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# Kaiser Permanente Policy Story, V2, No. 1

## Reducing Heart Attacks and Strokes: Bringing KP Treatment Protocols to Safety Net Providers

- Heart attacks and strokes are among the leading causes of death and disability in the United States, but they are often avoidable.
- The risk factors for heart disease (such as high cholesterol, high blood pressure, physical inactivity and obesity) are well known, but often not well managed.
- Kaiser Permanente programs reduce the probability of heart attack and stroke among high-risk patients by up to 60 percent.
- We have now extended these programs to safety net clinics, whose patients are especially vulnerable to avoidable hospitalizations. Today, more than 35,000 patients across 55 safety net sites have participated.

## Policy Context

Heart disease is the leading cause of death in the United States.[1] One in every three deaths in our country is from heart disease or stroke.[2] Heart attacks and strokes are also among the leading causes of disability in the U.S., with more than 3 million people reporting disability from these causes.[3] Importantly, many of the major risk factors for heart disease and stroke can be prevented or controlled.[4]

In September 2011, the U.S. Department of Health and Human Services launched Million Hearts™, a national initiative to prevent 1 million heart attacks and strokes over five years. Kaiser Permanente has joined health care organizations, employers, advocacy groups, and others in supporting this initiative. The effort aligns with activities already underway within Kaiser Permanente, including ALL/PHASE—a heart attack and stroke risk-reduction program (detailed below)—and EveryBody Walk!, a campaign to encourage physical activity.

## The Challenge

Certain medical conditions and lifestyle choices can put people at high risk for heart disease, including: high cholesterol, high blood pressure, diabetes, cigarette smoking, obesity, poor diet, physical inactivity, and excessive alcohol use.[5] Across the U.S. population, these risk factors are poorly managed.[6]

However, several low-cost generic medications are highly effective in preventing heart attacks and strokes among high-risk individuals.[7] Nevertheless, many people who are at high-risk remain untreated. People who receive their care from safety net providers (including the uninsured and underinsured) are particularly vulnerable. One California study indicated that this group is almost three times more likely than others to be hospitalized for an avoidable cause.[8]

## Kaiser Permanente Solution

Kaiser Permanente launched our A-L-L program in 2003 to reduce heart attacks and strokes among members with heart disease and diabetes. Under this program, high-risk patients take Aspirin, Lovastatin (a cholesterol lowering medicine), and Lisinopril (a medication for high blood pressure). We developed our Preventing Heart Attacks and Strokes Everyday (PHASE) program a year later, adding a beta blocker—which protects against second heart attacks—and lifestyle changes, such as smoking cessation and physical activity. The combined protocol—the ALL/PHASE program—is now available to all Kaiser Permanente members with heart disease, and diabetics who are over the age of 55.

Through a comprehensive outreach program, Kaiser Permanente members are encouraged to participate in



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this program. In addition, to spread these prevention activities beyond Kaiser Permanente, we have shared the ALL/PHASE protocol with safety net providers in our communities. We have also offered grants to numerous safety net providers to assist with the costs of administering the program, such as identifying and communicating with at-risk clients.

Dr. Winston Wong, Medical Director of National Community Benefit, notes: "at Kaiser Permanente, we recognize that preventive and community health is critical to individual health and wellness, and extending care beyond our walls is central to our mission. The ALL/PHASE program is just one example of how we share our knowledge with our safety net partners to help them improve the health of the broader community."[9]

## Outcomes

A 2009 study of Kaiser Permanente members found that the A-L-L program reduced the rate of heart attack and stroke in a high-risk population by 60 percent.[10] The study authors estimated that if just 20-30 percent of all diabetics over age 65 in the U.S. were similarly treated for a two-year period, tens of thousands of hospitalizations for heart attack and stroke could be avoided.

