



Stroke Prevention

Kaiser Permanente Southern California

Michael H. Kanter, MD
Medical Director of Quality and Clinical Analysis

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Organizational Change and Learning

Complete Care at Kaiser Permanente: Transforming Chronic and Preventive Care

Michael H. Kanter, MD; Gail Lindsay, RN, MA; Jim Bellows, PhD; Alide Chase, MS

The Chronic Care Model (CCM) aims to transform care for patients with chronic illnesses through six interrelated system changes: health system, delivery system design, decision support, clinical information systems, self-management support, and community resources.¹⁻³ It has stimulated innovative models

Article-at-a-Glance

Background: In 2004 Kaiser Permanente Southern California (KPSC) recognized the potential to improve the quality of care. Healthcare Effectiveness Data and Information

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Medical Complete Care

Prevention and Lifestyle Change

Health Education & Wellness

Proactive Encounter, Panel/Care Management

Regional Outreach

Medication Management

Safety Net

Clinical Information Systems & Decision Support

Practice Guidelines and CME

Asthma

Breast Cancer

Cervical Cancer

CAD

CKD

Colon Cancer

COPD

CVD

Depression

Diabetes

Geriatrics

Hepatitis C

HF

HIV

Hypertension

MS

Obesity

Osteoporosis

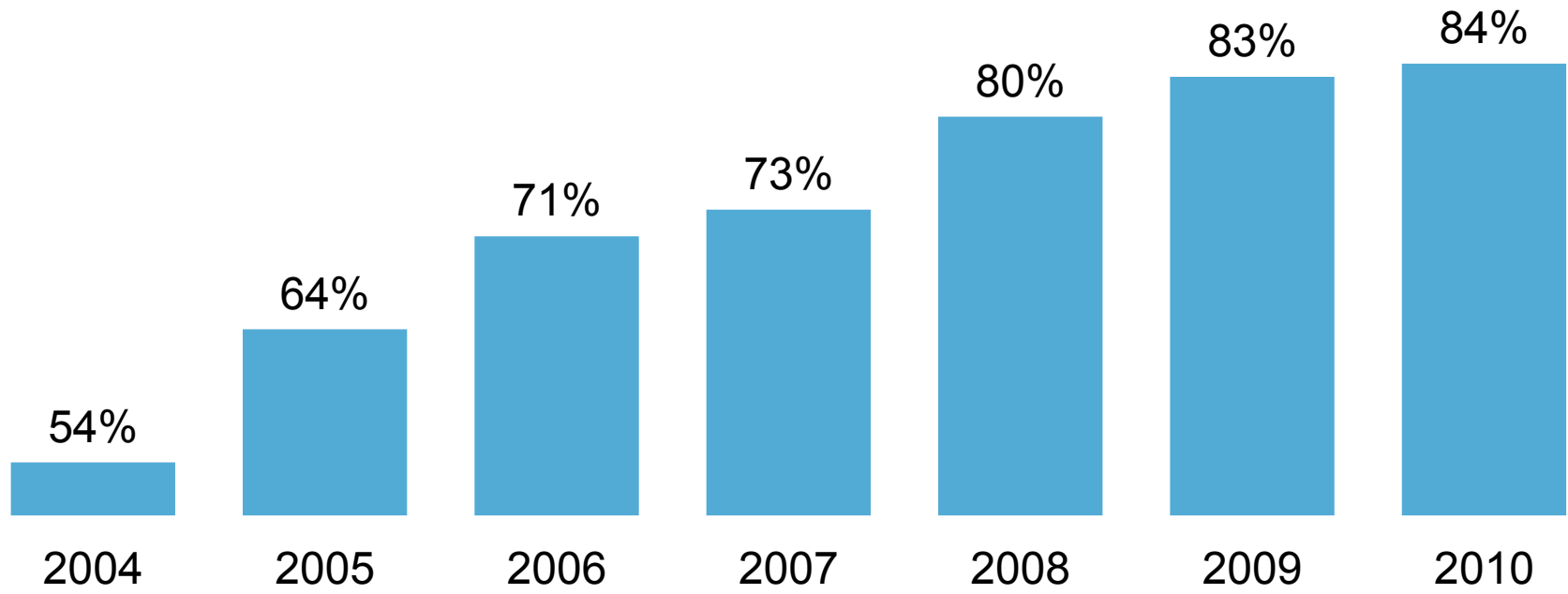
Pneumonia

Rare Diseases

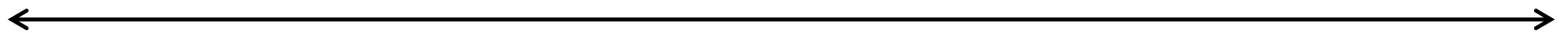
Sepsis

VTE

Hypertension Control Rate



Thiazide-naïve program targeting uncontrolled hypertension patients



Regional leadership made hypertension a “quality imperative” and attached a small financial incentive to both primary care and specialty care physicians

