Learning Objectives

- Experience social and nonmedical needs from the perspective of an aging person and explore new ways to encourage staff and patient participation in innovation.
- Understand the drivers of health and well-being in the elderly and the need for innovation in patient-centered assessment and planning, complex care coordination, the provision of care wherever it is needed, and social and nonmedical care.
- Discuss an actionable portfolio of innovative delivery system tactics for immediate implementation.
Age Different: Overview for Today

- Who We Are and Why We Care
- Caring for the Whole Person
- Transforming Care
  - Age Different | Learn Different | Deliver Different
  - Complex Care Members
  - Complex Care & Social Needs: Hawaii Experience
  - Understand Needs
  - Empower Everyone
  - Coordinate Delivery
  - Deliver Anywhere
- Imagining Care Anywhere
- Call to Action

KP Values & Commitment to Quality Unchanged

**KP Value Compass**

Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.

**KP Mission**

- We achieve the KP Mission and the Triple Aim through our unyielding focus on delivering high-quality care and following the principle of doing no harm. We recognize an ethical responsibility to remain good stewards of our members' resources so that we are able to bring our high-quality, coordinated care to more people within our communities.

- At Kaiser Permanente, medical decisions are made by physicians in partnership with their patients. We support conversations between physicians and patients to discuss appropriate medical options and reach decisions that are supported by sound medical judgment, including evidence-based practices while maintaining our commitment to quality care and affordability.

**Triple Aim**
About Kaiser Permanente

- Nation’s largest non-profit health plan
- Integrated health care delivery system
- 9.5 million members
- 16,000+ physicians
- 174,000+ employees (including 48,000+ nurses)
- Serving 8 states and the District of Columbia
- 38 hospitals
- More than 600 medical offices
- $53.1 billion operating revenue*

*Kaiser Permanente 2013 Press Release

Kaiser Permanente: An Integrated Care Delivery System

- Permanente Medical Groups
- Kaiser Foundation Hospitals
- Member/Patient

© 2014 Kaiser Foundation Health Plan, Inc.
14.5% of the 9.5 million members in the Kaiser Permanente population are 65 or older.

- 13% are Medicare members.
- Medicare membership grew 3.6% Program-wide in 2013; forecasted to grow 5.2% in 2014.

U.S. population age 65 and older will double in size from 43.1 million in 2012 to 83.7 million in 2050.

Source: U.S. Census Bureau.
Kaiser Permanente’s Key Success Factors

- Clear, agreed-upon mission
- Clinical leadership
- Culture of measurement, comparison, acknowledgement, learning, and improvement
- Aligned structure and incentives
- Integrated information technology

Opportunity to Improve Health and Well-being

Health-service and social-services expenditures for OECD countries, 2005, as % GDP
Many Factors Drive and Shape Health

Health is driven by multiple intricately linked factors – of which medical care is one component. Total health is a comprehensive solution that addresses all components.

Drivers of Health

- **Personal Behaviors**: 40%
- **Family History and Genetics**: 30%
- **Medical Care**: 10%
- **Environmental and Social Factors**: 20%

Source: McGinnis et al, Health Affairs, 2002

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**Exercise: What’s Your Story?**

:: Estee Neuwirth
Caring for the Whole Person
:: Jann Dorman

Redwood:
Exploring the Social & Non-Medical Needs of Our Older Members
Caring for the Whole Person

5 social ingredients

Purpose  Interactions  Family/Friends  Planning  Finances

Transforming Care
:: Jann Dorman
Age Different …

### FEWER HIP FRACTURES.
### MORE HIP SENIORS.

- KP.org

Learn Different …

Transformation Landscape - High-Potential / High-Value Tactics

<table>
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<tr>
<th>Extend the Delivery System</th>
<th>KP Care Settings</th>
<th>Technology Enabled Care Settings</th>
<th>Community Care Settings</th>
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<td>Empower Members and Caregivers</td>
<td>Acute, Urgent &amp; Emergency Care Encounters</td>
<td>Hospital &amp; ED</td>
<td>Home</td>
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<td>Care Transitions</td>
<td>Home</td>
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<td>Palliative Care</td>
<td>Hosp at Home</td>
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<td></td>
<td>Ambulatory Care Encounters</td>
<td>Clinic</td>
<td>Everywhere</td>
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<td>Generic ED</td>
<td>Integrated Complex Care</td>
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<td>Generic Specialty Deployment</td>
<td>Primary Care Home Visits</td>
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<td>Generic Med Home</td>
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<td>&quot;Respecting Choices&quot;</td>
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<td>Population Care Encounters</td>
<td>Care / Case Management</td>
<td>Call Centers / KP.org</td>
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<td>Clinical Onboarding</td>
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</table>

- Kaiser Permanente

"Respecting Choices"
Deliver Different …

Understand Needs  |  Empower Everyone  |  Coordinate Delivery  |  Deliver Anywhere

Transforming Care for Complex Members
:: Michelle Wong
Complex Care Patients

- Use more health services and receive care from more and different health professionals
- Have functional limitations and require caregiver support
- Often rely on nonmedical/social services, e.g. transportation, meal delivery
- Often end up having complications treated in emergency rooms or hospitals when their needs are not met
- Incur disproportionate costs
7-minute Clinic Encounter

Medical History

- Dementia with behavioral disturbances
- Failure to thrive
- Heart Failure
- Recurrent C. diff infection
- Diabetes
- Hypertension
- Hyperlipidemia
Deliver Different ...

