSI work groups addressing prevention services guidelines. ICSI work groups developed two healthcare guideline documents for preventive services – one for adults and one for children. During this process, they developed a community process for how to develop guidelines. HealthPartners shared this approach with NPP in its conversations within NPP meetings related to population health. Less formally, HealthPartners shared their work on population health and behavior change. HealthPartners has been working on quantifying relationships and publishing in regard to a cluster of four lifestyle characteristics (physical, tobacco, diet, and alcohol) which account for 40% of all deaths in the United States. This work, including their development of an “optimal lifestyle index,” has made its way into NPP discussions.

Also, HealthPartners staff brought a measurement approach to NQF called “Preventive Services Up-to-Date.” HealthPartners is using the approach within its own clinical measures. It takes the most important decisions about preventive services after ranked by impact, when considering the associated clinically preventable burden, cost effectiveness and level of adherence. As part of this work, the HealthPartners' research arm evaluated the U.S. Preventive Services Task Forces' recommendation for clinical prevention services and published them in the American Journal of Public Health. This work provides supportive measurement and research within the population health priority area.

Lastly, as a support role within the NPP Overuse workgroup, Dr. Isham worked with the America's Health Insurance Plans to generate ideas or topics of overuse as well as definitional documentation. These data were helpful in creating the final list of overuse priorities.

## Room for Improvement

With HealthPartners' Chief Health Officer serving as a chair of the NPP Population Health workgroup from the beginning, and with HealthPartners being a leader in population health and disparities work since before NPP was established, there is a lot of room for both entities to help each other, and for their work to be interactive and complementary. While direct effects of incorporating NPP's framework are not easily distinguishable at HealthPartners, examples of influence do exist. While this influence is recognized by HealthPartners, it also is recast by them as a two-way interaction. They are further along than NPP in its disparities work. So, according to HealthPartners, NPP needs to update its work, ask where it stands in relationship to the National Quality Strategy, and transition into an implementation phase.

Within their own work that aligns with the NPP priority areas, HealthPartners' leadership does, they said, struggle with being too inward-looking at times. They also feel that they could do more with patient/family engagement and end-user-staff engagement when determining or implementing solutions.

For instance, shining a light on the user's experience and knowing what a meaningful experience is to the user would be ideal. Having the input from the customer at the front end will help HealthPartners create better systems that have high participation and use. If, in the end, the intended users don't participate or use the system created, then health improvement cannot happen.

HealthPartners' leadership also mentioned two difficulties encountered in their disparities work, discussion of which can serve to provide lessons for others doing similar work. The two problem areas were defining or tightly identifying a target population and obtaining race and ethnicity data. First, if an organization can specifically identify the target population, then it can appropriately match the intervention with the needs and demands of that group. This is an area that can be helped by having streamlined data collection built into the system. Secondly, specifically regarding the disparities work in obtaining race and ethnicity data, HealthPartners found that it was not difficult to obtain this information about patients within the delivery systems (i.e., physician offices). However, in obtaining the same information about members of health plans, this endeavor is more of a challenge to implement, as the employers do enrollment themselves. HealthPartners would eventually like to have the same data from all health plans, which would mean a change to their enrollment process, where all health plans would be implementing to the same standard.

### Future Issues

The work started in 2007 by NPP and a group of stakeholders, including HealthPartners, is faced with considering the sustainability of capacities gained through the collaborative effort as well as sustainability of the enterprise itself, in terms of staff time and funding. HealthPartners' leaders noted that an additional workgroup should be created and opportunities sought to elevate disparities as a cross-cutting issue for the priorities. They would like to see NPP carry out the priority setting model within the NPP specialty groups (i.e. Physicians), where each group would identify sets of priorities that make sense within their specialty. They also suggested that the NPP work has not yet included an implementation strategy; the work needs to be broken down to engage people where they work and so that the connection is seen from the larger objectives to the individual's activity.

## Summary of Key Findings

**Key findings from the case study** were that:

- NPP's priorities influenced HealthPartners' 2014 goals and the improvements made to certain patterns of organizational thinking (e.g., to include aspirational goals).
- Prior knowledge and relationships expedited acceptance of the NPP framework. Specifically, HealthPartners' Chief Health Officer's pre-existing expertise in population health, prior engagement with population health issues, and relationships with fellow professionals addressing population health led to his awareness of the priorities and the report because he helped create them. He introduced NPP Priorities and Goals to other HealthPartners' leadership, with whom he also had pre-existing relationships.
- A number of contextual factors internal to HealthPartners' orientation or core philosophies set the stage for using the NPP priorities within HealthPartners itself: parallel aims; HealthPartners

wanting to continue to be a leader in population health and disparities work and do their part; and quality, measurement and partnership orientations to their work.

- Key factors in the motivation to use the NPP framework were: the framework makes important advances especially in terms of population health as a priority area; the original six priorities and underlying goals are seen as the “right” ones; the logic of the secondary drivers is well done; the framework is easy to embrace because it aligns with HealthPartners’ thinking, and it challenges HealthPartners in ways the organization felt it needed to move forward..
- Because NPP is a participatory entity, there is a lot of room for the partner organizations and NPP to help each other, and for the work of partner organizations and NPP to be interactive and complimentary.

**Issues that merit further consideration** include whether and how:

- Stakeholders might further discern the contribution of public health and healthcare to healthier communities.
- NPP and NQF have done very well with what they have, but they may be under sourced and understaffed for the task at hand.
- HealthPartners is further along than NPP in its disparities work. NPP needs to update its work.
- NPP must ask where it stands in relationship to the National Quality Strategy, and share that information publicly.
- NPP might further the integrated focus of disparities within the priority areas by creating a workgroup on cross-cutting issues related to disparities.
- HealthPartners would like to see NPP carry out the priority setting model within the NPP specialty groups (i.e. Physicians), where each group sets their priorities.
- The NPP work lacks an implementation strategy. The work needs to be broken down to engage people where they work so that a connection is seen from the larger objectives to the individual’s activities.

*This case study was conducted for the national evaluation of the National Priorities Partnership on June 15, 2011 by:*

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