Reaching for the Top: Lessons from Kaiser Permanente

Murray N. Ross, Ph.D.
VP, Kaiser Foundation Health Plan
Director, Kaiser Permanente Institute for Health Policy

Becoming the Best: High Performance Health Systems
Edmonton, Alberta
April 15, 2011

KAISER PERMANENTE®

Discussion outline

- **What do we mean by high-performing?**
- **Overview of Kaiser Permanente**
  - Our scale
  - Our structure
  - “Systemness”
- **What does integration allow us to do?**
  - Leveraging the electronic medical record
  - Care coordination all along the continuum
  - Patient engagement
  - Improve performance and innovate
- **Accountability**

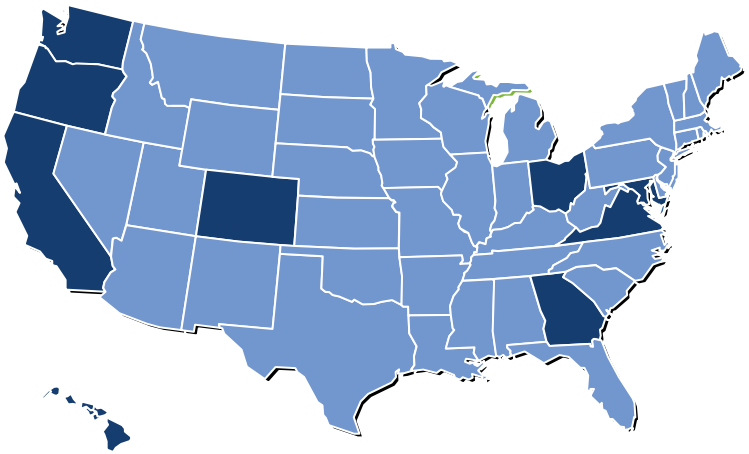
Defining a high-performing system

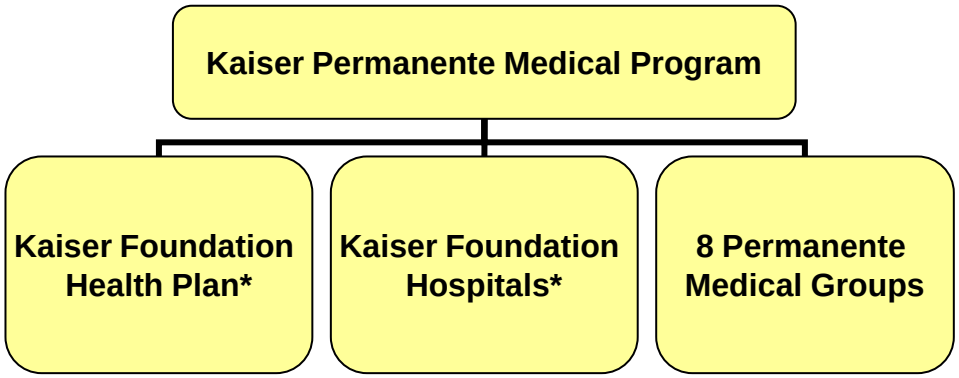
- Clinically relevant information is available to all providers at the point of care
- Patient care coordinated among multiple providers and transitions are actively managed
- Providers within and across settings are mutually accountable and collaborate
- Patients have easy access to appropriate care and information
- Clear accountability for the total care of patients
- System continuously innovates and learns

Kaiser Permanente Institute for Health Policy

Source: Commonwealth Fund

Kaiser Permanente: who we are





Organization

- 8.8 million members
- 14,000+ physicians
- 166,000+ employees
- 35 hospitals
- 431 medical offices
- $44b revenue (2010)

Services (2008)

- 37 million office visits
- 129 million Rx filled
- 550,000 surgeries
- 1.1 million mammograms

Kaiser Permanente Institute for Health Policy

November 5, 2010: administered 6,215 flu shots in one day!

Kaiser Foundation Health Plan/Hospitals

Health Plan

- Insurance company role (ultimate holder of financial risk)
- Marketing/Sales: enrolls groups & members, collects premiums
- Contracts with providers for care
- Provides administrative services
- Owns and runs ancillary services

Hospitals

- Owns hospitals and medical facilities
- Coordinates services with independent hospitals
- Expenses reimbursed by Health Plan

The Permanente Medical Groups

- **Physician owned (PC or partnership)**
  - Group accepts risk through capitation
  - All physicians are salaried; shareholders or partners
  - Provide or arrange all care for KP members
- **Medical group hires, manages all MDs, PMG staff**
  - All physician leadership selected by peers
  - Intensive leadership, development training
- **Provide/organize all primary & specialty MD care for KFHP members only**
  - Culture of performance: quality management, resource stewardship, accountability for cost and quality, evidence-based practice

What does integration mean?

- **Shared responsibility for program success**
  - KP “owned” jointly by physicians, health plan, labor partners
  - “Shared fate” model—the “MEMO” relationship
- **Integration along multiple dimensions**
  - Between financing and medical care
  - Along the health/illness continuum
  - Across health care providers
  - Over time (Kaiser babies become Medicare members)
- **Functional specialization**
  - Physicians practice medicine, nurses care for patients
  - KFHP execs manage finance, administration, marketing