Understand Needs  Empower Everyone  Coordinate Delivery  Deliver Anywhere
Understand Needs
:: Jim Bellows and Matt Stiefel

Understand Needs
Segmentation

- Physician-validated clinical algorithm creates four Care Groups
- Risk & utilization vary within each Care group
- Helps to personalize care, aligns resources to needs
- Used in combination with various risk stratification tools
KP Member Health Assessments

- Overview
- Total Health Assessment (THA) for Medicare Members
  - Overview
  - KP Colorado’s “PATHWAAY for Seniors” workflow
  - KP Colorado’s Medicare THA Outcomes Evaluation Study Results
- Health History Questionnaire (HHQ) for New Adults
  - Purpose, key benefits, and modes of administration
Scope of KP’s Member Reported Health Assessments

**Instrument Types**
- Health History (Medical, Family, and Social History)
  - New member onboarding & triage
    - Medical, family, social history
    - ID of health needs, conditions

- Health Assessment (Health, Functional, and Risk Status)
  - Self awareness, education, needs ID, planning, population care
    - Overall health, mental health, quality of life, pain
    - Functional status
    - Behavioral & social risks
    - Resilience & Readiness

- Episode/Condition-specific Patient-Reported Outcomes
  - Track progress and plan for care
    - Health status
    - Functional status

**Frequency**
- Onboarding (Within first x days)
  - Data to precipitate triage/outreach
  - Data to populate HC prior to office visit
  - Data for Population management & Resource planning

- Onboarding and Periodic
  - Action plan/engagement plan
  - Risk & benefit prediction
  - Data for Health Plan, Employers, Clinicians, Population health, Outcomes research, Member goals

**End User(s)**
- Clinician, care system, health plan, regulator, researchers
- Member, clinician, care system, health plan, regulator, researchers, employer
- Member, clinician, care system, health plan, regulator, researchers

**Uses**
- Data to precipitate triage/outreach
- Data to populate HC prior to office visit
- Data for Population management & Resource planning
- Action plan/engagement plan
- Risk & benefit prediction
- Data for Health Plan, Employers, Clinicians, Population health, Outcomes research, Member goals
- Shared decision making
- Preferences
- Data for Tracking clinical progress, Outcomes research, Member goals
- Data for Tracking clinical progress, Outcomes research, Member goals
- Data for Health Plan, Employers, Clinicians, Population health, Outcomes research, Member goals

**Total Health Assessment (Medicare) and the Health History Questionnaire (Adult)**

**Health History Questionnaire (HHQ)**
- Intended use to support new member clinical onboarding
- Covers medical, family, social history
- Auto-upload into EMR
- Modes: online, tablet, paper
- 2014 pilots, 2015 rollout

**Annual Medicare THA Questionnaire**
- Fulfills HRA requirement of Annual Wellness Visit (AWV) benefit
- Covers overall health and functional status, psychosocial risks, behavioral risks
- Used to construct Personal Prevention Plan, also a required element of AWV
- Auto-upload into EMR
- Modes: online, IVR, tablet, paper
Deliver Different …

Understand Needs  Empower Everyone  Coordinate Delivery  Deliver Anywhere

Empower Everyone
:: Jann Dorman and Michelle Wong
Jann’s Experience in the Field

Community Integration
Deliver Different …

Understand Needs
Empower Everyone
Coordinate Delivery
Deliver Anywhere

Coordinate Delivery
:: Jann Dorman and Andrew Bertagnolli
External Health Care Delivery System Scanning

Interviews with 16 healthcare delivery systems were conducted. Scanning efforts have not identified a single solution, but rather a suite of solutions with an overriding theme of integrating primary care with behavioral health in a bi-directional manner.

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<tr>
<th>Primary Care Setting</th>
<th>Specialty Behavioral Health Setting</th>
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<td>Inpatient, Intensive Outpatient and Crisis Services</td>
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<td>Telephone Based Coaching</td>
<td>Medication Management</td>
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<tr>
<td>Medication Management</td>
<td>Individual and Group Therapy</td>
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<tr>
<td>Integrated Behavioral Health Clinician</td>
<td>Case Management</td>
</tr>
<tr>
<td>Nurse Care Management</td>
<td>Skills Training</td>
</tr>
</tbody>
</table>

Guided Self-Help – Skills Building

Medication Management

Integrated Behavioral Health Clinician

Nurse Care Management

Near-Real-Time Psychiatric Medication Consultation

Telephone and Internet Based Care Where Appropriate

Treat-to-Target Approaches

External Organization Interviews During Scanning Process

During Scanning Process

[List of organizations]
Coordinate Delivery
Integrated Behavioral Health

Member Assistance, Health Coaching & Primary Care

Specialty Behavioral Health

General Wellness Promotion

Emotional Wellness Promotion

Self-Help & Peer Support

Brief Intervention

Psychotherapy

Intensive Outpatient Intervention

Inpatient Intervention

- Mild Anxiety & Depression
- Stress Management
- Smoking Cessation
- Alcohol Misuse
- Healthy Eating
- Active Living

Deliver Different …

Understand Needs

Empower Everyone

Coordinate Delivery

Deliver Anywhere
Deliver Anywhere
:: Alen Vartan and Lonneke Rompen

Dutch Systems Approach to Specialty Care

Alen Vartan, MPH
Senior Director, National Resource Stewardship, Kaiser Permanente

Lonneke Rompen, MSc
Senior Consultant, Care Management Institute, Kaiser Permanente
## Outline of Today’s Session

- Describe current state of Parkinson’s disease care delivery
- Incorporate the voice of members, caregivers and health care team
- Describe key elements of the Dutch “ParkinsonNet” model
- Facilitate Q&A

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**Imagining Care Anywhere**

:: Faye Sahai
Exercise: Your Story
:: Estee Neuwirth

Call to Action