

Relentless: Narrowing racial/ethnic disparities in health care

Bernadette Loftus, MD

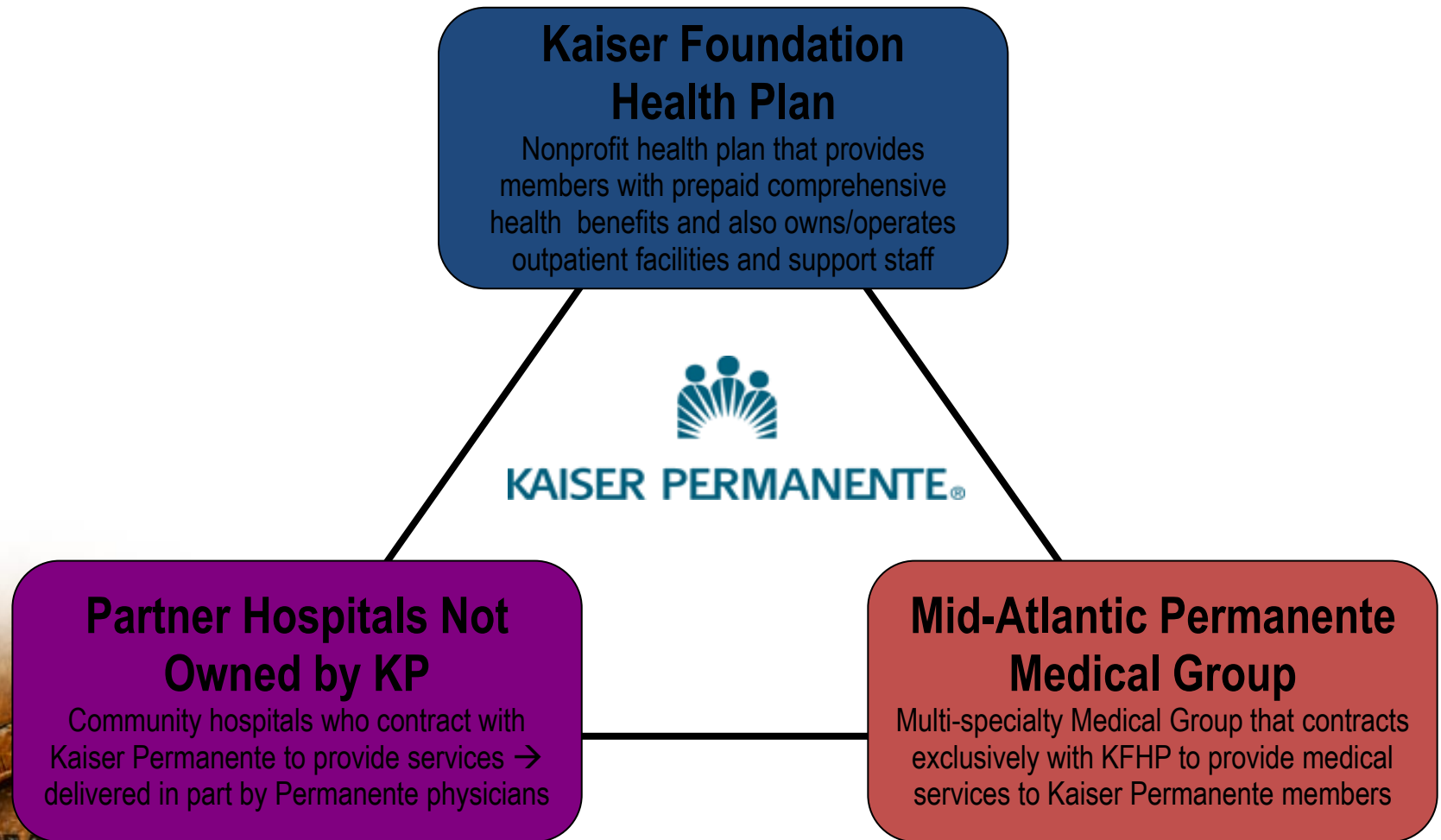
Associate Executive Director for the Mid-Atlantic States

The Permanente Medical Group

April 5, 2014



How our model comes together to make Kaiser Permanente

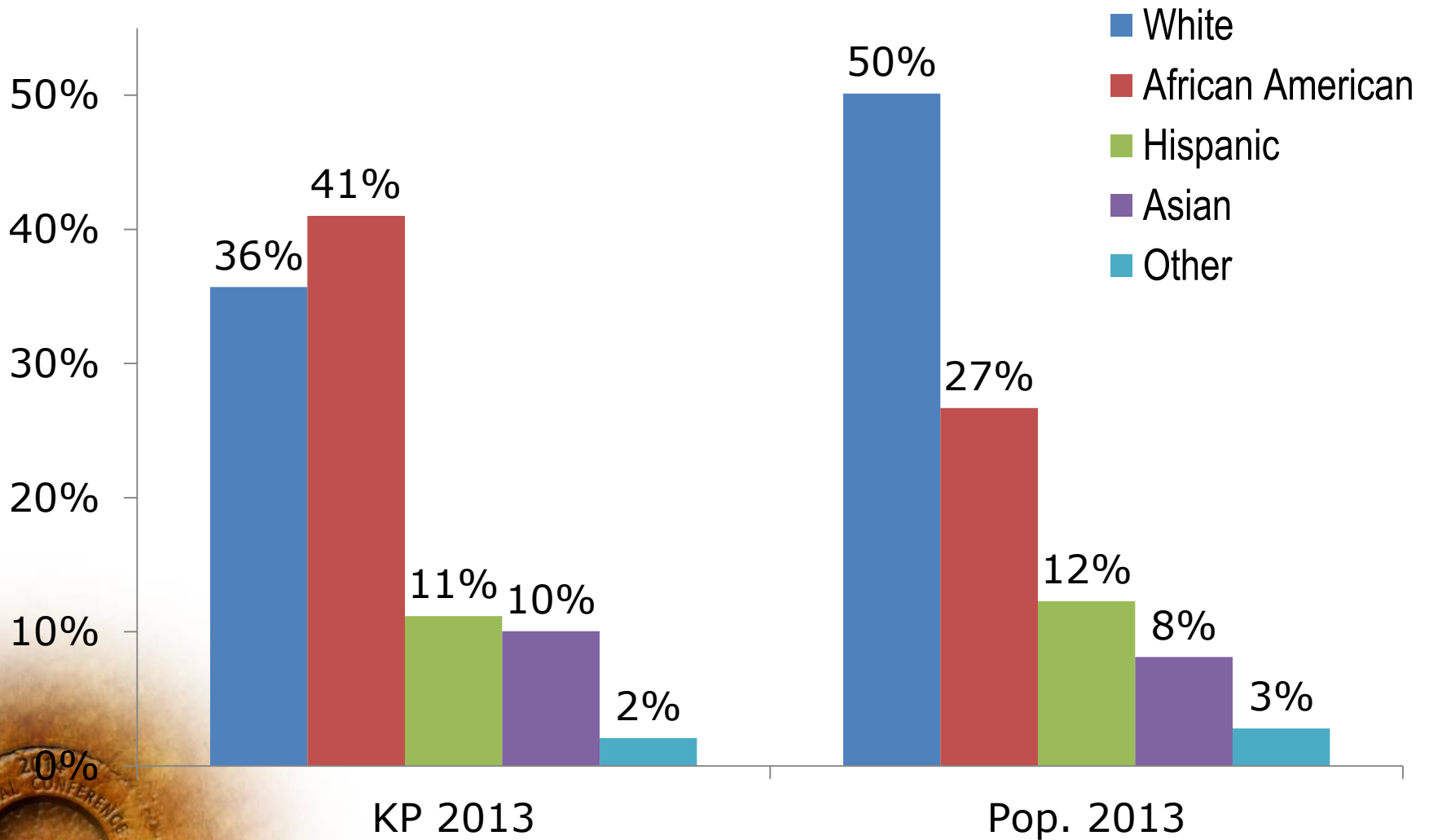


Fast facts



- Cover much of Maryland, Washington, DC, and Northern Virginia
- Over 500,000 members
- Over 1,000 Mid-Atlantic Permanente Medical Group physicians
- ~6,000 employees
- 30 medical facilities and core hospital partners
 - “Hub and spoke” system → 3 hubs in Maryland
- 24 hours / 7 days / 365 days care available
- Fully supported by Comprehensive EMR

Mid Atlantic States Demographics



How is Kaiser Permanente able to consistently deliver superior quality care?

Answer: Not by accident but by design



Our Vision:

Use our unique structure, culture, and assets to deliver *highest value* health care across all racial and ethnic groups

$$\text{Value} = \frac{\text{Quality} + \text{Access} + \text{Service}}{\text{Cost}}$$



Inter-Related Elements of the Success Formula



Mindsets & Behaviors

Principles

- Clear mission & goals
- Empower people... physicians & frontline Staff
- Prevention saves lives
- Service drives renewal

Actions

- **Engage the clinical assistants, receptionists** → *They are key part of the care experience*
- **Share the data** → *Can't know change is needed without knowing where you stand*
- **Take time to problem solve for improvement (inclusive of all stakeholders)** → *Can't expect positive change by doing more of the same*
- **"Over"-communicate the importance** → *Buy-in requires logical & emotional connection*
- **Ensure incentives match goals** → *Both financial & non-financial reinforcement*



There is a huge chasm between knowing and doing, and executing is as important as thinking “big thoughts.”
Implementation must be a core competency.

“Leadership” is an active verb.



relentless (re|lent|less)

Pronunciation: /rɪˈlentlɪs/

adjective

unceasingly intense: *the relentless heat of the desert*

harsh or inflexible: *a patient but relentless taskmaster*

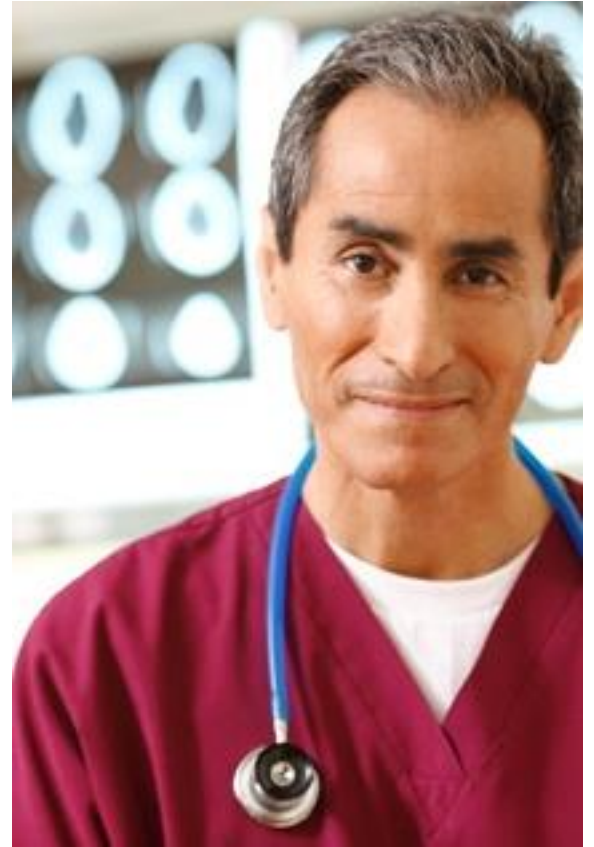
There is no credible argument against the relentless pursuit of excellence.



~~Incentives~~

Not really

“Just the way we do things
around here.”



Systems/Data/Reporting

Principles

- Macro & granular results
- Data in the hands of influencers
- Transparency...
High & low performers

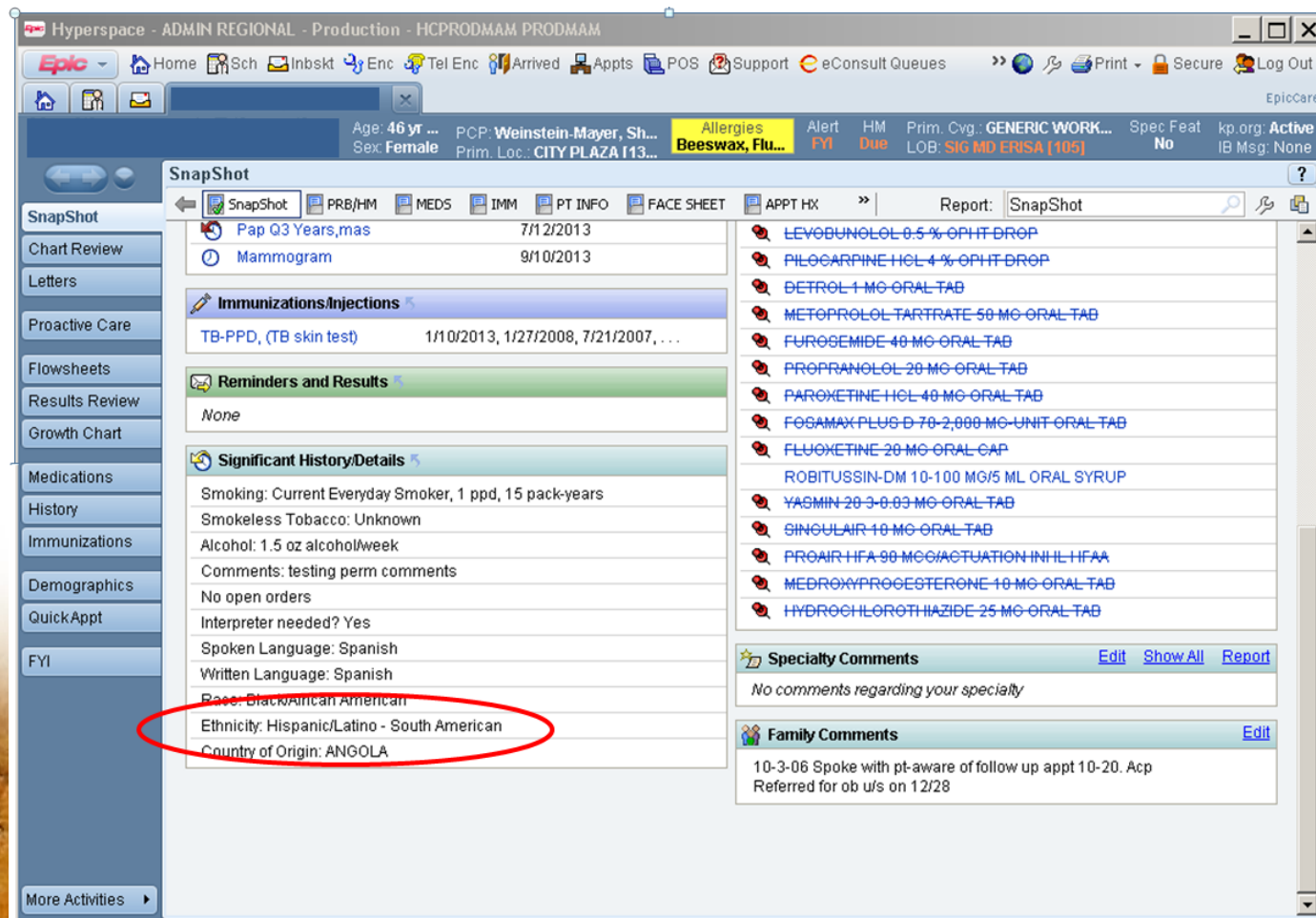
Actions

- *Pick your key metrics, set clear goals*
- *Relentless in communication about patient care as driver for what we do, why we do it*
- *Establish repository for reports; Public reporting; Celebrate successes; Recognition*
- *Reporting at Service Area, Department, Teams & Individual levels*
- *Reliable & powerful tools to support the work for frontline physicians & staff*
- *Encourage innovation & best practice sharing*



EMR Documentation

Providers and staff support in the collection of Race, Ethnicity and Language Preference Data in our Electronic Medical Records



Hyperspace - ADMIN REGIONAL - Production - HCPRDMMAM PRODMMAM

Age: 46 yr ... Sex: Female PCP: Weinstein-Mayer, Sh... Allergies: Beeswax, Flu... Alert: FYI HM: Due Prim. Cvg: GENERIC WORK... Spec Feat: No kp.org: Active IB Msg: None

Snapshot

Snapshot PRB/HM MEDS IMM PT INFO FACE SHEET APPT HX Report: Snapshot

Pap Q3 Years,mas 7/12/2013

Mammogram 9/10/2013

Immunizations/Injections

TB-PPD, (TB skin test) 1/10/2013, 1/27/2008, 7/21/2007, ...