Leveraging the integrated model

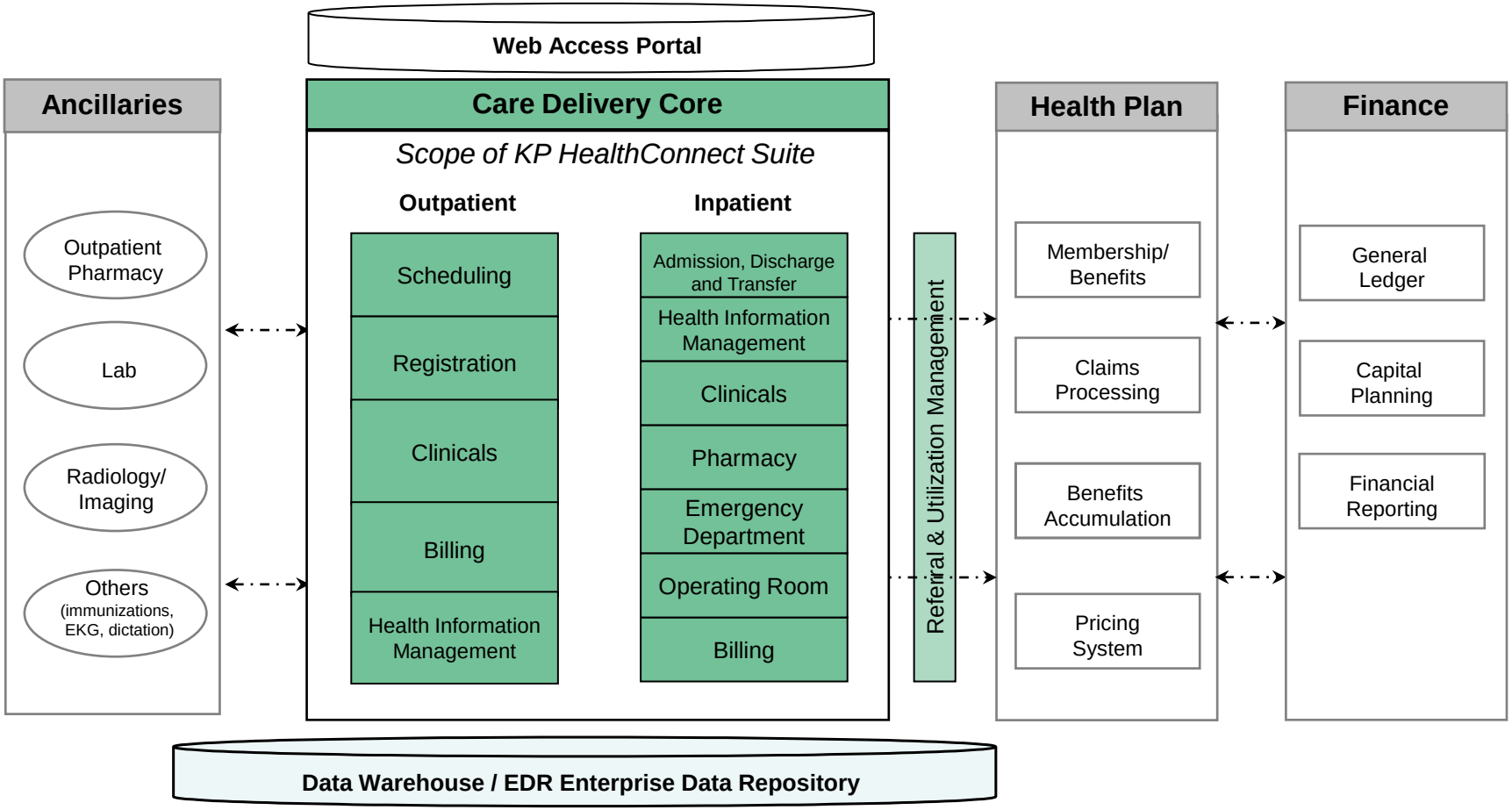
- **Having the tools in place: KP HealthConnect**
  - Making information available in “real time”
  - Evidence-based guidelines (CMI, INTC, registries)
  - Giving physicians a systems view with panel support
- **Care coordination**
  - Example: Transitions
  - Example: ALL for cardiovascular care
- **Performance improvement and innovation**
  - The art and science
- **Patient engagement: web portal**

Knowledge key to successful integration

- **Invested $3+ billion in electronic medical record**
  - Real-time, continuous access to information on visits, lab and radiology reports, immunizations, medications, allergies
  - All caregivers directly connected for decision support

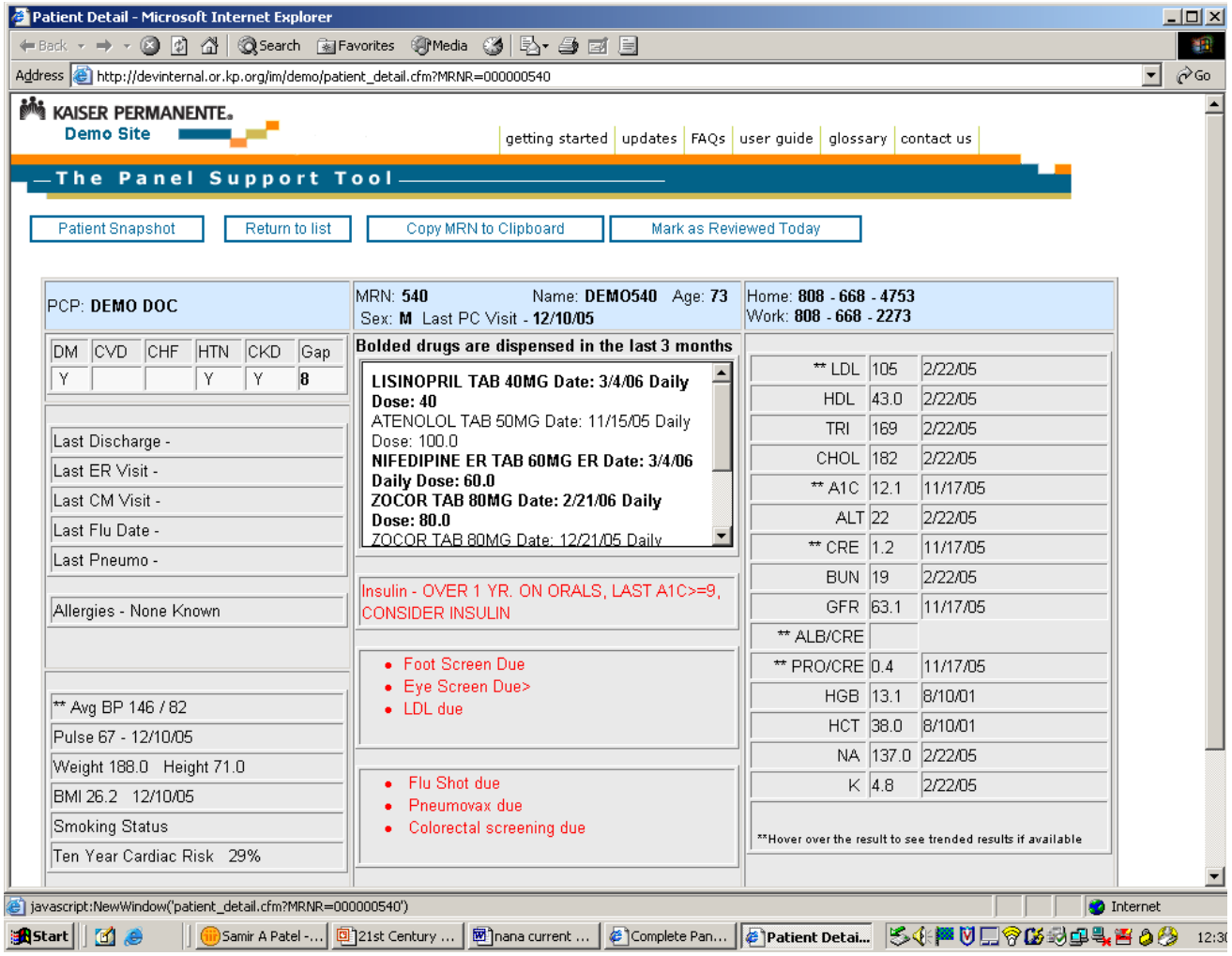
- **Data and evidence support performance**
  - Focus on individual care, population health
  - Systems orientation drives performance improvement
  - Technology assessment, comparative effectiveness research, clinical guidelines
  - Evidence gathering: clinical trials, registries, best practices

