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Case Study // **LESSON 1**

Team Medicine

BY JIM MOLPUS

Kaiser Permanente
Oakland, Calif.

- 8.9 million Kaiser Foundation Health Plan members in Colorado, Georgia, Hawaii, California, Virginia, Maryland, the District of Columbia, Oregon, Washington, and Ohio
- 36 hospitals
- 16,658 physicians in the Permanente Medical Groups

"There are examples of how we can make the healthcare system more efficient. We know where these examples are—The Mayo Clinic, Cleveland Clinic, Geisinger, Kaiser Permanente. There are health systems around the country that actually have costs that are 20%–30% lower than the national average and have higher quality. And so the question is, why is that? What is it that they are doing differently than other systems?"

—President Barack Obama, in a town hall address on healthcare, July 29, 2009

No hospital or medical group would dare admit they do not practice team medicine, at least conceptually. But true team medicine is about more than an aspiration—it's an intentional structure built, led, and enabled to deliver care by a diverse, multidisciplinary team of physicians, nurses, pharmacists, counselors, and dozens of other professionals. Oakland, Calif.–based Kaiser Permanente, even with its massive scale of 8.9 million health plan members, more than 16,000 physicians, and 170,000 employees, is built around the team medicine concept.

To be sure, there are benefits to Kaiser Permanente's integrated structure, which allows aligned incentives between the Kaiser Foundation Health Plan and hospitals and the Permanente Medical Group physicians. Still, Kaiser Permanente leaders say the key to creating team medicine is less about alignment around reimbursement and more about a commitment to a different way of practicing healthcare, not just medical care.

Amy Compton-Phillips, MD, an internist and associate executive director of quality for The Permanente Federation, says team medicine requires thinking about the physician's role in a new way.

"Twenty-first century medicine has shifted from the solo clinical expert model to one where physicians serve as a leader of a healthcare team to focus on the total health of our patients," Compton-Phillips says. "The team works together to coordinate care seamlessly across specialties, settings, and disciplines."

When the patient engages with an entire team, it frees up all sorts of opportunities for improved outcomes and cost savings, says George C. Halvorson, chairman and CEO of Kaiser Permanente.

"Ideally you have the patient who sees their primary care site, their medical home, as their primary and central coordinating caregiver," Halvorson says. "And those sites function best if they're team-based and they've got doctors and nurses working together."

Team assignments are based on who is the most appropriate. "It doesn't necessarily have to be the physician speaking with a patient about a request for new prescriptions on the phone. Having a nurse calling and creating a little dialogue works very well and is more efficient," Halvorson says.

One of the criticisms leveled against team medicine is that it can have the adverse effect of diluting ownership, that because everyone has responsibility for the patient, no one has responsibility for the patient.

Murray Ross, PhD, vice president and director of the Kaiser Permanente Institute for Health Policy, says, "It's all about accountability. You have one entity accountable for the patient rather than five to seven entities that are all individually accountable, which means that none of them are. If there's no one in charge, there is no one to say, 'What should we be doing for this patient as a team?'

Without a team structure, there is no incentive or method to look for care gaps that could cause more complications or expense for the patient, says Benjamin K. Chu, MD, an internist and group president of Kaiser Permanente Southern California and Hawaii.

"It is so important to have a mirror held up to us that forces us to look at our system as a whole," Chu says. "If you just say, 'It's your responsibility to do this, Dr. Primary Care,' or 'It's your responsibility to take care of these things, Dr. Hospitalist,' it's just not going to happen. There's no way that individuals acting alone can close those gaps or solve those problems."

Along with accountability has to come tools so that all members of the team know what the patient needs—sometimes even before the patient does.

"If you call up our call center to make an appointment, the call center agent will actually have a list of the gaps in your care plan," Chu says. "So, for example, if you haven't had a cancer screening or a mammography, or if your blood pressure has been out of order, they'll actually try to arrange for follow-up for you on the phone."

Beyond tools and accountability is the culture of team medicine, one that many physicians whose medical education and training have been built around a physician-centric can be slow to embrace. Jack Cochran, MD, a plastic and reconstructive surgeon and executive director of The Permanente Federation, says he often hears Kaiser Permanente has been able to make significant strides only because of its model."

"I don't accept that," Cochran says. "The fact is we have made a concerted effort to learn and make substantial improvements in our care and outcomes over time. Our physicians combine professional satisfaction with a strong commitment to the mission of the organization."

The Permanente Medical Groups are built around a core set of values and expectations. "We recruit physicians with a sense that we're a group practice. We stand for quality. We measure quality and results," Cochran says." We think it's important that we tell patients we're going to give them the kind of quality they deserve. You then orient, evaluate, and promote people based on the same set of values and expectations. Eventually you end up with a culture that is very comfortable with a focus on quality, measurement, comparison, and improvement."