Reminders and Results

None

Significant History/Details

Smoking: Current Everyday Smoker, 1 ppd, 15 pack-years

Smokeless Tobacco: Unknown

Alcohol: 1.5 oz alcohol/week

Comments: testing perm comments

No open orders

Interpreter needed? Yes

Spoken Language: Spanish

Written Language: Spanish

Race: Black/African American

Ethnicity: Hispanic/Latino - South American

Country of Origin: ANGOLA

Medications

LEVOBUNOLOL 0.5 % OPHT DROP

PILOCARPINE HCL 4 % OPHT DROP

BETROL 1 MG ORAL TAB

METOPROLOL TARTRATE 50 MG ORAL TAB

FUROSEMIDE 40 MG ORAL TAB

PROPRANOLOL 20 MG ORAL TAB

PAROXETINE HCL 40 MG ORAL TAB

FOGAMAX PLUS D 70-2,000 MG UNIT ORAL TAB

FLUOXETINE 20 MG ORAL CAP

ROBITUSSIN-DM 10-100 MG/5 ML ORAL SYRUP

YASMIN 20-3-0.03 MG ORAL TAB

SINGULAIR 10 MG ORAL TAB

PROAIR HFA 90 MCG/ACTUATION INHL HFAA

MEDROXYPROGESTERONE 10 MG ORAL TAB

HYDROCHLOROTHIAZIDE 25 MG ORAL TAB

Specialty Comments

No comments regarding your specialty

Family Comments

10-3-06 Spoke with pt-aware of follow up appt 10-20. Acp Referred for ob u/s on 12/28



EMR Documentation

Documentation in the EMR assists our providers and health care teams in delivering a more tailored and culturally competent care to our patients

Hyperspace - POPULATION CARE MGMT - Production - HCPRODMAM PRODMAM

Age: 46 yr ... PCP: Weinstein-Mayer, Sh... Allergies: Beeswax 2 more >>
Sex: Female Prim. Loc: CITY PLAZA [13... Alert: FYI HM: Due Prim. Cvg: GENERIC WORK... Spec Feat: No kp.org: Active IB Msg: None Curr: Prob

Questionnaires

Current Questionnaires

ADD DIVERSITY DEMOGRAPHIC DATA MAS Remove Restore

Adv	Question	Answer	Comment
	What is the patient's race?	Black/African American [28]	
	[More]		
	What is the patient's ethnicity?	Hispanic/Latino - South American [6]	
	What is the patient's country of birth?	ANGOLA [3]	
	Does the patient require an interpreter?	Yes [1]	
	Enter the patient's primary spoken language.	Spanish [96]	
	[More]		
	Enter the patient's primary written language.	Spanish [88]	
	[More]		
	Enter the legal guardian's primary spoken language.	English [22]	
	[More]		
	Enter the legal guardian's primary written language.	English [20]	
	[More]		
	What is the patient's religion?		

Completion Match (Shift+F5) Select one.

2014 ANNUAL CONFERENCE AIVGA GRAPEVINE, TEXAS

Questionnaires

Ongoing Cultural Competency Training

MAPMG

Mid-Atlantic Permanente Medical Group

PHYSICIAN EDUCATION AND DEVELOPMENT



CLINICIAN/PATIENT
COMMUNICATION

CLINICAL
EDUCATION

PHYSICIAN/PROFESSIONAL
DEVELOPMENT

MD CONNECT

LEADERSHIP
DEVELOPMENT

VITAL SIGNS

+ Add ▾ ⚙ Tools ▾

🔍 **SEARCH**

Diversity

8 Added by [Jessica M. Pare](#), last edited by [Jessica M. Pare](#) on Jul 03, 2013 ([view change](#))

Additional resources

Diversity

With a diverse patient base, understanding different cultures and generations is a key component in effective treatment. This set of resources will provide insight into many cultures and populations, enabling you to fortify patient care for each individual. Understand cultural values, views on health, sickness, disease, and self-care. Gain insight into communication, correspondence, and bias in the exam room, as well as using language lines.

Additional resources

- ➔ [Biases in the exam room.pdf](#)
- ➔ [Cultural Sensitivity Session 2 - final.pdf](#)
- ➔ [Cultural Sensitivity Session One - final.pdf](#)
- ➔ [Implicit Bias Among Physicians Article.pdf](#)
- ➔ [Overcoming Language Barriers - final.pdf](#)
- ➔ [Overcoming Language Barriers - handouts.pdf](#)
- ➔ [Tips to improve interaction.pdf](#)
- ➔ [tips-for-multi-cultural-revisions.pdf](#)

Cultural Competency Resources

A PROVIDER'S HANDBOOK ON CULTURALLY COMPETENT CARE



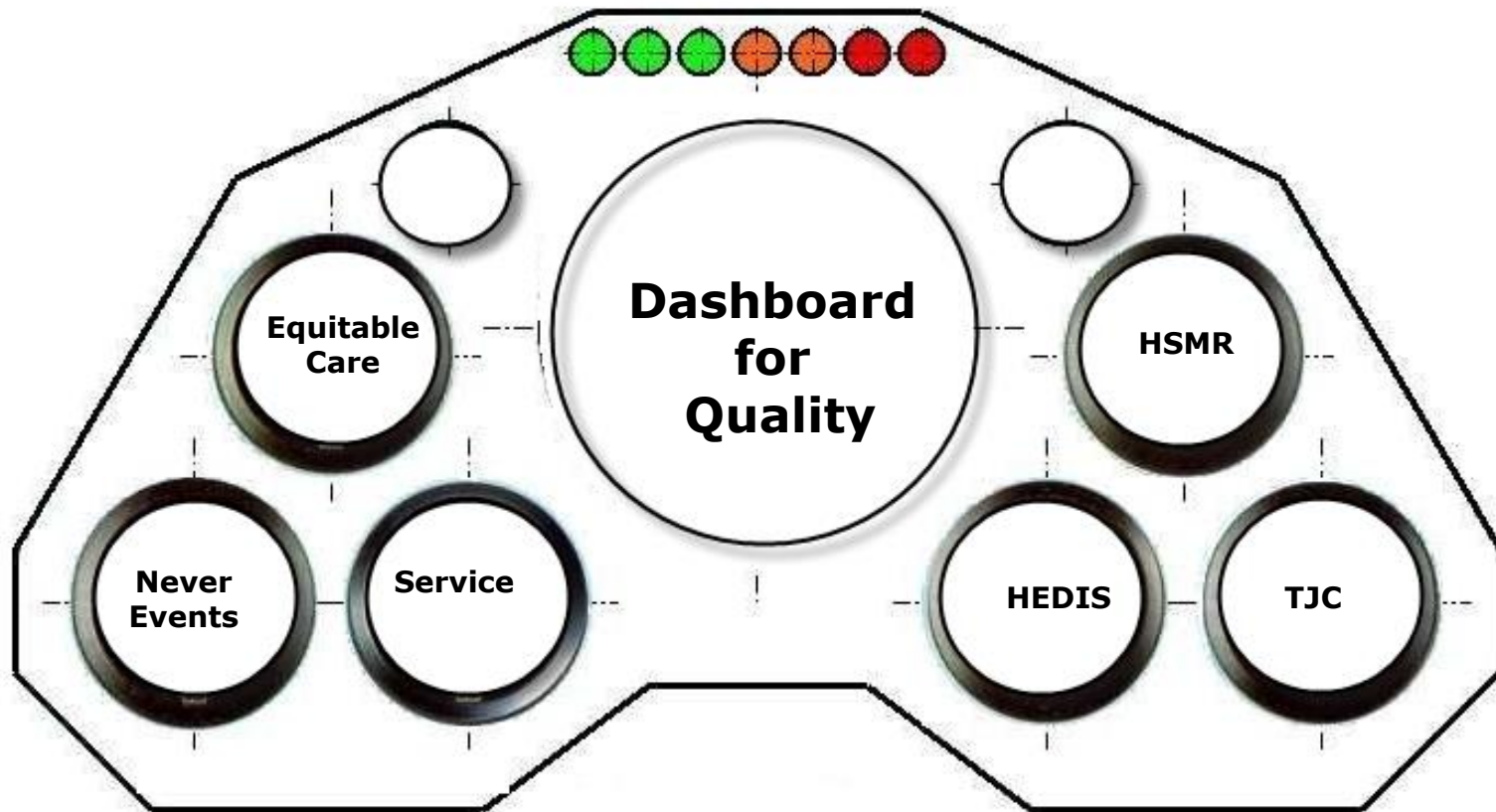
**AFRICAN AMERICAN POPULATION
2ND EDITION**

A PROVIDER'S HANDBOOK ON CULTURALLY COMPETENT CARE



**ASIAN AND PACIFIC ISLANDER POPULATION
2ND EDITION**

Systematically Measuring Clinical Quality



Quality Dashboard

JAN2014

Outpatient Quality
KP Mid-Atlantic States

MAPMG
Mid-Atlantic Permanente Medical Group

Cancer Screening			Osteo		Cardiovascular Health									ESRD			Tobacco Cessatio	COP	Asthma						DEP	Pediatrics			
CRC	CCS	BCS	TX only	TX or Test	Control									Optimal Starts	PD Starts	HD w/o CVC	MPS (Qtr)	RX Fill	Spirometry	Med Ratio (5-64)	Med Ratio(5-17)	Med Ratio(18-64)	Asthma (5-64)	Asthma (5-17)	Asthma (18-64)	MOOD Sig. Impr.	Immunizations		
					HTN 139/89	Diab 139/89	Diabetes		PHASE																				
							A1c <= 9	A1c <8	A1c Tested	LDL Tested	LDL <100	DM LDL <100	CV LDL <100																
83	89	89	75	80	87	87	86	73	96	96	76	75	78	62	N/A	40	55	15	80	81	81	81	96	96	96	40	89	84	28
83	92	87	31	73	85	84	82	70	95	92	70	70	68	50	9	46	58	10	78	81	90	78	94	94	94	25	91	84	18
79	90	84	10	54	87	86	80	68	95	93	67	68	66	65	13	55	68	10	75	80	92	77	92	93	92	20	90	79	19
86	93	86			89	90	85	72	97	94	70	71	70	33	0	33	67	14	60	92	100	91	95	100	94	27	100	67	8
76	90	79	0	50	85	85	76	66	93	93	61	63	61	0	0	0	84	8	73	74		74	93		93	25			100
78	92	85		50	89	86	80	69	94	93	71	75	67				62	17	75	87	96	82	93	96	91	19	100	86	6
81	91	83	0	100	89	90	80	71	96	92	72	75	68	100	0	100	89	12	50	79	100	75	94	100	92	20	100	86	20
80	90	83	0	67	87	85	82	69	95	92	67	66	71	40	20	25	66	7	100	85	94	78	93	100	88	32	50	83	24
77	88	84	0	20	84	85	79	66	94	93	65	69	61	100	0	100	66	9	65	88	86	88	96	100	94	0	100	57	18
76	88	82	20	50	88	87	80	68	94	91	68	68	68	80	20	60	64	12	77	71	83	69	91	71	96	19	71	71	32
80	90	85		50	85	83	78	67	95	93	64	64	64	100	20	80	64	6	80	74	91	66	88	96	85	19	100	90	12
83	92	87	30	72	84	82	80	68	94	91	67	68	66	50	6	47	58	10	78	78	87	76	92	93	92	18	88	77	17
83	90	89	0	60	85	82	79	67	94	91	70	70	69	62	6	56	75	13	69	76	93	69	91	92	91	10	92	86	13
81	91	85	33	62	82	81	78	65	93	91	62	62	63	45	0	48	58	8	73	72	79	70	91	85	91	25	85	57	26
78	92	88	100	67	83	81	82	66	96	90	61	60	63	50	0	50	33	11	100	83	95	77	93	100	90	16	100	78	31
85	92	87	0	86	88	88	85	73	95	91	72	72	72	56	0	56	49	9	81	81	88	79	92	96	91	17	100	91	20
84	91	87	29	80	87	85	85	75	95	94	72	73	69	75	12	71	63	8	85	84	86	83	97	100	97	15	100	75	11
83	92	85	0	67	80	78	78	66	94	90	64	65	61	50	9	44	56	11	72	76	87	72	90	91	90	17	86	74	10
84	91	88	100	67	83	80	77	66	95	91	63	64	61	20	10	20	54	11	92	72	100	70	88	50	92	8	100	58	10
84	93	88	100		88	88	84	70	96	92	76	76	74	33	17	20	72	14	80	81	74	83	95	95	95	39	100	67	33
80	92	87	0	100	81	82	78	66	94	89	62	64	58	44	0	44	59	9	83	83	89	81	92	90	93	4	75	83	23
86	93	88	33	50	85	82	82	72	93	91	68	67	69	100	0	100	40	11	100	83		83	96		96	40	100	100	36
82	93	88	0	60	90	88	83	70	96	94	74	76	68	44	11	44	55	7	90	80	88	76	92	100	89	12	67	75	25
85	93	88	43	88	87	86	84	74	96	94	75	76	74	43	14	38	53	11	84	84	93	81	96	96	97	37	95	92	19
85	94	88		50	84	84	86	73	97	96	74	75	73	0	0	0	75	11	50	85	100	80	98	100	98	50	100	92	10
88	95	92		100	90	86	86	73	96	95	78	78	78	33	33	50	71	9		87	100	86	100	100	100	61	86	100	19
87	94	89	50	100	89	87	86	76	95	95	75	76	73	60	0	50	38	13	100	88	92	86	99	100	98	35	92	77	38
85	93	87	67	75	88	85	86	76	96	94	77	77	78	62	23	45	46	12	92	87	96	86	98	96	98	38	92	89	16
78	91	90	0		89	88	78	70	94	92	69	69	71	0	0	0	66	10	100	79	86	76	99	100	98	54	100	91	12
80	92	88	100	100	85	87	83	72	96	96	73	76	67	0	0	0	66	12	75	83	80	84	95	91	96	9	91	100	27
88	94	89	25	100	89	88	87	76	97	96	80	81	77	0	0	0	52	10	71	83	95	80	98	95	98	26	89	100	18
85	91	87	25	86	85	83	84	75	95	93	74	74	73	44	11	50	53	11	100	80	92	78	94	97	94	36	100	100	17
85	92	86		50	89	84	82	73	97	95	76	77	75	0	0	0	47	18	50	87	100	81	92	93	91	20	100	67	17
83	93	89	33	100	89	87	83	72	96	94	73	74	69	50	17	33	66	8	80	82	95	77	95	94	95	36	94	94	11