By 2011, 46 safety net clinics in California had initiated Kaiser Permanente's ALL/PHASE program.[11] Over 2,000 community-clinic patients received cardiovascular medications within the first 18 months of the program. Since then, our Northwest, Colorado, Georgia, and Mid-Atlantic regions have all shared these programs with safety net providers in their communities. Today, more than 35,000 patients across 55 safety net sites participate in ALL/PHASE.[12]

## Practical Implications and Transferability

Kaiser Permanente's initial experience in disseminating the ALL/PHASE program to safety net clinics in California has shown that grants are important since resources are needed to collect data and to make contact with patients who have not refilled their prescriptions. Grant funding is especially important during the program's start-up phase. In addition, significant involvement by safety net physicians has been critical to the success of the program. These doctors agree overwhelmingly that implementing this protocol is one of the most important contributions they can make to the health of their patients. Not only has uptake of the prescription bundle been good, but adherence to the drug regimen over the longer term has also been high.

*For more information, please contact:*
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1 Centers for Disease Control and Prevention (CDC). Leading Causes of Death: http://www.cdc.gov/nchs/fastats/lcod.htm

2 Food and Drug Administration. A Valentine for Your Heart: http://blogs.fda.gov/fdavoice/index.php/tag/heart-disease/

3 Million Hearts. About Heart Disease and Stroke: http://millionhearts.hhs.gov/abouthds/cost-consequences.html

4 *Ibid.*

5 Centers for Disease Control and Prevention (CDC). Heart Disease Fact Sheet: http://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_heart_disease.htm

6 For example, see CDC: Adult Obesity Facts, http://www.cdc.gov/obesity/data/adult.html and Saydah S., et al. Poor control of risk factors for vascular disease among adults with previously diagnosed diabetes. *JAMA*. 2004 Jan 21; 291(3):335-42.

7 Wald, NJ, Law, MR, "A Strategy to Reduce Cardiovascular Disease by More than 80%." *British Medical Journal*, Volume 326, 28 June 2003.

8 California Healthcare Foundation, California's Health Care Safety Net: Facts and Figures October 2010, http://www.chcf.org/publications/2010/10/californias-health-care-safety-net-facts-and-figures#ixzz2PL8hyjeD

9 "Kaiser Permanente's ALL/PHASE Initiative Wins 2010 Care Continuum Alliance Quality Impact Award for Greatest Impact on Health," October 13, 2010, Kaiser Permanente News Center.

10 Preventing Myocardial Infarction and Stroke with a Simplified Bundle of Cardioprotective Medications, James Dudl et al, October 2009, *AJMC*.

11 Wong, W, Jaffe, M, Wong, M, Dudl, RJ. "Community Implementation and Translation of Kaiser Permanente's Cardiovascular Disease Risk-Reduction Strategy." *The Permanente Journal*. Winter 2011, Volume 15, No. 1.

12 2012 Community Benefit ALL/PHASE grantee enrollment report.

# Kaiser Permanente Policy Story, V2, No. 2

## Foundation of Evidence: Clinical Guideline Development at Kaiser Permanente

- In the U.S. and worldwide, patients with similar health problems often undergo very different courses of treatment. Sometimes this is due to gaps in physician knowledge about which medical interventions are most effective, based on research evidence.
- Public and private payers are moving toward paying physicians based on quality—rather than quantity—of care, and the need for clear evidence regarding clinical effectiveness has become even more pronounced.
- Kaiser Permanente has been a pioneer in evidence-based medicine for decades. In the early 1990s, we moved to reengineer our processes for developing clinical practice guidelines based on research evidence.
- Kaiser Permanente's guideline development and evidence services capacity has grown increasingly sophisticated. Our National Guidelines Program applies rigorous process and evidentiary standards to develop a core set of guidelines. We share our expertise with organizations around the world and have helped to advance the science of guideline development.

## Policy Context

In most of the U.S. health care system, providers are reimbursed on a fee-for-service basis that rewards the provision of care, regardless of clinical appropriateness or patient need. Recent policy discussions have focused on moving to a system that links payments to quality of care. Such a transition in payment method requires consensus on what constitutes effective, high-quality care. Clinical practice guidelines synthesize existing research evidence regarding medical effectiveness and provide a basis for clinical performance measurement.

