

Scale-Up Case Study #2: “Panel Management” to Improve Delivery of Clinical Preventive Services

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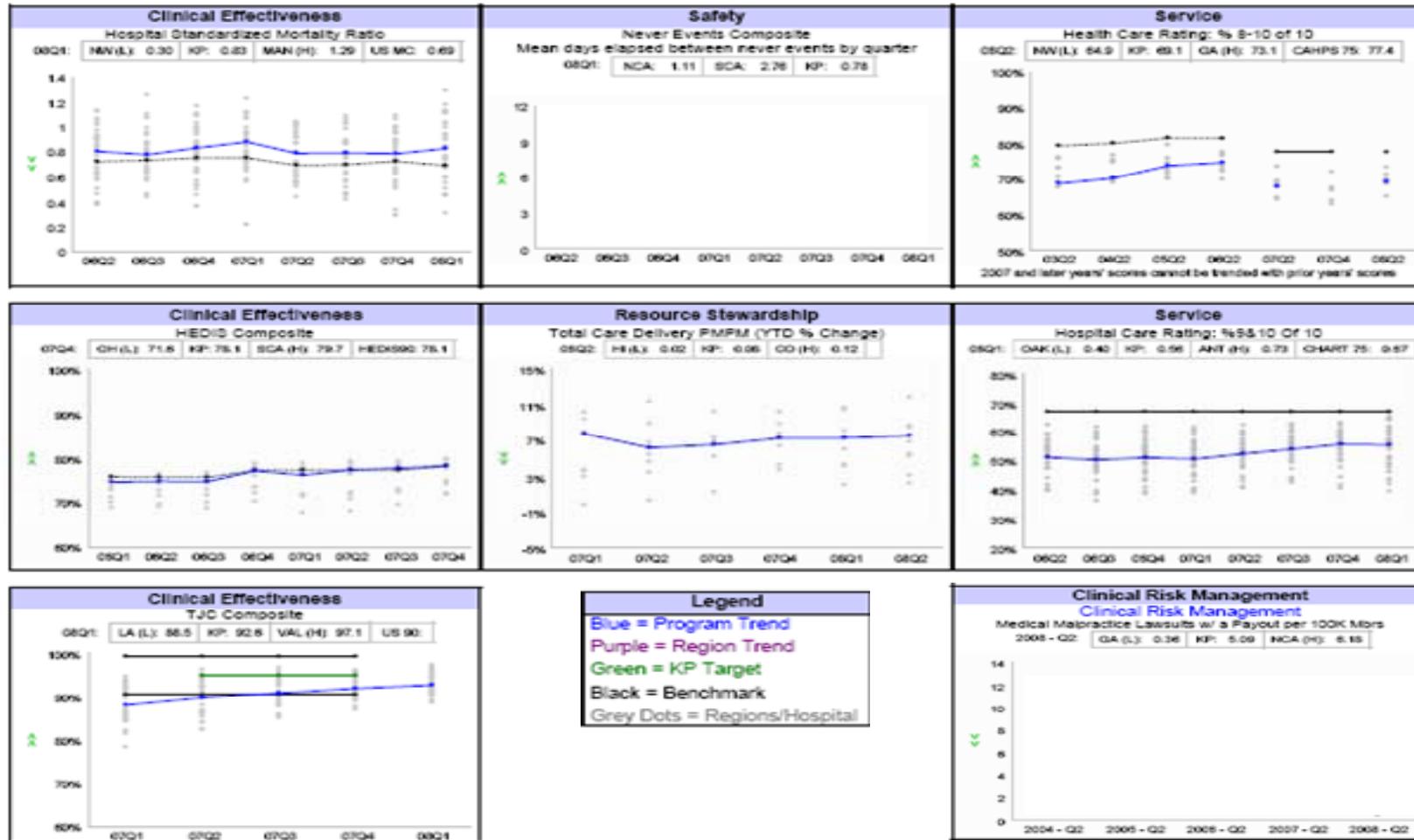
NIH Think Tank
January , 2008

- Improved reliability in delivering a full range of EB clinical preventive services
 - ▶ Primary prevention: tobacco cessation, BMI assessment and management
 - ▶ Cancer screening: cervical, breast, colorectal
 - ▶ Secondary prevention: management of blood pressure, LDL cholesterol, and blood sugar

- Move beyond improving one measure at a time

Improvement was driven by clarifying accountability for a broad range of measures

