
A Proactive Office Visit that Integrates Collaborative Care and Health Information Technology Significantly Improves Quality of Care

Kaiser Permanente, Southern California

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Individuals in the United States, regardless of insurance status, receive only about 55 percent of recommended health care. Available basic care services that include preventative screenings, routine monitoring, and maintenance of treatable chronic health conditions are under-utilized. Kaiser Permanente's Southern California region created the proactive office encounter program in recognition of the need to improve health prevention service delivery, to identify and target patients with chronic medical conditions, and to encourage patients to be active participants in their own care.

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Case Study: Proactive Office Encounter and Employee Performance Sharing Program Better Care through Coordinated Teams and Health Information Technology

<http://xnet.kp.org/future/ahrstudy/032709proactive.html>

“... The program's proactive engagement begins before a patient visit their doctor. Automated care checklists are generated for all patients with records indicating gaps in care. Clinical care teams review the checklist and contact patients to discuss the need for preventative screenings and routine care. When patients arrive for their scheduled visit with their doctor, pre-visit information is reviewed and discussed, and additional information is provided based on physician recommendations. Following the appointment, patients are provided with an after-visit summary, education material, prescription refills as appropriate, and follow up appointments are scheduled. Quality outcome improvements are also encouraged through a financial reward program that provides financial bonuses to front-line union employees when regional and annual goals are met. Success is measured not by how many people are scheduled or referred for screenings, but based on how many patients actually get the recommended screening. If the proactive office encounter program continues to advance at its current rate, it is projected to save more than 10,000 lives per decade.

The program's proactive engagement begins for patients before they visit the doctor's office. The process starts with the automated creation of care checklists for all patients whose records indicate gaps in care. Clinical care teams review the checklists which include recommended preventive care and suggested actions to support patient use of that care.

Based on the identified gaps in care, medical assistants initially contact patients to discuss the need for preventive screenings and routine care, such as cancer screenings and tests for abnormal blood sugar or cholesterol levels. When patients arrive at their scheduled visit a

doctor, medical assistants or nurses review the pre-visit discussion and provide additional information based on physician recommendations. Following their appointment, patients are provided with an after-visit summary, patient education materials, prescription refills as appropriate, and follow up appointments are scheduled. Clinical care teams can determine whether members are adhering to their prescribed medication by analyzing refill trends.

Further, improvements in quality outcomes are encouraged through specific reward programs that provide financial bonuses to front-line when regional and annual goals are met. This system, established through an agreement with Kaiser Permanente and its partnering unions, invests in the workforce and the collaborative teamwork it takes to meet these quality goals. Care teams are encouraged to turn each patient encounter into a "successful opportunity" to increase appropriate use of preventive and basic care. Success is measured not by how many people are scheduled or referred for screenings, but based on how many patients actually get the recommended screening. "Successful opportunities" now account for 10 percent of the total performance sharing bonuses available to care providers. . . ."

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