## The Challenge

Over the past fifty years, the base of medical knowledge has expanded enormously, and diagnostic and treatment alternatives have proliferated. The volume of research studies evaluating the effectiveness of these alternatives has also grown substantially. In fact, the evidence base for clinical effectiveness has become so vast that it is essentially impossible for an individual clinician to keep up with it.[1]

Numerous organizations produce evidence syntheses to aid in evaluating the effectiveness of therapeutic, diagnostic, and other medical interventions. These groups systematically review studies pertaining to specific clinical topics, critically evaluate the quality of these studies, and synthesize the findings. Clinical guidelines and treatment recommendations are established by medical specialty societies, health care organizations, government entities, and others. Sometimes these guidelines are based on the evidence contained in systematic reviews, other times they are based primarily on the opinion of experts.

Another challenge for guideline development is that most studies—and therefore most evidence syntheses—concentrate on a single condition, while most patients have more than one condition. It is difficult to mesh clinical recommendations from multiple guidelines.

## Kaiser Permanente Solution

Until the early 1990s, Kaiser Permanente—like other health care organizations—developed guidelines based largely on expert consensus and review of a small number of selected studies. At that time, we began to develop a more rigorous review process that included systematic review of all available evidence, as exemplified by the work our Southern California region undertook with David Eddy, MD, PhD, a noted expert in evidence-based medicine.[2]

In 2005, Kaiser Permanente built that early work into the National Guidelines Program, supported and directed by our eight regions and medical groups. This

program has facilitated agreement about a core set of guidelines and has raised evidence standards and care quality across the organization.

In 2011, we responded to the Institute of Medicine recommendations on guideline development standards.[3] We adopted a series of internationally-accepted standards for evidence review, including AMSTAR for appraising the quality of systematic reviews, AGREE II for appraising clinical guidelines, and GRADE for grading the quality of evidence and strength of recommendations. Kaiser Permanente no longer maintains a standalone methodology for evidence review, but has joined others around the world in using these collaboratively-developed tools. In so doing, we have systematized our own processes for producing, monitoring, and updating guidelines, and have helped raise the global standard for evidence review. Kaiser Permanente is also developing guidelines and evidence products that address patients with multiple conditions. In addition, Kaiser Permanente supports an extensive research enterprise and has been a longstanding contributor to comparative effectiveness research.

## Outcomes

Our ability to both develop and adopt evidence-based guidelines has made us a leader in translating guidelines into clinical practice. This is evident in our high health care quality scores, as documented by organizations including the National Committee for Quality Assurance, the National Quality Forum, and the Centers for Medicare and Medicaid Services. The use of evidence-based guidelines also produces direct results for patients. For example, by following the recommendations contained in our cardiovascular guidelines, a high-risk Kaiser Permanente member has a 60 percent lower chance of dying from stroke or heart attack than does a nonmember.[4]

## Practical Implications and Transferability

Kaiser Permanente is actively engaged in advancing the science and application of evidence based medicine worldwide. In 2010, Kaiser Permanente became a member of the Guidelines International Network (G-I-N), a collaborative of organizations involved in the development and use of guidelines. Through its work with G-I-N North America, Kaiser Permanente is also actively involved in fostering knowledge-sharing and collaboration within the North American guideline community by organizing and hosting a monthly webinar series on topics of interest to guideline developers in the U.S., Canada, and Mexico. For both G-I-N and its North American network, we contribute knowledge about methodology development, guideline content, and implementation strategy. The goal is to globalize evidence synthesis and grading to standardize processes in evidence review. This will create efficiencies and allow local guideline teams to focus on creating implementable recommendations that improve patient care.

*For more information, please contact:*
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http://www.kp.org/ihp


1 Institute of Medicine, *Knowing What Works in Health Care: A Roadmap for the Nation*, 2008.

2 Davino-Ramaya, C, Krause, K, Robbins, C, et al, "Transparency Matters: Kaiser Permanente's National Guideline Program Methodological Processes," *The Permanente Journal*, V16, no.1, Winter 2012.

3 Institute of Medicine, *Standards for Developing Trustworthy Clinical Practice Guidelines*, 2011; Institute of Medicine, *Finding What Works in Health Care*, 2011.