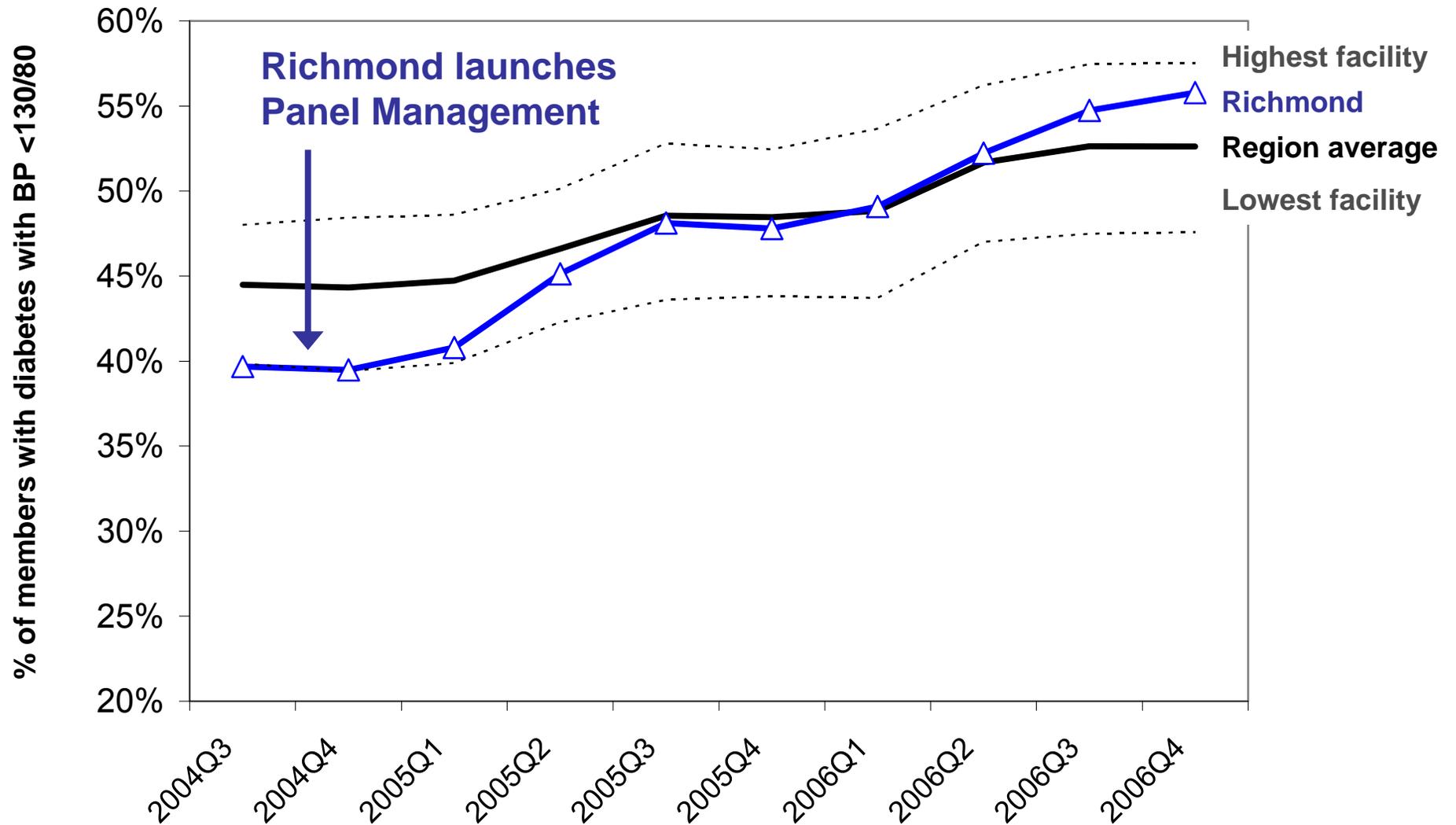
CLINICAL EFFECTIVENESS, PATIENT SAFETY, RESOURCE STEWARDSHIP, RISK MANAGEMENT AND SERVICE QUALITY



We monitored improvement nationally and identified practices at rapidly improving sites



Diabetes - Blood Pressure Control

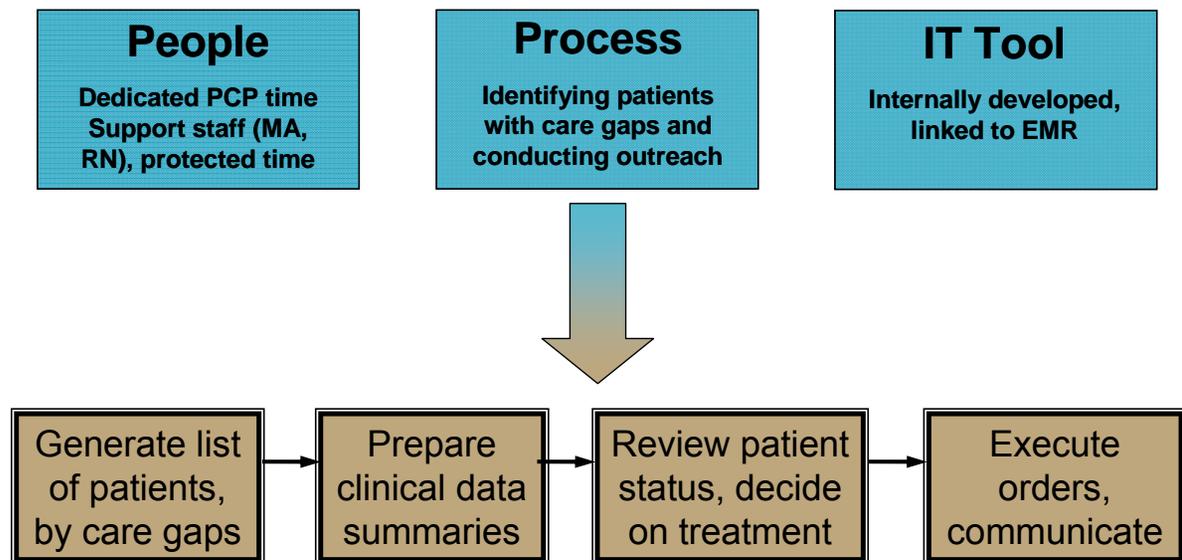


We investigated their innovative practices, using a qualitative case series

Panel Management:

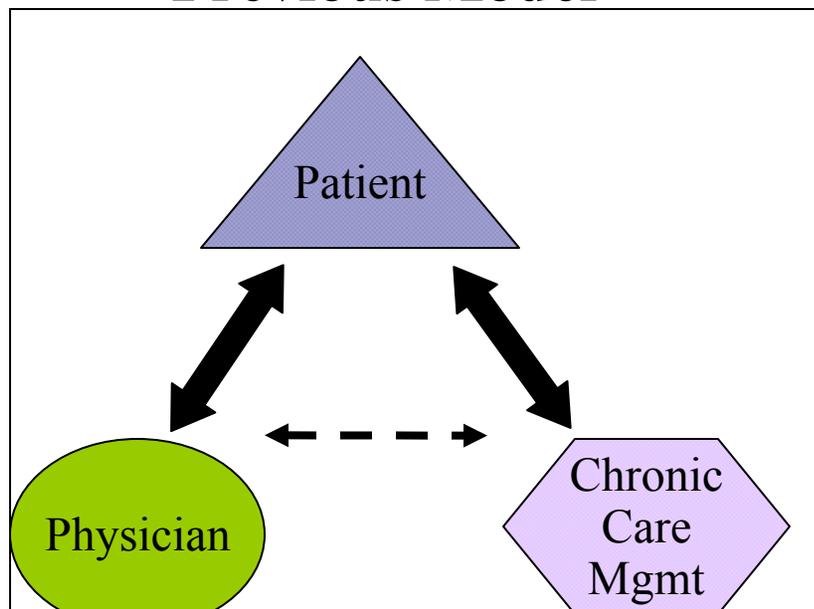
Tools and processes for population care management, to find and close care gaps, applied at the level of a primary care panel