Kaiser Permanente HealthConnect™



Kaiser Permanente
Institute for
Health Policy

Screen shot of KP HealthConnect



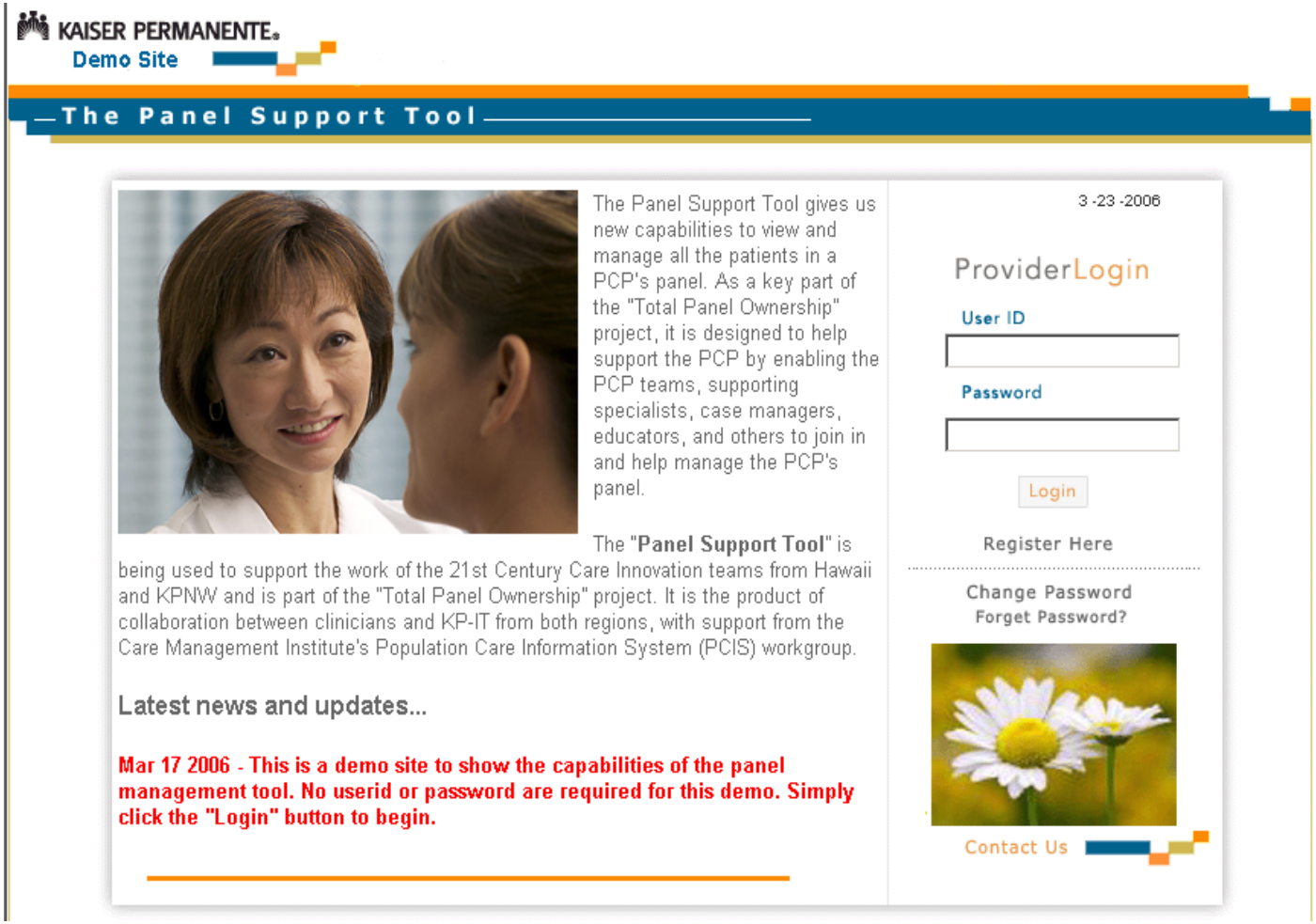
Kaiser Permanente
Institute for
Health Policy