4 Dudle, RJ, et al, "Preventing Myocardial Infarction and Stroke with a Simplified Bundle of Cardioprotective Medications," *American Journal of Managed Care*, V15, no.10, pp.e88-94, October 1, 2009.

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# Kaiser Permanente Policy Story, V2, No. 3

## The Convergence Partnership: Creating Healthy Places for Healthy People

Over the last decade, a growing understanding that "place" has a profound influence on our health has driven more and more private funders, health departments and public health groups to adopt policy and environmental approaches to prevention. This shift has been accelerated by the Convergence Partnership, a coalition of funders that came together in 2007 with the goal of addressing the conditions of health where people live, work, play, and go to school.

"Nowadays, there is a strong consensus in the philanthropic and public health communities around policy and environmental approaches to prevention. But it was not always so," says Loel Solomon, Ph.D., Kaiser Permanente's vice president for community health, who worked with colleagues from other organizations to create the Convergence Partnership. "We created the Convergence Partnership because a number of us were doing this work, seeing its impact, and asking: 'what can we do together to accelerate the field?'"

Through its participation in the Convergence Partnership, Kaiser Permanente is helping build a field of committed funders, public health practitioners, and advocates working to create healthier neighborhoods that support healthy choices.

### Policy Context

Now is a time of increasing national investment in community-based prevention efforts, thanks to health reform and other federal initiatives—including the Prevention and Public Health Fund, the Community Transformation Grant program, the Healthy Food Financing Initiative, and others. The need for strategies that emphasize primary prevention, equity, and transformation of community environments is clearer than ever. Across the country, private foundations, health care organizations, community groups, and some public agencies are working together to address the social, economic, and environmental conditions that shape health. These partnerships focus on low-income communities and communities of color, promote equitable health outcomes, and rely on collaboration across sectors outside of the health care arena—such as food, transportation, economic development, housing, and education.

### The Challenge

Our environment influences our health in many ways—through exposure to pollution and chemical contaminants, barriers to physical activity, limited healthy food options, or lack of employment opportunities. Access to high quality health care is important, but care alone won't make the impact needed. Without a healthy environment, people are more likely to suffer from obesity or other chronic diseases, such as diabetes, asthma, and heart disease.





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Philanthropic organizations working independently to promote health have brought about positive change for the communities they serve, but some funders believe that working together across sectors will yield even greater success.

## Kaiser Permanente Solution

In 2007, a collaboration of funders—including Kaiser Permanente—created the Convergence Partnership, an organization founded on the belief that health and place are inextricably linked—that where we live impacts how we live. The goal was to change policies and environments to achieve the vision of healthy people living in healthy places.

Since its inception, the Convergence Partnership has made investments to promote policy and environmental change, to advance equity in policy and philanthropic practice, and to develop multi-field partnerships at the local, regional, and national levels. The Partnership now includes Ascension Health, The California Endowment, Kaiser Permanente, the Kresge Foundation, Nemours, the Robert Wood Johnson Foundation, the Rockefeller Foundation, and the W.K. Kellogg Foundation. The Centers for Disease Control and Prevention acts as the technical advisor for the Convergence Partnership and provide important insight as the leading public health agency in the United States. PolicyLink is the Program Director, providing policy support, management, and strategic direction. The Prevention Institute is an advisor on policy and strategy, and the Tides Foundation provides financial management services.

The Partnership's priorities are to support, connect, and inform funders and advocates working across multiple fields. Goals of the partnership's field-building work are to spark innovation and spread a multi-disciplinary, equity-focused approach to creating healthy communities.

## Outcomes

The Convergence Partnership has:

- supported the formation and growth of 14 regional convergence partnerships that include 55 philanthropic funders, all working on strategies for ensuring healthy people in healthy places;
- created an innovation fund, providing local and regional foundations with matching grants to shift their grantmaking efforts toward policy and environmental change and to focus on advancing equity;
- supported organizations that successfully advocated for the federal Healthy Food Financing Initiative, leveraging more than a $1 billion to bring healthy food retail into neighborhoods that have inadequate access to healthy food;
- advised federal decision makers on the national Community Transformation Grant Program and other federal initiatives to expand their focus on equity and community engagement; and
- brought new voices and perspectives to the effort to reprioritize walking, biking, and public transit in federal transportation legislation.

