An Overview of Kaiser Permanente: Integrated Health Care and Population Management

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Key topics:

- Health care in the United States
- Kaiser Permanente as a leader
- How we started
- Our numbers, mission, and model
- A focus on information technology
- A focus on care management
- A focus on health promotion
Health care in the United States

The U.S. has the highest health care spending in the world: 15.3% of Gross Domestic Product and $6,200 per person per year (almost double that of Canada, Australia, and Germany). However, in California, it’s lower (partly due to KP’s influence).
Health care in the United States

- An array of different financing, insurance, and delivery models.
- Most insurance provided through private, employer-based coverage.
- Most care delivery is private and fee for service.
- Government provides coverage for the over-65 population (Medicare – 12% of population) and the poor (Medicaid – 13% of population).
- Six health plans are the dominant players in the U.S. health care market: WellPoint, UnitedHealth, Aetna, Kaiser Permanente, Humana, and Cigna.
- 16% of citizens without health insurance (20% in California).
- U.S. health care outcomes not as good as nations that spend less on health care.
Health care in the US: sources of payment

- Private Insurance: 36%
- Out-of-pocket: 14%
- Medicare: 17%
- Medicaid and SCHIP: 16%
- Other Public: 12%
- Other Private: 5%
Health care in the US: where it goes
Health care reform in the U.S.

- Focus on coverage
- Reform at the State level
- Health a Presidential election issue
- Democrats seek solutions through government coverage and requirements
- Republicans seek solutions through the market and incentives
- Kaiser Permanente active on many fronts
Kaiser Permanente as a leader

Opened to the public in 1945, Kaiser Permanente is the largest nonprofit, integrated health care delivery system in the United States.
Kaiser Permanente as a leader

In California, where 75% of Kaiser Permanente members reside, we rank #1 according to various quality measures:

- We’re the only California health plan to have appeared on the National Committee for Quality Assurance’s (NCQA) annual list of the best health plans in the Pacific Region for 10 straight years.
- We were ranked California’s best by *U.S. News and World Report* in both 2005 and 2006.
- Kaiser Permanente Northern California was singled out by NCQA for excellence in the management of cardiovascular disease. Overall mortality in KP is 30% lower than that of the community.
Kaiser Permanente was born out of the challenge of providing medical care to industrial workers during the Great Depression and World War II, when most people could not afford to go to the doctor.
How we started

- 1933: Dr. Sidney Garfield establishes a prepayment health plan for workers building an aqueduct in the California desert.

- 1938-45: Henry Kaiser persuades Dr. Garfield to set up a group practice prepayment plan for workers and their families, first at the Grand Coulee Dam construction site, then during World War II at Kaiser shipyards in California and Washington.

- 1945: The Kaiser health plans are opened to the public in California, Oregon, and Washington.
Our numbers

- 8 regions serving 9 states and the District of Columbia
- 8.7 million members
- 14,000 physicians
- 156,000 employees (including 29,000 nurses)
- 32 medical centers (with hospitals)
- 416 medical office buildings
- $34 billion operating revenue
Our numbers: sources of membership

- Employment Based Groups - 81%
- Medicare & Medicaid - 14%
- Individuals - 5%
Our numbers: adult members by age

- 18-24: 4.5%
- 25-34: 9.5%
- 35-44: 16.5%
- 45-54: 25%
- 55-64: 25%
- 65-74: 11%
- 75 or older: 8%
Our mission

Kaiser Permanente exists to provide affordable, high-quality health care services and to improve the health of our members and the communities we serve.
Our model

- Social purpose
- Quality-driven
- Shared accountability for program success
- Integration along multiple dimensions
- Prevention and care management focus

Kaiser Permanente defines the integrated model of health care financing and delivery through its unique partnership among three entities.
Our model

In California, where 75% of our membership resides, we offer one-stop shopping for most services:

- Hospital
- Outpatient offices
- Pharmacy
- Radiology
- Laboratory
- Surgery
- Primary care physicians working closely with specialists and hospitalists
- Health education and preventive care
- Home health care
A focus on information technology