- ▶ Systematic approach
- ▶ Prominent role for primary care physician
- ▶ Proactive outreach, beyond office visits
- ▶ Leveraging technology and staff



We sought key features in this fundamental shift in the model of care

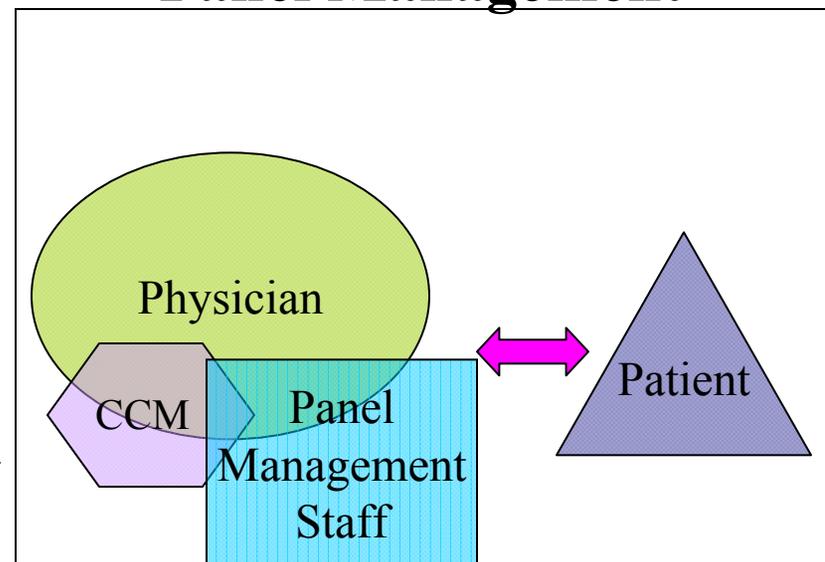
Previous Model



Key Features of Model:

- Physician care primarily reactive – visit based and responsive
- Limited capacity for risk stratification or proactive care management interventions
- Care management program siloed (more or less) from primary care team with ancillary staff “offloading” physician
- Minimal communication and coordination between physician and care manager

Panel Management



Key Features of Model:

- Physician and team proactive, accountable for clinical outcomes and patient satisfaction
- Systematized process for coordinating physician and panel management team activities
- Increased capacity & options for chronic care, leveraging physician time and ancillary staff support to extend physician
- Sophisticated I.T. infrastructure supporting population-level chronic care

We supported further development of the IT tool that facilitates delivery of EB services



KAISER PERMANENTE
Demo Site

preferences | getting started | updates | FAQs | user guide | **glossary** | contact us | logout

The Panel Support Tool

choose a provider | specialty | search / panel view | disease | risk factor | visit info | panel vitals

