HIE Case Study: Patient and Caregiver Engagement Strategies
Kaiser Permanente

Kaiser Permanente is an integrated delivery system (IDN) comprised of three distinct entities: Kaiser Foundation Health Plan Inc., Kaiser Foundation Hospitals and their subsidiaries, and The Permanente Medical Groups. The consortium offers health plan coverage in eight states serving approximately 11.8 million members and includes 38 hospitals.

Kaiser Permanente (KP) does not use a third party HIE, but they do have direct connections with many community partners for a bidirectional information exchange. They have been leaders in the OpenNotes movement with remarkable rates of patient engagement in the use of the patient portal to view documentation notes. They are focused on using the HIE data to inform patient-provider interactions rather than separate activities (analysis, population health initiatives, etc.).

Dr. Robert Unitan, Director of Optimization and Innovation, and **Dr. Anna Grosz**, Physician Lead for KP Northwest HIE and Meaningful Use, were interviewed for this case study. This case study follows-up on the [2016 Patient Engagement Case Study](#) and goes into additional detail on KP's engagement efforts.

How has your organization you worked to engage patients and caregivers?

Kaiser Permanente (KP) utilizes a large OpenNotes initiative that enables patients to access their own medical records. Each KP entity allows patients to access their notes throughout that entity. This access engages patients and their caregivers to review their medical care and results. There is excellent integration across KP facilities, but limited utilization of this system exists outside of the KP eco-system. An HIE could perform a similar function to engage patients and caregivers with their medical records outside of the KP system.

KP has implemented Epic's CareEverywhere, which allows patients and providers to communicate more easily. KP has found anecdotally that this increases both the quantity and quality of the discussion of a patient's care record.

In late 2017, they will also be rolling out HappyTogether, a program that integrates external records into chart reviews. HappyTogether is an Epic initiative that allows incorporation of external data into appropriate places within the Epic chart.

Additionally, KP has also implemented CareEquality to allow integration of data across EHR types so that patients and caregivers are engaged with their care, regardless of venue, rather than just engaged with a single provider that provided a portion of that care.

What are the barriers you have encountered to as a patient/caregiver engagement vehicle?

Interoperability initiatives that are dependent on having a specific EHR are often a barrier to engagement, as this type of installation does not always allow for data exchange with an HIE. Additionally, restrictive data use permissions and required prospective authorization are also a barrier to engaging patients and providers in their health data records. There are also a number of privacy and security concerns to address before patients and providers can be fully engaged.

What improvements in care quality and outcomes have you been able to realize through patient and caregiver engagement?

OpenNotes has allowed KP to improve engagement. KP has performed a study of 7000 members, and had a response rate of about 20%. They found that 80-90% of members were very positive about OpenNotes and expressed particular appreciation for the increased transparency and ability to be engaged in their healthcare.

KP has achieved over 70% enrollment in MyChart by patients, most of whom are active users. Having the patient engaged in MyChart enables them to communicate with their provider in an asynchronous manner. That is, the patient and provider do not have to be communicating at the same time as they would over the phone or at an office visit. Allowing asynchronous communication improves patient-provider communication without interrupting provider workflow and losing revenue from interrupted face-face care of other patients. To improve the ability to provide care for the patient, www.kp.org also enables telehealth visits between the patient and provider. Although the data is not yet available, it is expected that this increased accessibility to care will increase the quality of care and ability to intervene earlier in the disease trajectory.

Why and how have you developed the approaches you have taken?

KP has had the resources available to create infrastructure for direct connection without leveraging a third party HIE. Most of their markets have members who receive the vast majority of their care through few entities, predominantly Kaiser or Kaiser-affiliated facilities. This relatively small number of entities means they are able to establish direct connections between limited entities more easily than establishing relationships with an HIE and convincing partner facilities to establish similar relationships.

The KP business model of caring for a population with a virtually integrated payer and provider mechanism allows alignment of financial incentives to make it advantageous in an investment to integrate medical records and patient engagement across all care venues.

Although KP is one umbrella organization, the different KP groups have separate operational IT departments, which therefore requires interoperability between the different KP entities. Thus, KP has focused on interoperability to integrate patient information across the KP entities as much as it has to integrate the care with other provider organizations in the community.

Summary

Kaiser Permanente has been able to leverage effective integration of health information due to their business model, culture toward care transparency and robust resources to build necessary infrastructure. This may serve as a model for large integrated care systems, but may have limited applicability to smaller clinical practices or third party HIE initiatives.

Acknowledgements

2016-2017 HIMSS HIE Case Studies Task Force

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