



Support and Spread of Innovation in Kaiser Permanente: A Case Study

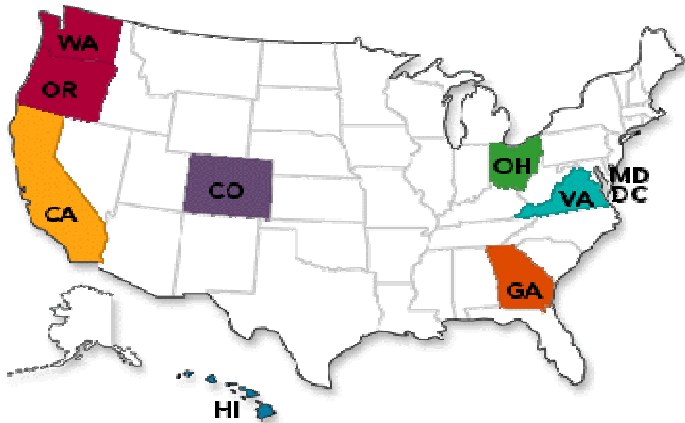
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About Kaiser Permanente

- Largest US nonprofit health plan – Founded 1945
- Integrated health care delivery system
- 8.6+ Million Members
- ~ \$35 billion annual budget



- 8 Regions Serving 9 States and Washington DC
- 37 Hospitals and Medical Centers, and 431 Medical Offices
- Nearly 150,000 employees overall, including 13,000 Physicians in 8 Regional Permanente Medical Groups (PMGs)

About Kaiser Permanente: 1 Layer Deeper

Inter-Regional (National) Features

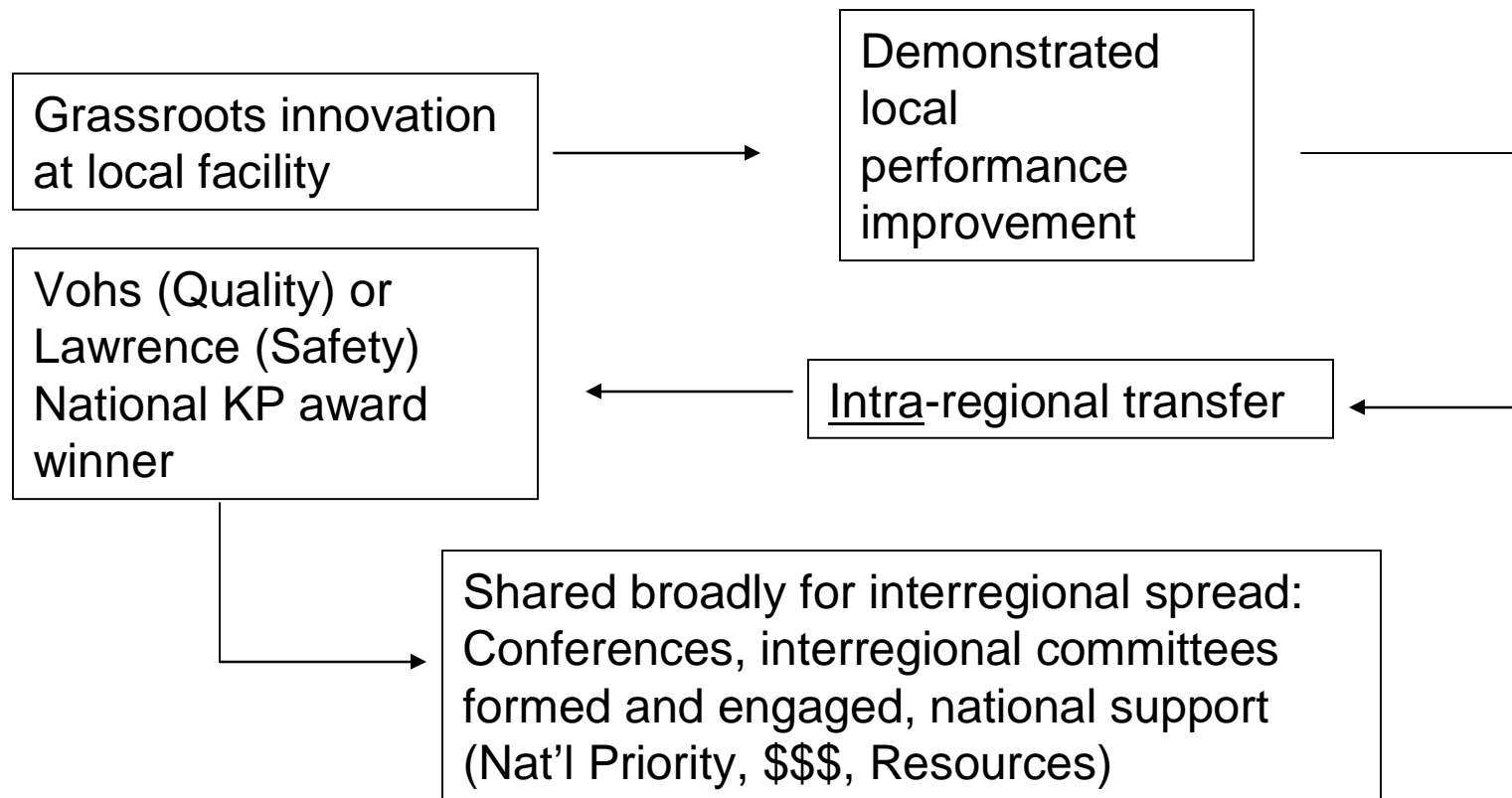
- n Common Core Values
 - 羊 Health Plan and Medical Group *Mutual Exclusivity* to form an *Integrated Delivery System*
 - 羊 *Pre-payment* (global capitation)
 - 羊 *Multi-specialty* Permanente *Medical Groups* (PMGs)
- n National Structures
 - 羊 The Kaiser Health Plan and Hospitals have a national Board of Directors
 - 羊 Shared governance and overall strategy
 - 羊 "Big Q" – Clinical Quality, Service, Safety, Risk Management, Compliance, Resource Stewardship
 - § Care Management Institute (Population Care and EBM)
 - § Formal networks for implementation and measurement
 - § Care Experience Council (Service and the Care Experience)
 - § National Product Council
- n Nat'l KP Recognition and Award Programs: Quality (Vohs) and Safety (Lawrence)