Robert Pearl, MD, a plastic and reconstructive surgeon and executive director and CEO of The Permanente Medical Group, says in a typical Kaiser Permanente referral, "our integrated delivery system structure allows the patient who, for example, needs orthopedic expertise to obtain it rapidly. We have the ability today for the primary care physician to call an orthopedic surgeon while you're in the examination room. We have the ability to offer you a same-day visit or to offer you a visit on a different day."

In a community-based medical staff model, Pearl says, the primary care physicians cannot get immediate assistance, since they would need referral links to all of the orthopedists in the community, not just one or two. And they would need to have the phone and scheduling system integration to be able to offer the same-day schedule.

The team concept extends to acute hospital care as well, Pearl says. His group realized it needed a specific team of physicians, nurses, and technicians to handle sepsis, which is the No. 1 killer of patients in the hospital, Pearl says. "You need a full sepsis team 24/7, able to respond to the emergency room immediately because the treatment is very complex and somewhat dangerous, but the result of doing it in the most timely fashion is you save the lives of a significant number of patients."

The early signs of sepsis can be difficult to diagnose, particularly with young people, Pearl says. "You need to have the expertise to draw appropriate laboratory tests, to provide high fluid administration and placement of central lines, and to provide intense treatment on a consistent basis for patients who at that moment don't look particularly sick, but you know they will be in 24–48 hours. To do that well requires a team of individuals with a broad skill set—physicians and nurses and other individuals who come to an emergency room, see a patient, and begin the treatment—because if you just let everyone do it who doesn't do it often enough, it's too late and the results are not as good as they could be."

The business model for most of healthcare today does not support team care. Typical fee-for-service reimbursement discriminates against the type of coordination that team-based care often requires, Halvorson says. But once the reimbursement plates have finally shifted, and necessary tools are put in place, team medicine can have enormous power, he says.

"The business model has to support team care by paying for all the pieces," Halvorson says. "And then if you have the right computer system, the right care registry, and you've got the right set of caregivers, the combination of all those pieces is magical. It creates the energy and the synergy that you need to make a difference in the lives of those patients." •

Case Study // **LESSON 2**

The Whole Patient, All the Patients

At the height of the Great Depression, physician Sidney Garfield, MD, was caring for thousands of men involved in building the Los Angeles Aqueduct in the California Desert. His small hospital was about to collapse financially until engineer-turned-insurance-agent Harold Hatch suggested that the insurance companies pay Garfield a fixed amount per day, per covered worker, up front. It was that same concept that the team later took to Henry Kaiser in his wartime shipyards, and Kaiser Permanente was born.

The prepaid model's renewed relevance is that it focuses an entire care system around the coordinated needs of one patient while simultaneously viewing the needs of the entire population.

Halvorson gives the example of how an asthma attack would be handled in the fee-for service world: "When the asthma attack is done, the patient goes home, and the game's over. No one is accountable for any of the follow-up care." In a prepaid, integrated system, "the magic is to coordinate the care, do the follow-up care, and make sure the prescriptions are refilled, and if the patient has an asthma attack, to make sure that there is follow-up care, coaching, and counseling," he says. "What you really need is someone who calls that patient back in, makes sure they are taking their meds, and that they're avoiding whatever the allergic trigger might be. You go the extra step to prevent the next five asthma attacks."

In an integrated model, it's not just care after an acute episode that is managed, but a more preemptive and preventive management of care, says Pearl. "We lower the risk of women dying from breast cancer through coordinating care, focusing both on prevention and excellence of care." So in a typical community-based system, an orthopedist would have no idea whether a patient's had a mammogram. "Now contrast that with our integrated structure, where you walk into any department, any place, and immediately it pops up on the screen what you need. And if you have cancer, all the specialists have the same information and can work together as one."

In Permanente's Northern California and Mid-Atlantic regions, the "preventive healthcare prompt" program would also preemptively schedule a hemoglobin A1c test for a diabetic three days before the office visit. Why? "We can take care of your problems during your visit rather than forcing you to come back at a later time for another visit," Pearl says. "Think about how much better quality and greater convenience that provides. And, by the way, it's less expensive, not only in reducing the need for a second visit, but also in not forcing the patient to miss another day of work."

Caring for a population of patients has a freedom of sorts, even for a population the size of Kaiser Permanente's millions of covered lives.