Hypertension Recognition in Adults in Kaiser Permanente Southern California

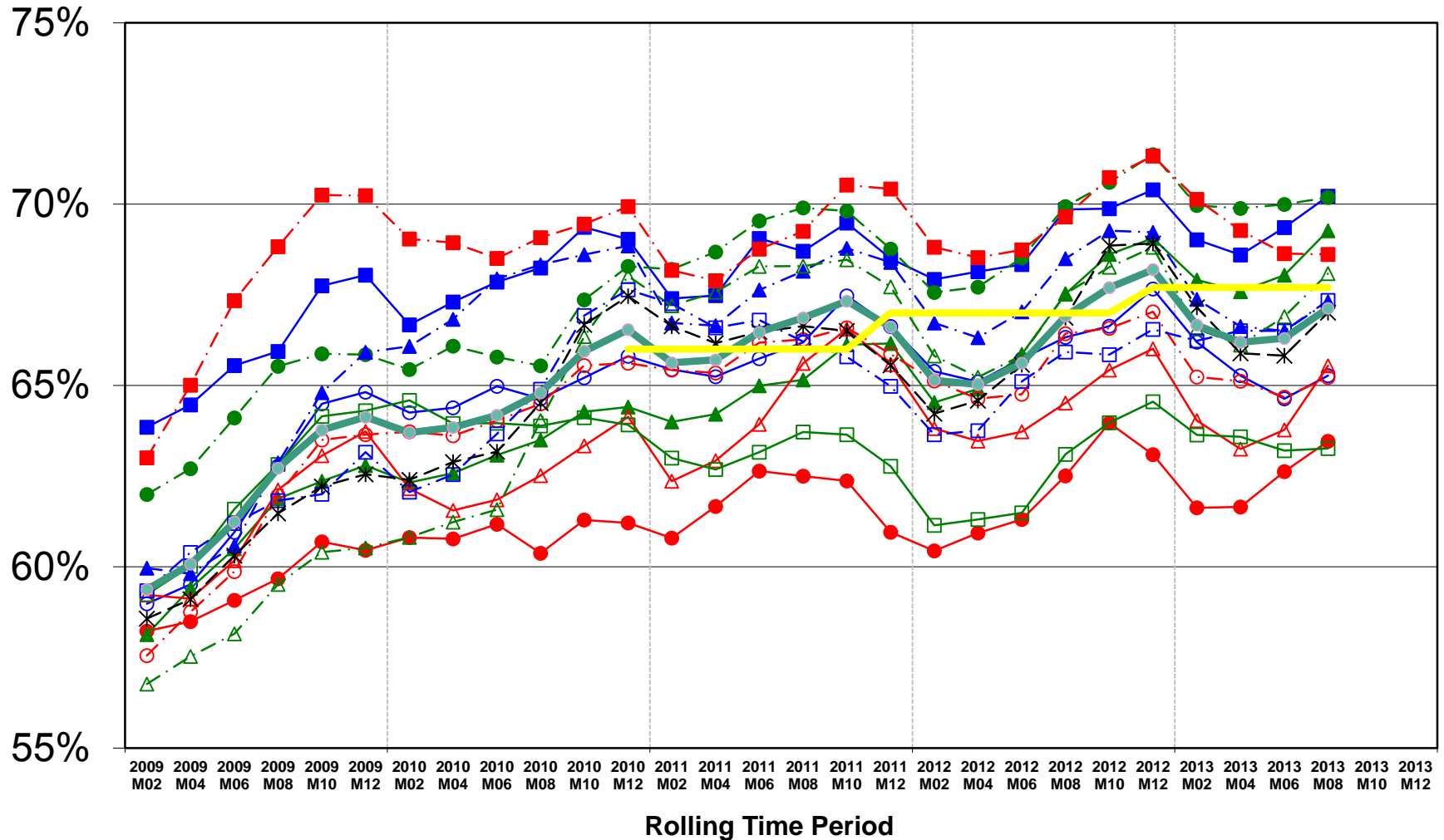
Year	Number of patients with Hypertension
2003	400,000
2012	670,000

Do you now smoke cigarettes or use tobacco every day, some days, or not at all?

