Kaiser Permanente Equitable Care Case Study

IHI M18: Achieving Health Equity – What Will it Take?
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Choosing a Performance Improvement Project

Important Factors to Consider

- Health care industry trends
- Alignment with organizational goals and priorities
  - Group or Individual Practice
  - Department Goals and Priorities of Leaders/Physician Directors
- Clinical implication and significance
- Personal interests and passion
- Availability of Baseline Data (what are we trying to improve?)
  - Collected by the organization (clinical documentation, patient self-reported, claims)
**Best Prevention and Promotion of Healthy Behaviors**

- Screen members regularly and ensure that people are connected to the resources and tools
- Actively promote healthy behaviors and lifestyles to help maximize well-being.

**Best Care for Chronic Conditions**

- Integrate primary and secondary prevention and treatment for members with Hypertension
- Connected care and mobility agenda provides members with more choice.

**Best Care Experience**

- Partner with patients and their families to provide excellent, safe, and compassionate care to every patient, every time, and empower patients to develop a tailored and personal care plan.
- Reduce gaps in control rates between Whites and AA by 50% over 2 years.

**Equitable Care**

- Project Selection: National Strategic Imperatives – DRIVER Diagram
- Transformation Care Delivery, “Best Care for Everyone”
- Best Prevention and Promotion of Healthy Behaviors
- Screening and Early Detection
- Promoting and Modeling Healthy Living
- Integrated Cardiovascular Health
- Ease and Convenience
- Patient and Family Centered Care
- Hypertension Control for African Americans (AA)

**Documenting PDSA (Plan, Do, Study, Act) Cycles**

- Development of Regional Health Disparities Reports
- Integration of R/E Data (PONIT) Population Management Tool
- Leadership focus continue at every opportunity; vision and process being spread regionally
- All were adopted
- MAL BP Clinics for week follow up
- Hypertension Doctor
- Group Appointments: 50
- Panel Management: focus in African American population
- Health care delivery system redesign

**Act - Plan - Study - Do**

- Self-reported RELP Data Collection
- Improvement of hard-stop in eMR during registration process
- Rate of facility over- at HTN performance compared to regional data
- Review of facility over- at HTN performance compared to regional data
- Culture change through leadership focus and commitment
- Leadership focus continue at every opportunity; vision and process being spread regionally
- All were adopted
Controlling High Blood Pressure for Kaiser Permanente

![Graph showing blood pressure control rates for different groups over time.](image-url)

- **All Members**
- **Black or African American**
- **Asian or Pacific Islander**
- **Hispanic or Latino**
- **White**
- **HEDIS Natl 90th Pctile**

<table>
<thead>
<tr>
<th>Year</th>
<th>Black/African American</th>
<th>White</th>
<th>Hispanic or Latino</th>
<th>Asian or Pacific Islander</th>
<th>All Members</th>
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<tbody>
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<td>2004</td>
<td>8.2%</td>
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</tr>
</tbody>
</table>

- **Diversity** (White Rate minus Black or African American Rate)

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- **Number needed to close gap**

  - 2004: 130,151
  - 2005: 134,896
  - 2006: 136,157
  - 2007: 133,521

- **Number needed to close gap**

  - 2004: 6,513
  - 2005: 5,995
  - 2006: 5,343
  - 2007: 5,343