"We know at the beginning of the year roughly what our revenue is going to be, what our premiums are going to be, and we know what our payments from Medicare are going to be," Ross says. "So at that point we have something close to a global budget for our population, which means you then have a decision to make of how you allocate those resources across our membership, across lines, health service, and community benefit. There's a potential there for a food fight on an annual basis, but what prevents that from getting out of line is a longer-term commitment between the medical groups, the health plan, and our labor partners, as well as knowing we're not just in business for this year and next year; we're in business as an ongoing enterprise."

By looking at the whole picture—health and economic—Kaiser Permanente can focus on those factors that can improve the entire community, Compton-Phillips says.

"If we really are here to improve the health of the communities we serve, we can't just address systems that are typically owned inside the care delivery system. We have to actually own the fundamental factors that are making our society less healthy: Everything from obesity to smoking cessation crosses that border between care delivery and societal factors. We really do try to work on the upstream factors because we know that otherwise we won't ever be able to address healthcare costs and improve health outcomes."

Chu emphasizes that treating a community of patients does not mean treating everyone the same. "We just recently signed up 60,000 19- to 26-year-olds who just were able to be maintained on their parents' health insurance plans. These 19- to 26-year-olds will probably never make it to a face-to-face visit. They don't need care coordination around a whole set of complex diseases. They

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—Robert Pearl, MD, a plastic and reconstructive surgeon and executive director and CEO of The Permanente Medical Group

may not even need a primary care doctor, though they should probably develop a relationship with one. But you could make a big dent in lifelong health habits for that population by providing good behavioral types of guidance, nutritional guidance, family planning type of services, and counseling on drug use and smoking cessation. Those are the kinds of things that are important. And this is a population that might respond to social media and other kinds of vehicles much more than the face-to-face, medical model, doctor-patient visit."

Health systems do not need to have Kaiser Permanente's structure to make it work, Chu says, citing examples of federally qualified health centers in North Carolina, Michigan, and other states.

"You don't need to have this grand scale," Chu says. "Whatever population you take care of, you can take this approach. It's really about embracing all of the people that come to you, whether it's 3.5 million people as we have in Southern California, or 10,000 patients in a federally qualified health center."

Case Study // **LESSON 3**

The Essential Health Record

Kaiser Permanente has all the leading statistics and awards for electronic health record integration, and notes that its Kaiser Permanente HealthConnect® is the largest private deployment of an electronic health record in the world. Its personal health record, My Health Manager, has been accessed by more than 3.3 million Kaiser Permanente members to securely schedule appointments, refill prescriptions, view lab results, or check their benefits and eligibility. In one year, My Health Manager forwarded 10.7 million member emails to Kaiser Permanente physicians.

All these numbers are built around a single unifying principle: to get the right information to clinicians when they need it. True, that is the goal of all EHRs. What is different is how wide Kaiser Permanente takes the definition. For example, having the right information does not necessarily mean having all the information, Halvorson says.

"You need to be able to access the current, relevant information to translate it into clinically useful data that physicians and the care teams can act on, " Halvorson says. "We provide data, information, and tools, because we want to make the right thing easy to do for members and clinicians."

EHR is a tool designed to get away from, as Cochran puts it, "the old mentality of the industrial age of medicine where the doctor had all the knowledge. That age is gone. You must have physicians who are armed with information. You must have systems to get that information in front of them in the exam room. And it is important that patients also be able to access and use the information."

Kaiser Permanente has robust evidence-based care guidelines embedded into its EHR. But as Ross says, it's not so much having the information as how they act on it.

"What the technology allows us to do very quickly is instead of asking your nurse or your office manager to pull up your sickest patients, you can say, 'Pull up my sickest patients who are not up to date on these services, and let's reach out to them to bring them in.' Because if they're sick and

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*—**George C. Halvorson**, chairman and CEO of Kaiser Permanente.*

they're up to date on their services, then we're doing what we can do," Ross says. "However, if they're sick and haven't been in the office then we need to reach out to them and bring them in."

Pearl says that getting the most of the EHR investment requires focus on fundamentals outside of IT.

"What's really needed is less about the initial capital dollar investments than people assume," Pearl says. "They're essential, don't get me wrong; but much more significant are the structure, the total finances, and the clinical leadership. It requires a leader who can convince everyone to let us look into your appointment systems in advance. It requires a system that everyone's going to share that information. That requires a tremendous amount of trust, right? And then it requires the actual technology to make that all occur, which often is the easiest part even though in the totality it's a big price tag. It's really a matter of linking all of the people in the systems of care together more than putting in the underlying hardware and technological applications."

Chu says systems that are less integrated than Kaiser Permanente can get actionable information from payer data or their own clinical data, and then put in systems to make it usable. "Having this information transparent and real-time gets people to the point of realizing that if they act on this information, then they can address some of these care gaps. Then they are actually making a difference in our patients' lives from a population point of view. That is a very galvanizing force."

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