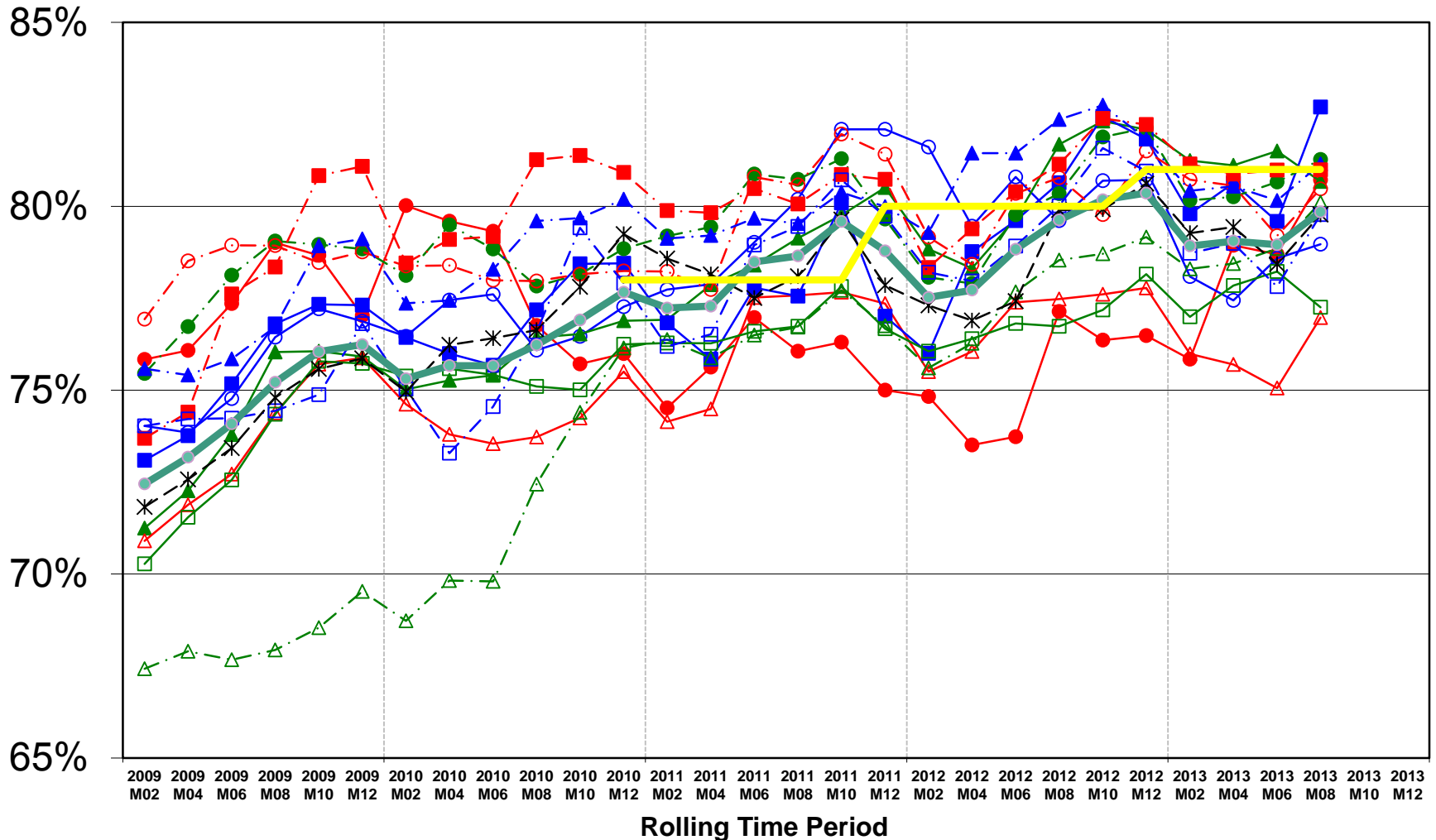
CAHPS: Smoke/Chew Tobacco

	Result	HEDIS 10 th Benchmark	Top 10 th HP	Best HP
2011	10.11%	10.11%	9.28%	7.43%
2012	9.11%	9.07%	8.67%	3.03%
2013	9.16%	8.83%	7.77%	5.59%

Diabetes: LDL-C Control (< 100 mg/dL)



Cholesterol Management for CVD Patients: LDL-C Control (<100 mg/dL)



What can be done besides delivery systems creating a system of care?

- Should we focusing on identification and diagnosis of HTN as well as control?
- Do we need a greater community approach to smoking cessation?
- Should there be more collaboration between health plans, medical groups, and public entities on stroke education?
- Is a HTN control rate at the 90th percentile good enough?
 - Is a control rate of 70% good enough?