Strengthening Primary Care for Patients:

Colorado Permanente Medical Group | Denver, Colo.

Kaiser Permanente is an integrated care delivery organization that provides care for over 9 million members across nine states and the District of Columbia. The responsibility of design, implementation and optimization of care delivery lies with the regional Permanente Medical Groups; reimbursement is paid via the associated Kaiser Foundation Health Plan.

While each medical group implements unique aspects of care related to primary care transformation, two aspects of care redesign have been widely embraced and shared across the medical groups: panel management (primarily discussed in this profile) and the proactive office encounter (primarily discussed in the Southern California Permanente profile).

Initiative Title: Panel Management
Start Date: 2008
Practices: 25
Physicians: 975
Covered Lives: 533,000

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Background

The Colorado Permanente Medical Group (CPMG) serves over 530,000 individuals across six counties encompassing the Denver, Boulder and surrounding areas. Like other regional Permanente Medical Groups, CPMG is reimbursed through its affiliation with the regionally operated Kaiser Foundation Health Plan of Colorado. Physician payment is 95 percent salaried with the remaining 5 percent based on performance outcomes. The health plan supports many additional services including prevention department staff, centralized case managers and call center agents.

The impetus to begin primary care improvement occurred in two parts, carried out over several years. First, when CPMG began internally driven panel management changes around 2005, it did so because of studies done at Kaiser Permanente showing that poor physician continuity caused patients to be at higher risk for increases in emergency department utilization, unresolved care gaps and a higher incidence of uncontrolled quality measures, such as high $HbA1_c$ levels. As part of its panel management initiative, CPMG collected best practices related to member services from across its facilities then packaged and spread them to all primary care practices in the medical group.

As part of the second phase of its primary care transformation work, CPMG leaders collaborated with their peers at the Southern California Permanente Medical Group and adopted its proactive office encounter initiative. Proactive office encounters ensure that regardless of where a member accesses the health care system, medical group staff can bring up information about that member's care gaps, allowing them to address any outstanding issues without directing patients back to primary care.

Implementation

Designing the Panel Management Initiative

One of the mainstays of early innovation by CPMG was panel management, which has been defined as the "systematic and repetitive review of the entire population of patients with particular chronic conditions."[1] A fully implemented panel management system intends to achieve four goals: improved quality performance, strengthened and more continuous patient/primary care provider relationships, optimization of other members of the care team for population care management and open access to the clinical care team.

To determine the essential elements of its panel management initiative, CPMG leaders spent approximately three months interviewing staff, asking that they name the three things of which they were most proud and what they most disliked about their work. Some issues showed up consistently, and CPMG leadership compiled a list of best practices that staff at each local department level could agree to implement or work toward, while finding ways to phase out the work that was most disliked and least effective.

One of the items that physicians — and then patients, through satisfactions surveys — agreed was most important was continuity of care, defined from the patient's perspective as how often they see their personal physician. Both providers and their patients wanted to see each other more consistently, rather than having one physician's patients be seen by his or her partners. Booking practices at CPMG needed to be changed to support such continuous relationships with a single physician; CPMG therefore engaged its centralized call center in Denver, which made all primary care appointments, in the development of the initiative.

Implementing Panel Management

First, CPMG defined patient panels, assigning members to each physician using its integrated electronic medical records (EMR) system. Afterwards, CPMG implemented a simple rule across all primary care sites: If a physician was physically in the medical office and one of his or her patients needed to be seen, the provider was expected to see that person. This was a fundamental change in how patients were scheduled and turned out to be the single most important element of panel management.

To facilitate continuity, the medical group transitioned to a scheduling system with appointment slots organized according to primary care provider availability, rather than scheduling CPMG members based on available time slots. Similar changes were made to the handling of incoming patient calls for clinical advice, which were now routed directly to a patient's personal physician or care team member, bypassing centralized call center agents in cases where clinicians were available.

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With greater continuity of care between patients and their

providers, and once physicians were more familiar with their defined patient panels, CPMG implemented virtual visits. In 2007, the medical group instituted the ability to schedule appointments and visits by email, as well as telephonic appointments and secure online messaging between providers and patients. As of 2012, 55 to 60 percent of care delivery was done face-to-face at CPMG's primary care practices while 40 to 45 percent was done virtually, either over the phone or via e-mail.

Primary care providers who worked fewer than four days a week were required to choose a secondary physician practice partner who would be in the office on days the primary provider was not; to facilitate scheduling, CPMG trained associates to embed information about each patient's personal physician and secondary practice partner in the EMR.

Outreach to Patients with Chronic Care Needs

Once Kaiser Permanente members in Colorado are bonded to physicians and care teams in the EMR, registry data is used to identify and compile information about those individuals who have unmet care needs; primary care physicians are then expected to manage not only the care of patients who make appointments, but also those who do not visit them in the office.

> Physicians set aside time per week for outreach to patients who do not visit them in the office.

Care teams meet regularly to review the statuses of patients with unmet needs and agree upon future care plans; physicians usually set aside two or three 20-minute blocks per week for outreach to patients. Telephonic follow-up ("light touches") is also performed by panel management assistants, most of whom are former medical assistants who have been given a series of trainings on health education, customer service, registry analysis and telephone communication guidelines. Kaiser Permanente Colorado employs one panel management assistant for approximately every 20 physicians.

Proactive Office Encounter

CPMG office sites are able to use their integrated EMR to identify member care gaps through a system called proactive office encounter (POE). First implemented by the Southern California Permanente Group, and discussed more in that medical group's profile, POE empowers both primary care and specialty clinicians to resolve care gaps during any interactions a member has with the delivery system, regardless of the underlying reason for an appointment. All patients who are overdue for a procedure or screening, such as HbA1c testing or a mammography, have a note in their EMR that shows up when those patients interact with any CPMG provider.