Intra-Regional (Local) Features

- n "Culture" is (largely) regionally defined/sustained
 - 羊 PMGs are regional organizations (collectively represented by the national Permanente Federation)
 - 羊 Budgets are administered at the regional and sub-regional (Medical Center and Clinic) level
 - 羊 Clinical work is done in local modules and wards
 - 羊 "Credit" – especially when things work - is (largely) owned locally

The Model for Innovation and Spread: Dual Channels

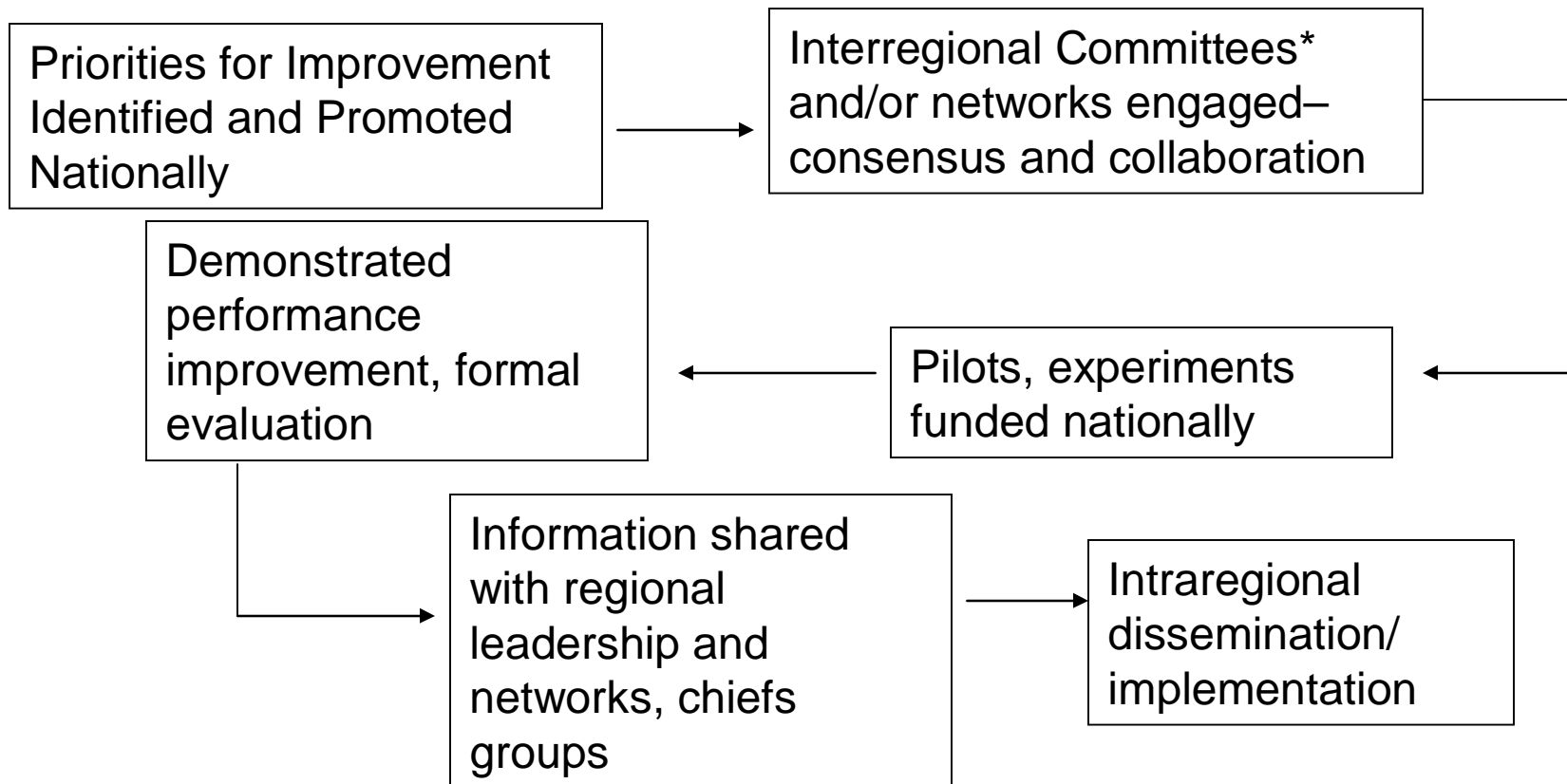
Channel A – Bottom Up



E.g. Enhanced Breast Cancer Mammography Screening from Southern California Region

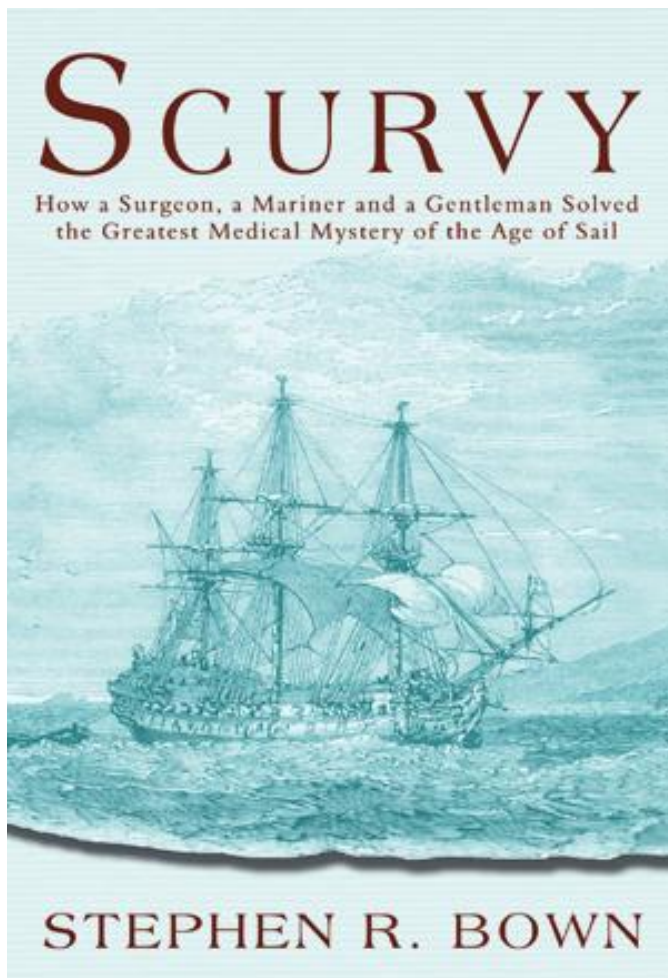
The Model for Innovation and Spread: Dual Channels

Channel B: Top Down



* Care Management Institute, Care Experience Council, National Product Council, KP Aging Network

Spreading Good Ideas...Lemons to Lovastatin (plus Aspirin and Lisinopril...)



