

Allina Health - Edina Clinic Primary Care Clinic

Facility Background/ Data	Year established/historical background	 In 1993 HealthSpan and Medica merged to form Allina Health System, a not-for-profit integrated health care system committed to enhancing the health status of the communities it serves. In July 2001, Allina Health System was restructured into two, independent, non-profit entities: Medica, a health plan organization, and Allina Hospitals & Clinics, a healthcare delivery organization. Allina Hospitals and Clinics subsequently changed its name to Allina Health to reflect a new mission that shifts the emphasis away from places that people go when they are sick and onto disease prevention and personal vitality. 	
	Ownership/type/focus	Allina Health is a not-for-profit integrated health care system based in Minneapolis, Minnesota. The Allina Health Edina Clinic is an ambulatory primary care and specialty clinic.	
	 Location Geographic region, urban/rural Metro area population 	Allina Health owns or operates 14 hospitals and more than 90 clinics throughout Minnesota and western Wisconsin. The clinic is located in Edina, MN (population 47,941), a suburb immediately southwest of Minneapolis, MN (Metro area population 3,524,583).	
	Leadership structure/composition	Allina Health is led by President & Chief Executive Officer Penny Wheeler, MD.	



	The lead physician for the Edina Clinic is	
Size	· · · · ·	
Beds/catchment/enrollees	revenue was \$3.8 billion. The system	
 Departments/employees 	includes1,789 staffed beds, 27,332	
	employees, and 6,000 associated and	
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Notable current initiatives/changes		
CAM, spine, pain/opiate	therapy, nutritional consultations, aroma	
 Patient experience 	therapy, wellness coaching, and healing	
	touch.	
Impetus/climate/background	Establishing a chiropractic clinic was initially	It was the idea of the medical director for
		this region, that he was really open to
		alternatives for his patients and got tired of
		writing scripts all the time, for patients,
		especially with back pain and neck pain. And so he sought out looking for a
		chiropractor, how might this blend with a
		primary care setting? (Provider)
Planning process/timeline		Eventually we hired ten chiropractors within
	the District Medical Director who was	the system and I actually helped train all
	looking at adding an additional physician to	those sites, all the physicians, all the
	the clinic.	meetings, to get all those sites established
	The planning process was more	and set up. So it really is just a lot of leg
		work, a lot of communication, and I think that's probably the key, is the
	educational, helping colleagues understand the DC's scope of practice. The lead DC's	communication." (Staff)
	 Departments/employees Revenue sources (private, Medicare, Medicaid) Notable current initiatives/changes CAM, spine, pain/opiate Patient experience 	SizeScott Flaata, DO.SizeAllina Health's 2015 annual net operating revenue was \$3.8 billion. The system includes1,789 staffed beds, 27,332 employees, and 6,000 associated and employee, and 6,000 associated and employee, and 6,000 associated and employees, and education, anticoagulation/INR clinic, mental health, podiatry, and rheumatology.Revenue sources (private, Medicare, Medicaid)The clinic accepts a mixture of cases including private insurance, Medicare,



		and provided guidance. Mainly, it was a "learn and grow" process. Over 15-20 years of time, planning process has grown clinic to include several multidisciplinary providers including internal	It's a nice clinic to practice in terms of location-wise and great colleagues and the fact that we are not just internal medicine here, but we have other things like psychology, chiropractors, we have a dietician. So, that's just like a multi-
		medicine, psychology, chiropractic with acupuncture, and a dietician.	disciplinary approach, which I think is great, yes. (Provider)
	Year clinical services established	In 1996 the current lead chiropractor was offered a position at Allina Health to start integrating chiropractic services at the Edina location.	
Chiropractic Clinic Structures	Administration Department/service line Performance measures/benchmarks 	The lead DC oversees chiropractic clinic activities. The clinic chiropractors are assessed on a model including productivity and patient satisfaction.	All of our providers have work RVUs, so they have a budget and are expected to maintain or exceed their budget work RVU. So that's one measure. But then we read patient comments, we do CG CAHPS, patient surveys, and the patient comments are just extremely high for all three of the chiropractors. They all score really highly on patient experience, on provider communication, so I think that they're doing a great job.(Staff)
	Location/space/equipment	The chiropractic clinic includes four examination/treatment rooms furnished with state of the art tables and other necessary clinical equipment. The facility uses the EPIC electronic medical record system, with the MyChart patient portal.	
	Chiropractors Number/FTE/appointment Privileges/services Non-clinical activities Professional attributes Interprofessional attributes 	The chiropractic clinic is staffed by 3 DCs (2.3 FTE). There are 2 other DCs at additional locations in the Allina Health system. Chiropractor privileges are consistent with training and state licensure. DCs participate in non-clinical activities including grand rounds presentations and	