What an integrated data platform can provide

Automatic prompting for proactive care at any patient touchpoint

Proactive Care (Inreach) at every visit in every department

Hyperspace - OPHTHALMOLOGY SPRGFLD - Production - HCPRODMAM PRODMAM

Epic Home Sch Inbskt Chart Enc Tel Enc Refill Enc Msg Enc Pt Sec Msg Pt R

Ambassador, Physician

Ambassador, Physician* MRN: 18158567 Age: 42 Yr Sex: F PCP: Z Dont Book Ztest M* PCP Loc: Kensington

Proactive Care

Proactive Care

Care Management Summary Sheet (CMSS)

Patient: AMBASSADOR,PHYSICIAN MRN: 18158567 DOB: 02/10/1969 Gender: F
PCP: Z DONT BOOK ZZTEST MAS PCP Apt: Phone: (000) 000-0000 Language
PROVIDER (M.D.) Last BP: 1) 2) Last MAM: 02/06/2008 Last PAP:

Recommended Care

- Arrange mammogram.
- Arrange Pap
- Patient current smoker. Advise to quit, offer strategies, and document.
- DIABETES: hemoglobin A1c due.
- DIABETES: microalbumin due.
- DIABETES: If B/P > 140/90, consider starting lisinopril, HCTZ, or atenolol (GOAL: 130/80).
- High CVD risk: Should be on aspirin (81-325MG) daily unless contraindicated.
- High CVD risk: lipid panel due (LDL is missing).

Diseases / Risks

CVD	DM	HTN					
LOW	MOD	NO BP					

All Meds (Last 20 dispenses in 12 mo)

Date	Drug	Qty	RFD

Cr, K, Microalb, A1c, ALT, Theophy (Last :)

Date	Type

Proactive Care

What an integrated data platform can provide

Easy population tracking for proactive outreach to members in need of care by primary care

http://carepointmas.dwny.ca.kp.org - POINT: Care Management - Microsoft Internet Explorer

Care Management

Back | POINT | Home | Panel | Asthma | CVD | HF | Diabetes | HTN | CAD | CKD | Unscreened cancer

Personalized For MARY GERKEN Thursday, June 02, 2011

Panel Management

Location Directory | Live Help | Help | Print | Export | Provider Batch Export

Display By | Sorting Order Ascending | Detailed View | Region : MA | Area : NOVA-MA | Facility : O-MA | Department : IM FO | SubDept : INTERNAL MED FR OAKS

PCP	Patient Count	Mammograms Overdue	Mammograms Coming Due	Pap Smears Overdue	Pap Smears Coming Due	Needing Colorectal screen	Needing Pneumovax	A1c >= 9.0	DM LDL >= 100 and no LLRx	CAD LDL >= 100 and no LLRx	HTN BP >= 140/90	Persistent asthmatic no IAI	beta-agonist overuser no IAI
	Pats.	Pats.	Pats.	Pats.	Pats.	Pats.	Pats. %	Pats. %	Pats. %	Pats. %	Pats. %	Pats. %	Pats. %
AKBARY, WASEL S (D.O.)	722	72	94	111	149	162	33 22.8 %	11 8.9 %	4 3.2 %	2 3.6 %	40 11.1 %	2 15.4 %	3 4.2 %
BENALFEW, YODIT B (M.D.)	927	114	155	145	189	165	37 14.9 %	11 6.7 %	5 3.1 %	1 1.2 %	71 13.3 %	1 4.2 %	4 4.3 %
GOLEMBIESKI, MICHAEL E (M.D.)	728	36	59	25	44	159	41 14.9 %	26 15.7 %	12 7.2 %	4 3.3 %	65 13.8 %	1 4.8 %	7 10.3 %
KELLY, KATHLEEN A (M.D.)	709	74	91	87	135	105	30 18.4 %	13 9.3 %	8 5.7 %	2 3.7 %	37 10.5 %	1 4.3 %	4 2.7 %
MCCCLAIN, PAUL H (M.D.)	589	26	31	34	45	78	20 7.7 %	18 10.2 %	0 0 %	1 1 %	39 8.5 %	0 0 %	1 2.9 %
MUKHERJEE, SARA (M.D.)	636	40	59	56	99	63	11 5.9 %	11 6.1 %	3 1.7 %	0 0 %	33 8.3 %	0 0 %	1 1.3 %
NA	1	1	1	1	1	1	0 0 %	0 0 %	0 0 %	0 0 %	0 0 %	0 0 %	0 0 %
NANDURI, KUSUMA K (M.D.)	798	124	165	177	227	209	45 30.2 %	16 12.8 %	5 4 %	1 2.5 %	43 12.5 %	0 0 %	1 1.3 %
TESFAZION, ISAIAS (M.D.)	781	59	87	68	105	161	30 14.7 %	18 9.8 %	10 5.5 %	1 1.2 %	50 10.8 %	0 0 %	6 7.7 %
	5891	546	742	704	994	1103	247 15.1 %	124 9.9 %	47 3.7 %	12 2 %	378 11.2 %	5 3.7 %	27 4.1 %



What an integrated data platform can provide

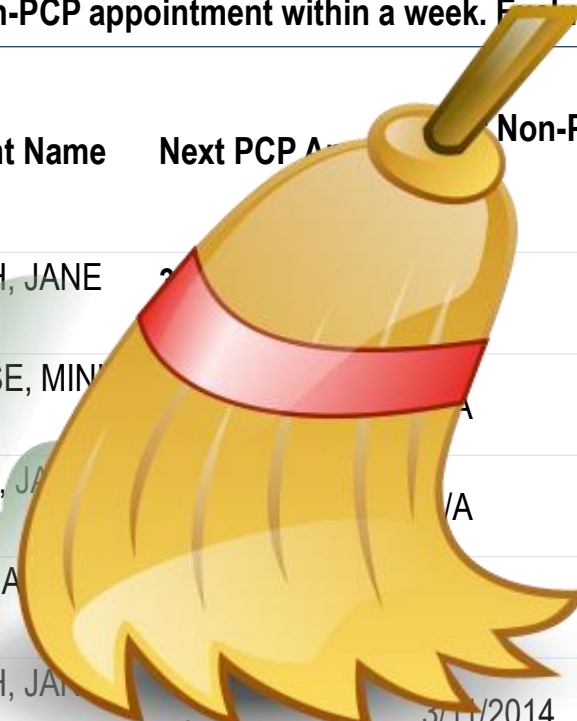
Physician performance management to raise outcomes and reduce variability

Performance Reporting									
REGION MA AREA NOVA PHYSICIAN MCCLAIN, PAUL H (M.D.)					MOB FAIR OAKS DEPARTMENT Internal Medicine				
	Mar-11	Apr-11	May-11	CURRENT	Regional Rank	Local Rank	Target	Total pts not at target	# of pts to get to target
Asthma: Use of Appropriate Medications Current # of eligible asthma patients : 10 Dept Avg	100%	100%	100%	100.0%	40 of 288	4 of 8	96%	-	-
Cardiovascular Conditions: Lipid Control Current # of eligible CAD(CVD) patients : 104 Dept Avg	72.1%	69.2%	73.1%	73.1%	36 of 227	6 of 8	76%	28	3
Diabetes: Lipid Control Current # of eligible diabetes patients : 176 Dept Avg	73.1%	75.7%	75.6%	75.6%	21 of 225	1 of 8	76%	43	1
Diabetes: A1c <= 9 Current # of eligible diabetes patients : 176 Dept Avg	83.4%	85.0%	84.6%	84.6%	40 of 225	5 of 8	84%	27	-
Diabetes: A1c < 7 Current # of eligible diabetes patients : 176 Dept Avg	43.4%	43.9%	48.3%	48.3%	56 of 225	5 of 8	51%	91	5
Hypertension: Blood Pressure Control Current # of eligible HTN patients : 458 Dept Avg	84.0%	86.2%	88.0%	88.0%	6 of 226	2 of 8	82%	55	-
Breast Cancer Screening Current # of eligible breast cancer patients : 255 Dept Avg	86.2%	88.7%	89.8%	89.8%	8 of 226	3 of 8	86%	26	-
Colorectal Cancer Screening Current # of eligible colorectal cancer patients : 567 Dept Avg	85.8%	86.2%	86.2%	86.2%	8 of 227	2 of 8	74%	78	-
Cervical Cancer Screening Current # of eligible cervical cancer patients : 251 Dept Avg	81.3%	85.0%	86.4%	86.4%	67 of 226	4 of 8	87%	34	1

Forward-sweep

NOVA - Mammogram and/or Pap Smear Due Forward Sweep with Future Appointments: 03/07/2014-03/14/2014

Report Criteria: NOVA Pts with Breast Cancer Screening or Cervical Cancer Screening Coming Due or Over Due with a PCP or non-PCP appointment within a week. Excludes patients who do not want to be contacted.



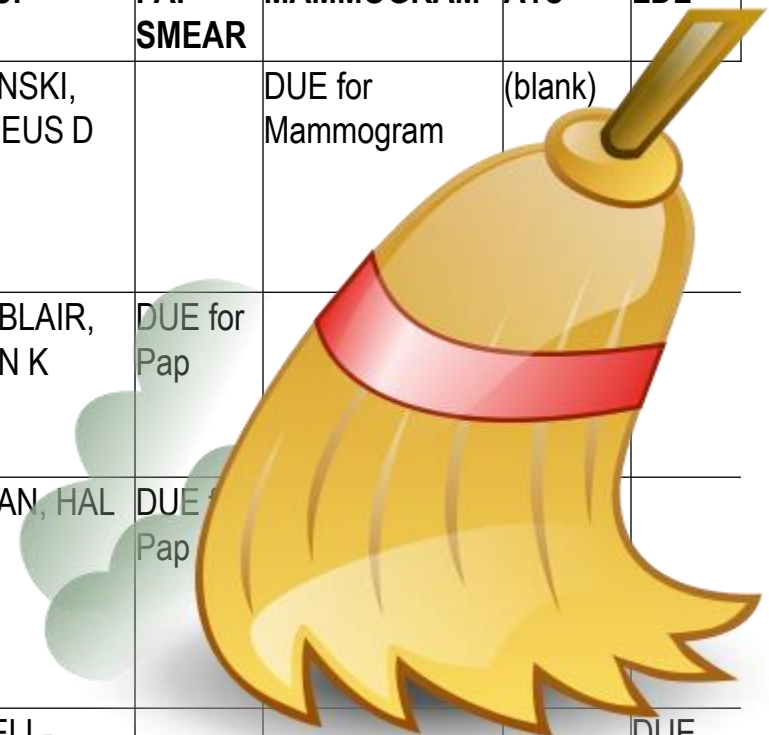
Patient Name	Next PCP Appt	Non-PCP	Next Non-PCP Appt Clinic/Dept	Breast Cancer Screening Coming Due	Cervical Cancer Screening Coming Due	Kp.org Active	A1c Due in DM	LDL Due in CVD
SMITH, JANE	2/27/2014 10:00:00 AM	N/A	N/A	YES	YES	YES	NO	NO
MOUSE, MINNIE	N/A	N/A	N/A	YES	YES	NO	NO	NO
ROSE, JANE	N/A	N/A	N/A	YES	NO	NO	NO	NO
THOMAS, JANE	N/A	N/A	N/A	YES	NO	NO	NO	NO
SMITH, JANE	N/A	3/11/2014 10:10:00 AM	NOVA-MA S- MA/NEUROLOGY SPRGFLD	YES	YES	NO	NO	NO
MOUSE, MINNIE	N/A	3/7/2014 3:45:00 PM	NOVA-MA P- MA/ALLERGY SHOT WOODBURG	NO	YES	YES	NO	NO

Back-sweep

This report shows all visits that took place for patients that were due for a Health Maintenance procedure of a Pap Smear, Mammogram, A1C, and/or LDL and was not performed or ordered.

