Improving Population Health

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Becoming Accountable

TODAY

Fee for Service

PAYMENT SYSTEM REFORM

Fragmented Care

DELIVERY SYSTEM REFORM

THE FUTURE

Episode & Global Payment

Accountable Care Organizations
Crossing the Quality Chasm...

Evidence → Benefits

... Requires Redesigning Health Care Processes
Critical Steps to Redesigning

1. Prioritize
2. Standardize
3. Create and Use Data
4. Implement, Measure, Collaborate
Prioritizing for performance improvement

- Where is there evidence for beneficial intervention?
- What conditions affect significant numbers of people?
- What conditions have significant impact?
- Where are the gaps?
- Where is there organizational interest?
- Where is there public interest?
Improving Cardiovascular Outcomes: Drivers

<table>
<thead>
<tr>
<th>GOAL</th>
<th>KEY DRIVERS</th>
<th>INITIATIVES</th>
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</thead>
<tbody>
<tr>
<td>IMPROVING CV OUTCOMES</td>
<td>Prevention</td>
<td>CV Risk Reduction: smoking, activity, healthy eating and physical activity Exercise as Vital Sign</td>
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<td></td>
<td>Acute Care</td>
<td>BP Control</td>
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<td>LDL Control</td>
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<td>Core Measures for MI, Stroke</td>
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<td>Statins from day 1</td>
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<td>Cardiac rehabilitation</td>
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</table>
2. Standardize

1. Frontline Engagement

2. Scripted Processes

3. Reliable Execution

4. Organizational Learning

5. Scientific Change Process

6. Clear Communication

Model for Exceptional Reliability in a Learning Organization

Source: T Clemmer LDS Hospital
Data Finds “Bright Spots”

Distribution of Provider HTN Control Rates at one Medical Center

- HEDIS 75th %ile
- HEDIS 90th %ile
- 2011 CQC Target

Count of PCPS

Percent of Patients in Control
System Redesign for Hypertension Control

- Evidence Based Guideline development
- HTN Registry creation
- Performance measures published
- Successful practice dissemination
  - Test, treat, retest (escalate therapy)
  - Fixed Dose Combination therapy
  - Non-physician BP visit
  - PharmD for initiation and escalation
Roles of DATA in Driving Change

- **Discover** *(Reason to go)*
- **Assess opportunity** *(Direction to take)*
- **Tell the story** *(Fuel)*
- **Assess progress** *(Compass)*
Hypertension Control Rate
KPNC, 1958 to 2012

- **1958**: Thiazides available
- **1977**: 1st JNC Report
- **1995**: 1st KP Guideline
- **2001**: 1st Data Collection
- **2012**: 87%

Data that Drives
Importance of Data
IHI Collaborative Model

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**LS – Learning Session**
**AP – Action Period**

**Expert Meeting**
- Develop Playbook
- Planning Group

**Prework**
- LS 1
  - AP1
- LS 2
  - AP2
- LS 3
  - AP3*

**Email distribution, newsletters**
- Collaborative Calls
- Medical Center Visits
- Monthly Team Reports/Data
Playbooks Expedite Spread

- Aim
- Standardized Processes
- Compelling Story, presentations
- Implementation Tools
- Assembling your team - optimal membership
- Checklists, sample agendas
- Training materials for MDs and staff
- Implementation timelines and measures
- Implementation, process and outcome measurement strategy
Data Confirms Impact of Improvements

Since Year 2000:

- **30.4% reduction** in mortality from CVD
- **42.2% reduction** in mortality from stroke
- Heart Disease + Stroke mortality **dropped below** cancer mortality