Kaiser Permanente is making a multibillion dollar investment in KP HealthConnect, a secure nationwide electronic data system that is:

- More than just an electronic record
- A highly sophisticated information management and delivery system
- A programwide system that integrates the clinical record with appointments, registration, and billing
- A complete health care business system that will enhance the quality of patient care
Expanded online access for members

www.kp.org
Member Web Portal

- Access medical record
- Make/change appointments
- Send email to doctor
- Check lab results
- Access health Information
- Review eligibility & benefits
- Account summary

Care Delivery Core

Scope of KP HealthConnect Suite

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<tr>
<th>Outpatient</th>
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<tr>
<td>Scheduling</td>
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<td>Admission, Discharge And Transfer</td>
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A focus on information technology

KP HealthConnect allows members to send secure email, review lab results, medication lists, and other personal medical information via KP.org using a secure and password-protected Internet connection. At any time, day or night, members can schedule or cancel appointments, pay bills, request medication refills, and ask for referrals. Members’ personal health information will be seamlessly integrated into KP.org to help them better understand the care they’re receiving - and build a stronger relationship with their KP providers.
An e-mail from my doctor

Dear Molly:

Melatonin is supposed to be helpful for jet lag. You can probably get this at a good health food store. For a sleeping pill, I recommend Restoril. You can take one or two tablets nightly to avoid insomnia or to sleep on the plane. I’ve called some in to the pharmacy for you.

Have a good trip!

Tali Ziv, MD
A focus on information technology

What KP HealthConnect offers providers:

- Decision support (for practice guidelines, recommended drugs, etc.)
- Population management tools (such as registries)
- Health care team communication/messaging tools
- Measurement, feedback, innovation, transformation
Some benefits realized to date

- Increasingly rational legacy systems environment
  - Retirement of multiple legacy systems=$ millions in savings with much more to come
- 24/7/365 access to health information
  - 11% decrease overall in face-to-face visits
- Reduction in ancillary utilization
  - Drop in redundant testing and imaging
  - Reduced phone and letter traffic related to results notification (15 million laboratory results released on-line in the first year)
- Increased patient satisfaction due to the After Visit Summary
- Improved health outcomes
  - Improved pharmacologic intervention in coronary disease (aspirin-lovastatin-lisinopril=ALL)
  - Standardization of care—orthopedics, anesthesia, obstetrics, oncology, inpatient nursing care planning
A focus on care management

When Rand researchers looked at thousands of charts across the U.S. to see if doctors made the interventions they knew to make:

- Patients received 55% of indicated care
- The “defect rate” in care delivery is around 45%!

A focus on care management

Kaiser Permanente started its own Care Management Institute in 1997 to improve its health outcomes through the identification, implementation, and evaluation of nationally consistent, evidence-based, population-oriented, cost-effective health care programs. The philosophy that guides this work is “making the right thing easier to do.”
A focus on care management

Among Kaiser Permanente’s members, 27% have one or more chronic conditions and account for 64% of our costs.
Kaiser Permanente uses evidence-based guidelines, registries, and team-based population care for patients with chronic conditions, such as:

- Asthma (2.7% of members)
- Coronary artery disease (3.4%)
- Chronic pain (5.1%)
- Depression (7.1%)
- Diabetes (9.3%)
- Heart failure (1.4%)
- Obesity (30% of adults)
Team-based population care

Primary care physician still at center, but may be helped by:

- Nurses (sometimes specializing in diabetes or other conditions)
- Medical assistants (sometimes dedicated population management assistants)
- Health educators
- Pharmacists
- Social workers/psychologists
- Specialists
A focus on care management: heart disease

- Several large-scale heart disease studies have shown that aspirin, statins, beta-blockers, and ACE inhibitors can dramatically reduce the risk of cardiovascular events in patients with coronary artery disease.
- Kaiser Permanente’s CMI projected that appropriate pharmacotherapy could reduce the risk of heart attack and death by at least 71%.
- We have actively promoted this across the Program through our ALL (aspirin-lovastatin-lisinopril) initiative.
PHASE
PREVENT HEART ATTACKS AND STROKES EVERYDAY
PHASE: Expanding our definition of high risk

