

How will this model be evaluated?

There are four studies within the evaluation:

1. Organizational analysis will be a broad based evaluation of implementation and operational issues. It will describe the evolution from concept to operational status; assess the impact on employers, health care organizations, and health plans, and document this model's impact on the economic relationships among providers, health plans, and employers.
2. Cost study will answer the question, "What effect does this model have on health care and disability costs?" Researchers will evaluate both group and individual costs.
3. Clinical outcomes study will answer the question, "Is health care quality affected by this model?" Data will be obtained using patient surveys and reviewing medical records. Researchers will assess the impact of this model on the functional status of the general patient population and populations with low back pain, knee pain, and diabetes.
4. Satisfaction study will answer the question, "Is satisfaction with health care and the health care process affected by the model?" Researchers will survey, or interview patients, providers, employers, and health plans.

Partners:

Allina Health System, Blue Cross Blue Shield of Minnesota, Buyers Health Care Action Group, Fairview Health Services, HealthEast Care, HealthPartners, Park Nicollet Health Services, and the State of Minnesota Department of Employee Relations.

Timeline:

1997 Development & Planning
1998 First pilot clinic starts
Additional test clinics begin
1998-2002 Evaluation

Funding:

- \$254,000 demonstration grant and a \$499,000 evaluation grant from the Robert Wood Johnson Foundation
- \$1,200,000 commitment from participating health plans/systems
- In-kind contributions from participating organizations



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Minnesota Health Partnership



Coordinated Health Care &
Disability Prevention

Minnesota Health Partnership

What is the Minnesota Health Partnership (MHP)?

MHP is a partnership between employers, health plans, and the medical community seeking to enhance patient-provider communication, promote patient education, and provide a framework to help patients reach their optimal activity. This project is sponsored in part by the Robert Wood Johnson Foundation, which is the nation's largest philanthropy devoted exclusively to health and health care.

What is different about this model?

This project is implementing a Coordinated Health Care Disability Prevention (CHCDP) model. CHCDP is an innovative model designed to improve patient functional activity and reduce overall patient and societal health care and disability costs through integration of the best components of workers' compensation and general health care.

- Patients** Choose the provider they wish to see for all medical conditions, including those that are work related.
- Providers** Utilize common disability prevention and management strategies. An Activity Plan (AP) will be available for the patient, which documents their diagnosis and recommendations from the provider.
- Employers** Assist their employees by providing disability management and job accommodation efforts whenever possible.

What is an Activity Plan?

The Activity Plan is a tool used to facilitate communication regarding a patient's functional abilities as well as other treatment recommendations. Patients can also utilize the AP for job accommodations or disability management for conditions that may or may not be related to work. The Activity Plan is to be completed for all participating patients and for all conditions.

Participating employers will accept the Activity Plan in lieu of a workability form. It is also the patient's responsibility to use the Activity Plan to provide information to a third party as appropriate. Clinics will no longer be asked to send this information to a patient's employer.

(Please print neatly)

ACTIVITY PLAN	Patient Name: _____	Clinic name and logo here
Evaluation and Treatment Recommendations		
Diagnosis: _____ <input type="checkbox"/> routine health maintenance visit		
Onset date of this condition: ____/____/____		
Blood Pressure: _____ <input type="checkbox"/> within normal limits		
Instructions / Plan: _____		
CONFIDENTIAL		
Medication prescribed this visit: _____		
Referral Made to: _____		
Instructions apply for work, home, and recreation until the next scheduled visit unless otherwise indicated:		
<input type="checkbox"/> NORMAL ACTIVITIES as of ____/____/____ <input type="checkbox"/> REST AT HOME through ____/____/____ <input type="checkbox"/> or until next scheduled visit		
<input type="checkbox"/> LIMIT ACTIVITIES through ____/____/____ <input type="checkbox"/> or until next scheduled visit		
FILL IN ONLY WHERE THERE ARE LIMITATIONS:		
<input type="checkbox"/> Can Lift / Carry up to _____ lbs. _____ times/hr. _____ hrs./day <input type="checkbox"/> No lifting requiring bending <input type="checkbox"/> No lifting over mid-chest level		
<input type="checkbox"/> Can Push / Pull up to _____ lbs. _____ times/hr. _____ hrs./day		
<input type="checkbox"/> Can Sit up to _____ minutes at a time for _____ hrs./day <input type="checkbox"/> Change position: <input type="checkbox"/> as needed <input type="checkbox"/> every _____ minutes		
<input type="checkbox"/> Can Stand up to _____ minutes at a time for _____ hrs./day		
<input type="checkbox"/> Can Walk up to _____ distance at a time _____ hrs./day		
<input type="checkbox"/> Can Climb _____ flights of stairs at a time _____ times/day <input type="checkbox"/> Cannot climb ladders		
<input type="checkbox"/> Can Bend/Twist/Scoop up to _____ times/hr. _____ hrs./day		
<input type="checkbox"/> Can Squat/Kneel/Crawl up to _____ times/hr. _____ hrs./day		
<input type="checkbox"/> Can Drive up to _____ minutes at a time _____ hrs./day <input type="checkbox"/> Can only drive automatic transmission		
<input type="checkbox"/> Can Grip/Pinch/Grasp: <input type="checkbox"/> Right <input type="checkbox"/> Left _____ times/hr. _____ hrs./day <input type="checkbox"/> Must wear splint: <input type="checkbox"/> Right <input type="checkbox"/> Left		
<input type="checkbox"/> Can Bend/Twist/Walk: <input type="checkbox"/> Right <input type="checkbox"/> Left _____ times/hr. _____ hrs./day		
<input type="checkbox"/> Can Reach Overhead/Out: <input type="checkbox"/> Right <input type="checkbox"/> Left _____ times/hr. _____ hrs./day		
<input type="checkbox"/> Can use Keyboard up to: _____ min/hr. _____ total hrs./day		
OTHER RECOMMENDATIONS:		
IF NO LIMITATIONS NOTED YOU CAN PERFORM ACTIVITY AS USUAL.		
<input type="checkbox"/> NO FURTHER TREATMENT NECESSARY		
<input type="checkbox"/> RETURN TO CLINIC IN _____ DATE _____ TIME _____		
Provider name	Provider Signature	License Number
PROVIDER		

Who is participating?

There are eleven clinics and seven employers that will implement this health care delivery model representing over 4,000 patients. There are also eight clinics and five employers serving as a comparison.

Test Clinics: Burnsville Park Nicollet Clinic, HealthPartners St. Paul and Central Minnesota Group Health Plan, Aspen Bloomington, Fairview Northland Clinics and Cedar Ridge, and HealthEast Cottage Grove.

Control Clinics: Allina Coon Rapids, Aspen Hopkins, Park Nicollet Clinics St. Louis Park, Minneapolis, and Carlson Parkway, Fairview Oxboro, HealthPartners Como, and HealthEast Woodwinds.

Which employers are participating?

Test Employers: Blue Cross Blue Shield of Minnesota, Dayton's, Reliant Energy Minnegasco, 3M, Wells Fargo, Rosemount Inc., and the State of Minnesota (Department of Employee Relations).

Control Employers: Cargill, Carlson Companies, Josten's, Land O' Lakes, and SUPERVALU INC.