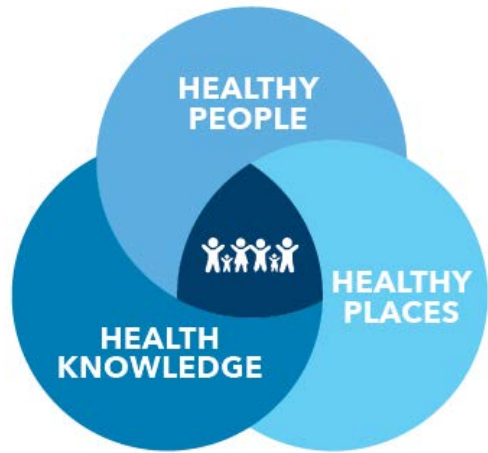


Delivery System Perspective: Integrated Care Model at Kaiser Permanente

Michael Horberg, MD MAS



Kaiser Foundation Health Plan
Nonprofit health plan that provides members with prepaid comprehensive health benefits and also owns/operates outpatient facilities and support staff

Mission: To provide high-quality, affordable health care services and to improve the health of our members and the communities we serve



Kaiser Foundation Hospitals or Partner Hospitals Not Owned by KP (but staffed by PMG)

Permanente Medical Group
Multi-specialty Medical Group that contracts exclusively with KFHP to provide medical services to Kaiser Permanente members



MID-ATLANTIC PERMANENTE
Research Institute

Kaiser Permanente by the Numbers



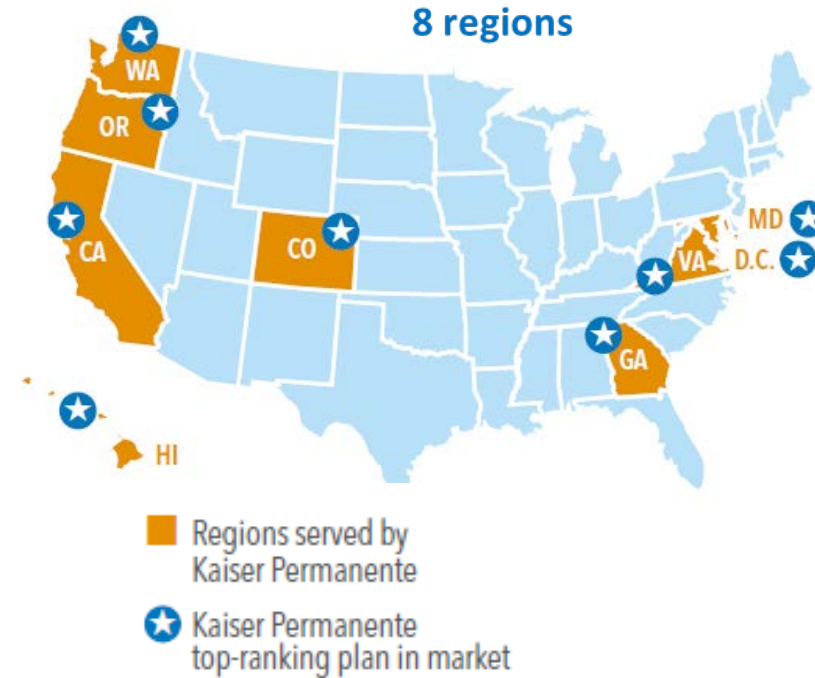
More than **21,000** physicians and **200,000** employees (including **54,000** nurses)



38 hospitals
673 medical offices and other outpatient facilities



70 years of providing care
\$62B in assets
\$64B in 2016 revenue
More than 12 million members



Making Lives Better



93,675
BABIES DELIVERED



6,003
NEUROSURGERIES



3,292
OPEN HEART SURGERIES



500,665
DIABETICS



26,000
JOINT REPLACEMENTS

Note: 2013 data unless otherwise noted.
Financial data as of year-end 2014 data and membership data as of April 2015

What Delivery Systems Need to Know & How We Gather Such Data

■ What We Need to Know:

1. Efficacy and Effectiveness
 - a. Different from regulators usually
2. Who did the studies?
 - a. NIH vs. Foundation vs. Industry
 - b. Or did KP do the research?
3. What is our population at risk?
 - a. Does the data reflect our population?
 - b. Can we generate such data?
4. What do we do presently?
5. What will be the added cost?
6. How to operationalize such a change

■ How We Gather the Data:

1. Big Data—our Data
2. KP research units
3. Internal guidelines panels
 - a. Example: HIV and STD
4. Systematic Reviews
 - a. Can be internally done
 - b. Hayes, Inc.
5. Chiefs' Groups—regional and interregional
6. Financial planning

Points of Tension for Such Decision-Making

- Important to note we are mission-driven
 - Truly, goal is do the right thing the first time.
 - However, “no money, no mission”
- Prevention first...if possible
 - Example is HIV Prevention Prophylaxis (PrEP)
- Is the newest treatment better than previous?
 - Example is generics for hypertension
- Issue is not *getting* the evidence...Issue is *believing* the evidence presented
 - Is it really unbiased?
 - What level of improvement over prior therapy is it?
 - Again, who did the study?
 - Again, does the data reflect our population?
- We will believe our own data before others
- Where are the gaps in the data?

How We Decide

- May be based on:
 - New knowledge in literature
 - Pharmacy or physician request
 - Patient demand?
 - KP data or KP research findings (KP experience is important!)
 - ? State or federal statutes
- Sent to appropriate regional and interregional committee(s) to decide
 - Formulary Committee
 - Interregional New Technologies Committee
 - Chiefs Group
 - Guidelines Committees
- Difference between committee recommendation, benefits decision, formulary decision
 - Example of HIV drugs
- Aim is for collaborations among different groups above