Backsweep Report for Visits Between 12/1/2013 and 12/31/2013

DEPARTMENT_NAME	PATIENT NAME	PROVIDER LAST SEEN	APPT DATE	MEDICINE PCP	GYN PCP	PAP SMEAR	MAMMOGRAM	A1C	LDL
ALLERGY LARGO	SMITH, JANE	GREENE, GEOFFREY (M.D.)	12/20/2013	AGUINALDO, CIELITO M (M.D.)	MAMIENSKI, THADDEUS D (D.O.)		DUE for Mammogram	(blank)	
ALLERGY SOUTH BALT	MOUSE, MINNIE	PATEL, PARAG N (M.D.)	12/26/2013	TU, CHRISTINE (M.D.)	RABIN BLAIR, LAUREN K (M.D.)	DUE for Pap			
ALLERGY SPRINGFIELD	ROSE, JANE	VROOM, JOHN (M.D.)	12/20/2013	DAVISON, REBECCA J (M.D.)	HINDMAN, HAL (M.D.)	DUE for Pap			
	THOMAS, CINDY	SCRANTON, STEPHEN E (M.D.)	12/27/2013	MAGBUHOS, CELERINO M (M.D.)	WADDELL-JIGGETTS, BEVERLY J (M.D.)				DUE for LDL



“If we didn’t reach you before you came in, and we didn’t reach you while you were in, we’ll reach you after you leave”

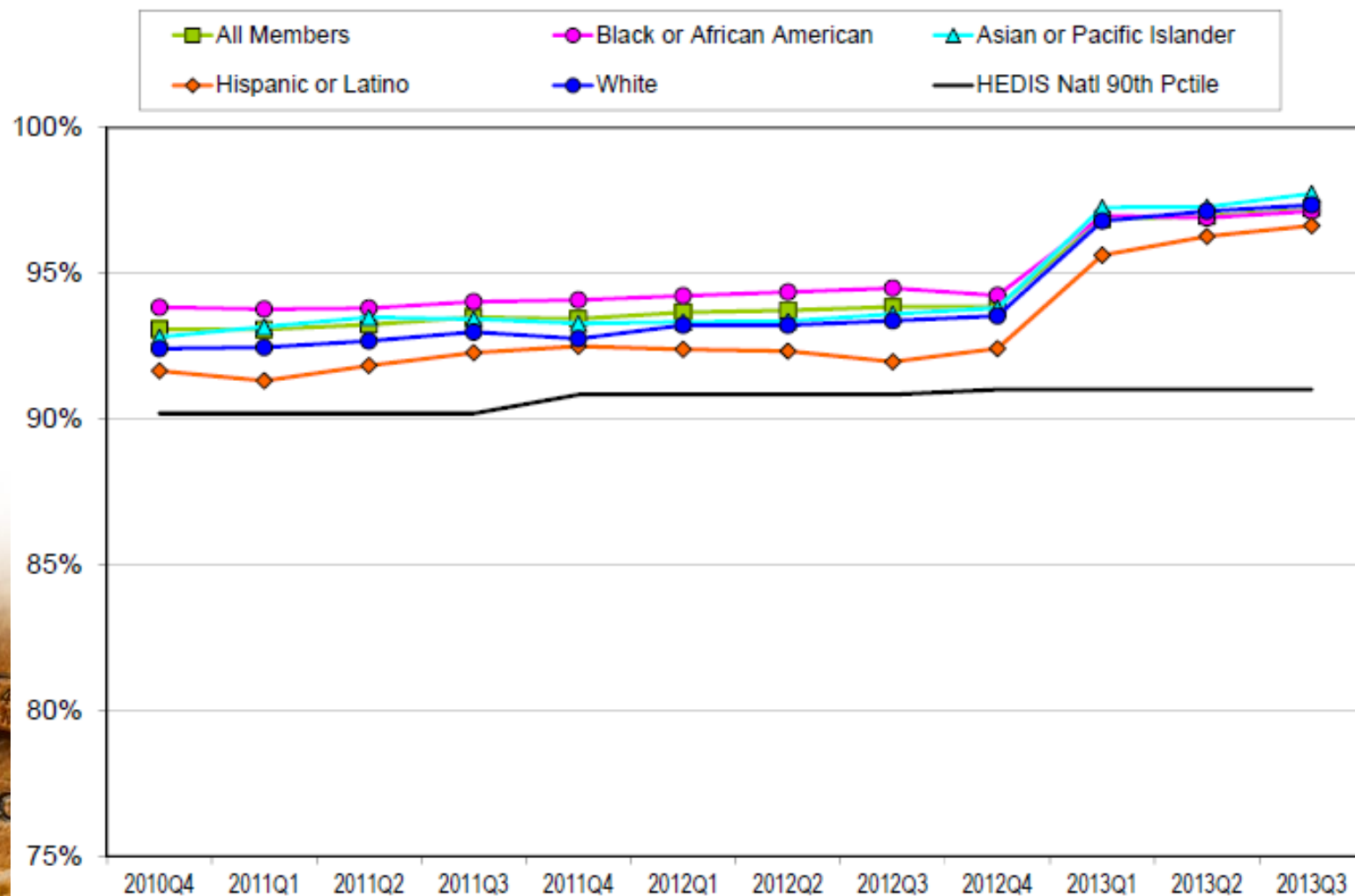
Backsweep roll-up Report

Visits in November 2013

sa	Spec	# of mems seen who needed a		# of mems seen who needed a		# of mems seen who needed		# of mems seen who needed	
		Pap Smear	% pap satisfied	Mammogram	% mam satisfied	an a1c	% a1c satisfied	an LDL test	% LDL satisfied
BALTIMORE									
	All	0		2	50.0%	0		0	
	Cardiology	0		1	100.0%	0		2	50.0%
	Cardiology Abuse	1	0.0%	0		0		0	
	Diabetes	1	100.0%	2	0.0%	1	0.0%	0	
	Endocrinology	2	50.0%	1	0.0%	0		0	
	Family Practice	12	41.7%	14	14.3%	1	100.0%	1	0.0%
	Gastroenterology	0		7	14.3%	1	0.0%	2	0.0%
	Hematology/Oncology	1	100.0%	0		0		2	0.0%
	Internal Medicine	28	32.1%	30	20.0%	6	0.0%	7	14.3%
	Neurology	1	0.0%	2	50.0%	1	0.0%	0	

Comprehensive Diabetes Care Trends by Race/Ethnicity

Comprehensive Diabetes Care: Medical Attention for Nephropathy, by Race/Ethnicity
Mid-Atlantic States Region



Controlling High Blood Pressure Screening

Education

Training staff annually for BP measurement competency
Member education – pamphlets, classes, online education

Reliability – creating effective and simple workflows

Standardized Treatment Algorithm
Non-MD BP clinic
Pharmacy / RN support

Standardized treatment algorithm

Simple: One BP target for all patients (<140/90) – DM/CKD/etc

Fewer steps: Easier for providers and patients
(1) ACE/HCTZ, (2) CCB, (3) Aldactone or BB

Faster control → patient satisfaction

Fewer pills → improved patient compliance

Fewer visits to providers → improved access for patients

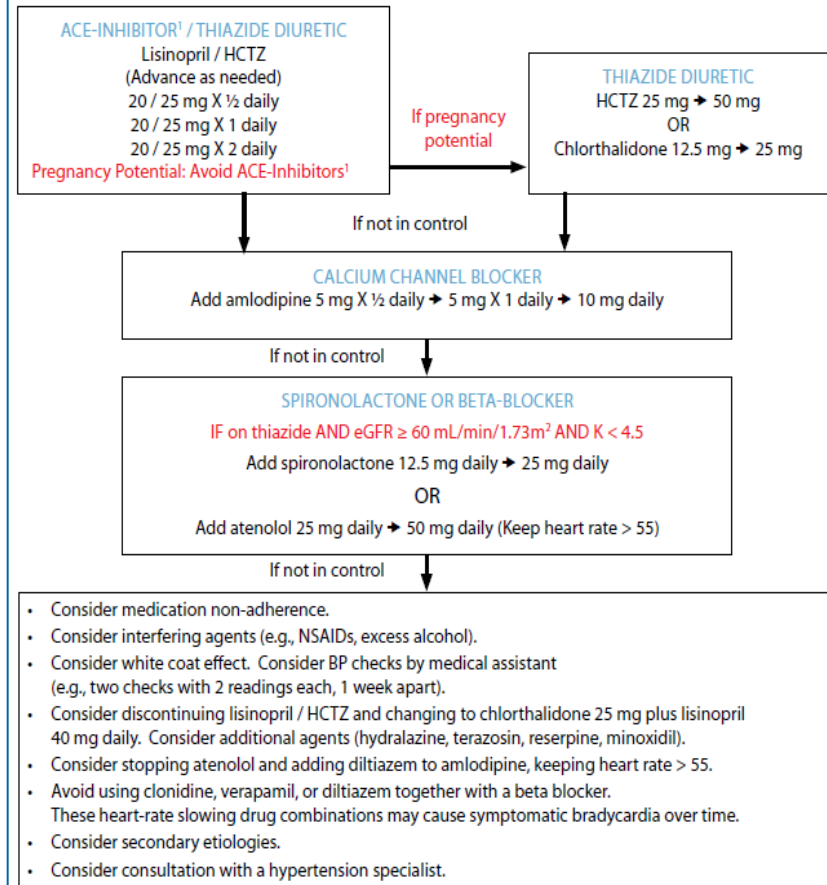
Adult Hypertension

care management | institute

BLOOD PRESSURE (BP) GOAL

≤ 139 / 89 mm Hg – All Adult Hypertension

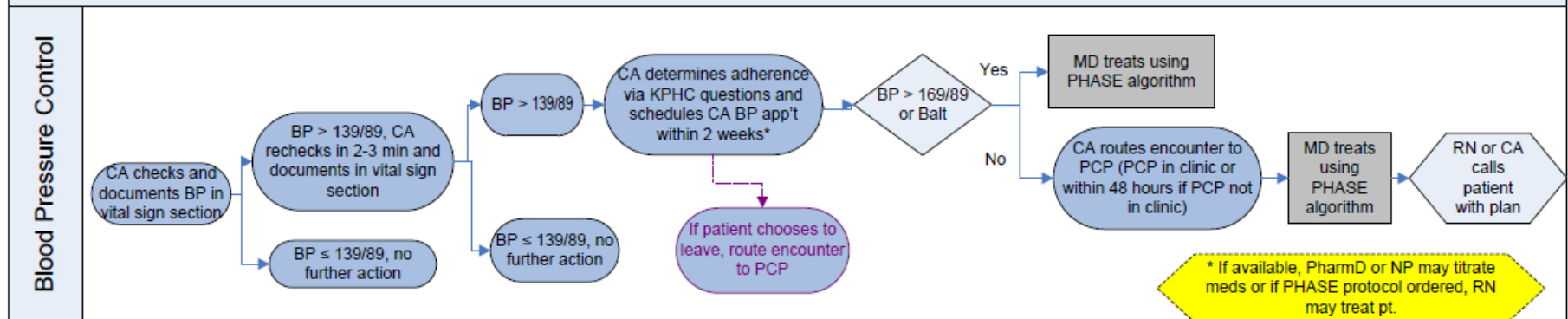
NNT CVA² = 63
NNT MI² = 86
NNT CVA or MI² = 36



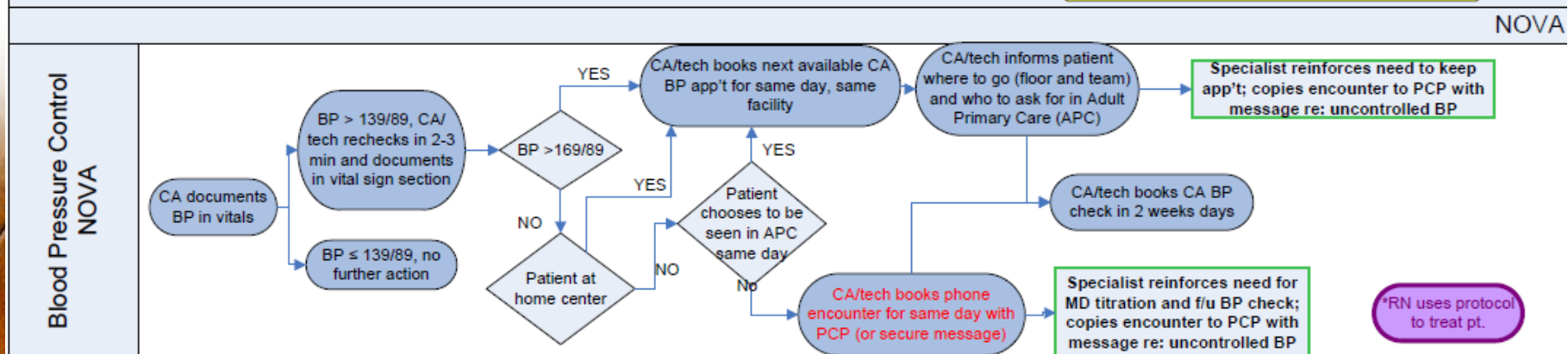
1. ACE-Inhibitors are contraindicated in pregnancy and not recommended in most child-bearing age women.
2. NNT = number needed to treat to prevent one event, maintaining hypertension control for at least 5 years.

Treatment Algorithm Protocol

Primary Care Hypertension Workflow



Specialty and Urgent Care Department Hypertension Workflow



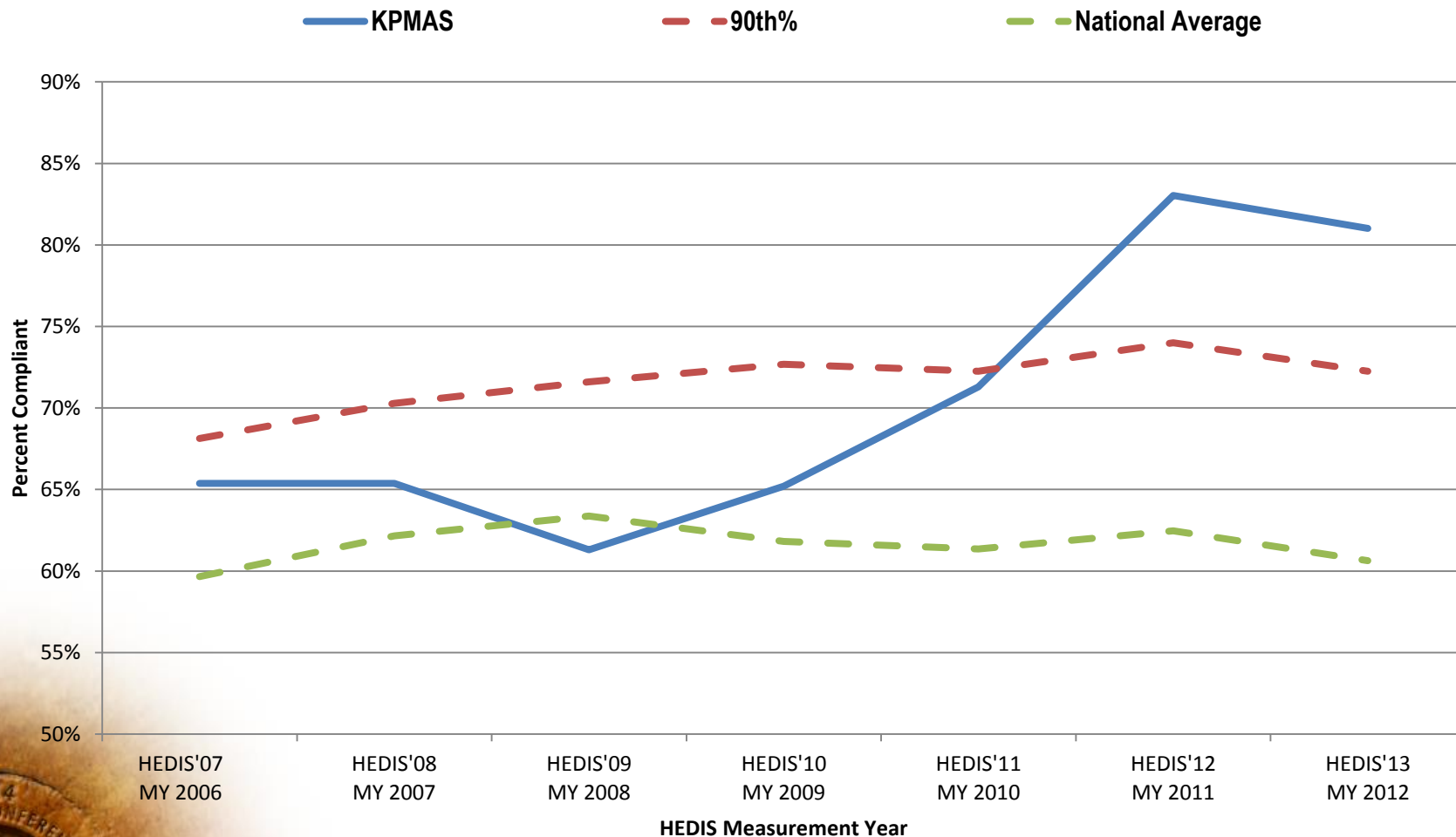
EMR – Panel Management Tools for Clinicians