Evidence on demand

Access to library of KP knowledge, best medical practices at the point of care

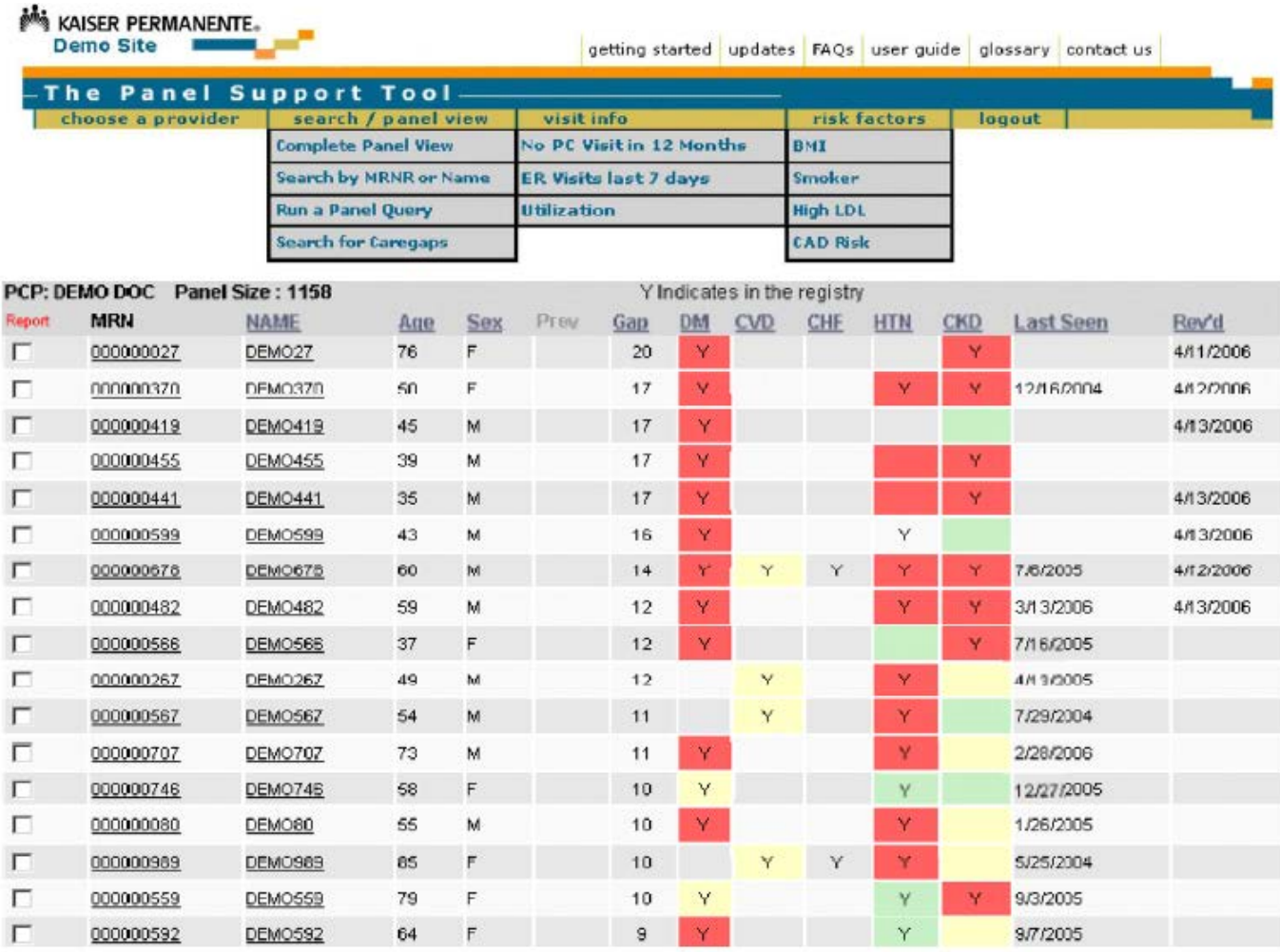
Kaiser Permanente
Institute for
Health Policy

Panel support with KP HealthConnect™



Kaiser Permanente
Institute for
Health Policy

Screen shot of panel support tool



Report	MRN	NAME	Age	Sex	Prev	Gap	DM	CVD	CHF	HTN	CKD	Last Seen	Rev'd
☐	000000027	DEMO27	76	F		20	Y				Y		4/11/2006
☐	000000370	DEMO370	50	F		17	Y			Y	Y	12/16/2004	4/12/2006
☐	000000419	DEMO419	45	M		17	Y						4/13/2006
☐	000000455	DEMO455	39	M		17	Y				Y		
☐	000000441	DEMO441	35	M		17	Y				Y		4/13/2006
☐	000000599	DEMO599	43	M		16	Y			Y			4/13/2006
☐	000000676	DEMO676	60	M		14	Y	Y	Y	Y	Y	7/6/2005	4/12/2006
☐	000000482	DEMO482	59	M		12	Y			Y	Y	3/13/2006	4/13/2006
☐	000000566	DEMO566	37	F		12	Y				Y	7/16/2005	
☐	000000267	DEMO267	49	M		12		Y		Y		4/13/2005	
☐	000000567	DEMO567	54	M		11		Y		Y		7/29/2004	
☐	000000707	DEMO707	73	M		11	Y			Y		2/28/2006	
☐	000000746	DEMO746	58	F		10	Y			Y		12/27/2005	
☐	000000080	DEMO80	55	M		10	Y			Y		1/26/2005	
☐	000000989	DEMO989	65	F		10		Y	Y	Y		5/25/2004	
☐	000000559	DEMO559	79	F		10	Y			Y	Y	9/3/2005	
☐	000000592	DEMO592	64	F		9	Y			Y		9/7/2005	

Kaiser Permanente
Institute for
Health Policy

The Proactive Office Encounter

Pre Encounter	Office Encounter	Post Encounter
Proactive Identification • Identify missing labs, screening procedures, access management, kp.org status, etc. • Provide member instructions prior to visit • Contact member and document encounter in KP HealthConnect™	**Office Encounter Management** • Vital sign collection / documentation • Identify and flag alerts for provider • Room and prepare patient for necessary exams • Pre-encounter follow-up **Proactive Office Support** • Phone calls • Letters • E-mail • Inbox Management	**Immediate** • After visit summary, after care instructions, follow-up appointments, Health Ed materials, how to access info on kp.org **Future** • Follow-up contact and appointments per provider