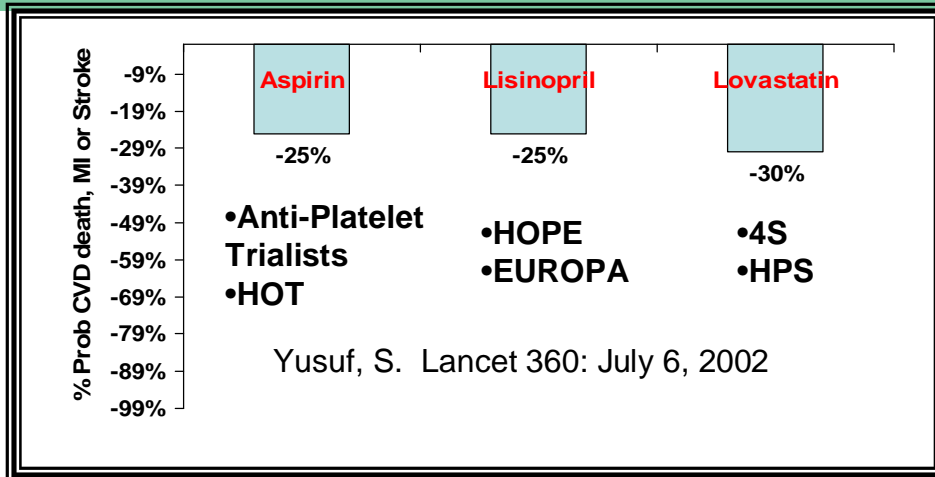
Multiple Risk Factor Management: Aspirin, Lovastatin, and Lisinopril ("ALL")

How the evidence, a model,
and a network are confronting a
huge medical problem...

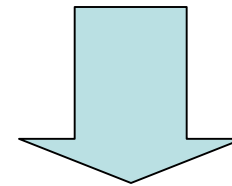
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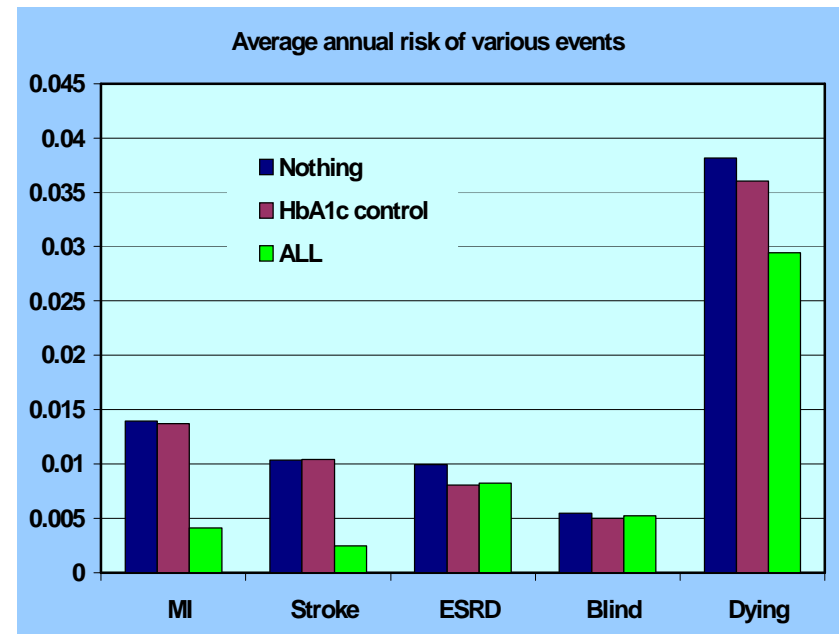
Cardiovascular Risk Reduction for Patients with Diabetes



