

Health System Leadership and Improvement Research at KPSC: Care Improvement Research Team (CIRT)

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KPSC

- Pre-paid, capitated health plan (non-profit)
- Independent medical group (SCPMG)
- Integrated delivery system
- Comprehensive electronic health records
- Values:
 - Quality
 - Affordability
 - Physician autonomy
 - Small “m” managed care



KP Southern California

3.76 Million Members

209 Medical Offices

14 Hospitals

6,035 Physicians

20,393 Nurses

61,897 Employees

Department of Research and Evaluation

- 30 full-time research scientists
- Over 300 support staff
- Located in Pasadena, CA
- Employed by SCPMG
 - Report to Medical Director for Quality and Clinical Analysis
- Comprehensive Research Data Warehouse (RDW)
- Researchers embedded in health system

Care Improvement Research Team

- Created by KFH/HP leadership in 2013
- Help improve care and increase affordability for KPSC members
- Weave research into existing fabric of clinical care and quality improvement at KPSC
- Help to realize the potential of the learning health care system
- Create and share generalizable knowledge about improvement

CIRT Mission and Vision

Mission:

To enhance the health of individuals and populations through systematic study of ways to improve health care delivery.

We collaborate with clinicians, patients, operational leaders and other stakeholders to identify gaps in care delivery and apply rigorous research methods to understand and close them within the KPSC system.

Vision:

To be the model for embedded research within a learning health care system



CIRT Strategy and Tactics

- Develop sustainable partnerships between researchers, clinicians and operational leaders
- Help to transform organizational culture around innovation, implementation and improvement
- Create virtuous cycle of internally focused and externally funded research
 - Goal: ~50-50 distribution
- Use variety of research methods and select efficient designs to improve feasibility of practice-based research
 - Observational studies to identify gaps in care
 - Qualitative approaches to understand barriers and facilitators to change
 - Quasi-experimental studies to evaluate new interventions
 - Pragmatic trials to use health system as laboratory

CIRT Sponsors

- Kaiser Foundation Hospitals and Health Plan
 - Benjamin K. Chu, MD, MPH
 - Nirav R. Shah MD, MPH
 - Angela Coron (Managing Director, KPSC Community Benefit)
- Southern California Permanente Medical Group
 - Michael H. Kanter, MD
- Department of Research and Evaluation
 - Steven J. Jacobsen, MD, PhD

CIRT Members

Scientists

Michael Gould, MD, MS

Erin Hahn, PhD, MPH

Brian Mittman, PhD

Huong Nguyen, PhD, RN

Adam Sharp, MD, MS

Shayna Henry, PhD (post-doc)