Panel management tools exist to allow primary care providers to easily identify their patients with uncontrolled HTN

<input type="checkbox"/> All	Action	MRN	Patient Name	Age	Gender	Race	Gap Score	CDCF	Medicaid	Medicare Flag	HTN	Breast Cancer Screening Coming Due	Breast Cancer Override Flag	Breast Cancer Override Date	Cervical Cancer Screening Overdue	Cervical Cancer Screening Coming Due	Cervical Cancer Override Flag	Cervical Cancer Override Date	Colorectal Screening Due	Colorectal Cancer Override Flag	Colorectal Cancer Override Date	Pneumovax Due	Diabetes	CAD	CVD	HF
<input type="checkbox"/>	<input checked="" type="checkbox"/>			87	F	W	3	Y		Y	CTL											Y	MOD	MOD	HIGH	MOD
<input type="checkbox"/>	<input checked="" type="checkbox"/>			40	M	B	1	Y			STG2												ESRD	MOD	HIGH	ESRD
<input type="checkbox"/>	<input checked="" type="checkbox"/>			66	F	B	1	Y			CTL												MOD	MOD	HIGH	MOD
<input type="checkbox"/>	<input checked="" type="checkbox"/>			73	M	B	3	Y		Y												Y	MOD	MOD	MILD	
<input type="checkbox"/>	<input checked="" type="checkbox"/>			80	F	B	0	Y		Y	CTL													LOW	MILD	
<input type="checkbox"/>	<input checked="" type="checkbox"/>			89	F	W	0	Y		Y	CTL													LOW	MOD	
<input type="checkbox"/>	<input checked="" type="checkbox"/>			53	F	B	4	Y			STG1								Y			Y	MOD	LOW	HIGH	
<input type="checkbox"/>	<input checked="" type="checkbox"/>			64	M	W	4	Y			CTL								Y			Y	MOD	LOW	MOD	
<input type="checkbox"/>	<input checked="" type="checkbox"/>			81	M	B	1	Y		Y	CTL													LOW	MOD	
<input type="checkbox"/>	<input checked="" type="checkbox"/>			71	M	B	3	Y		Y												Y		LOW	MILD	
<input type="checkbox"/>	<input checked="" type="checkbox"/>			61	F	B	2	Y			CTL											Y		LOW	MILD	
<input type="checkbox"/>	<input checked="" type="checkbox"/>			43	F	B	1	Y			CTL												ESRD	LOW	HIGH	
<input type="checkbox"/>	<input checked="" type="checkbox"/>			64	M	B	0	Y			CTL													LOW	MILD	

Controlling High Blood Pressure (Total %)

All Plan/All Line of Business



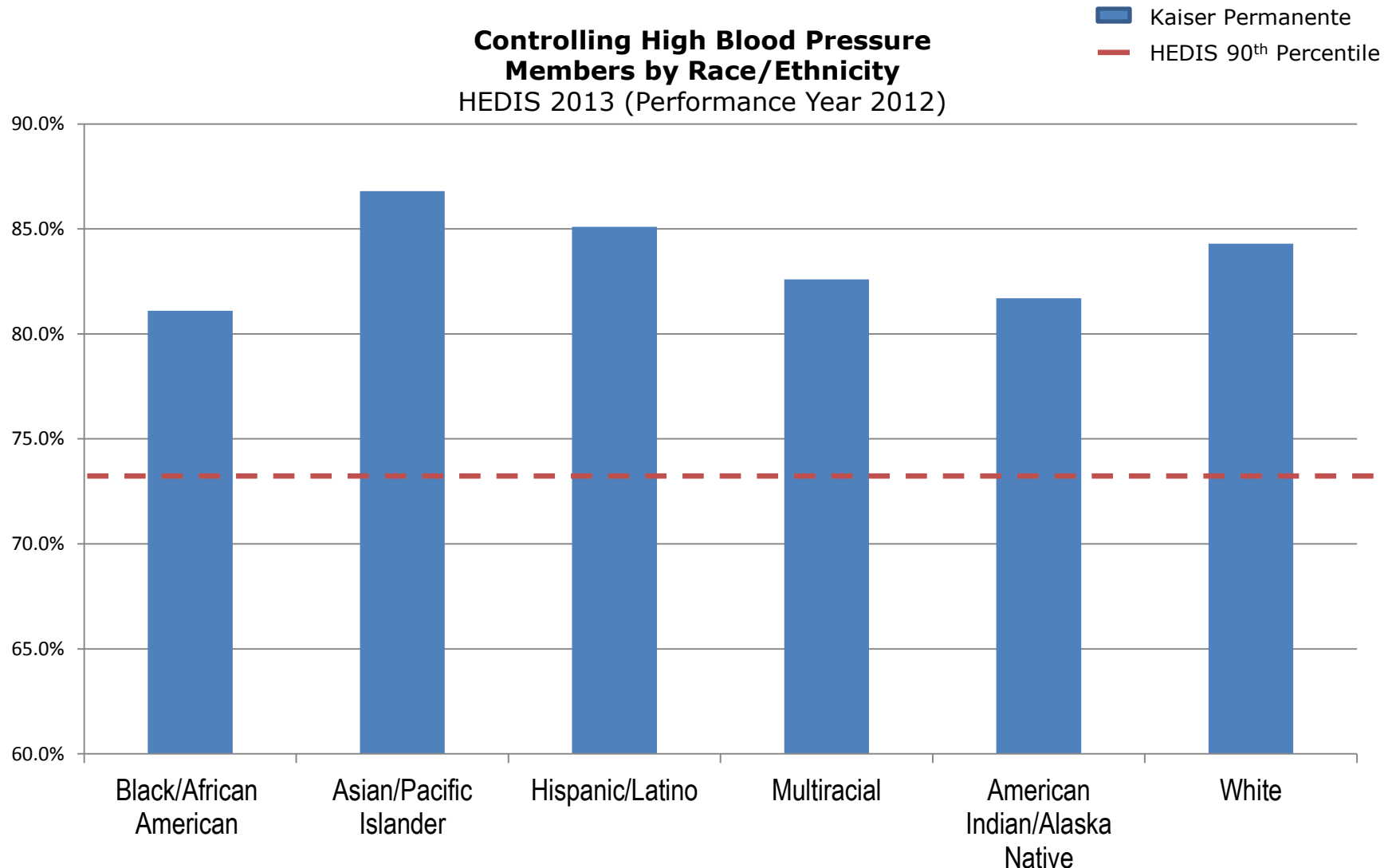
*Prior to HEDIS 2007 (MY2006) reports only total ages 46-85, thus the difference between '07 and '08 values.

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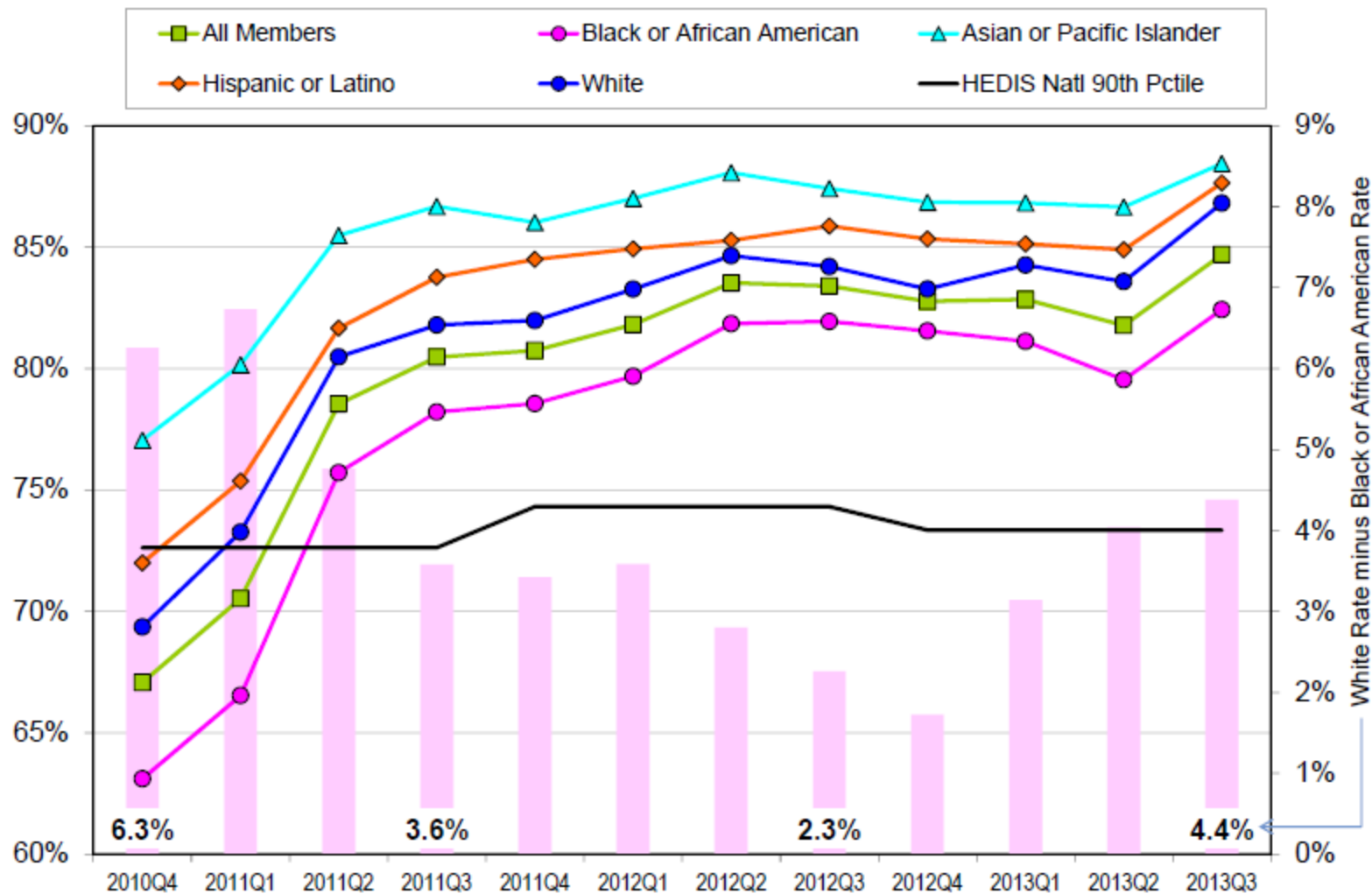
Demonstration of the superior value we deliver across racial and ethnic groups

Intermediate Outcome Measure



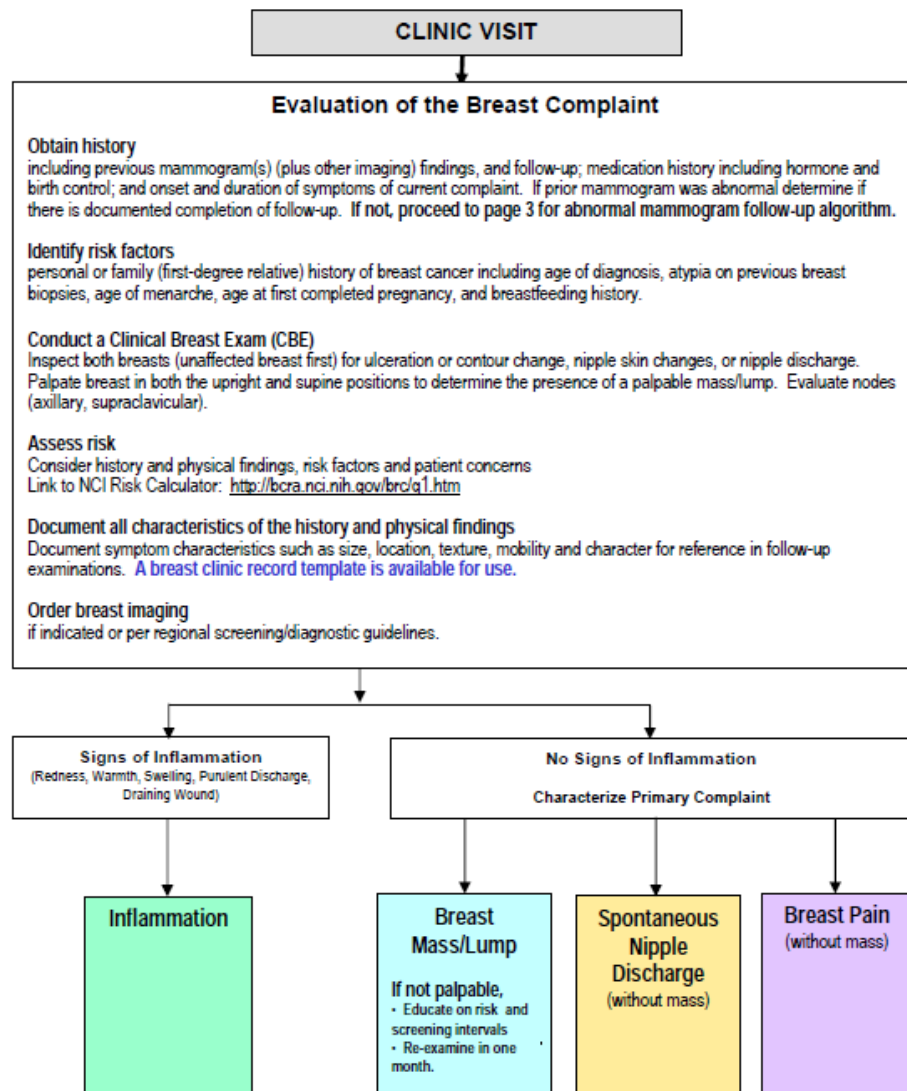
Controlling High Blood Pressure Screening Trends by Race/Ethnicity and Disparity between White and African American Rates