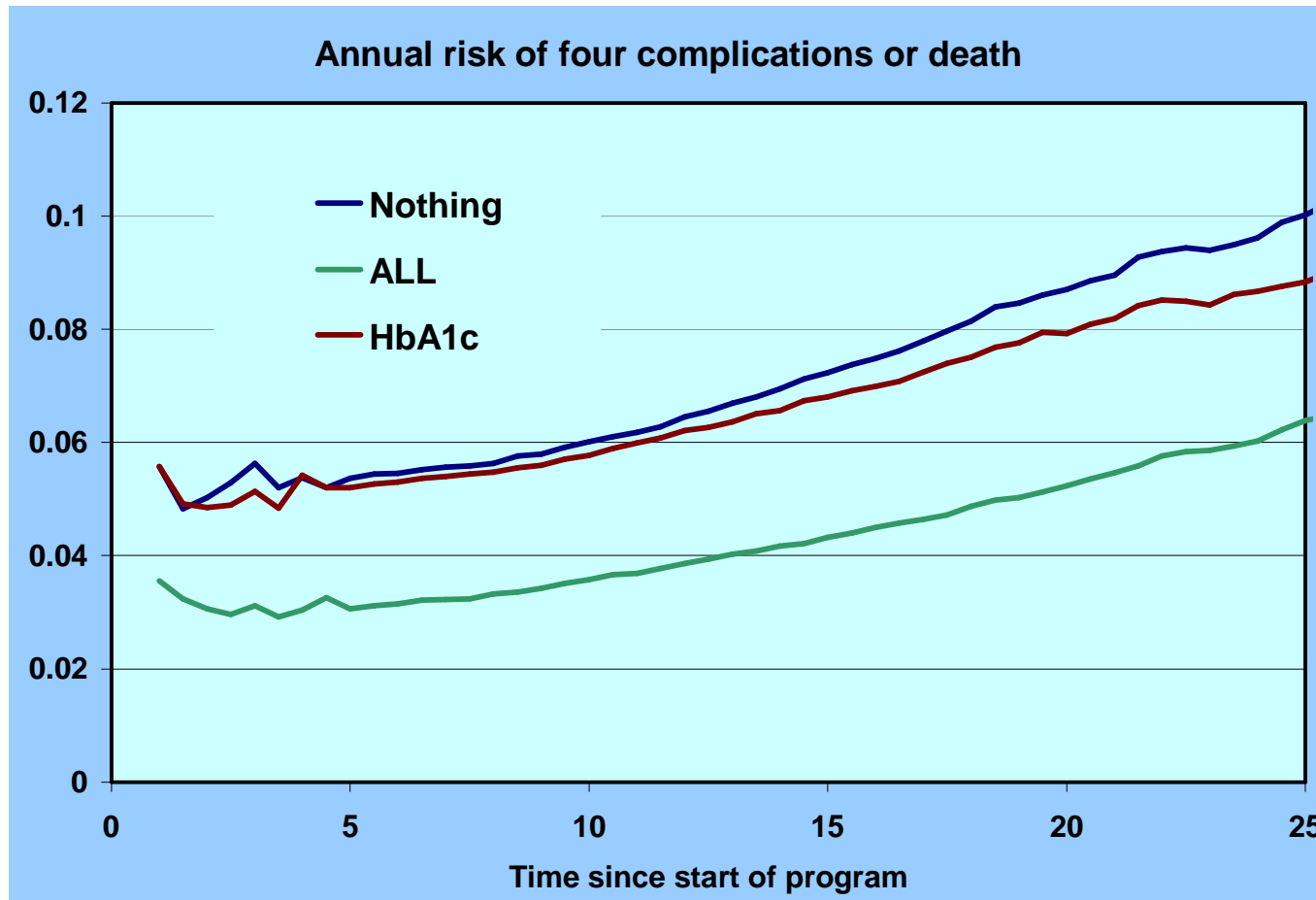
There is strong evidence that each of aspirin, lisinopril, and lovastatin – “ A-L-L ” - decrease CVD death, MI or stroke in high risk patients



