



## Strengthening Primary Care for Patients:

Southern California Permanente Medical Group | Pasadena, Calif.

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 the Colorado Permanente [profile](#)) and the proactive office encounter (primarily discussed in this profile).

### Background

The Southern California Permanente Medical Group (SCPMG) serves over 3.6 million individuals across southern California and, like other regional Permanente groups, receives reimbursement via its affiliation with the Kaiser Foundation Health Plan. For SCPMG, the impetus to transform primary care coincided with the advent of its integrated electronic medical record (EMR), KP HealthConnect, in 2005 and 2006. With the implementation of the EMR, the medical group wanted to ensure that primary care physicians would not be overburdened as they resolved care gaps while improving the quality of care for patients.

As noted by Michael Kanter, M.D., regional medical director of quality & clinical analysis at Kaiser Permanente, “We didn’t sit down and say, ‘We’re going to make a medical home’. We sat down and said, ‘Here’s how we’re going to improve our performance’, so it was done a little bit with a different frame of reference ... When people started talking about the medical home we kind of said, ‘We’ve pretty much got that.’”<sup>1</sup>

**Initiative Title:** Proactive Office Encounter

**Start Date:** 2007

**Practices:** 90

**Physicians:** Over 8,000

**Covered Lives:** 3.6 million

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In 2006, medical group leaders met to discuss their ideas to improve the delivery of primary care and were able to reduce the thousands of issues they faced into discrete and actionable innovations; most of their ideas were rolled into the proactive office encounter initiative, which – along with the panel management program from Kaiser Permanente Colorado – was launched in 2007. SCPMG also considers its efforts to acquire National Center for Quality Assurance (NCQA) patient-centered medical home (PCMH) recognition as a key component of its initiative.

## Implementation

### *Proactive Office Encounter and Proactive Office Support*

The proactive office encounter is an “in-reach” innovation so that regardless of where a SCPMG member accesses the health care system, staff is able to bring up EMR snapshots revealing that member’s care gaps.<sup>2</sup> For example, an individual might present at the emergency room and, during that contact point, staff can access the EMR and become alerted to outstanding preventive care needs: A mammogram screen or pneumovax vaccination might be due, a bone mineral density test might need to be ordered or an individual’s body mass index might be high. All of these issues can be addressed through a referral or during the same visit. This way, any site of care can resolve care gaps without directing patients back to primary care.

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At SCPMG, vaccinations do not require a primary care visit since most primary care sites have a free walk-in vaccine clinic. If a neurologist notices an overdue vaccination, he or she can direct the patient to stop by the vaccine clinic following the visit.

Proactive office encounter was supported by the implementation of standard work flows, called proactive office support, which clearly mapped out actions that medical assistants, panel management assistants, care coordinators and licensed vocational nurses were to address before, during and after each encounter. The emphasis was on shifting perspective, according to Dr. Kanter, from a “reactive care-delivery model to one that is consistently proactive in addressing preventive and chronic care needs.”<sup>1</sup>

### *Panel Management*

In comparison to the proactive office encounter initiative, which aims to improve on the efficiencies during face-to-face contacts, the goal of panel management, which was adopted from Kaiser Permanente Colorado and is described in greater detail in that organization’s [profile](#), is to improve outreach and meet care needs of patients, even those who do not come into the office. Care coordination and outreach for high-risk members is centralized and primary care sites can refer cases to administrative coordination teams.

### *Initiative Rollout*

During the rollout of the proactive office encounter and panel management initiatives, SCPMG created a website, printed manuals and engaged providers face-to-face to train and educate them on new work flows. Many of the processes utilized during program implementation had been learned during the group-wide 2005 rollout of the Kaiser Permanente EMR, and SCPMG leadership recognized the need for a consistent message and approach to encourage standardization of work flows. Additional training support was directed by the Kaiser Permanente multimedia department, which put together videos detailing patient perspectives on preventive services and the difference they made in patients’ lives.

## Patient Story: Plan-Provider Collaboration



Mattie (above), a patient at Kaiser Permanente of Southern California, was thankful for her doctor's urgings to undergo a colonoscopy.