Mid-Atlantic States Region



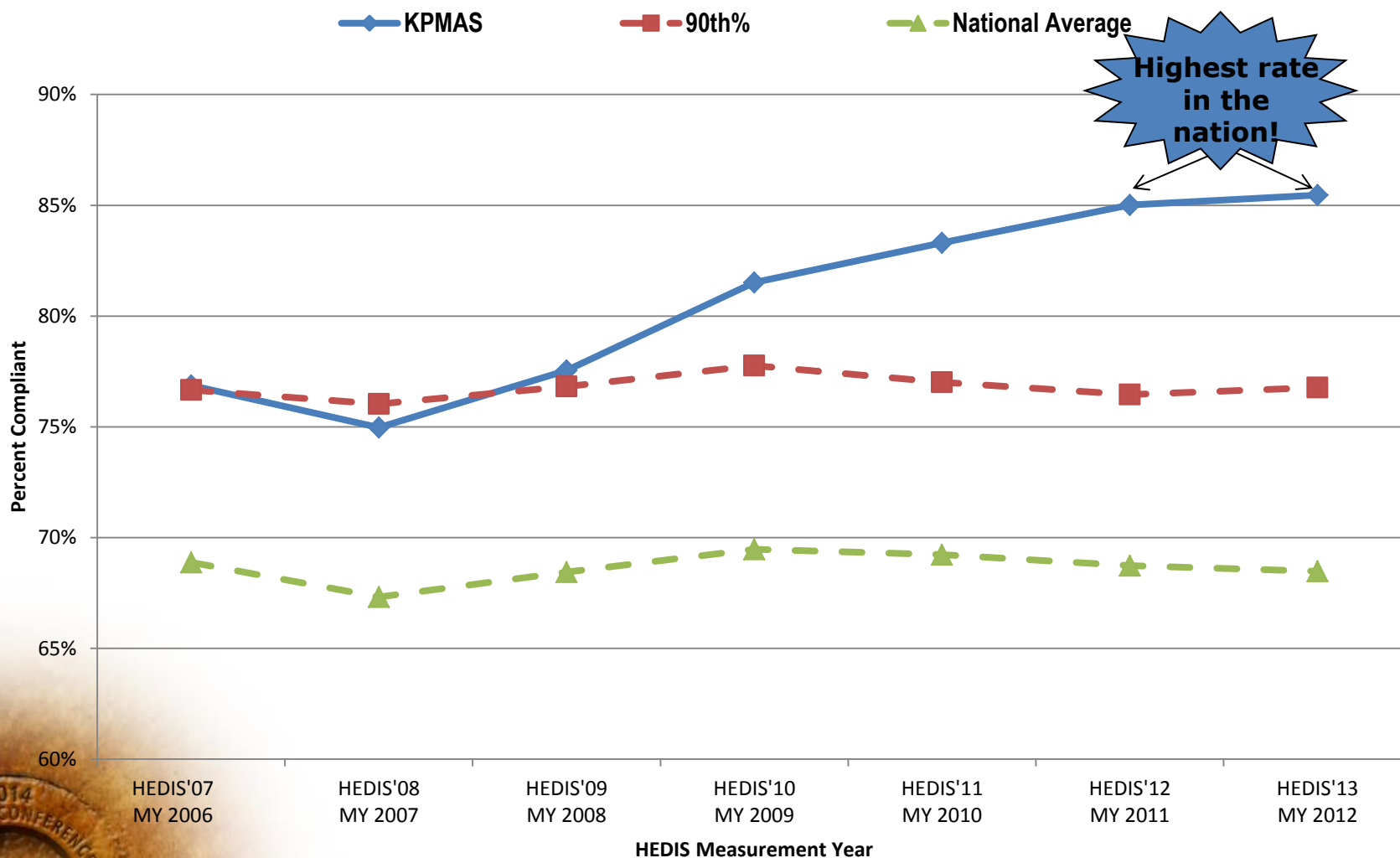
Breast Cancer Screening Approach

- Outreach over the phone and via secure message to patients who meet established clinical criteria and are coming due for their screening.
- Development of actionable reports, forward sweep and back sweep, intended for providers to better manage their panel.
- Alert system built into the EMR in order for the health care team to be aware if a patient is overdue or coming due.



Breast Cancer Screening (Total %)

All Plan/All Line of Business



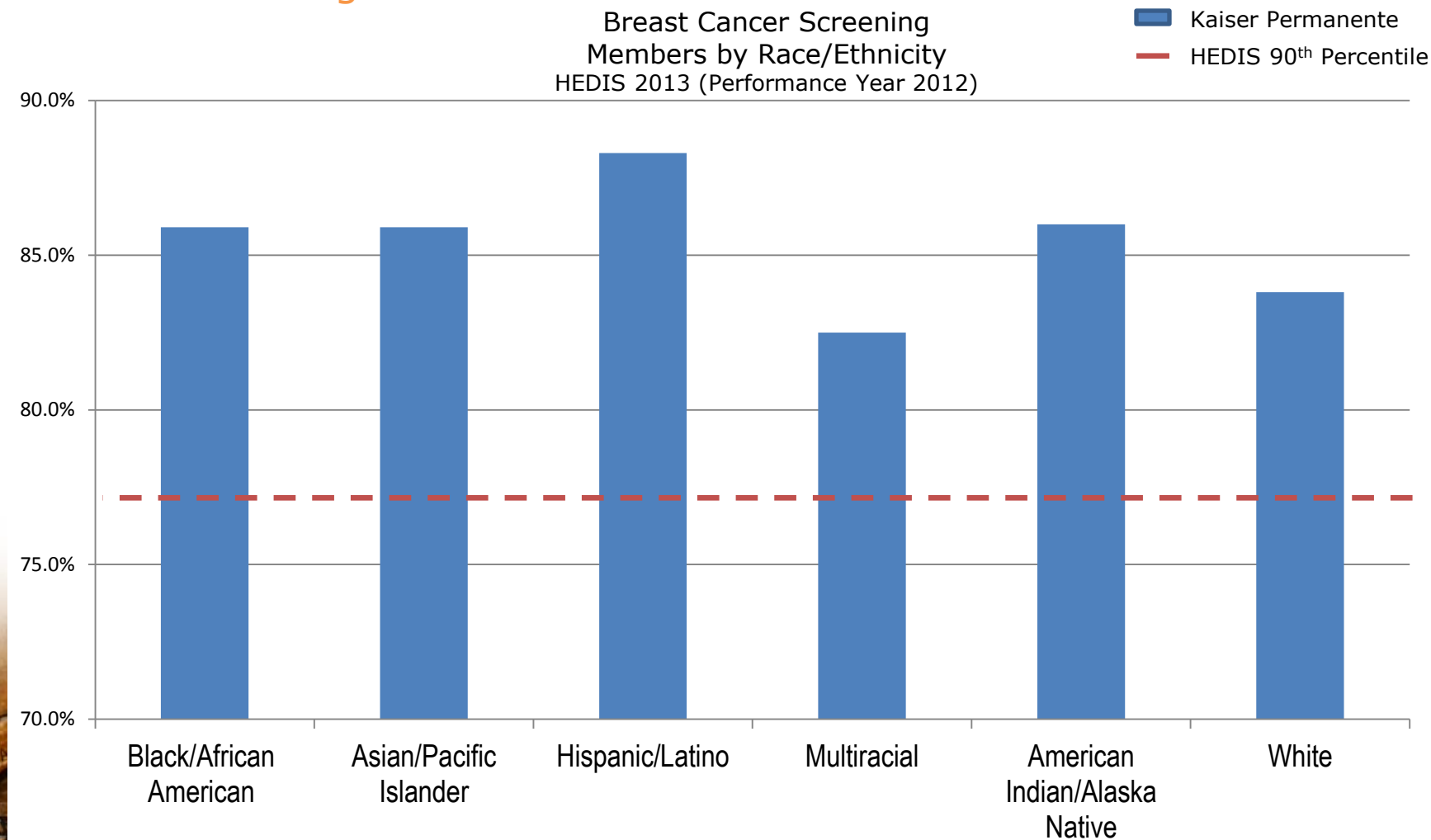
*Hybridization retired 2006, Dropped age to from 52-42 2007- result: cross-year comparisons may be affected.

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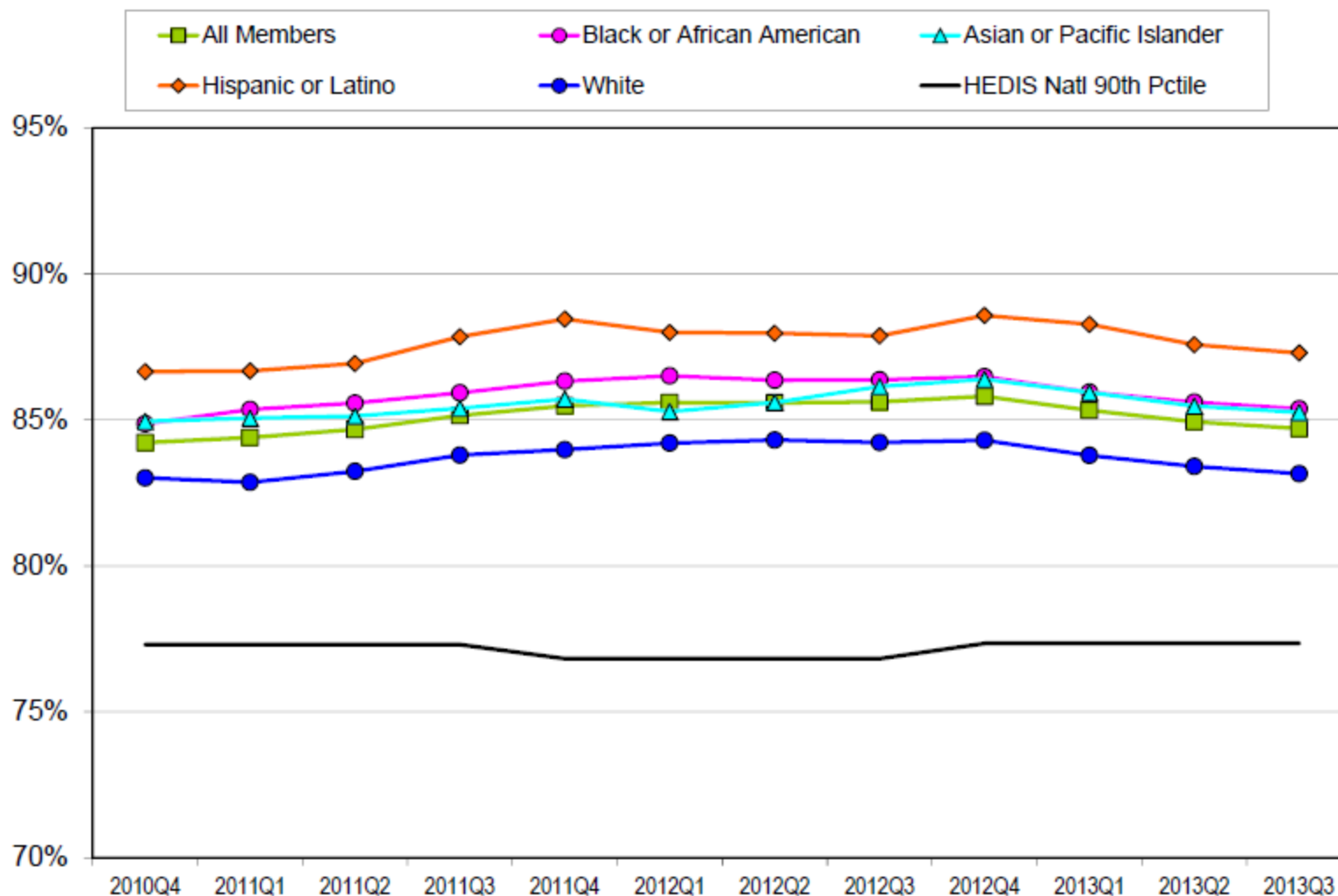
Demonstration of the superior value we deliver across racial and ethnic groups

Cancer Screening Measure



Breast Cancer Screening Measurement Trend by Race/Ethnicity

Mid-Atlantic States Region



Colorectal Cancer Screening Approach

- Centralized outreach for patients who are coming due for their annual FIT test.
- Health Care team outreach over the phone and via secure messaging to patients in their proffered language
- Safetynet reports for providers to outreach patients who have not return their test kit.
- Alerting system built to the EMR if patient is coming due or overdue.

Colorectal Cancer Screening NATIONAL GUIDELINE SUMMARY



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This evidence-based guideline summary was developed to assist Primary Care physicians and other health care professionals with colorectal cancer screening for adults.