The impact of the organiztion extends beyond its own accomplishments. The relationships built have resulted in partners working together in subgroups to launch new groups and joint efforts, including The Partnership for a Healthier America, the National Collaborative on Childhood Obesity Research, Advancing the Movement, and state-based partnerships to improve access to healthy food.

## Practical Implications and Transferability

Convergence Partnership investments and activities have contributed to a stronger national movement for healthy people and healthy places. Foundations now have a roadmap to expand the impact of their grantmaking and advocacy efforts by joining or developing networks of funders and multi-sector partners to improve access to healthy food, enhance the built environment, and advance equity. Approaches and tools developed by the Partnership are now being adapted by a broader network, with more than 80 foundations and many more partner institutions.

To learn more about the Convergence Partnership, visit www.convergencepartnership.org.

*For more information, please contact:*
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# Kaiser Permanente Policy Story, V2, No. 4

## Wellness at Every Age: Integrating Geriatric Medicine into Primary Care

As 76-year-old Esther Atwood awaits her appointment with primary care doctor Julia Callahan, she fills out a survey about her health.* She has diabetes, hypertension, and arthritis, and lately she's been having occasional dizziness. During her appointment, she tells Dr. Callahan that she is becoming forgetful. Esther and Dr. Callahan discuss fall prevention and create a personalized plan that addresses the health issues she faces as an older adult.

This comprehensive appointment is new to Esther and is made possible by Medicare's new Annual Wellness Visit benefit. As the population ages, more older adults like Esther will have Annual Wellness Visits, and health systems will need to leverage primary care providers to meet demand.

* The names are fictional, but the scenario reflects a typical Kaiser Permanente clinical experience.

## Policy Context

In recent years, federal policymakers have made concerted efforts to improve the quality of, and access to, primary care, especially for people living with chronic conditions. Aimed at improving older adults' access to preventive care in particular, a key provision of the Affordable Care Act provides Medicare members no-cost access to a new type of primary care visit, known as the Annual Wellness Visit. During these visits, patients complete health questionnaires and work with their providers to develop personalized plans to identify the health care services, screenings, and behavior changes needed to address their health risks. Medicare's focus on preventive care should

enable older adults to stay healthier, longer and can help reduce the high costs associated with untreated chronic disease and illnesses.

## The Challenge

Demand for elder-focused primary care will rise sharply as the Baby Boom generation ages and as more Medicare beneficiaries take advantage of their Annual Wellness Visit. To meet demand, health systems will need to leverage primary care providers – including doctors, nurses, and health coaches – in the care of older adults. To ensure high quality care, providers will need to develop knowledge and expertise in addressing health issues common in older patients.

## Kaiser Permanente Solution

In 2009, prior to introduction of Medicare's Annual Wellness Visit, Kaiser Permanente's Georgia region implemented a plan to improve access to care for older adults. After holding meetings with multiple stakeholders, Kaiser Permanente Georgia developed a new type of office appointment, leveraging existing primary care physicians to deliver more comprehensive care to older patients. This new appointment model extends the traditional 20-minute primary care visit to 40 minutes, giving physicians and patients more time to discuss health issues. Before





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the exam, patients fill out a health assessment questionnaire in the waiting room or with a nurse, making it easier for physicians to address unique health issues during the appointment. During the visit, physicians use a template in the electronic health record to guide them through a set of elder-focused care elements, such as:

- Review of functional status, memory, vision, advanced directives, and health issues, such as falls, incontinence, physical activity, and depression.
- Prompts for screening recommendations and treatment options based on nationally recognized preventive and elder-focused guidelines.
- Elder-focused patient education, covering topics such as incontinence and falls.
- The template also gives physicians easy access to age-appropriate clinical guidelines, referral recommendations, and patient education materials. These tools boost primary care physicians' confidence and ability to provide high quality care for older adults.