Before she embarked on a new exercise program, Mattie of Long Beach, Calif. wanted to ensure she was in good health. Vanessa Gavin-Headen, M.D., a family medicine physician at Kaiser Permanente Long Beach Medical Offices, had ordered a colonoscopy for Mattie

when she turned 50, but her patient had not followed up. "It's important for everyone to have at least one colonoscopy in their life," said Dr. Gavin-Headen, "to see if anything [is] there that shouldn't be there."

Dr. Gavin-Headen's reminder prompted Mattie to undergo the procedure. Mattie was surprised to learn that she had colon cancer. "I didn't want to take the test, but I did anyway and I'm glad I did," said Mattie. Her cancer was detected at an early and treatable stage. She underwent a successful surgery and is now cancer free.

Mattie, a member of Kaiser Permanente for more than 30 years, now tells everyone she knows about the importance of getting a colonoscopy at age 50. "You need to go get it done right away," she tells her friends. "We want you to be here, be my friend later, so I stay on 'em about it."

See more stories like Mattie's on the Kaiser Permanente Care Stories blog at <http://www.kp.org/caresstories>.

SCPMG is a staff model medical group; physicians are salaried and receive incentive bonuses based on quality outcomes. Because the proactive office encounter was shown to improve the quality of care delivered and improve office efficiency, physicians were motivated to embrace the system as a means of providing better care to their patients. Proactive office encounter and panel management are both now standard practice for all 3.6 million SCPMG members.

One additional patient-centered intervention, unique to SCPMG because the medical group serves a large (and growing) Hispanic/Latino community, is the equilibration of patient panels to more effectively place Spanish-speaking members with physicians and care teams fluent in Spanish. In addition to hiring more Spanish-speaking primary care physicians, SCPMG has begun encouraging existing primary care physicians who are fluent in Spanish to take on larger percentages of Spanish speakers within their panels.<sup>3</sup>

## NCQA Accreditation

As described above, SCPMG has, over the years, developed processes to share best practices, reduce variability and transfer knowledge, work flows and accommodations across its medical group and 200 office buildings. It is using similar processes, although with different staff, in its effort to help practices attain NCQA PCMH recognition by helping clinics understand the NCQA rules and ensure that they are complying with all requirements.

While SCPMG had been engaged in medical home-type work for many years, and clinics were already meeting 80 percent of key requirements for accreditation, the NCQA PCMH certification process spurred the medical group to document its work and demonstrate the clinics' patient-centeredness to people outside the organization.

Before beginning the process, SCPMG met with its teams of physicians, chiefs of internal and family medicine, NCQA experts and groups that helped oversee their 200 medical office buildings to review all 149 NCQA PCMH accreditation factors. SCPMG engaged the Colorado Permanente Medical Group for advice on the NCQA accreditation process, as well as two Riverside Medical Center sites that were the first practices from SCPMG to achieve NCQA accreditation and which served as consultants.

Many of the factors that go into NCQA PCMH recognition involve significant data and reporting capabilities that individual clinics do not have the time or resources to complete. SCPMG has therefore worked with practices to link data sets and export them in the format NCQA requires.

As of October 2012, eight medical office buildings, caring for 353,000 patients, had Level III NCQA certification.

One challenge has been that while SCPMG views itself as one large medical group, NCQA views each medical office building as a separate practice, which changes how it documents and measures processes and outcomes. At the same time, the structure of SCPMG has helped its practices attain accreditation, as the infrastructure is well-suited for spreading information and best practices.

## Sustainability

The proactive office encounter initiative was designed based on existing processes in place at a few of the leading medical centers. SCPMG wrote up a description of the process and sent teams to each of the other medical centers to teach them how to implement it. At the same, the medical group created process measures to identify each group's progress and provide feedback to the centers.

SCPMG went through several iterative cycles of training, measurement and feedback throughout implementation of the proactive office encounter. The medical group implemented an "end-to-end process" for proper deployment, and developed ongoing measures for a tool used at the physician, medical office building and regional levels. "All this gets rolled up into a scorecard," Kanter said, "that's part of larger scorecard for executives overseeing their service areas."<sup>1</sup>

The design process for the proactive office support work flows was bi-directional, whereby front-line physicians and chiefs met and discussed proposals to determine the best and most efficient way to perform care. Once the work flows had been determined, the implementation process was top-down, with an expectation that providers would adopt them, barring exigent circumstances.