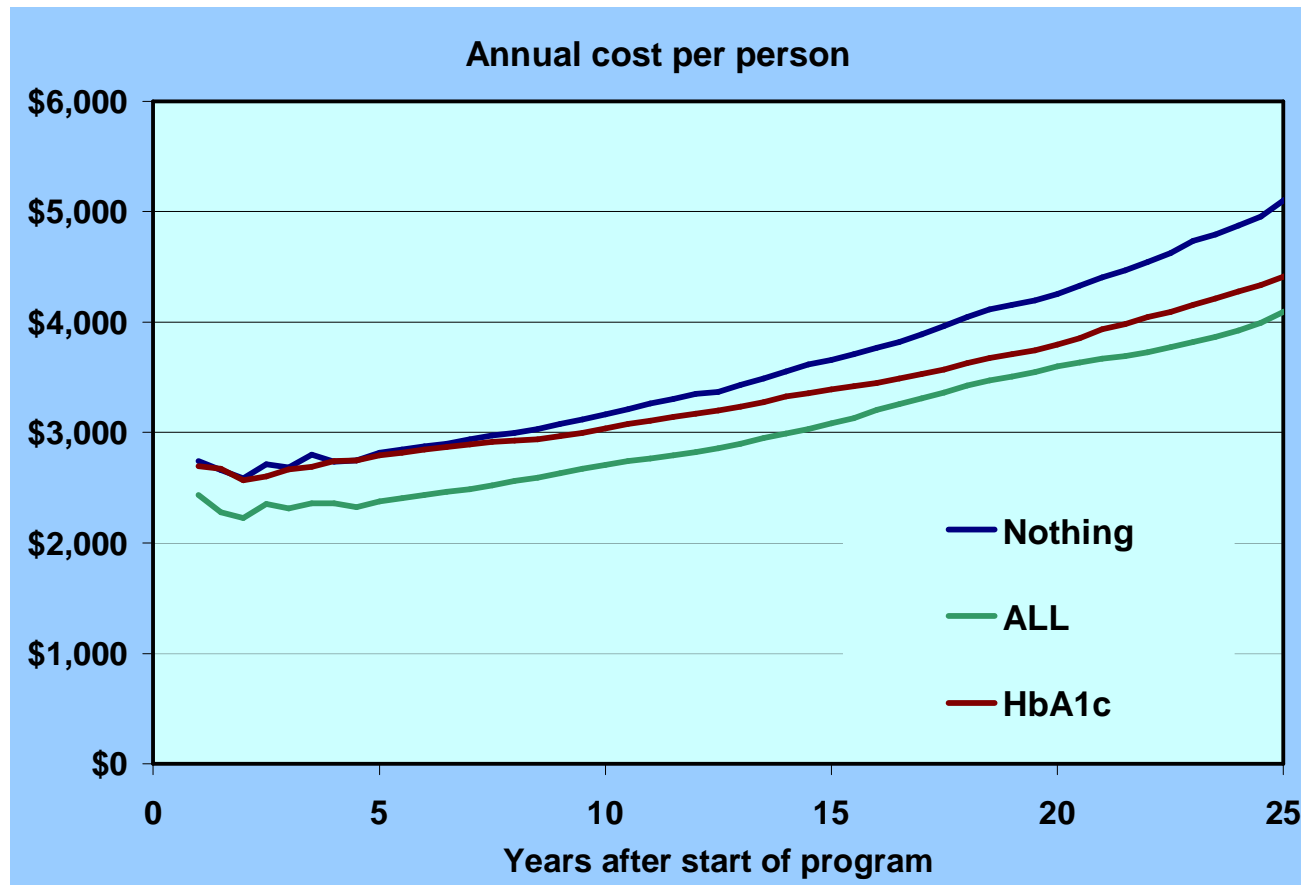
In patients with Diabetes, **ALL** as a combination has a ***much*** bigger impact on Cardiovascular risk than aggressive HbA1c (glucose) control