## Outcomes

After implementing the new appointment type, Kaiser Permanente Georgia experienced gains in several Healthcare Effectiveness Data and Information Set (HEDIS) and Health Outcomes Survey (HOS) measures. Between 2010 and 2012 Georgia saw:

- reduced use of pharmaceuticals that are contraindicated for older adults with dementia or a history of falls;
- improvements in fall risk management; and,
- improvements in osteoporosis testing overall and in osteoporosis management in women who had a fracture.

In addition, screening for depression and glaucoma improved, and the number of diagnoses for falls, depression, urinary incontinence and dementia increased. With prompts in the electronic health record and increased appointment time, primary care physicians relied less on referring patients to a geriatrician. Finally, Kaiser Permanente Georgia even saw an increase in screenings and diagnoses in older patients seen by physicians who conduct traditional, 20-minute visits. This change suggests that knowledge of health issues affecting older adults spread across a wide group of physicians.

## Practical Implications and Transferability

Kaiser Permanente Georgia's enhanced elder-care visit has been a springboard to improve care for older adults across Kaiser Permanente. We have developed a second iteration of the Georgia health assessment questionnaire, called a Total Health Assessment (THA). The THA can be completed online, by telephone or in the waiting room, and is automatically uploaded into the patient's electronic health record. In the future, information from the Total Health Assessment – along with other patient data – will classify patients into different risk groups, enabling providers to identify and manage patients' health issues more effectively. We are also testing new models of team-based care, which encourage other providers – such as pharmacists, nurses and social workers – to address the full needs of our older patients.

Kaiser Permanente is actively working to share our experience with improving health care for older adults. We have made our Total Health Assessment publicly available, and are consulting with the Center for Medicare and Medicaid Innovation to help Accountable Care Organizations adopt the THA.

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# Kaiser Permanente Policy Story, V2, No. 5

## Setting the Pace for the Walking Movement

Who knew something as simple as walking could stimulate such interesting dialogue about individual and population health status and spur radical change at the individual, community, and national levels? Walking and its co-benefits (Figure 1) are a concept around which many stakeholders are aligned, and it is quickly becoming a movement. "While Kaiser Permanente is advancing walking for health, our partners are interested in walking for everything from economic development to reducing carbon footprint, and this makes for a diverse and sustainable coalition," says Tyler Norris, Vice President, Total Health Partnerships at Kaiser Permanente. However, inspiring people to walk is not enough; they need access to safe places to walk, places that provide "walkability."

## Policy Context

As the United States struggles with obesity and other chronic conditions, walking has emerged as a highly regarded way of increasing physical activity. Strategies for promoting walking include the *Every Body Walk!* campaign and collaborative—powered by Kaiser Permanente and over 100 partners—and the Surgeon General's Call to Action on Walking, which seeks a multi-sector approach to get all Americans walking daily. A 2013 National Walking Summit hosted by Kaiser Permanente provided an opportunity to learn and innovate across sectors. Many thought leaders recognize that "walkability" is a central part of any policy development to encourage walking. We can support demand for walking by giving people access to safe, walkable places.

**Figure 1: Complementay Benefits (co-benefits)**


## The Challenge

The Centers for Disease Control and Prevention, the American College of Sports Medicine, and the American Academy of Pediatrics recommend that adults get 30 minutes per day of moderate to vigorous physical activity at least five days per week and that children get 60 minutes every day. However, barriers to achieving these goals include those that are self-imposed as well as environmental. A focus on increasing the number of people who want to walk is vital, but it is equally important to increase walkability—particularly in communities where there are safety concerns, and for populations with higher disease burden.

## Kaiser Permanente Solution

Over the past three years, Kaiser Permanente has rolled out walking programs for employees, school-aged children, and adults.