POE had been in place for about two years in Southern California when it came to the attention of Scott Smith, M.D., associate medical director of operations at Kaiser Permanente Colorado. He sent service leaders out to California, who spent a week looking at work flows, job descriptions and what centralized outreach in the region looked like, and got agreement from service leaders to implement the program at Kaiser Permanente Colorado.

Due to concerns from physicians about what testing or screening orders should be included as part of POE, service leadership — in partnership with physician leaders — negotiated both standard, mandatory criteria and optional criteria. In the beginning, providers wanted to review all screening orders personally; after a year, however, they had become accustomed to automated screening reminders that did not require physician approval, and no longer asked to see all orders beforehand. Dr. Smith noted that this process step was necessary in order to gain physician adoption of the new practice.

CPMG notes that one strength of the proactive office encounter initiative is its ability to be standardized and replicated. "[We] set up the system so it relies less and less on memory, and less and less on an individual physician," stated Smith.

Integration with the Health Plan

The Kaiser Foundation Health Plan of Colorado has a prevention department that provides registry data in support of care teams' ability to perform panel management, utilizing an EMR that has been in place since the late 1990's. The department sends a list of five to 10 patients per physician per week that may reveal opportunities for evidence-based interventions.

According to Smith, Kaiser Permanente Colorado "could not do proactive outreach without collaboration between the health plan and medical group."[2] The physicians and care teams deliver the care, but the health plan support systems — care management, informatics and the plan-purchased EMR — are necessary for successful implementation.

NCQA Accreditation

Kaiser Permanente's push to pursue National Center for Quality Assurance (NCQA) PCMH accreditation had two major influences. The first was a realization that prior CPMG initiatives were closely aligned with the PCMH model. As Smith stated, "When patient-centered medical homes became popular … We read the principles and tenants and said 'Yes! This is what we want to do, let's follow this instead of our home-grown guidelines.'"[2] Second, the medical group realized that in addition to "focusing on what's right for the patient," NCQA accreditation provided an opportunity to make the organization's products more attractive in the insurance market, particularly for large corporate buyers, as business groups were recognizing that PCMHs could deliver better care with lower costs and improved outcomes.

CPMG sites first began plans for PCMH transformation certification in 2008; as of February 2013, approximately 20 practices had obtained NCQA PCMH accreditation.

Sustainability

Through its implementation of panel management, CPMG leaders recognized that programs must sometimes be implemented step-by-step, with physicians engaged at every point. Rather than simply imposing a mature program on physicians, the leadership team met with chiefs of all departments twice a month for several months to incorporate and test physician feedback. Building trust and engagement by testing and validating programs was crucial to gaining physician buy-in and changing work flows.

One challenge that the medical group faced was the unintended consequence of physicians becoming flooded with e-mails and phone calls as a result of increased virtual access. CPMG realized that those initiatives were overly dependent on physicians and the resulting bottlenecks impeded the flow of information to members. In response, the medical group was able to repair the system by creating revised work flows and taking better advantage of its rich cadre of mid-level providers, nurses and clinical pharmacists.

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Outcomes

When providers began seeing their patients more reliably, the effect of their care could be measured more reliably and they were eager to know how well they were able to care for their patients, as measured by outcomes for chronic care and rates of preventive screening. In response, CPMG began distributing an actionable weekly dashboard, detailing measures related to quality, continuity and HEDIS® performance.

Quality improvement is measured by trending analysis of HEDIS® datasets as well as emergency department usage, inpatient admissions and 30-day readmissions. Kaiser Permanente Colorado also compiles quarterly patient satisfaction surveys.

When CPMG first instituted its panel management initiative, only half of all routine visits were with the patient's primary care provider. As of 2012, over 83 percent of all visits were with each patient's personal physician. The remaining 17 percent of visits were with others, most often because of providers' vacations and sick days, lack of available appointments or urgent visits. Both physicians and patients are satisfied with the increase in continuity. Patient access measures have also improved; patients with acute injuries or medical needs have access to same-day appointments, while patients who seek routine care can be seen within three days.

Hospital readmission rates and the average length of inpatient admissions are far below the national average. At CPMG, the 30-day readmission rate is between 12 and 14 percent and the average length of hospital admission is between 3.4 and 3.9 days. Several HEDIS® results are some of the highest in the nation (top 90th percentile), and internal patient satisfaction results are the highest on record for the region.

Scale

CPMG is currently working on developing best practices with regards to what elements should be part of a care plan and how care plans should be documented. Kaiser Permanente Colorado is looking to Group Health Cooperative in Seattle for examples of comprehensive care plans.

Once a year, Kaiser Permanente hosts an inter-regional two- to three-day meeting of primary care leaders, at which each region presents on best practices. Group Health Cooperative and Geisinger Health Plan (both of which are ACHP members profiled in this series), the ABIM Foundation and other organizations have presented on their best practices for opioid management, continuity booking and other initiatives. These forums provide an opportunity for open information-sharing and cooperation.

CPMG plans to continue to improve panel management by bonding members with all of the clinical providers on a care team so that during each visit, there is a high likelihood that CPMG members will have contact with nurses and mid-level providers with whom they have already met.

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[1] "Panel Management: A Powerful Tool to Improve Primary Care." Center for Excellence in Primary Care. February 2008, Issue 15. <http://familymedicine.medschool.ucsf.edu/cepc/pdf/eLetters/i15_2_08_PanelManagement.pdf>

[2] Participant interview with Rebecca Malouin, Ph.D., 2011