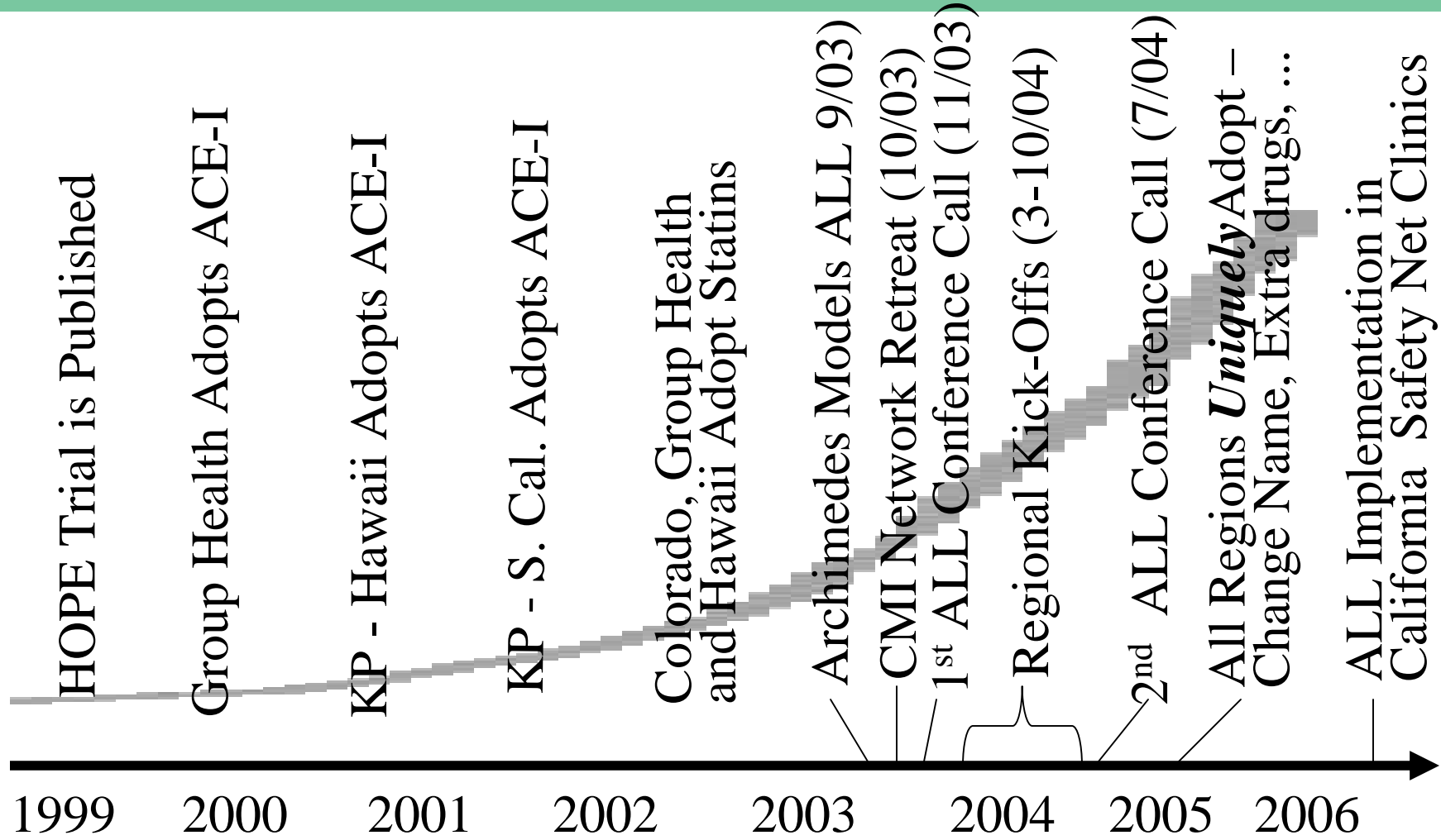
Use of the Archimedes Mathematical Model to Assess the Impact of "ALL" in Diabetes



The projected savings begin immediately and average \$600/person/year



Diffusion Timeline - "ALL"



Innovation and Spread...Contributors

n Credibility

- 羊 Docs - Strong Scientific Base

 - § External –Cumulative Research Literature

 - § KP- Archimedes (David Eddy) –“Done here”

- 羊 Operations - Strong Business Case

- 羊 Popular, Effective, and Tireless MD Advocate and Core Team

n Extended knowledge while challenging beliefs

- 羊 Edgy, creative tension but not (overtly) heretical

n Local Modification: Allowed Appropriate variability

n Priority: Initially Local, then CMI and then all Regions (*)

n Existence of an established Network

- 羊 Leveraged established capacity and competencies: Implementation as a recognized job and primary focus

- 羊 Leveraged Established Relationships – National and Local

n “Fit” with Network role

- 羊 Complemented and extended current efforts

- 羊 Did not require major change in almost anyone’s operational workflow

- 羊 Communication at time workplans for the coming year being formed

n Luck ...with timing, and ? Topic (*)

(* Possible further discussion...)