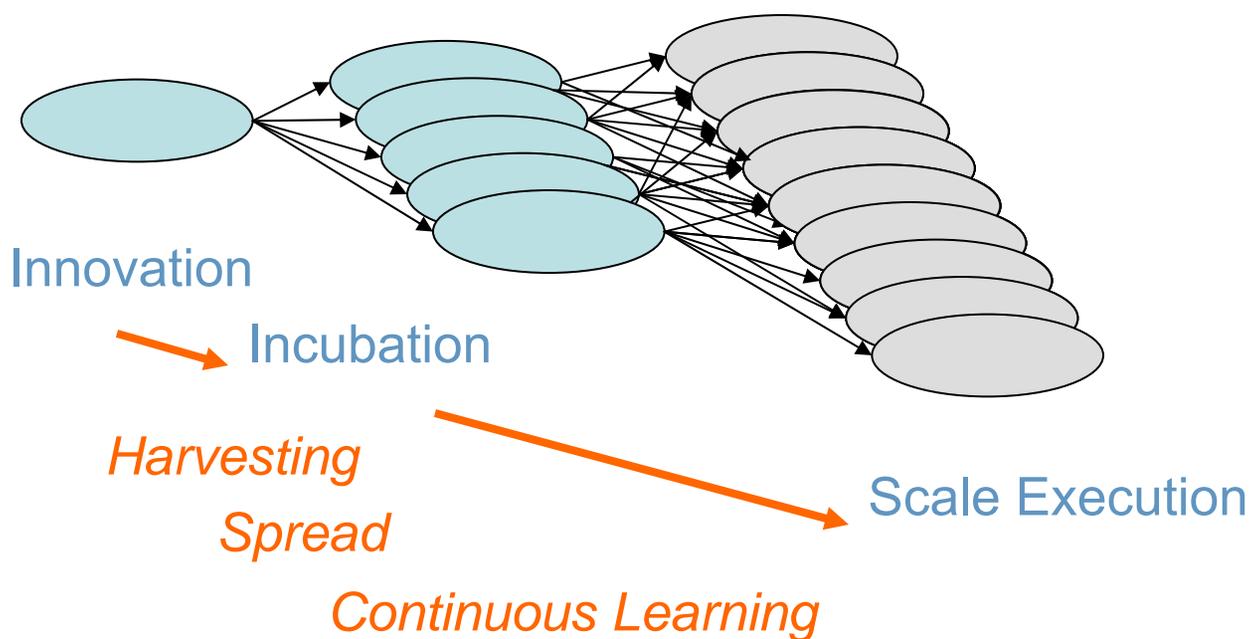
Complete Panel View

PCP(s): DEMO DOC1
Total Patients : 1090

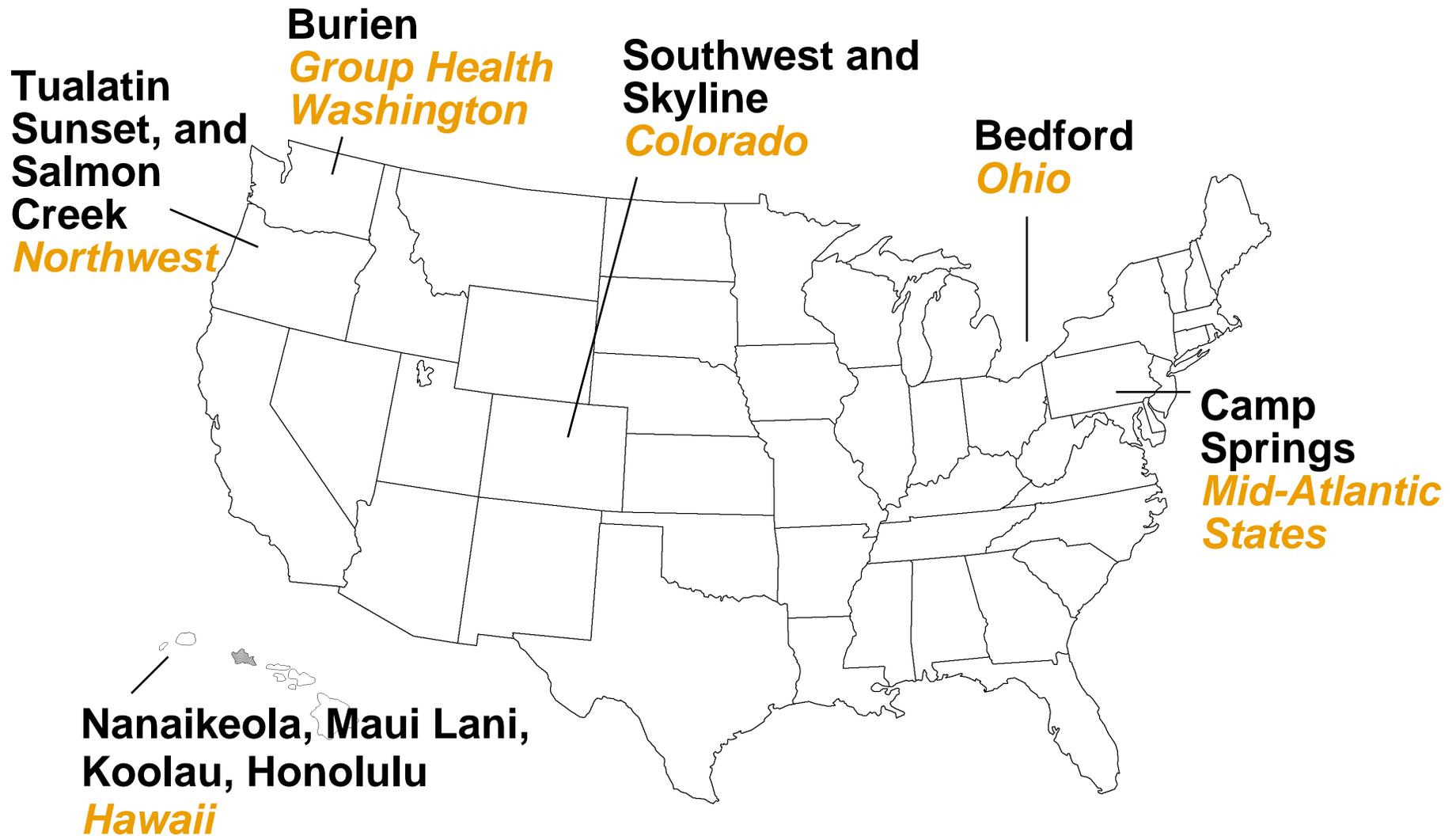
Y Indicates in the registry **F/U**

Report	MRN	NAME	Age	Sex	Dx	Prev	Gap	DM	CVD	CHF	HTN	CKD	Asth	Remarks	Last Seen	Rev'd	PCP
<input type="checkbox"/>	000000220	DEMO1220	77	F			21	Y				Y		OTHER-S		12/21/06	DOC1
<input type="checkbox"/>	000001076	DEMO11076	73	M			18	Y	Y		Y			HOSPICE	03/06	11/29/06	DOC1
<input type="checkbox"/>	000000770	DEMO1770	60	M			16	Y			Y	Y		OUTSIDE	02/06	11/13/06	DOC1
<input type="checkbox"/>	000000683	DEMO1683	51	F			16	Y			Y	Y		PERMANE	12/04		DOC1
<input type="checkbox"/>	000000012	DEMO112	48	F			14	Y			Y			OTHER-S		11/13/06	DOC1
<input type="checkbox"/>	000000933	DEMO1933	45	M			13	Y			Y	Y		DEMENTI	04/05		DOC1
<input type="checkbox"/>	000000369	DEMO1369	54	M			12	Y			Y			PERMANE	12/05		DOC1
<input type="checkbox"/>	000000267	DEMO1267	50	F			12	Y					Y	PERMANE	12/05	11/13/06	DOC1
<input type="checkbox"/>	000000085	DEMO185	39	M			12	Y			Y	Y		OTHER-S	10/05	11/13/06	DOC1
<input type="checkbox"/>	000000473	DEMO1473	29	F			11			Y					11/05		DOC1

