Agenda

- Personal reflection
- The ideal and the reality
- Evolution of population care at KP
- KP’s method for improvement
- Discussion
Takeaways

- Be disciplined about training, tools, language and measurement
- Frequent interaction with leadership at all levels
- Everyone starts where they are, and no place is perfect

Not Your Father’s Practice

Public Health  Accountability  Registries  Patient Safety  Outpt Safety  Net  Decision Support  Medical Care  EMRs  Mass Customization
Clinical Practice Guidelines  Medical Neighborhood  Algorithms  Presenteeism  Population Care  EBM  Disease Management
Regulatory Science  Disparities  Pt-Centered Medical Home  Proactive Office Encounters  Quality Demonstration  Feedback
Clinical Trials  Centers of Excellence  Managed Care  Specific Care  Social Determinants  VBID
Triple Aim
Roles

- Shaman
- Healer
- Doctor
- Partner/Guide

Uncomfortable Roles

- Provider
- Risk Exposure Unit
- Actuary

And lastly…
Drive-Thru Health Care: How McDonald's Inspired An Urgent Care Gold Rush

“…quest to make M.D.s wielding stethoscopes as accessible as baristas at Starbucks….”

KP Structural Alignment
Axes of… Tension

Enlightened Leaders: Out of strife..

The Care Management Institute (CMI)
- A Joint Health Plan, Permanente Medical Group entity to improve member care
- Founded in 1997
CMI Focus over the Years

- Clinical Practice Guidelines
- Measurement and Feedback
- Disease Management
- Models of Care
- Quality Demonstration
- Collaboration with Research Units
- Needs of similar groups of patients
  - Frailty/Advanced Illness
  - Transitions in Care
- KP Method for Improvement
- Population Care
  - Population segmentation with Person-oriented integration
- Health of the Population
The Time was Right…

- Clinical Trials
- Biostatistics
- Clinical Epi
- Clinical Practice Guidelines
- Regulatory Science
- Evidence Based Medicine
- HIT and Registries
- Personalized/Precision Medicine
- Social Determinants of Health

Episodic to Continuous Care
Art to Science

Public Health and Medical Care: Putting them together for Population Health
(and explaining it to doctors!)

Fielding and Teutsch - JAMA 305:20, 2011
Population Segments, not always by ICD code

- Healthy
- Maternal and infant
- Acutely ill, but mostly curable
- Chronic with adequate function
- Stable with significant disability (often not elderly)
- Short period of decline, near death (mostly cancer)
- Intermittent exacerbations and sudden death (mostly heart and lung failure)
- Long dwindling course (mostly frailty and dementia)


From Science to Team Implementation
KP Performance Improvement: History

- The CEO who mandated TQM training for all
  - Ten years went by……
- The Labor Management Partnership
  - Concentration on frontline staff
- Then the docs got interested!
  - Parallel course for docs

KP needs to build capability in these six areas in order to achieve breakthrough performance

- Leadership
- Systems
- Measurement
- Learning
- Capacity
- Culture

Best quality
Best service
Most affordable
Best place to work
**KP’s Quality Improvement Journey: Method for Improvement**

### 2005-2007
- Established strategic partnership with IHI
- Develop enterprise quality strategy
- Assess baseline capability to improve
- Establish KP’s big dots and ‘Big Q’
- Some best performance in KP and high variation

### 2008-2010
- Develop Improvement Institute
- Hire master black belt mentors
- Adopt IHI’s execution model in medical centers
- Focus on alignment, portfolio management, achieving scale
- Deepen commitment to analytics, evaluation, research
- KP HealthConnect fully implemented, optimizing
- Targeted participation in IHI programming

### 2011-Beyond
- Focus on technology integration, informatics and improvement at scale
- Develop deep capability at regional levels
- Expand capability to operate as a learning organization via networks and Knowledge Management
- 4 part series published in the Joint Commission Journal
- KP NCQA results, Medicare Stars best in class performance across KP
- Focus on total health

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**How many?**

\[ \sqrt{n} \]
**AIM:** Assist regions and facilities in developing, testing and implementing a KP-wide performance improvement system that builds the capacity to execute on high priority initiatives in each Kaiser Permanente region by 2010.

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### Principles
- Define organizational needs
- Create system view
- Plan/ manage improvement

### What we “do”
- Align with strategy
- ID drivers and portfolios
- Build capability to improve

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#### Learning system
- Economic and social context for change
- Models of workplace learning
- Team performance

- Engaging the hearts and minds of the front line
- Creating “line of sight” to strategic goals
- Define high performing unit-based teams
Improvement

WILL

EXECUTION

IDEAS

Building Will

Define Breakthrough Goals

Spread and Sustain

Provide Leadership for Large system Projects

Manage Local Improvement

Provide Day-to-Day Leaders for Micro Systems

Develop Capability

Source: IHI 2008
Will: From Strategy to Execution

Big Aim → Strategy → Dashboard → Targets

Building Capacity to Improve by Developing our Skills

- Used common language for the organization based on MFI, Lean, Six Sigma

What are we trying to accomplish?
How will we know that change is an improvement?
What change can we make that will result in improvement?

- Process map
- 5W1H
- Lean/6S
- Cause/effect
- QPI
- DMAIC

- Standardize and simplify:
  - 5S
  - Reduce waste
  - Cause/effect
  - QPI
  - DMAIC

- Apply evidence-based practices
- Just do it

Process capability
Managing variation
Process controls
Sustain
Spread plan

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Content: What Skills Do We Need?

Leaders

Many People

for PI knowledge and sets they need, when they need them, and in the appropriate amounts.

Operational Leaders Workshop

Few People

Experts

Agents

Knowledge

Local Training

Middle KP Approach:

in the appropriate performance improvement project – Develop and make robust tests of change for their performance improvement project – Measure improvement using run charts – Use simple tools to standardize and simplify work areas and work flows

How We Develop Improvement Skills

Curricula & Learning Objectives

Performance Improvement Executive Days

– Exposure to PI concepts, the KP approach to PI and available resources, roles and responsibilities
– Learn to drive improvements and manage information, shape the organizational culture needed to drive world class improvement

Operational Leaders Workshop

– Understand the KP approach to PI and leaders’ role in execution
– Understand the role of champions in improvement efforts
– Describe their role in the implementation of the performance improvement work
– Define the difference between measurement for improvement and measurement for accountability

Champion Workshop

– Understand evidenced based strategies for performance improvement
– Develop their strategy for the prototype process
– Understand leadership, sponsor and champion roles
– Map drivers of performance locally

Front-Line Staff RIM plus

– Develop and make robust tests of change for their performance improvement project
– Measure improvement using run charts
– Use simple tools to standardize and simplify work areas and work flows

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Moving Forward…

- Use your assets
- Identify your gaps
- Fill those gaps
- Provide frequent feedback
- Connect ‘heart’ and ‘head’
- Be resilient

Thrive!
Discussion