COLORECTAL CANCER SCREENING

1. Colorectal cancer screening is strongly recommended for all asymptomatic, average-risk adults aged 50 - 75.
 - a. Any of the following tests and frequencies are acceptable options for colorectal cancer screening in asymptomatic, average-risk adults:¹
 - High-sensitivity guaiac fecal occult blood test (gFOBT) every 1 - 2 years.
 - Immunochemical fecal occult blood test (iFOBT/FIT) every 1 - 2 years.^{2,3}
 - Flexible sigmoidoscopy at least every 10 years.
 - Colonoscopy every 10 years.
 - A combination of high-sensitivity gFOBT every 1 - 2 years and flexible sigmoidoscopy every 10 years.
 - A combination of iFOBT/FIT every 1 - 2 years and flexible sigmoidoscopy every 10 years.
 - b. The following additional screening tests are either less-preferred options or not recommended for screening. Though an adult who has had one of these tests is considered screened, follow-up screening using a preferred option is recommended.
 - Standard guaiac fecal occult blood test (gFOBT)³
 - Air contrast barium enema⁴
 - CT colonography (virtual colonoscopy)⁴
 - Fecal DNA testing⁴
 - c. For those with no history of routine screening, discontinuation is recommended at age 80. The decision to discontinue screening should be based on physician judgement, patient preference, the increased risk of complications in older adults, and existing comorbidities.
2. Colonoscopy screening beginning at age 40, or 10 years younger than the earliest diagnosis in the first-degree relative, is recommended in adults with the following significant family history of colorectal cancer:
 - One first-degree relative (parent, sibling, or offspring) with a diagnosis of colorectal cancer at age 60 or younger.
 - Two or more first-degree relatives diagnosed with colorectal cancer at any age.
3. For adults with a first-degree relative with a history of advanced adenomas (≥ 10 mm, with villous features or high-grade dysplasia) presenting before age 60, colonoscopy screening beginning at age 50, at least every 10 years, may be the preferred option.⁵
4. For evaluation and follow-up of hereditary colorectal cancer syndromes and inflammatory bowel disease, referral to Gastroenterology is recommended.⁶
5. For blacks/African-Americans, special efforts should be made to ensure that screening occurs using any of the accepted screening modalities.⁷

2013 Intervention: CRC Screening for Hispanic Males Age 51-64

Based on the ECHO data, PCM developed a targeted CRC outreach for Hispanic males:

- Identified 401 Hispanic males between 51-64 that were due for CRC screening
- Developed a targeted outreach letter in English and Spanish based on previously researched barriers to screening
- Letters distributed w/ FIT kits and
 - A one-page CRC health education flyer
 - A link to a KPCO Youtube video that highlights the experience of a Hispanic man with colorectal cancer.
- Follow-up secure messages to members with no FIT result one month following the distribution of outreach letters
- **Results:** Within 26 days, **43%** had returned FIT test

Intervention on CRC Screening for Hispanic Male 51-64

Sample Spanish letter and flyer:



Diciembre 2013

Estimado Señor

En esta época de celebraciones, regale a usted y a su familia la tranquilidad de saber que no sufre de cáncer colorrectal realizando el simple examen que esta adjunto con esta carta. ¿Sabía usted que el Cáncer del Colon es la segunda causa de muerte en los Estados Unidos? De acuerdo con la Sociedad Americana de Cáncer, los Hispanos tienen las tasas más bajas de exámenes para la detección del Cáncer del Colon, y son diagnosticados en las etapas más avanzadas. Usted puede proteger su salud realizando el examen de Inmunoquímica Fecal (FIT) lo más pronto posible.

Para las personas entre las edades entre 50 y 75 años, realizarse el examen preventivo una vez al año puede detectar el cáncer del colon en sus primeras etapas y puede salvar su vida. Previamente, su doctor le envió una carta con el examen del FIT incluido y debido a que no hemos recibido su examen de regreso, le hemos enviado otro examen para que usted lo realice. Manteniéndose al día con sus exámenes preventivos contra el cáncer de colon es una de las mejores cosas que usted puede hacer para usted y para su familia.

El examen anual preventivo que le hemos incluido en esta carta, es simple, sin dolor y puede ser realizado en la comodidad de su casa en unos pocos minutos. Una vez que usted complete el examen del FIT, envíelo de regreso a Kaiser Permanente lo más pronto posible. El examen no requiere ningún copago y el sobre de regreso ha sido prepagado para su conveniencia.

Sus resultados estarán disponibles vía online en kp.org. Si es necesario algún seguimiento adicional, usted será contactado y se le indicarán los próximos pasos a seguir. ¿No se encuentra registrado en kp.org?, es fácil, solo visite kp.org/register y siga las instrucciones.

Para obtener más información, ayuda con las instrucciones o respuestas a preguntas acerca de la prueba del cáncer de colon (FIT), le invito a que me envíe un email o también puede contactarme vía telefónica, o haga su pregunta a algún miembro del equipo de laboratorio.

Lo animo a realizarse esta prueba tan importante tan pronto como sea posible.

¡Recuerde vivir bien, permanezca saludable y prospere!

Atentamente,

HEATHER M KEARNEY MD

Enviado por el Departamento de Gerencia del Cuidado de la Población



Cuidado Integral
www.kp.org

DETECCIÓN DE CÁNCER COLORRECTAL

¿VERDADERO O FALSO?

El cáncer colorrectal es la segunda causa de muerte por cáncer.

☒ VERDADERO ☐ FALSO

El cáncer colorrectal afecta tanto a hombres como a mujeres.

☒ VERDADERO ☐ FALSO

Con frecuencia el cáncer colorrectal empieza sin síntomas.

☒ VERDADERO ☐ FALSO

Los exámenes de detección pueden ayudar a prevenir el cáncer colorrectal.

☒ VERDADERO ☐ FALSO

LOS EXÁMENES DE DETECCIÓN SALVAN VIDAS

Si usted tiene 50 años o más, hacerse un examen de cáncer colorrectal podría salvarle la vida. A continuación le explicamos cómo:

Normalmente, el cáncer colorrectal empieza con pólipos en el colon o en el recto. Un pólipo es un tumor que no debe estar ahí.

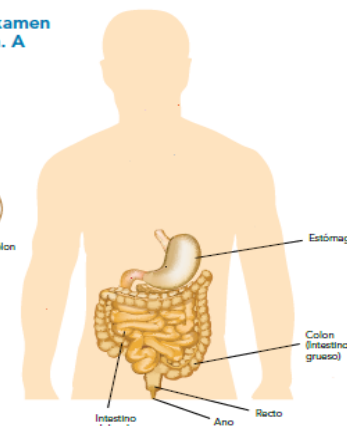
- Con el tiempo, algunos pólipos se pueden convertir en cáncer y pueden causar sangrado oculto.



Pólipo de Colon

- Los exámenes de detección como el FIT (examen de inmunoquímica fecal) puede encontrar sangre oculta en la deposición.

- Los exámenes de detección también pueden encontrar el cáncer colorrectal en una etapa temprana. Cuando se encuentra temprano, la posibilidad de curarse es buena.



Examinarse para detectar el cáncer colorrectal puede **salvarle la vida**. Los exámenes de detección también pueden encontrar el cáncer colorrectal temprano, cuando el tratamiento es más efectivo.

Adaptado de Centro de Control y Prevención de Enfermedades (Centers for Disease Control and Prevention)

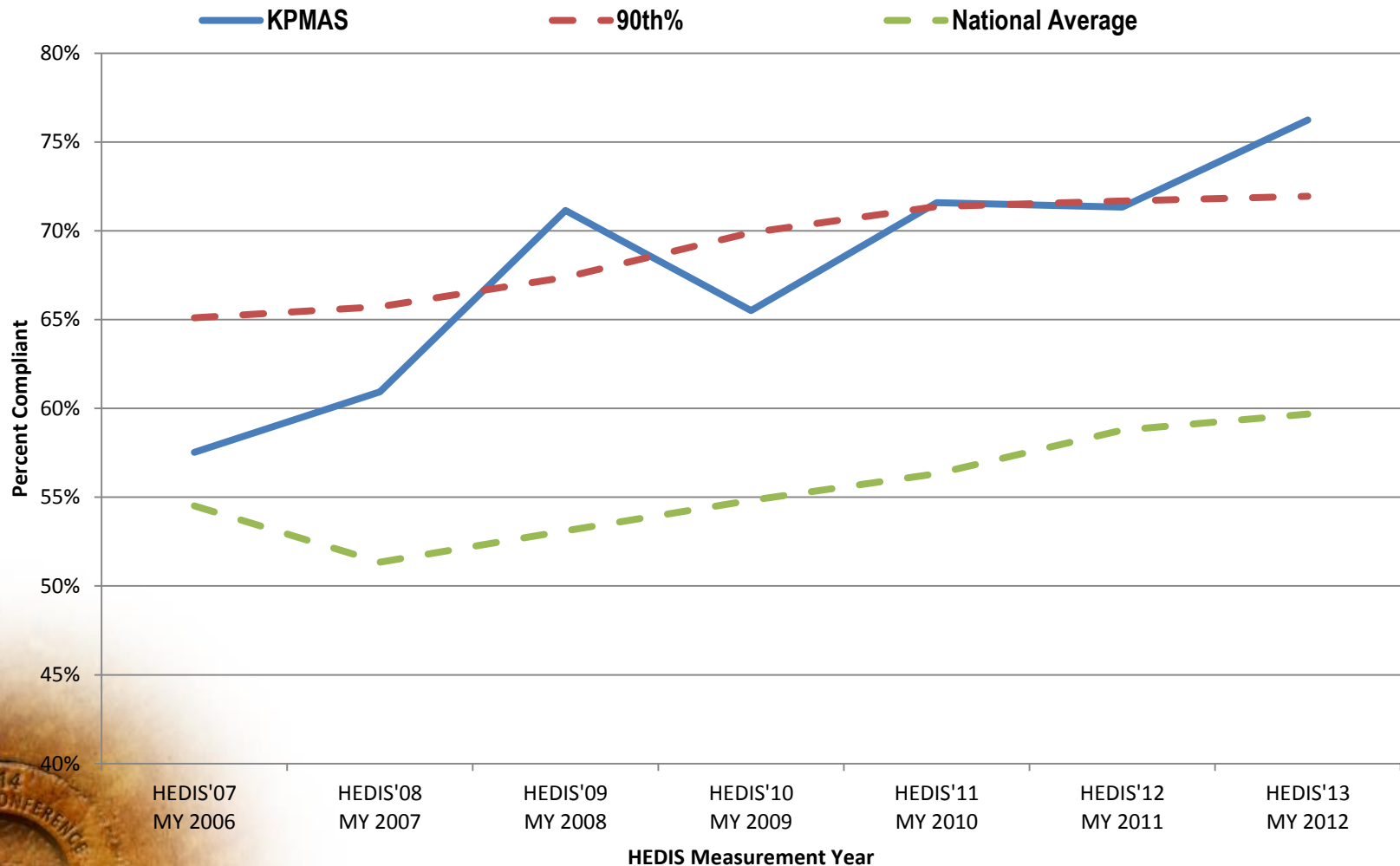
REGIONAL HEALTH EDUCATION, HEALTH PROMOTION AND WOMEN'S HEALTH
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Obtenga más información en kp.org/health



Colorectal Cancer Screening (Total %)

All Plan/All Line of Business





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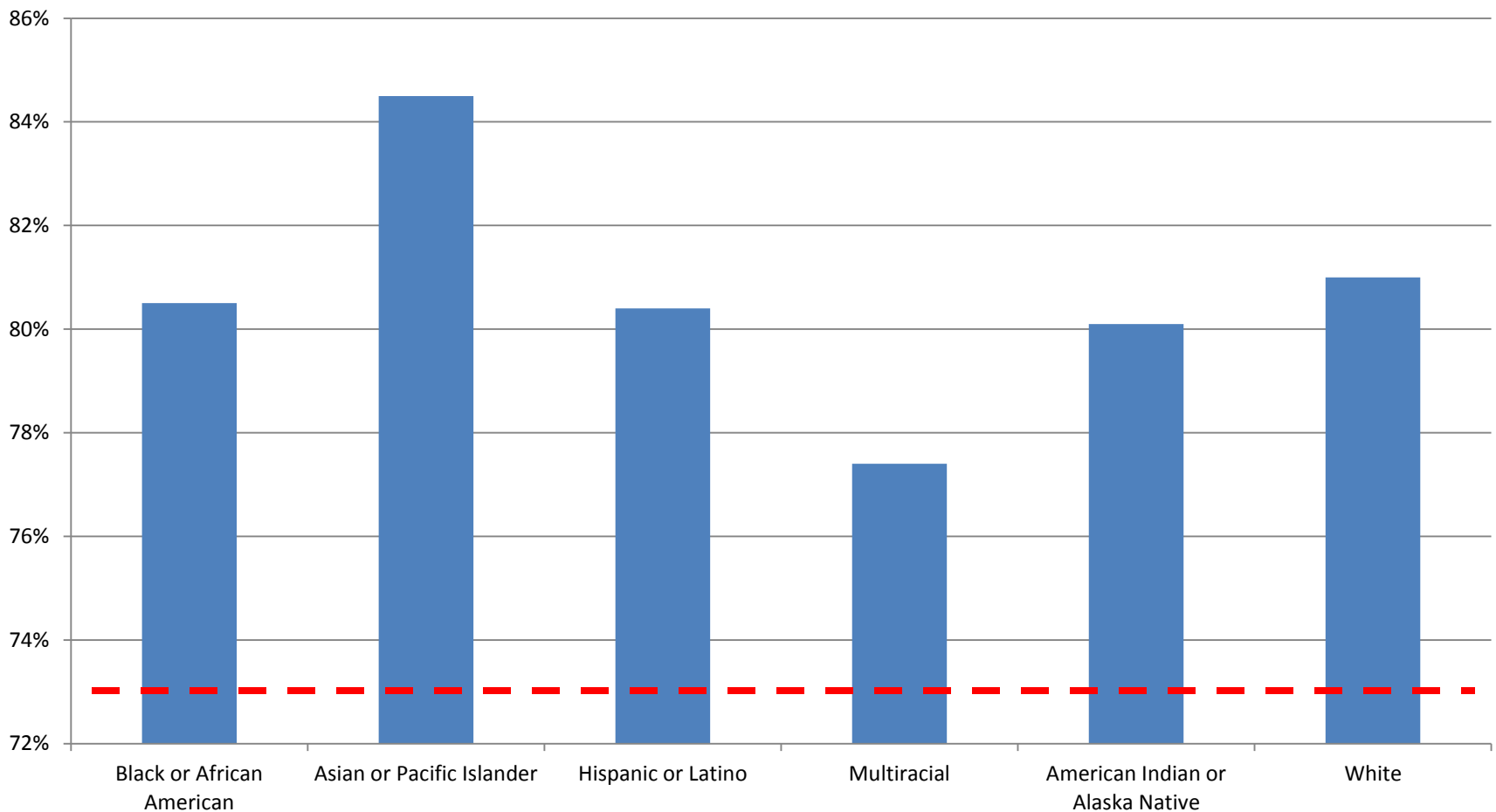