We supported incubation at several sites before pushing for scale execution

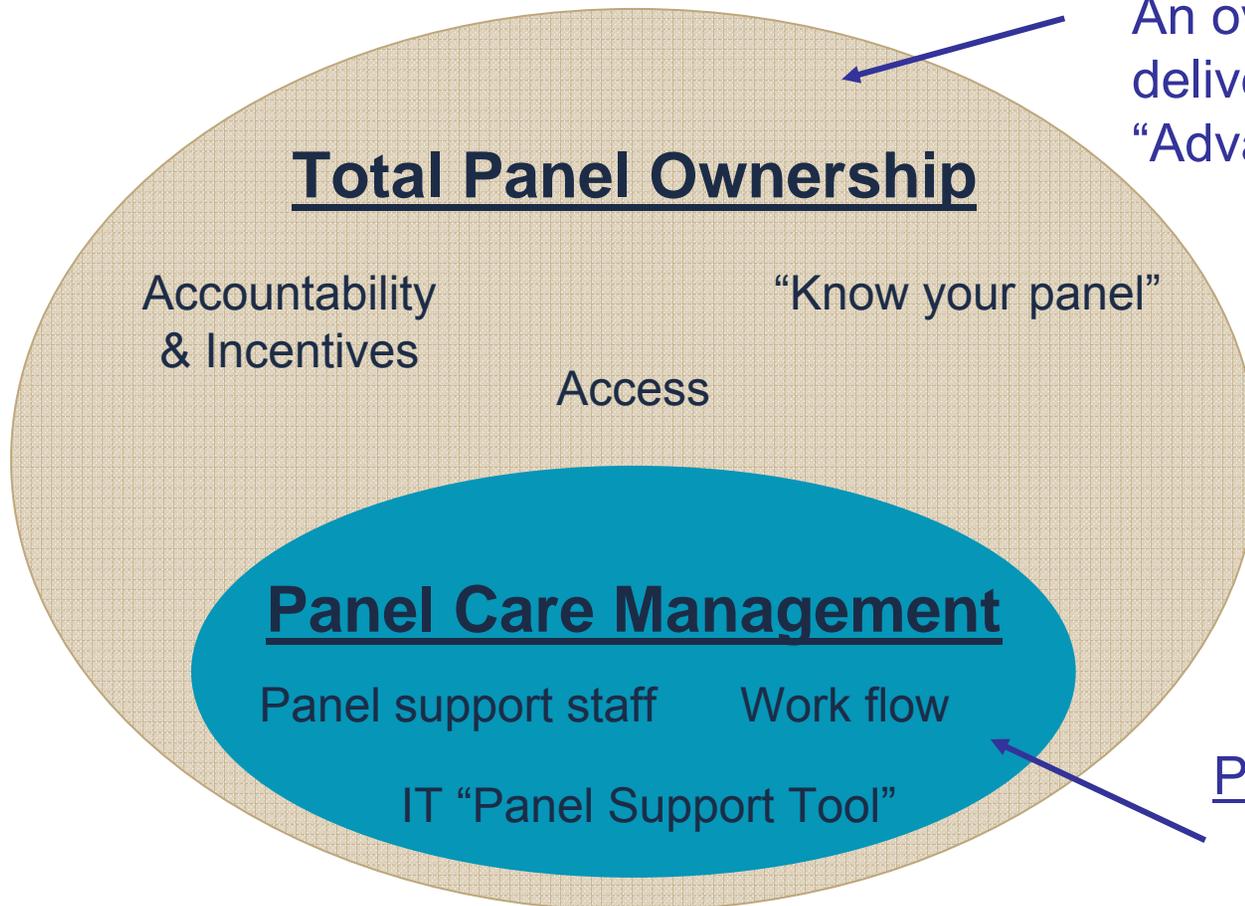


We used as scale-up sites KP's twelve 21st Century Care Innovation Teams



Total Panel Ownership:

An overall approach to delivering care, based on “Advanced Medical Home”



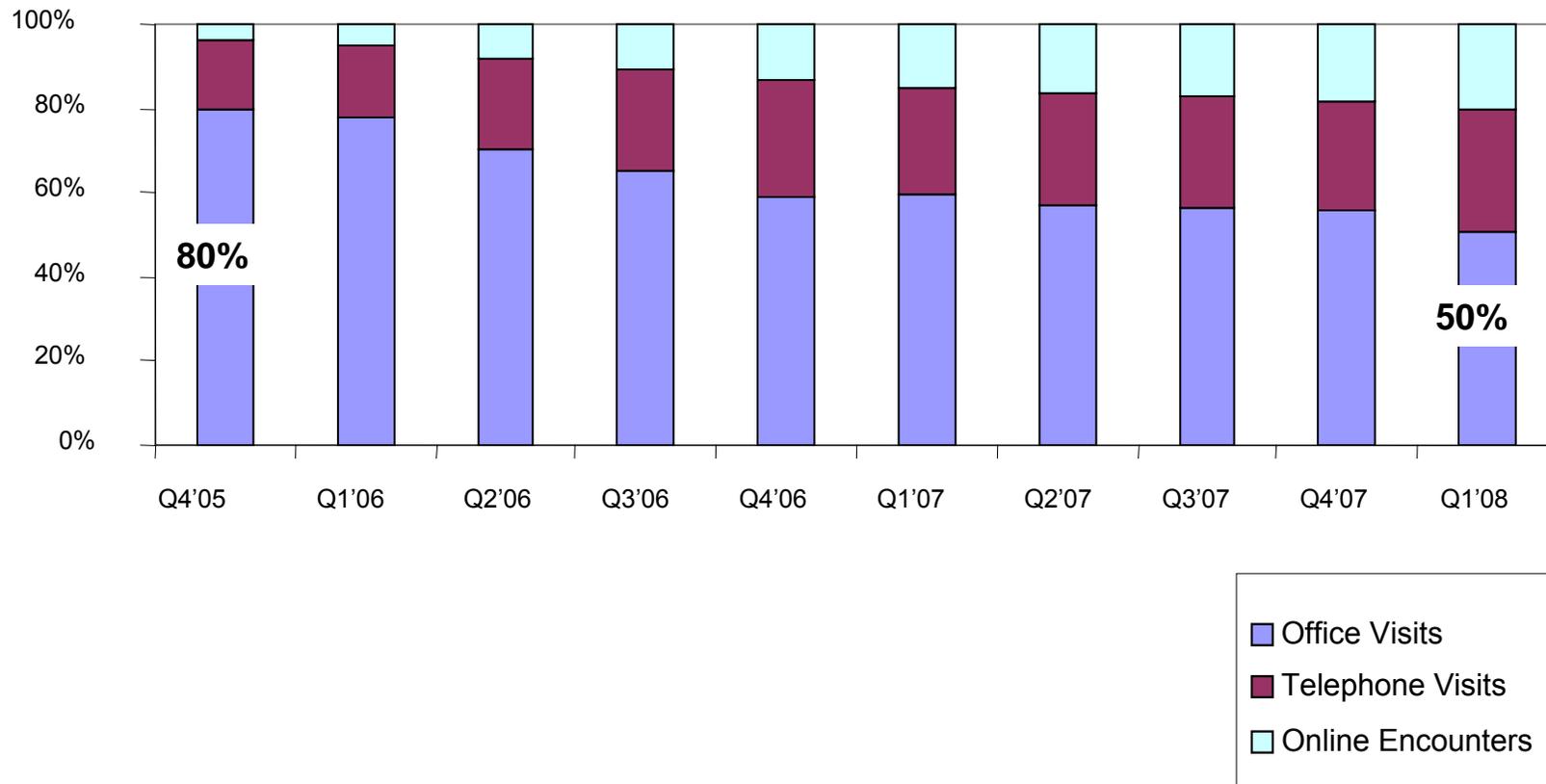
Panel Management:

Specific tools and processes for finding and closing “care gaps”

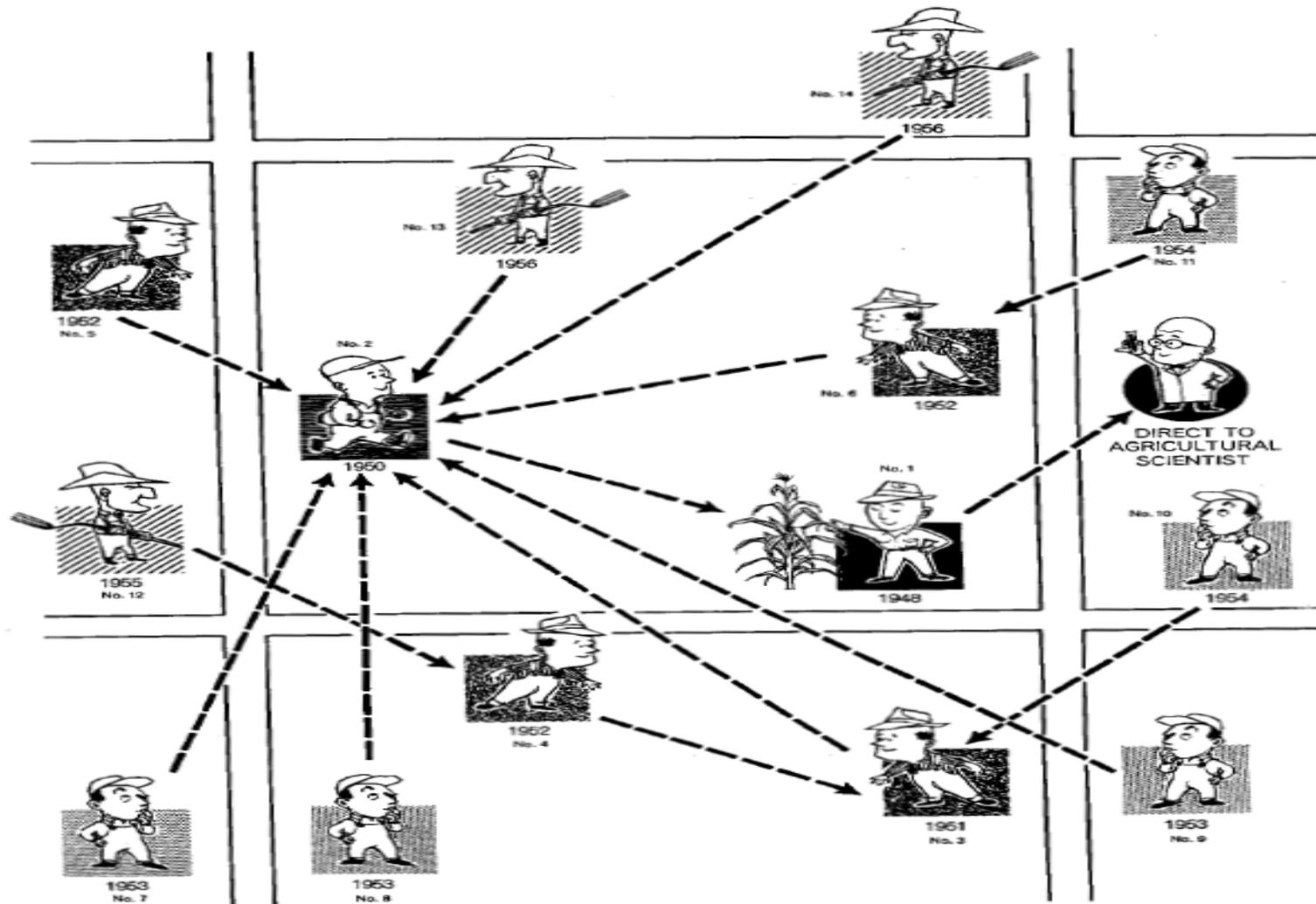
21st Century Care Innovation Teams have increased the role of care outside the office



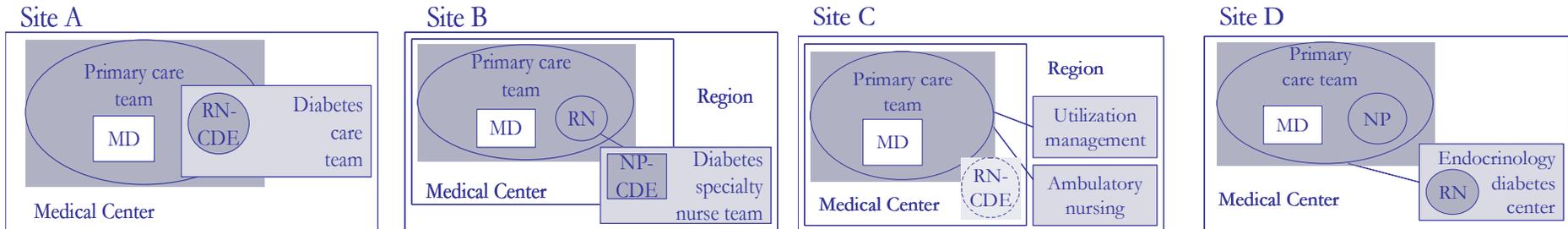
Distribution of Provider Touches -- 21CCIC Gold Teams



