

# **INTEGRATION PROPOSED SYNOPSIS OF BETTER PRACTICE**

## **Kaiser Permanente (USA) A Population-Oriented Integration Model**

### **Section I: Summary**

Kaiser Permanente (KP) has implemented an integrated delivery system (IDS) in a number of markets in the USA. Kaiser accomplishes an IDA at three levels including:

- 1) Integrating the financial and the delivery functions;
- 2) Integrating care across sectors and disciplines (vertical, horizontal, cross-sectoral integration); and
- 3) Integrating care over time.

The key to health care system, health care delivery, and health status improvements is not a function of increased financial incentives alone but rather of fundamental changes in the way services are organized, how a system manages the health care needs of the population, and a shift in priority between primary and specialized care.

### **Section II: Statement of purpose**

The KP system consists of a consortium of three separate but interdependent groups including the Kaiser Foundation Health Plan, the Kaiser Foundation Hospitals, and the integrated with interdependent physician group practices called Permanente Medical Groups. The health plan provides the business insurance component while the hospitals and medical groups provide clinical services. However, to the public or population being served, all three separate but interdependent pieces are seen as a single unit, KP.

KP provides integrated patient access to care by:

- Focusing on a team based approach to clinical care;
- Providing multiple specialty medical centers; and
- Making available KP Health Connect, an electronic health system in which providers and patients can access (protected) health care information.

Factors that contribute to successful health care integration at KP include:

- Early and continued focus on the importance of primary care and disease management;

- Recruiting clinicians who value prevention and provide a whole systems approach to health care delivery;
- Electronic health records supporting prevention (such as electronic reminders to providers and/or members when a check-up is due); and
- Comprehensive disease management programs comprising of:
  - Clinical guidelines;
  - Risk stratification of patients with chronic diseases;
  - Patient self-management education;
  - Disease registries;
  - Proactive outreach to selected patients;
  - Multidisciplinary care teams; and
  - Continuous quality of care improvements through KP's Care Management Institute.

### **Section III: Outcomes**

The success of the KP integrated health care system has been attributed to their financial investments, but more importantly, to the way they have organized their care delivery model, managed the needs of their members, and to their focus on prevention and early management of chronic illnesses.

In addition, KP continues to maintain an efficient management of their hospital utilization, continues to invest in information technology, and invest resources in ways to consistently integrated the health care delivery system and care throughout the KP system.

### **Section IV: Contact Information and References**

#### Source of Information

Strandberg-Larson, Martin, Michaela L. Schiotz, and Anne Frolich. "Kaiser Permanente revisited—Can European health care systems learn?" 2007 Eurohealth Vol. 13(4). Available at [www.euro.who.int/observatory/publications/20020524\\_26](http://www.euro.who.int/observatory/publications/20020524_26). Accessed on December 1, 2008.

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