*Every Body Walk!* builds awareness about the health benefits of walking through a web-based portal that provides resources on walking, video clips, walking maps, and links to walking groups and pedestrian advocacy organizations. Over the past year, *Every*

*Body Walk!* has scaled to become a multi-sector collaborative, in which partners engage their constituents in implementing strategies to increase walking and walkability. *Every Body Walk!* and Kaiser Permanente released The Walking Revolution, an inspiring video about the benefits of physical activity. Americans can help make walking "go viral" by sharing the video with friends, family, coworkers and community members. Check out www.everybodywalk.org and the *Every Body Walk!* mobile app, with over 200,000 downloads.

> "I walk twice a week at 6 a.m. with my Kaiser Permanente colleagues," says Jennifer Liebermann, Director, Garfield Health Care Innovation Center. "I have standing one-on-one walking meetings with my team, which can lead to more expansive conversations, especially when floating new ideas around."

*KP Walk!* promotes walking among Kaiser Permanente's workforce. It uses interactive virtual walking trails to encourage employees and physicians to meet individual goals. As an employer, Kaiser Permanente recognizes that walking improves workforce productivity—it increases energy, decreases absences, and has the potential to keep people healthy. Since its launch in January 2011, over 43,000 employees have registered. *KP Walk!* also promotes the use of walking meetings.

*Exercise as a Vital Sign* (EVS) was launched four years ago to encourage conversations between our providers and patients about physical activity and health. At each clinical encounter, doctors ask patients: (1) On average, how many days per week do you engage in moderate or greater physical activity (like a brisk walk)? And, (2) On those days, how many minutes do you engage in activity at this level? This information is entered into the electronic medical record and re-visited at each subsequent encounter. The goal of EVS is for physicians to personalize the health benefits of

walking and deliver that message in the context of the provider-patient relationship. Exercise as a Vital Sign is now being implemented in all KP regions.

*Fire Up Your Feet* is a core program of the Safe Routes to School National Partnership, available to any elementary and middle school (grades K-8) nationally. Made possible in partnership with Kaiser Permanente, this program offers free resources, an online activity tracker, a school fundraising organizer, and more, all aimed at increasing physical activity before, during, and after school for students, parents, school staff, and teachers. Visit fireupyourfeet.org.

## Moving Forward

What is the future of the walking movement? Will we see an increase in the number of walking meetings? Will Hollywood build walking into popular shows and movies? Will we see an explosion of technology, sensors, and mobile apps that encourage individuals to take up walking as their form of exercise and enter an online community of like-minded individuals? Will physicians begin routinely prescribing walking and other exercise as medicine?

Merging fitness with health care yields tremendous benefits. Walking contributes to mental, spiritual, physical and social well-being; those who maintain an active lifestyle live longer, healthier lives. In the words of one of our physician champions for exercise and walking, Bob Sallis, "If walking were a drug, it would be flying off the shelves."

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# Kaiser Permanente Policy Story, V2, No. 6

## Community Health Needs Assessment in the Age of the Affordable Care Act

Dan is the chief operations officer at St. Peter's Medical Center. Like all nonprofit hospitals, St. Peter's is required by federal and state law to provide charitable care and other resources to the surrounding community. The hospital spends most of its charitable funds caring for the uninsured. With health care reform reducing the number of uninsured patients, Dan will still focus on funding direct medical care, but he also wants to understand how community needs will shift as more people obtain insurance. Several advocacy groups have drawn attention to certain local health needs, but he wonders whether there are other needs that may be less obvious. Dan is looking for the best way to determine the top health and medical needs in the St. Peter's community. Kaiser Permanente has created an online tool that allows him to do just that.

## Policy Context

When the Patient Protection and Affordable Care Act (ACA) is fully implemented, an estimated 25 million Americans will gain health care coverage.[1] However, as many as 30 to 31 million people are expected to remain uninsured and will continue to rely on the health care safety net, including hospital charitable care.[2] Nonprofit hospitals and health care organizations need to become even more sophisticated in prioritizing their charitable spending to target the most needy in their communities. Community health needs may include improved access to medical care and other health-related services or the creation of healthy environments. Many health systems are relying on community health needs assessments as an important tool to help identify community-specific issues and public health challenges.