		service on hospital quality assurance and other committees.	× · · · · · · · · · · · · · · · · · · ·
	Support staff Discipline/number 	One full-time and one floating certified medical assistant (CMA) provide clinical support to the facility chiropractors.	
	 Patient access Referral, self-referral Appointment availability/wait Appointment length, number per week 	Patients may self-refer or be referred from other providers, most often primary care, sports medicine/orthopedics, and the Penny George Institute for Health and Healing. The chiropractic clinic is open Monday through Friday for about 48 hours per week. New patient visits are scheduled for 45 minutes, and follow-up visits for 15 minutes.	It could be that a patient may have to wait two weeks to be seen, but that's rare, because our chiropractors want to see people as soon as possible, so they're staying late, they're working over their lunch hours, they are double booking just to get these patients in. (Staff)
	Relevant partnerships • Academic, research	On average the clinic sees 18 new patients and 215 follow-up visits per week. Allina Health is home to the Penny George Institute for Health and Healing, a major integrative medicine effort founded through philanthropic support. As of Spring 2017 the Institute will include its first Allina Health chiropractor.	
Chiropractic Clinic Processes	 Patient characteristics Population, conditions, complexity Access patterns seen 	The majority of patients are adults seen for musculoskeletal pain conditions of the neck and/or lower back. Patients with headaches and extremity musculoskeletal conditions are also common. A typical patient is a female office worker. Clinic chiropractors routinely provide expedited access for acute cases.	My initial expectations were usually more musculoskeletal-based chronic back pain and neck painhere in [the Edina Clinic] they focused a lot more on acute care type of chiropractic care and so for that reason I was able to use it more in the sense of acute injuries. (Provider)
			Given the relationship that I have with our chiropractor group, they understand if I have a patient with a more acute need that they will work them into their schedule. And it works both ways. If they have someone that



			they want me to see more urgently, I'll do the same thing. (Provider)
	Services provided Diagnostic, therapeutic 	The chiropractic clinic provides full scope diagnosis and management of musculoskeletal conditions. The most common treatment options are manipulation and mobilization techniques, manual myofascial therapies, acupuncture, and physical modalities. Active approaches include patient education, therapeutic exercise, and nutritional and lifestyle recommendations.	
	 Case management CPGs/care pathways used Outcome assessment/reporting Communication/collaboration with other providers 	Treatment plans are individualized based on patient factors. An initial treatment trial ranging from 1-6 visits is used to assess patient response and determine next steps. Clinical outcomes are assessed using a number of validated instruments to measure pain intensity, disease-specific pain interference, and functional ability. Interprofessional communication occurs readily and is facilitated by the physical co- location of clinicians and the functionality of the EMR.	
Impacts/Outc omes	Clinic function Use, utilization, performance benchmarks 	Allina Health uses the Agency for Healthcare Research and Quality's Clinician & Group Survey, Consumer Assessment of Healthcare Providers and Systems (CG- CAHPS [®]) to survey patients about their perceptions of care received. The chiropractic clinic has been among the Allina Health Edna Clinic's top performers on this measure.	
	Patient statusOutcomes, satisfaction	Patients expressed high satisfaction with the quality of care they received from the facility's chiropractors. Patients also appreciate the collaborative approach by	I 100% can tell you [patients are] very happy. I have not had any patient make a complaint to me about the chiropractic care. Andfor many of them it's a real



	which chiropractic services are integrated with the overall clinical team.	convenience to be in the same building as their Primary. (Provider)
		Even after that initial time period that I had first seen [the chiropractor], everything was better. Like the pain, I don't have the shooting pains up and down my back any more, up and down my spine, which is a huge improvement, in and of itself. (Patient)
 System status Facility actual (or impression of) value Non-DC staff impression DC staff impression 	The chiropractic clinic appears to be highly valued by facility leadership and referring physicians. Staff reported very favorable perceptions of both the quality of patient care, and the collaborative nature of the chiropractors.	I don't think I could provide as good care with solid outcomes without having chiropractic available for my patients. (Provider)
	Allina Health DCs serve on various hospital committees including the Concussion Work Group, Sports Medicine Advisory Council, Medical Spine Program, Medical Advisory Council and Twin Cities Spine Center Grand Rounds.	I think there's great value and I think the access people have to be able to get in quickly and get their acute [pain] concerns addressed right away is really key. (Provider)
	The relatively low insurance reimbursement rates for chiropractic services limit the chiropractic clinic's impact on the facility's overall fiscal bottom line.	Part of what's allowed there to be success is that we can all come to the common ground that it's not about me or what I doit's all about getting that patient to the right place at the right time for the right care. (Provider)

Notes: Population data from 2010 US Census Bureau estimate