Paul Minardi, M.D., associate medical director of operations, emphasized that medical center leadership needs to be well-informed, aware of scores on process measures and accountable to outcomes in order to ensure the success of each initiative. Kanter added that that integrating the work flows, audits and performance metrics relative to each care gap into the EMR requires significant effort.

Front-line physicians and chiefs of each clinic meet at least every month to discuss quality improvement and business and marketplace issues. Chiefs from the entire region meet regularly: from twice a year to every other month or more, depending on the department and the amount of work. SCPMG also holds weekly educational meetings, in the style of continuing medical education.

## Outcomes

SCPMG has studied the effect that its initiatives have on HEDIS<sup>®</sup> outcomes, cost trends, access, the well-being of physicians and patient satisfaction. The medical group also has studied the frequency with which providers utilize proactive office encounter and panel management.

From 2004 to 2012, colorectal cancer screenings increased 36 percent, blood pressure control increased 43.5 percent, tobacco counseling increased 17 percent, breast cancer screening rates increased 11 percent and glucose control in diabetics increased 13.5 percent; SCPMG has also observed increases in immunizations and reduced rates of acute myocardial infarctions and hip fractures. Due to increased colorectal cancer screenings, only 12 percent of initial colon cancer diagnoses are Stage IV, compared to 19 percent in 2005; standardization of chemotherapy protocols in the EMR has in turn improved care quality for colon cancer. These outcomes, along with an increased emphasis on preventive care, have contributed to an improved cost trend. In 2012, the cost trend was 61 percent less than it was in 2004.

Proactive office encounter, which tracks more than 50 elements of preventive care, along with safety net programs to catch medical lapses, has resulted in a decreased need for follow-up care. Leadership estimates that the medical group's rigorous program for PAP smears may have saved at least 100,000 office visits in 2012; overall, the care delivery transformations are estimated to save more than 15,000 lives over ten years.<sup>4</sup>

In recognition of Kaiser Permanente's work to improve patient-centeredness of care, the proactive office encounter initiative won the eValue8 Innovation Award from the National Business Coalition for Health in 2010.

## Scale

The scaling process during the proactive office encounter was essentially led by a four-person team of SCPMG leaders. They visited the major SCPMG medical centers to discuss some of the changes taking place. According to Dr. Minardi:

[We] trained folks on how to do the proactive office encounter and panel management throughout our system. We periodically would have all the medical centers meet and discuss how they're doing and spread best practices in sort of a collaborative type fashion ... We put administrative people in addition to clinicians together, and in addition to that our union partners, so that everyone heard the message, everyone understood what we were doing.<sup>1</sup>

It took about a year to make the proactive office encounter and panel management standard in all medical office buildings, due to different rates of implementation.

Going forward, now that SCPMG initiatives have been sustainable for four years, SCPMG hopes to better and more officially align its primary care sites with NCQA standards. While SCPMG leadership concedes that the process of obtaining NCQA accreditation across its entire medical group may be arduous, the possible benefits of attracting large purchasers, improving care, reducing costs and recruiting more physicians may mitigate the work required to obtain accreditation. After all, as SCPMG leadership states, "We've got all the key components of the PCMH."<sup>1</sup>

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<sup>1</sup> Participant interview with Rebecca Malouin, Ph.D., 2011

<sup>2</sup> Kanter, Michael; Martinez, Osvaldo; Lindsay, Gail et al. "Proactive Office Encounter: A Systematic Approach to Preventive and Chronic Care at Every Patient Encounter." *The Permanente Journal*. 14.3 (2010): 38-43.

<sup>3</sup> Kanter, Michael; Abrams, Karyn; Carrasco, Maria et al. "Physician Language Concordance: A Strategy for Meeting the Needs of Spanish-Speaking Patients in Primary Care." *The Permanente Journal*. 13.4 (2009): 79-83.

<sup>4</sup> "Patient-Centered Medical Homes: A New Era in Primary Care." National Business Coalition on Health. March 2012.

A copy of the full ACHP report on strengthening primary care for patients, supplementary profiles on member plan initiatives, a one-page fact sheet and other resources are available online at [www.achp.org](http://www.achp.org) or by emailing [innovations@achp.org](mailto:innovations@achp.org).