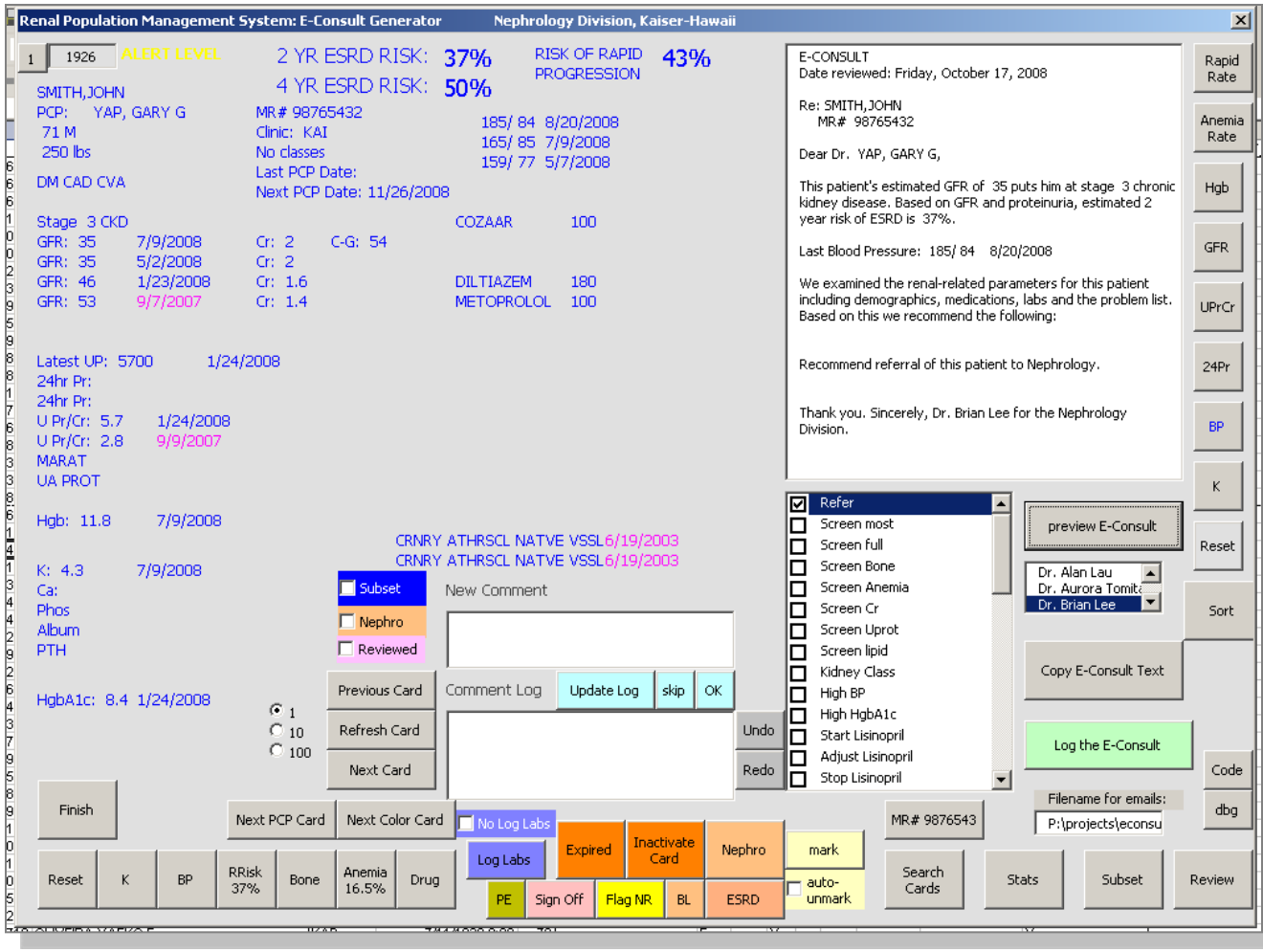
Kaiser Permanente
Institute for
Health Policy

Impact of panel management on quality

HEDIS Measure Effectiveness of Care	Q4 2006	HEDIS 90th %ile	Q4 2007	Change
DM HBA1c Screening	90.8%	92.7%	93.5%	2.7%
DM LDL Screening	85.4%	85.4%	90.9%	5.5%
DM Retinopathy Screening	69.6%	69.3%	75.3%	5.7%
DM Nephropathy Screening	89.4%	91.2%	92.6%	3.2%
DM LDL <100 (Commercial)	46.6%	52.6%	52.8%	6.2%
DM LDL <100 (Medicare)	60.2%	64.5%	66.4%	6.2%
DM HbA1c >9% (poor control)	24.9%	< 20.4%	23.6%	1.3%
Breast Cancer Screening	82.0%	80.1%	82.9%	0.9%
Cervical Cancer Screening	81.4%	87.1%	84.5%	3.1%