Original CCM Programs involved disease-specific approaches

PHASE views a broader population as high risk

- Diabetes
- CAD

+ Stroke
+ Chronic Kidney Disease
+ Peripheral Vascular Disease
Proven preventive therapies: 4 drug interventions

Antithrombotic medication
- Treatment with aspirin 81-325 mg daily for all PHASE patients unless contraindicated
- If contraindicated, use of clopidogrel is recommended

Lipid-lowering medications
- Treatment with statin is recommended even if LDL-C is <100 mg/dL

ACE inhibitors
- Treatment with ACE inhibitor long-term unless contraindicated

Beta blockers
- Treatment with a beta blocker for members with CAD, PAD, and AAA unless contraindicated
Proven preventive therapies: controlling 3 risk factors

**Blood pressure**
- BP < 130/80 mm Hg for patients with heart failure, chronic kidney disease, and diabetes
- BP < 140/90 mm Hg for patients with CAD, PAD, and PVD

**Lipids**
- Statin dose sufficient to bring LDL-C levels < 100 mg/dL
- Statin recommended even if baseline LDL-C is < 100 mg/dL

**Blood glucose control**
- HgA1c < 7.0 is optimal for members with diabetes
Proven preventive therapies: 4 lifestyle changes

**Tobacco Cessation**
- Smoking cessation is a primary target in the clinical strategy

**Physical Activity**
- Regular, moderate physical activity is recommended for all patients

**Healthy Eating**
- Recommend a diet rich in fruits, vegetables, legumes, nuts, whole grains, and n-3 polyunsaturated fat

**Weight Management**
- Weight management reduces multiple risk factors
Helping others save lives

If everyone in the U.S. followed three or four steps of our cardiac care program:

- 6,000 heart attacks and 5,500 strokes might be avoided each year
- $250 million might be saved in medical costs
- An additional $50 million might be saved from reduced work absenteeism and increased productivity.
A focus on self-care

- Over 80% of all medical symptoms are self-diagnosed and self-treated without professional care.
- Patients are the true primary care providers of medical care for themselves and their families.
- How can health care systems educate, equip, and empower the true primary care providers... *patients*?
A focus on self-care: informing patients
A focus on self-care: informing patients

www.kp.org: Up-to-date health information and drug encyclopedias, physician, facility, and class locator, appointment request, prescription refills, e-mail your doctor

Health Phone: Free, 24-hour telephone service providing prerecorded health information on more than 200 topics.
A focus on prevention: screening exams

**Preventive Health Prompt (PHP)**
printed at every visit to track preventive services. A shared tool with copy to patient and to clinician. Includes due dates for:

- Mammogram
- Sigmoidoscopy
- Pap smear
- Immunizations
- Cholesterol check
- Routine physical
- Pneumonia vaccine, etc.
Selected screening rates for Kaiser Permanente in Northern California (HEDIS 2006 data)

- Breast cancer screening: 79%
- Chlamydia screening in women age 16-25: 64%
- Childhood immunizations: 86%
- Controlling high blood pressure: 76%
- Persistence of beta-blocker treatment after heart attack: 85%
- Comprehensive diabetes care, LDL-C screening: 95%

Note: All these results are at or above the 75th percentile in the U.S.; most are at or above the 90th percentile.
A focus on prevention: quitting smoking

Adult Smoking Prevalence 2002 and 2005

United States: 23.0% (2002), 20.9% (2005)
California: 16.4% (2002), 15.2% (2005)
Healthy People 2010 Target: 12.0%
A focus on prevention: Thrive campaign
In summary

Our cause is health.

Our passion is service.

We’re here to make lives better.
For further information

- Kaiser Permanente’s Web site: [www.kp.org](http://www.kp.org) (includes information available to the general public)
- Kaiser Permanente International’s Web site: [www.kp.org/international](http://www.kp.org/international) (lists future programs for international visitors)