The ACA places a significant focus on community-based prevention, requiring nonprofit hospitals to show that they understand and engage with their communities to determine charitable giving priorities. The law requires all nonprofit hospitals to conduct needs assessments, to adhere to strict transparency standards in their charitable giving, and to produce an implementation plan for addressing community health needs. Hospitals must release an ACA-compliant community health needs assessment in 2013.

## The Challenge

Traditional needs assessments by hospitals rely on hospital-based data, such as number of discharges per disease, readmission rates, and lengths-of-stay. However, these measures do not address the factors that may drive people to need hospital care in the first place, such as lack of access to healthy food and prevalence of violent crime.[3] The latter types of data are inherently more difficult to obtain, but analysis of both types of indicators allows health care organizations to draw a more complete picture of clinical and social health needs in their communities and to target their charitable spending more appropriately.

## Kaiser Permanente Solution

To facilitate compliance with new community health needs assessment requirements and to help focus our investment in community-based prevention, Kaiser

Permanente developed an online tool—chna.org/kp—that combines data about behavioral and environmental drivers of health with mapping technology. The tool streamlines the process for our 38 nonprofit hospitals as they conduct needs assessments in their communities. "Community" is defined as the area surrounding a hospital, including both our members and anyone who might use the facility. The interactive website, launched in 2012, provides access to community health data through extensive geographic information systems, infographics, and other technologies.[4]

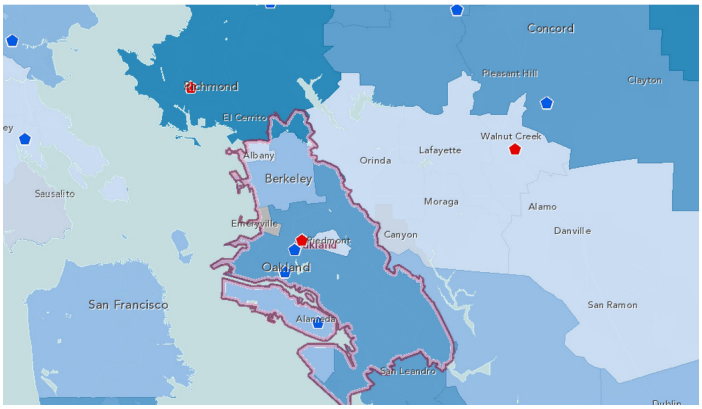
The tool includes data on 100 core community health indicators obtained from counties, departments of public health, the Centers for Disease Control and Prevention, and other agencies. Indicators include demographics, income, insurance status, and access to care as well as measures of violent crime, physical activity, and soft drink and tobacco consumption and expenditure, among others. To conduct an assessment on chna.org/kp, users select from pre-defined service areas or choose specific counties to generate reports and maps.

## Outcomes

With chna.org/kp, Kaiser Permanente confirmed the value of our ongoing community investments and further refined our strategies to target very specific populations. In our Oregon and Washington markets, for example, we used the tool to create a ranked list of community health needs. In the past, we had allocated community investments in the area toward improving chronic disease and mental health, access to care, and oral health. As a result of the new needs assessment, we added maternal and infant health to the list of high-priority issues.

## Practical Implications and Transferability

The Centers for Disease Control and Prevention is promoting our community health needs assessment tool, making it available to any health care organization requesting it. Organizations seeking to build impactful community-based interventions may




Example of Health Indicator Map, Showing Rates of Student Obesity.

access the tool at www.chna.org. Users can explore the full extent of the data and mapping features and generate reports for counties across the U.S. Looking ahead, users will be able to identify custom geographic areas (for example, neighborhoods) to refine understanding of community-specific issues.

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Kaiser Permanente Institute for Health Policy at http://www.kp.org/ihp

1 Congressional Budget Office, *Updated Budget Projections: Fiscal Years 2013 to 2023*, May 2013, www.cbo.gov/sites/default/files/cbofiles/attachments/44172-Baseline2.pdf.

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4 We created the toolkit and data engines on chna.org/kp through collaboration with the nonprofit Institute for People, Place and Possibility and the Center for Applied Research and Environmental Systems at the University of Missouri.