We used an Ag Extension model to provide networking and consultation



We encouraged and supported adaptation to local context



Adapt locally

Theory (per Paul Plsek)

- ▶ Health care is a Complex Adaptive System
- ▶ Find local Attractors
- ▶ Use only Simple Rules
- ▶ Spread is more likely to occur if local sites can adapt to their needs



Copy exactly

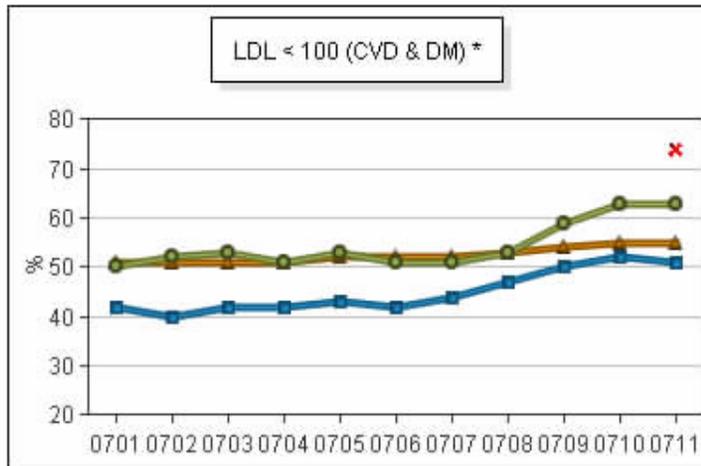
Theory (per Gabriel Szulanski)

- ▶ We're not as smart as we think
- ▶ Experience beats cleverness
- ▶ First import, then improve
- ▶ Spread is more likely to get results if local sites work with "exporters" to learn a proven model

We provided individual physicians “vital signs” to monitor their progress

▲ All Panels
 ● PCP
 ■ HCT
 ✖ Max

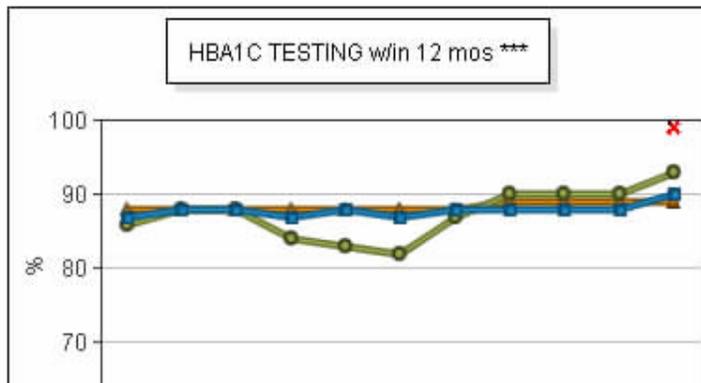
Intermediate Outcome



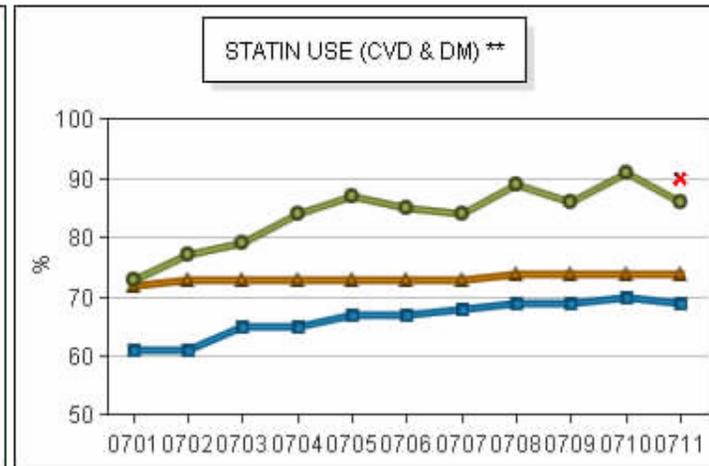
[Print](#) % CVD and DM pts with LDL LT 100

[Click Here to see All Intermediate Outcomes Graphs](#)

Chronic Condition Monitoring



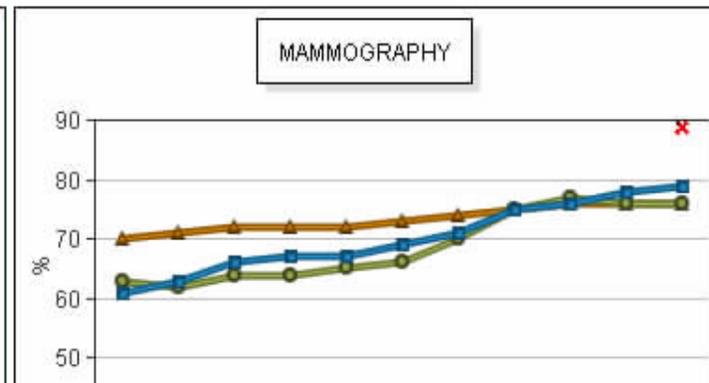
Therapy



[Print](#) % CVD and DM pts age 40-80 with recent Statin at min. Lova 40 or equiv.

[Click Here to see All Therapy Graphs](#)

Primary Prevention



Our approach to scale-up drew on IHI's Framework for Spread

Measurement and Feedback

- Metrics on national dashboard
- Qualitative assessment, with
- Patient focus groups and interviews
- Structured evaluation

Leadership

- Endorsement by top leadership
- Alignment across multiple levels (National, Regional, Local)

Social System

- Implementation support was largely through a well-established Population Care Implementation Network
- Network maintenance included identifying and supporting clinical champions
- Supported project managers over time, with multiple connections in clinical operations