Kaiser Permanente
Institute for
Health Policy

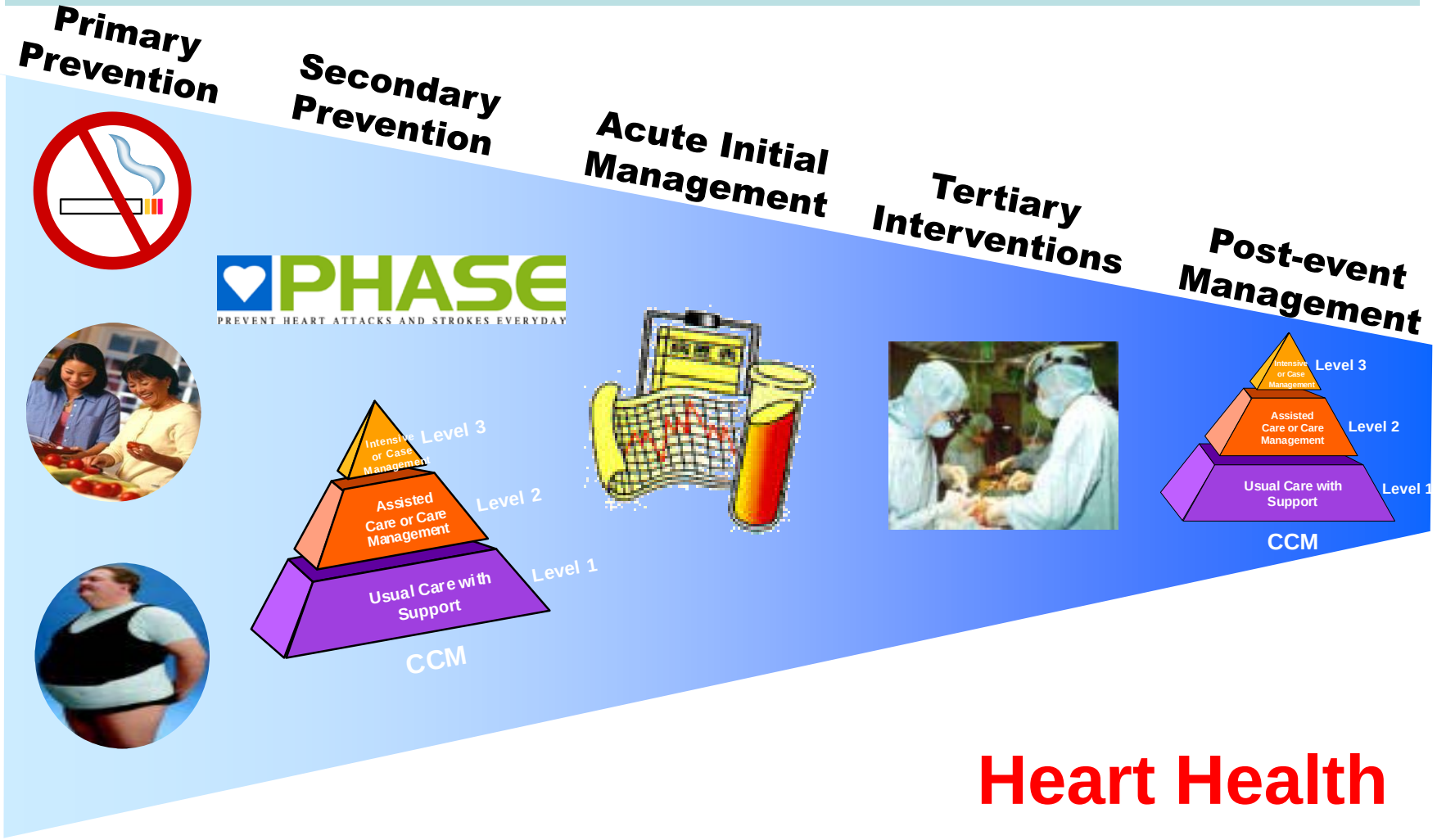
Proactive population management tools



Brian Lee, MD

Kaiser Permanente
Institute for
Health Policy

Integration allows focus on care continuum

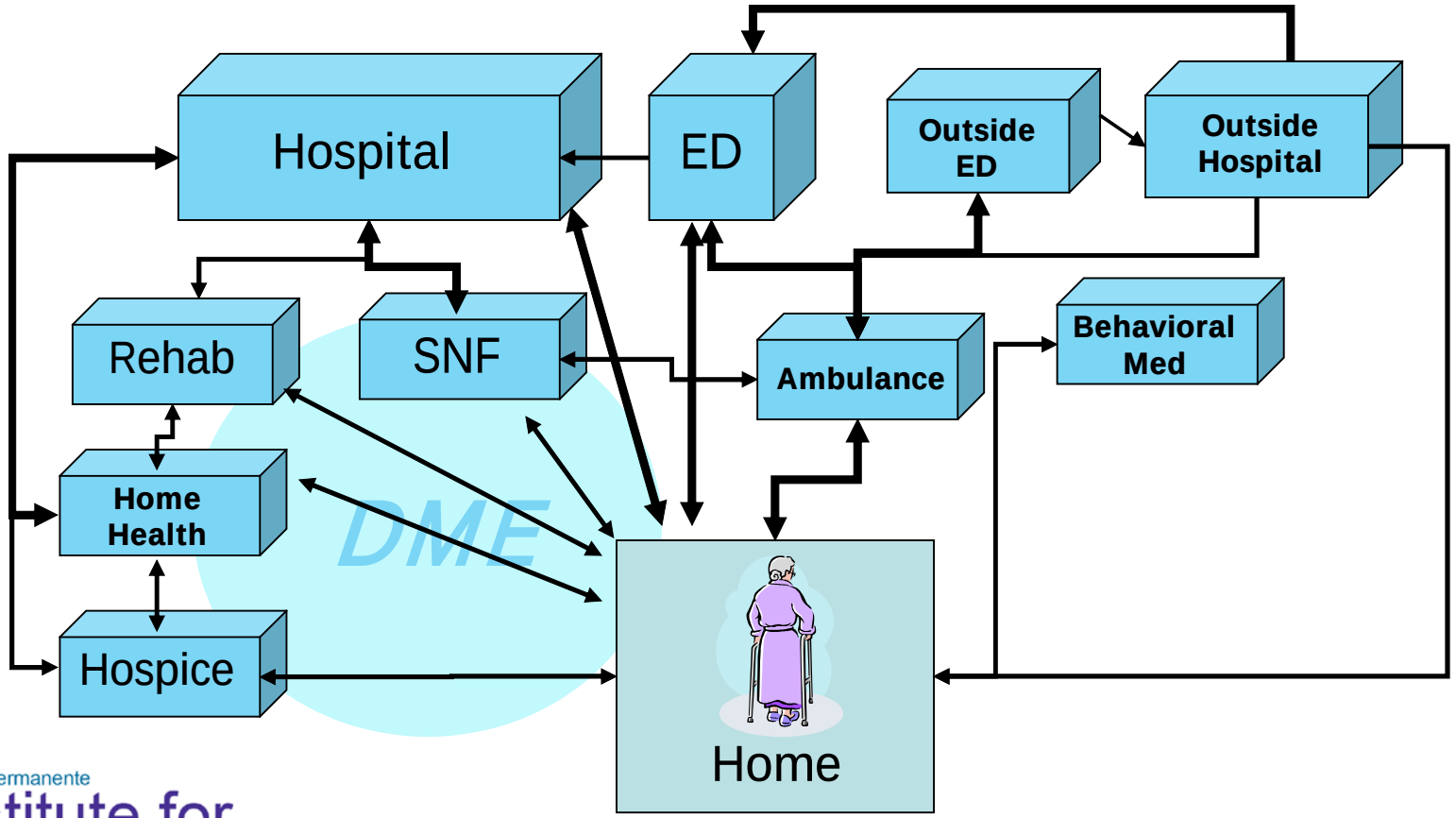


Heart Health

Kaiser Permanente
Institute for
Health Policy

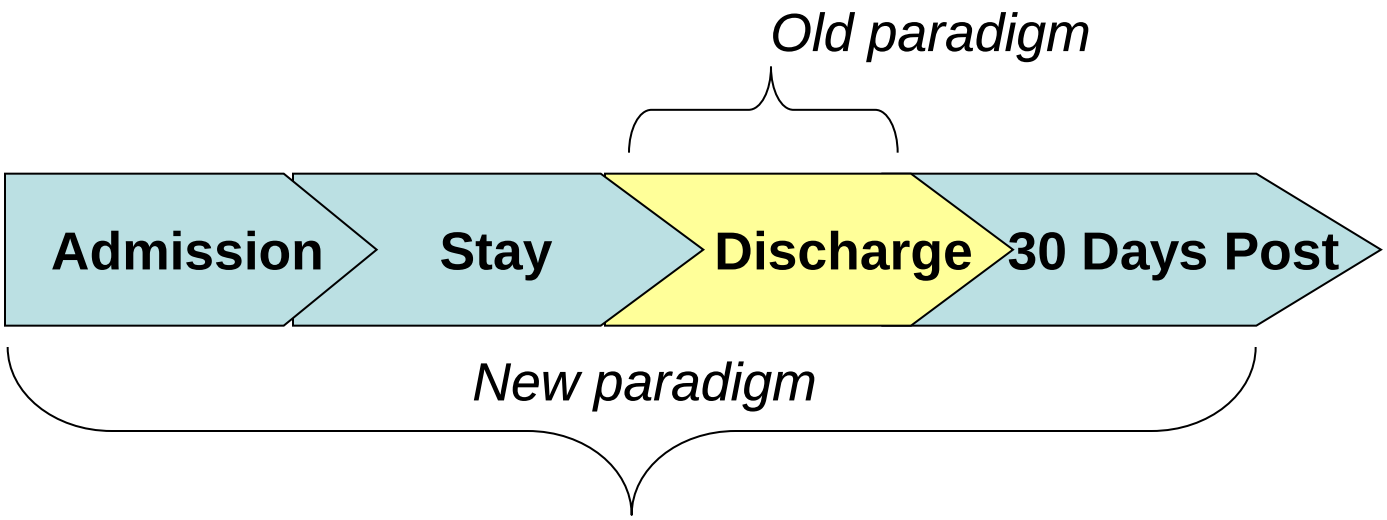
Kaiser Permanente has many transitions

KP has over 1 million transitions annually from hospitals, inpatient facilities, SNFs, and home health services



