Kaiser Permanente's PATHWAAY Program

Thinking beyond traditional clinical screenings helps Kaiser Permanente identify patient needs that might otherwise be overlooked.

BACKGROUND: Getting Better Information from Patients

Several years ago Kaiser Permanente (KP) began to look at ways to get more information from Medicare members about how they perceive their own health. The work was built, in part, on research showing that some topics such as cognitive impairment or urinary incontinence may not come up naturally in conversations between older patients and their doctors, often because patients don’t think they are issues that can be addressed.

But Kaiser Permanente wanted an instrument that would yield broader and more specific information to help clinicians identify areas of concern and prepare customized care plans for older patients, with the goal of helping them maintain their independence as long as possible.

Using information from this survey instrument, KP’s Colorado region started a clinical program called PATHWAAY — Proactive Assessment of Total Health & Wellness to Add Active Years — which routinely screens members to identify their risks for falls, urinary incontinence, malnutrition, pain, frailty and mood disorders, and triggers proactive workflows and the creation of a comprehensive care delivery plan.

HOW THE PROGRAM WORKS: Personal Care Plans Based on Detailed Information

Medicare members complete a comprehensive Total Health Assessment (THA) and, based on their responses, individuals receive a proactive outreach call from a registered nurse prior to their doctor appointment. The nurse gathers more information and discusses risks and concerns in greater detail. Then, in collaboration with the primary care physician, the nurse creates a Personal Prevention Plan (PPP) that outlines steps to mitigate the risks, such as taking a balance class if falling is a risk.

At the appointment, the doctor performs a physical exam and reviews the THA and PPP together with the patient.

PATHWAAY: At a Glance

- Medicare members complete a comprehensive THA by phone or email prior to annual wellness visit.
- Nurse assesses patient’s risks and, with the primary care physician (PCP) and patient, creates a prevention plan to pre-address issues and prepare for doctor visit.
- PCP reviews THA and prevention plan with patient at visit, addressing risks and concerns that the THA reveals.
- Both providers and patients believe the THA prompts conversations they might not otherwise have.
confirming or updating concerns and plans to address them. Each patient receives an after-visit summary and all the information from the THA, PPP and visit are entered into his or her electronic medical record.

RESULTS:
Important Conversation Starters

Kaiser Permanente Colorado reports that about 67 percent of completed THAs reveal at least one positive trigger for a risk intervention, with the two most common being falls and urinary incontinence.

Additionally, the program’s leaders believe that the THA is having an effect on the treatment of urinary incontinence, a subject that can be difficult for both patients and providers to bring up. Putting it on the list of concerns alongside issues such as nutrition and mobility normalizes it as an appropriate area of concern.

In a telephone survey of 254 KP Colorado Medicare members who had completed the program within the previous year, more than 70 percent said they reported issues through the THA that they might not have addressed during a regular visit with their primary care provider. In an informal survey of physicians, a majority said the THA prompted them to discuss issues with patients that they might not have raised otherwise. Patients said they used to believe that if the doctor didn’t bring up a specific issue, it must not be important.

"PATHWAAY for Seniors" Model — The Workflow

Patient Story: Before and After

“Beth” triggered positive for frailty on her THA. She was losing weight, falling in her home, isolated and depressed. Through the THA the nurse learned Beth wasn’t eating because she couldn’t chew. And she couldn’t chew because she didn’t have teeth. Everything was flowing from there: Her poor nutrition led to frailty, which triggered her falls, and her fear of falling led to isolation. Her Kaiser team was able to connect to resources for her dentures and set her on the path to improved health and happiness.