Demonstration of the superior value we deliver across racial and ethnic groups

Cancer Screening Measure

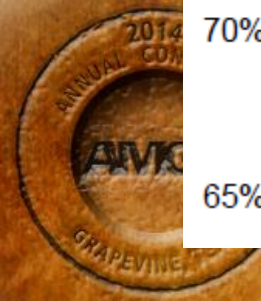
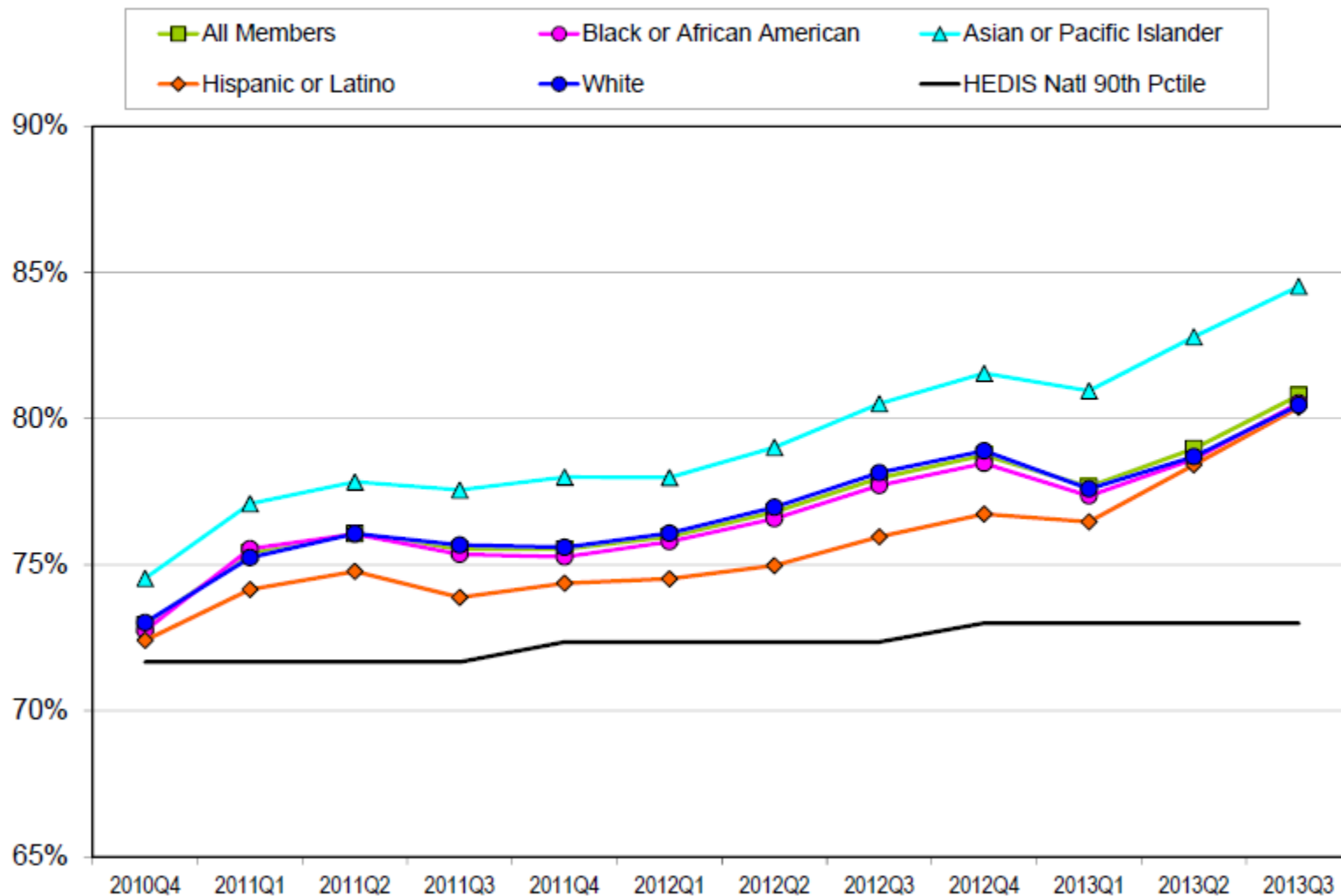
MAS Colorectal Cancer
Screening by Race/Ethnicity
HEDIS 2013 (Performance Year 2012)

 Kaiser Permanente
 HEDIS 90th Percentile



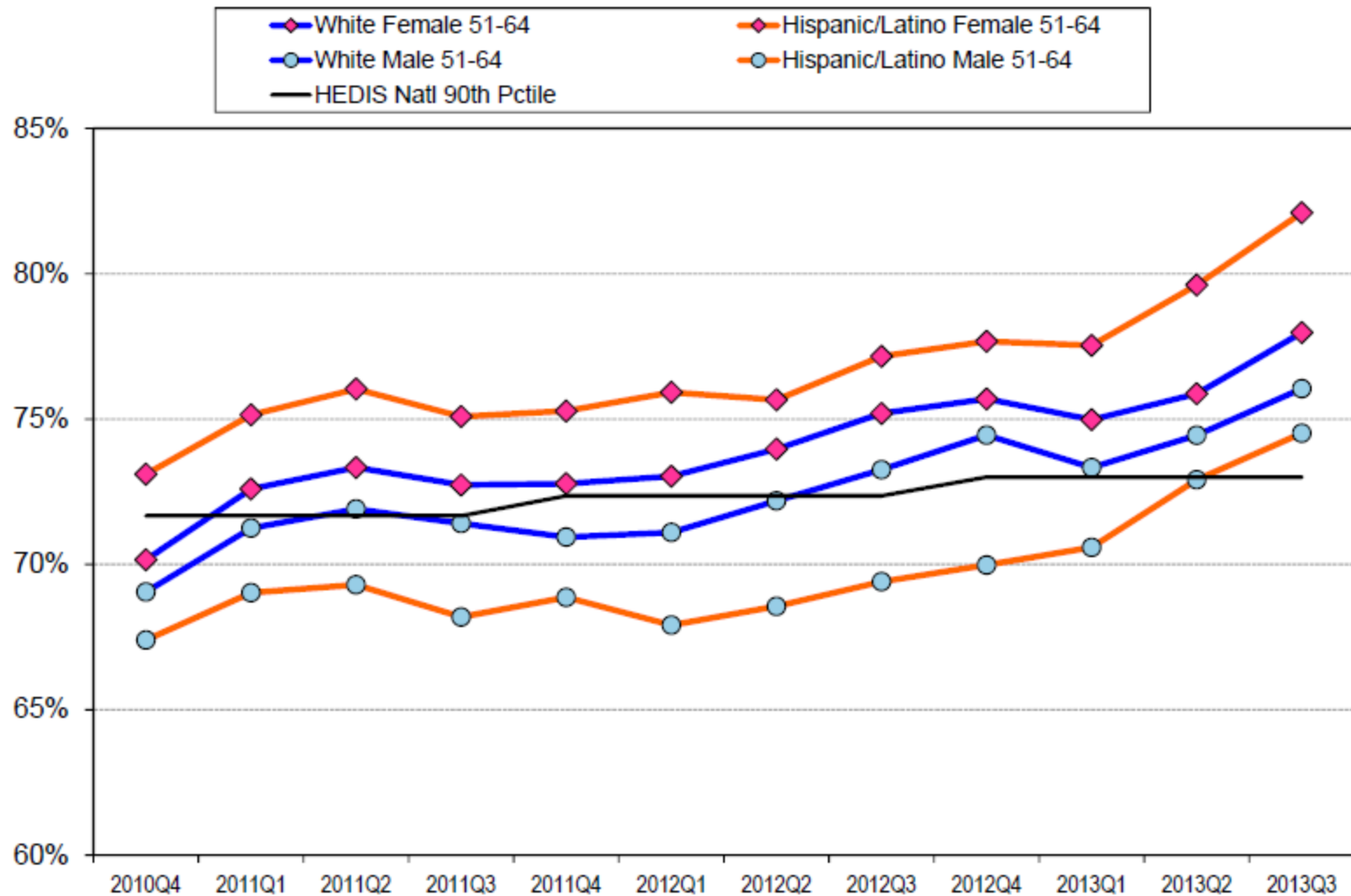
Colorectal Cancer Screening Trends by Race/Ethnicity

Mid-Atlantic States Region



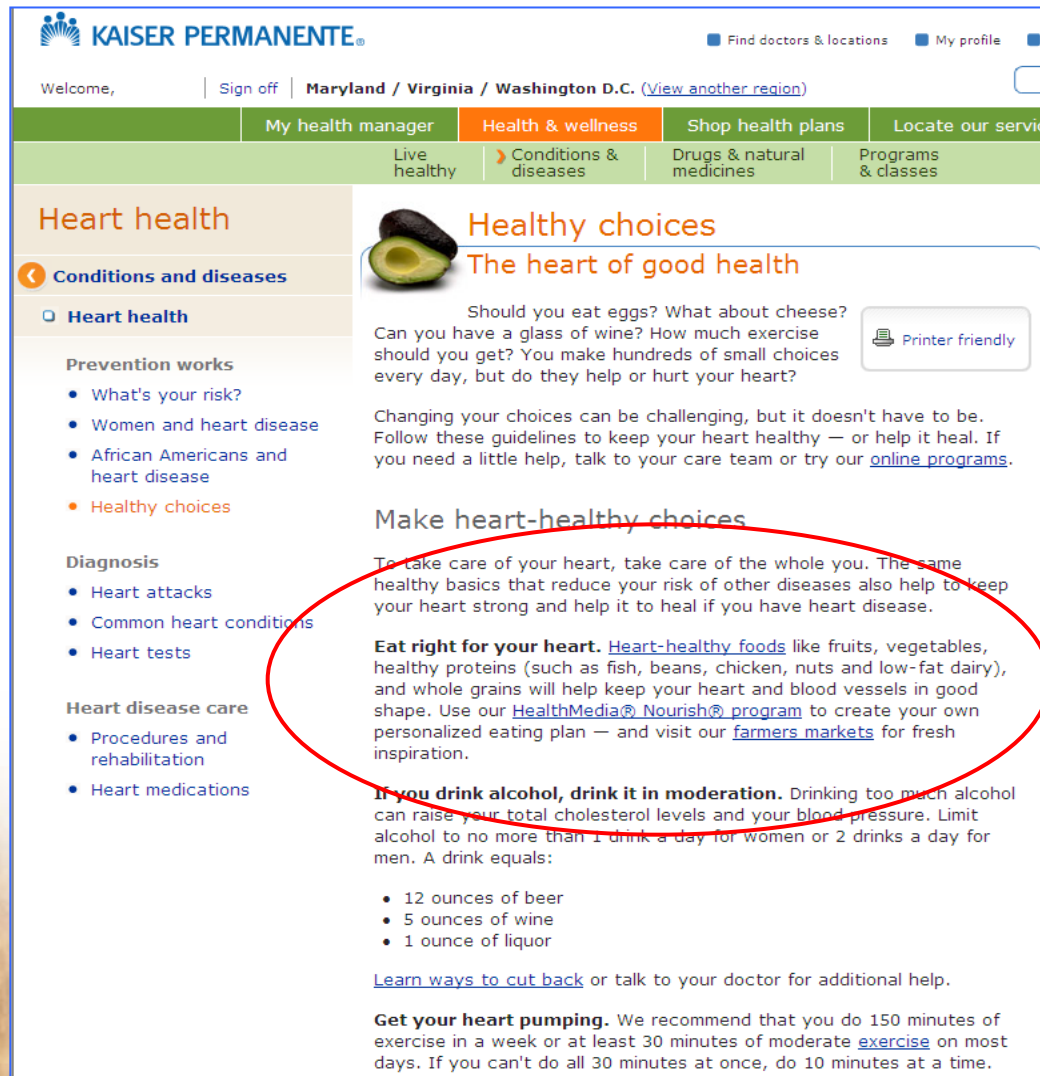
Colorectal Cancer Screening Trends by Hispanic/Latino and White Male Intervention

Hispanic/Latino and White Members Age 51-64, by Gender
Mid-Atlantic States Region



Culturally Relevant Patient Engagement – Resources

Online resources available for patients to partake in self care 24/7



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Welcome, | Sign off | Maryland / Virginia / Washington D.C. ([View another region](#))

My health manager | **Health & wellness** | Shop health plans | Locate our service

Live healthy | Conditions & diseases | Drugs & natural medicines | Programs & classes

Heart health

Conditions and diseases

Heart health

- Prevention works
 - What's your risk?
 - Women and heart disease
 - African Americans and heart disease
 - Healthy choices**
- Diagnosis
 - Heart attacks
 - Common heart conditions
 - Heart tests
- Heart disease care
 - Procedures and rehabilitation
 - Heart medications

Healthy choices

The heart of good health

Should you eat eggs? What about cheese? Can you have a glass of wine? How much exercise should you get? You make hundreds of small choices every day, but do they help or hurt your heart?

Changing your choices can be challenging, but it doesn't have to be. Follow these guidelines to keep your heart healthy — or help it heal. If you need a little help, talk to your care team or try our [online programs](#).

Make heart-healthy choices

To take care of your heart, take care of the whole you. The same healthy basics that reduce your risk of other diseases also help to keep your heart strong and help it to heal if you have heart disease.

Eat right for your heart. [Heart-healthy foods](#) like fruits, vegetables, healthy proteins (such as fish, beans, chicken, nuts and low-fat dairy), and whole grains will help keep your heart and blood vessels in good shape. Use our [HealthMedia® Nourish® program](#) to create your own personalized eating plan — and visit our [farmers markets](#) for fresh inspiration.

If you drink alcohol, drink it in moderation. Drinking too much alcohol can raise your total cholesterol levels and your blood pressure. Limit alcohol to no more than 1 drink a day for women or 2 drinks a day for men. A drink equals:

- 12 ounces of beer
- 5 ounces of wine
- 1 ounce of liquor

[Learn ways to cut back](#) or talk to your doctor for additional help.

Get your heart pumping. We recommend that you do 150 minutes of exercise in a week or at least 30 minutes of moderate [exercise](#) on most days. If you can't do all 30 minutes at once, do 10 minutes at a time.



Tailored Patient Engagement – Resources

Complete Care Journal – centralized mailing direct to members



Samantha, here is your personal

Complete Care Journal



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Blood Pressure (BP)

What is it? The pressure of blood against artery walls.

So What? Higher blood pressure (hypertension) raises the risk of a heart attack, stroke and kidney disease.

Your Info

most information as of 04/16/13

Your last BP was	Recorded on	Your BP before that was	Recorded on
more than 2 years ago	-	more than 2 years ago	-

BP Status

- ☐ Within ideal range
☐ Above ideal range

Notes

Call an appointment representative at 703-359-7878 or TTY 703-359-7616 or 1-800-777-7904 (toll free) or TTY 1-800-700-4901 to schedule a blood pressure check.*

More Information

Visit kp.org/heart to discover your healthy living options and possible lifestyle changes.

*There is no copay if you visit a non-physician member of your health care team at a Kaiser Permanente medical center to have your blood pressure checked.



Closing Thoughts

Most important for both quality improvement and closing disparities:

- Measurement of performance and of progress more important than “special program”
- Short cycle time on performance feedback and, therefore, medication titration
- Relentless in-reach, outreach, and follow-up on missed opportunities



Questions?