Kaiser Permanente
Institute for
Health Policy

Key components of good transitions



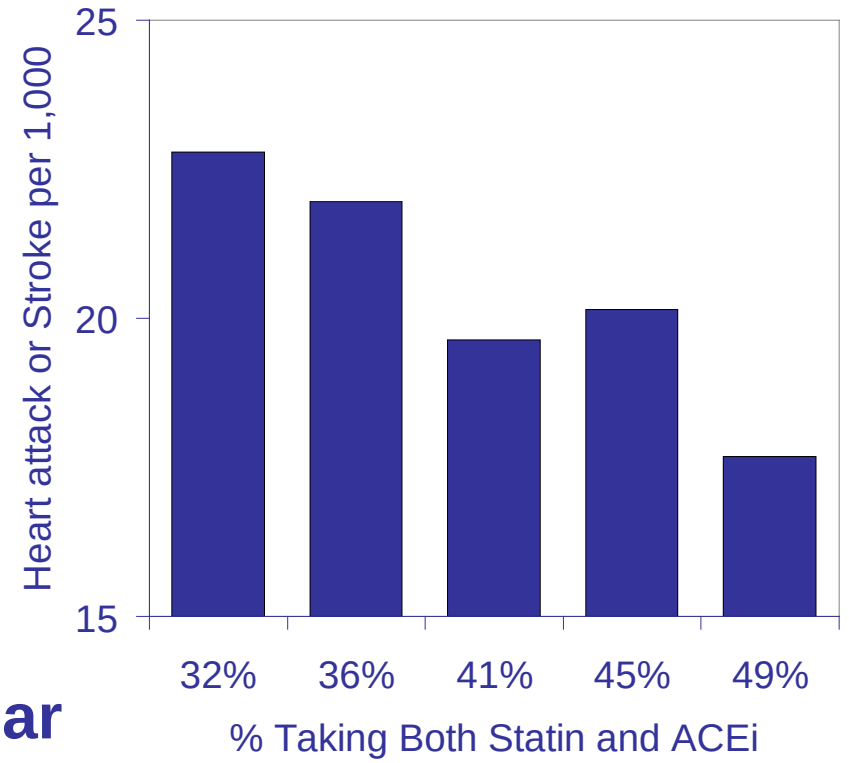
- **Assessment of Patients' Needs/Risk Stratification**
- **Develop a Plan of Care**
- **Medication Management**
- **Accurate and Timely Exchange of Healthcare Information**
- **Appropriate Follow-up**

Kaiser Permanente
Institute for
Health Policy

Simplify to prevent heart attack and stroke

- **Evidence**
  - Statins, ACE inhibitors, aspirin greatly reduce risk
  - All are vastly underused in US
  - Too many choices of meds
- **A simplified bundle**
  - Aspirin 81 mg
  - Lovastatin 40 mg
  - Lisinopril 20 mg
- **Targeted 400k members**
  - Diabetics > 55, all CAD
- **1,200+ avoided events per year**

Reduced heart attack and stroke rates at facilities with the greatest A-L-L use



Kaiser Permanente Institute for Health Policy

Driving improvement (the science)

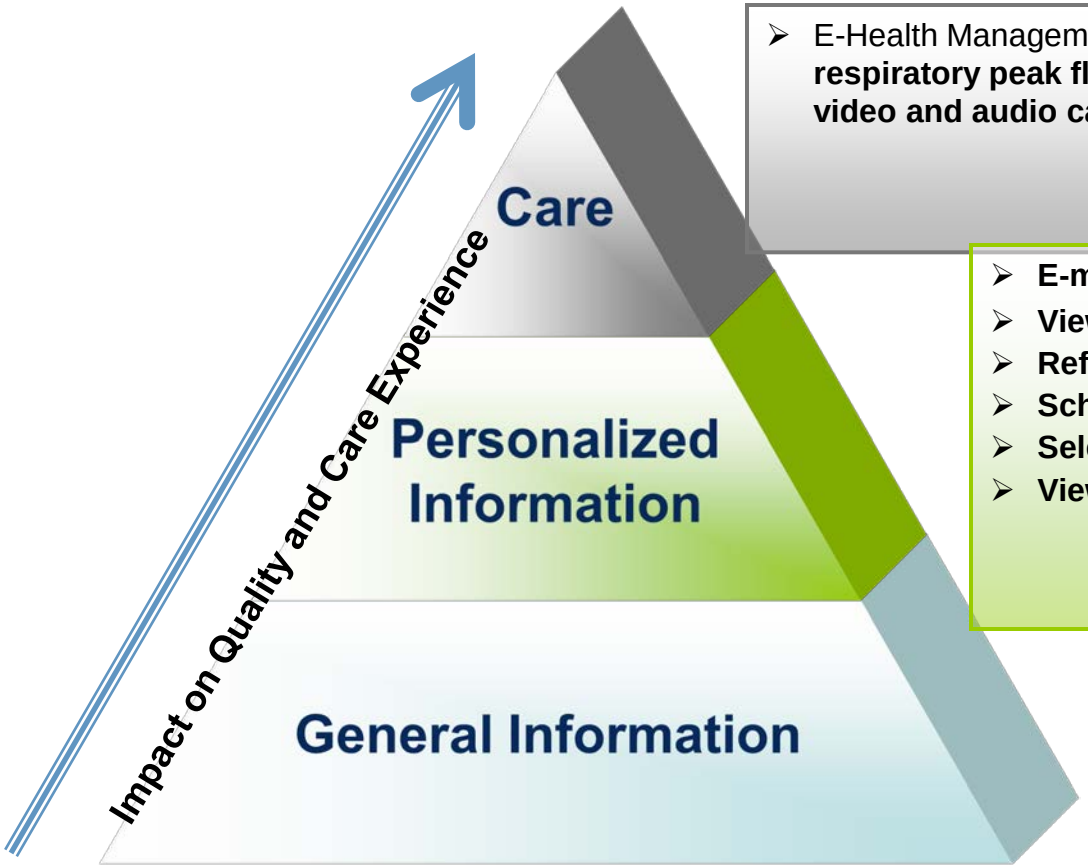
- **Gather research (clinical or market) ➔ evidence**
- **Review and refine evidence for guideline development, goal setting**
- **Design and develop care management programs:**
  - clinical priorities;
  - service improvement approaches
  - operational improvements for service and access
- **Set granular, actionable metrics**
  - internal and external benchmarks
- **Measurement, timely reporting and feedback, unblinded sharing of data**