Research Support

Tania Tang, PhD, MPH

Corrine Munoz-Plaza, MPH

Ellen Rippberger, MPH

Kim Miller, MPH

Mayra Macias, MS

Biostatistics

Ernest Shen, PhD

Amy Liu, MS

Janet Lee, MS

Brian Huang, MPH

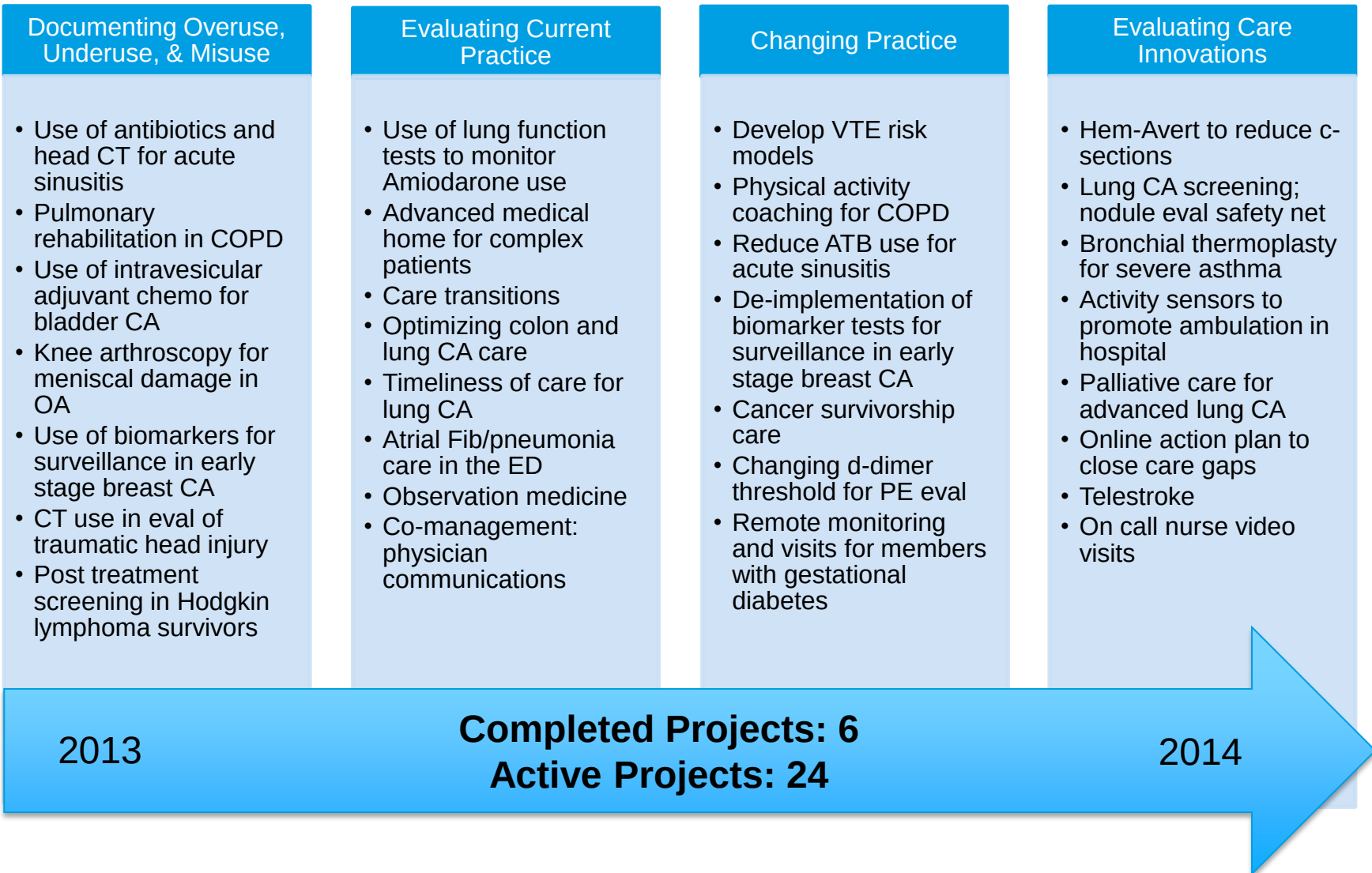
Yi-Lin Wu, MS

Jianjin Wang, MS

Key Contributions of Leadership

- Made hard-money investment in program development
- Provide researchers with unprecedented access to operational decision-makers
- Provide advice regarding pitfalls
- Facilitate relationships with operational work groups
 - Clinical Chiefs of Service: Oncology, Pulmonary, Nephrology
 - KPSC technology assessment and guidelines program
 - KP Improvement Advisors (scale up and spread)
 - HCIT (VTE, pneumonia, readmissions)

CIRT Projects



CIRT Research Themes

- Cancer care and survivorship
- Chronic disease management and self-management
- Overuse of imaging and other low-value care
 - Leveraging Choosing Wisely campaign of ABIM Foundation
- Health system as laboratory for improvement
- KP Priorities
 - One KP (reducing unwarranted practice variation)
 - Affordability
 - Care transformation

Ongoing Challenges

- Limited bandwidth: how do we scale up effectively?
- Project selection:
 - How to choose among competing priorities?
 - How to balance external and internal funding opportunities?
- Suboptimal infrastructure for rapid-cycle research
- Organizational culture
 - Physician autonomy
 - Informal communication channels for decision making
 - Difficult to reach consensus

Thank You!

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