Patients with Chronic Diseases Benefit from Support Targeted to the Level of Care They Need

Kaiser Permanente, Northern California

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Patients who have chronic diseases or who are at risk of developing one require different levels of support and care. Kaiser Permanente's Northern California region developed a strategy to improve the care and outcomes for these patients by dividing their care into three well-defined levels of specialty care.

Level one is primary care with self-care support for the 65 percent to 80 percent of patients whose conditions are responsive to lifestyle changes and medications. Level two is assistive care management for the 20 percent to 30 percent who require complex medication regimens or have appearance problems and comorbidities. For the 1 percent to 5 percent of patients with advanced disease and complex comorbidities, Kaiser provides a level three strategy of intensive case management and specialty care.

Excerpted from:

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Organized Health Care Delivery System •
Kaiser Permanente: Bridging the Quality Divide with Integrated Practice, Group Accountability, and Health Information Technology
By Douglas McCarthy, Kimberly Mueller, and Jennifer Wrenn, Issues Research, Inc.
http://www.commonwealthfund.org/~/media/Files/Publications/Case%20Study/2009/Jun/1278_McCarthy_Kaiser_case_study_624_update.pdf

"Improving Population Health. The Northern California region uses a population and patient-panel management strategy to improve care and outcomes for patients who have—or who are at risk for developing—chronic diseases. This approach is built on the philosophy that a strong primary care system offers the most efficient way to interact with most patients most of the time, while recognizing that some patients need additional support and specialty care to achieve the best possible outcomes. Patients are stratified into three levels of care:

1. Primary care with self-care support for the 65 percent to 80 percent of patients whose conditions are generally responsive to lifestyle changes and medications.

2. Assistive care management to address adherence problems, complex medication regimens, and comorbidities for the 20 percent to 30 percent of patients whose diseases are not under control through care at level one.

3. Intensive case management and specialty care for the 1 percent to 5 percent of patients with advanced disease and complex comorbidities or frailty.

Level one emphasizes a proactive team approach that conserves physician time for face-to-face encounters by enhancing the contributions of ancillary staff (medical assistants and also nurses and pharmacists in some locations) to conducting outreach to patients between visits. . .

At level two, care managers (specially trained nurses, clinical social workers, or pharmacists) support the primary care team to help patients gain control of a chronic condition. . . .

An example of intensive case management (level three) is a cardiac rehabilitation program called Multifit for patients with advanced heart disease, such as those recovering from a heart attack or heart surgery. Nurse case managers provide telephonic education and support for up to six months to help patients make lifestyle changes and reduce their risk of future cardiac events. . . ."

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