Driving improvement (the art)

- Physician leadership, clinician expert champions
- Cascading communication
- Culture of accountability, commitment, pride
- Performance management and recognition
- Relentless focus, realistic time frames
- Continued improvement in the quality of data
- Leveraging technology to facilitate quality, service, personalization of care, efficiency

Garfield Innovation Center: Innovation Zones

KP's e-care evolution



- E-Health Management: **including blood pressure, blood glucose, respiratory peak flow, weight measurement, "virtual care" using video and audio cast, and online health assessments**

- **E-mail your doctor**
- **View lab test results online**
- **Refill prescriptions online**
- **Schedule/cancel appointment online**
- **Select a physician online**
- **View your health record**

- **Drug/health encyclopedia**
- **Healthwise Handbook**
- **Facility/staff directory**
- **Link to other Web sites**

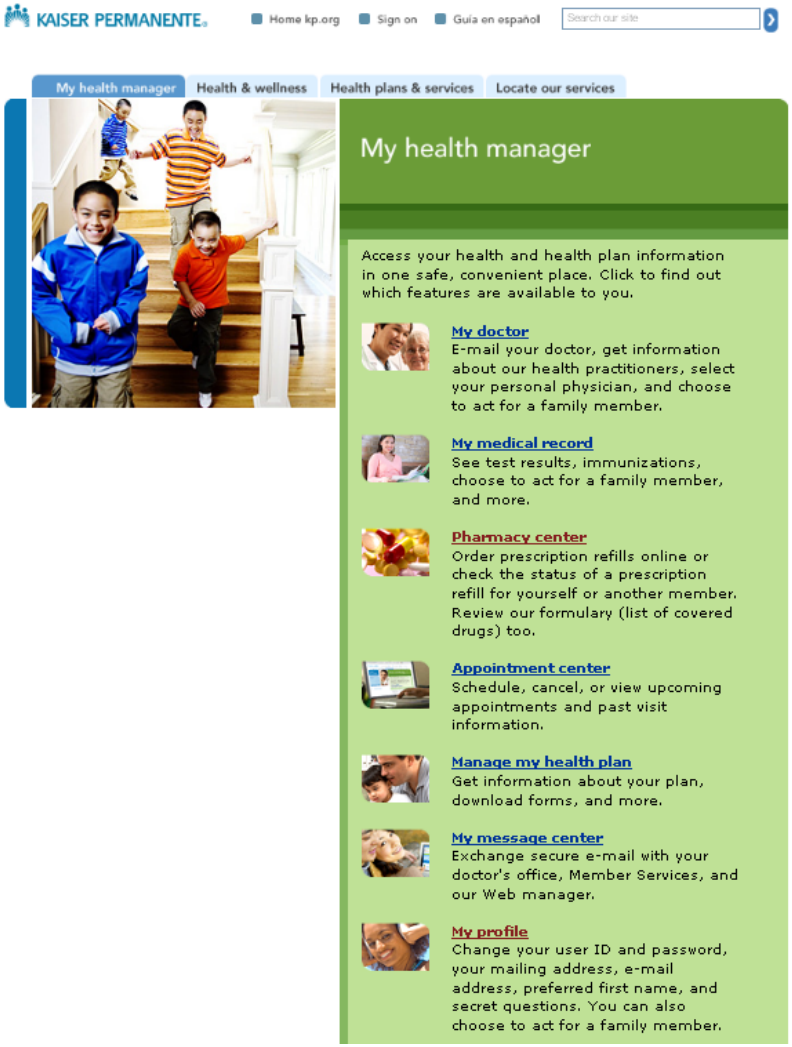
Engaging patients: My Health Manager

- **Secure view of EHR:**
  - View lab results, immunizations, allergies, past office visits
- **Interact with care team:**
  - E-mail my doctor, complete a HRA
- **Convenient transactions:**
  - Refill prescriptions, manage appointments, act for a family member
- **Educational opportunities:**
  - Links to health & drug encyclopedias, online behavior change programs

Kaiser Permanente Institute for Health Policy

Patient engagement in online care

- 3.4 million registered users in 2010
  - 61.7 million site visits
  - 25 million *My Test Results* viewed
  - 11 million *E-mail My Doctor* messages
  - 8 million prescription refills ordered
  - 185,000 submissions to online behavior health programs
  - 2 million online appointment requests



Institute for Health Policy

Leading in preventive and clinical measures

HEDIS Measures 2009

	MARKET RANKING WITHIN REGION							
	NCAL	SCAL	HI	NW	CO	GA	MAS	OH
• Breast Cancer Screening	1	1	1	1	1	1	1	1
• Childhood Immunization Status	2	2	1	1	1	1	2	3
• Chlamydia Screening in Women	1	1	1	1	1	1	1	1
• Antidepressant Medication Management, Acute Phase	1	1	1	1	1	1	2	6
• Antidepressant Medication Management, Continuation	1	1	1	2	1	6	2	7
• Diabete--BPControl – 130	1	1	1	1	1	1	3	4
• Diabetes--Neuropathy	1	1	1	1	1	1	1	1

[1] Based on HEDIS 2009 Commercial results and NMR Competitors.

Kaiser Permanente Institute for Health Policy

Accountability

- **Ourselves**
- **Our customers**
  - Individuals
  - Employers
  - Government programs
- **Our regulators**
  - State insurance departments
  - Federal Medicare program
- **Our accreditors**
  - National Commission on Quality Assurance

For more information

Murray N. Ross, Ph.D.
Vice President, Kaiser Foundation Health Plan, Inc.
Director, Kaiser Permanente Institute for Health Policy
One Kaiser Plaza, 22nd Floor
Oakland CA 94612

Office: 510-271-5691

Email: murray.ross@kp.org

IHP Website: http://www.kpihp.org

Kaiser Permanente
Institute for
Health Policy