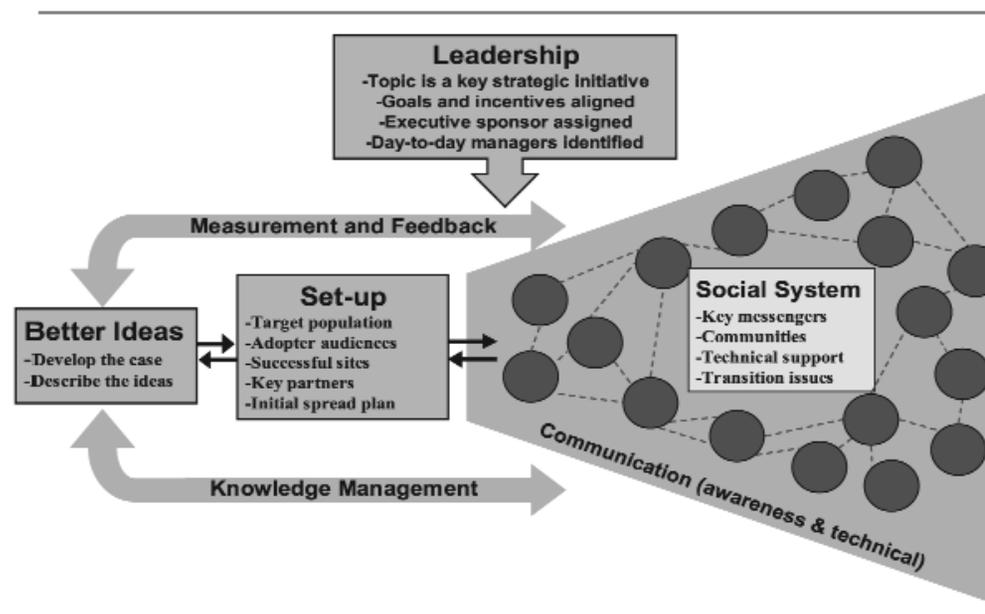
Better Ideas

- Compiled results from innovation sites
- The model showed strong results in three key areas: improved quality, increased satisfaction, and physician satisfaction

Set Up

- National and Local Infrastructure
- Regional teams visit source champions
- Featured several models – practices and results – at interregional network meetings
- Key components identified for spread

A Framework for Spread



Knowledge Management

- Business Case, Operations Manual and Spread Tools
- Trainings materials, etc.
- Panel Management Tool Kit with scripts, etc.

* Diagram in grey/blue represents IHI framework for spread, see Massoud M.R., et al.: A Framework for Spread: From Local Improvement to System-Wide Change. IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement, 2006. <http://www.ihl.org>

Many good recipes for scale-up and spread co-exist within KP

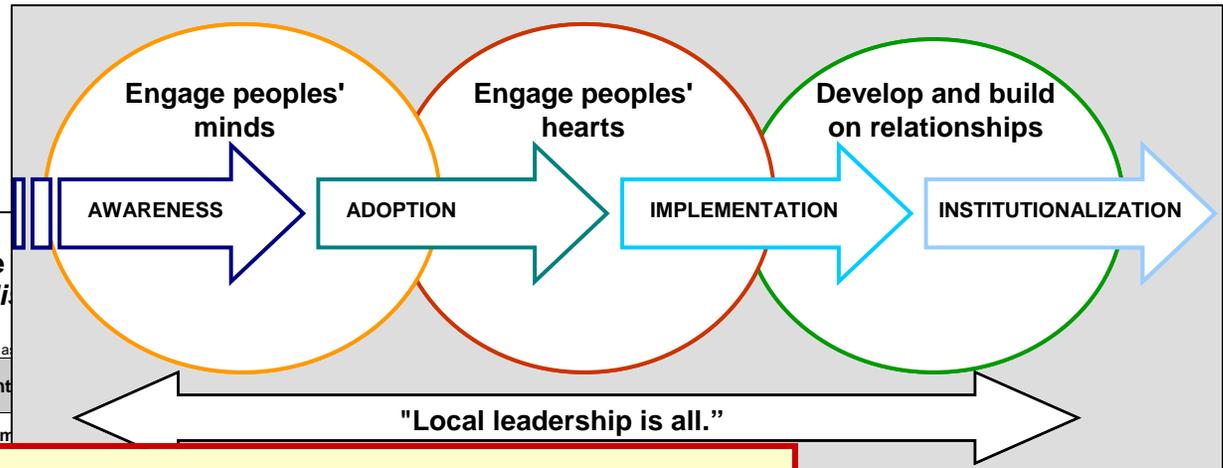
KAISER PERMANENTE care experience council

Lead Implementers / Change Implementation Checklist

(Lead implementer: person responsible for implementing the practice and might also serve as a champion)

Success Factors for KP Transfers (Strongest factors printed)

Challenge	<input type="checkbox"/> Is it important for your unit to solve this problem?
	<input type="checkbox"/> Is solving the problem a priority?
	<input type="checkbox"/> Are there financial resources available?
	<input type="checkbox"/> Are physicians/clinicians interested?
Lead Implementer	<input type="checkbox"/> Does this practice align with your unit's goals?
	<input type="checkbox"/> Are you convinced you can lead this project?
	<input type="checkbox"/> Will you have the time to lead this project during your workday?
MD Champion	<input type="checkbox"/> Will there be a champion (where applicable)?
Source Champion	<input type="checkbox"/> Do you trust the source of the practice?
	<input type="checkbox"/> Is the source credible?
Learning about the practice	<input type="checkbox"/> Will you be able to learn about the practice and its benefits?
	<input type="checkbox"/> Will you be able to learn from others who have implemented the practice?
	<input type="checkbox"/> Do you have support to provide: <ul style="list-style-type: none"> • Support



And after all that...

- Panel management is used in every KP region
- Models and roles are generally converging
- IT support is more robust and sophisticated
- We are nearly at our target of 90th percentile national performance on a composite measure
- We are nation-leading on some measures (i.e. mammography)
- But there's more to do!
 - ▶ Specialty care
 - ▶ Optimization to further improve reliability

- We need to be faster
- We need to be more reproducible – not develop a new scale-up model for every EB practice
- We need to learn more about how to choose a scale-up model that “fits” the opportunity properly
- We need to better understand what standard of evidence is needed to support scale-up within a delivery system
 - ▶ Lower standard than “generalizable knowledge”
 - ▶ Higher standard than local rapid-cycle improvement