

Kaiser Permanente Baldwin Park Medical Center: Update 2014

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ABSTRACT

Kaiser Permanente Southern California has developed an innovative tool, the Proactive Office Encounter (POE) embedded in its cutting-edge electronic health record (EHR) system, HealthConnect. The POE interface prompts medical assistants and licensed vocational nurses to remind patients at the time of each encounter of opportunities for preventive and chronic care and provides the employees with standardized electronic checklists for managing and documenting these encounters. Employees receive extensive training opportunities and performance bonuses for achieving clinical strategic goals. This 2014 summary updates the original 2010 case study with new information on staffing, clinical outcomes, reimbursement, and more.

In 2005–2006, Kaiser Permanente (KP), the nation's largest not-for-profit health plan, made the move from paper charts to a cutting-edge electronic health record (EHR) system called HealthConnect. While this initiative improved efficiency and the quality of care, it was a monumental undertaking entailing considerable organizational change. The new technology allowed physicians to access patient records in the exam room, enter the results of patient encounters directly into patient charts, and order tests and prescriptions online.

The EHR decreased the amount of paper filing and record keeping that had previously been handled by the back office staff, but it also initially increased the work of the providers by making them primarily responsible for record keeping and by increasing opportunities for follow-up and patient education. With the growing prevalence of chronic disease, primary care physicians were already finding it difficult to provide comprehensive and cost-effective patient care in a 15-minute office visit. At the same time, back office staff, relieved of many of their record-keeping responsibilities, became disengaged and dissatisfied as the importance of their roles decreased.

Practice Profile (2010)

Name: Kaiser Permanente Baldwin Park Medical Center

Type: Part of Kaiser Permanente, a nationwide not-for-profit health plan

Location: Baldwin Park, Los Angeles County, California

Staffing: 3,500 staff and providers, including

- 94.2 full-time equivalent (FTE) physicians
- 9.8 FTE nurse practitioners (NPs) or physician assistants (PAs)
- 40.9 FTE medical assistants (MAs)
- 73.7 FTE licensed vocational nurses (LVNs)

Number of Patients: 190,435

Patient Demographics: The patient population is primarily blue-collar, and 65% report a high school diploma as their highest educational attainment. The majority (71%) of patients are non-White; 48% are Hispanic. A large proportion is young (30%), and the area has the highest pediatric obesity rate in California. The prevalence of diabetes is also high.

In 2006, the Southern California regional office hired two consultants to examine the workflow at one of the Baldwin Park (BP) clinics and to develop roles for all staff in closing care gaps. *Care gaps* are defined as preventive services and screening tests that are overdue for patients.

Building on pre-EHR protocols developed by a Baldwin Park physician, the consultants developed what they called the Proactive Office Encounter (POE) initiative to leverage technology to identify and close these gaps. Templates integrated into HealthConnect prompt frontline staff such as medical assistants (MAs) and licensed vocational nurses (LVNs) to remind patients at each encounter about opportunities for preventive and chronic care. A POE training manual provides structure for standardized implementation but leaves room for customization at each site.

Training

Baldwin Park was the first Kaiser medical center to implement the POE. In 2007, Baldwin Park staff received training on the use of HealthConnect and the built-in POE tool. Trainers utilized Baldwin Park's computer lab for a series of two- or three-hour training sessions held during the workday. It took one month to bring all staff up to speed on the basic POE functions in HealthConnect.

By 2008, Baldwin Park was implementing the POE initiative systemwide in primary care. Administrators hired two full-time consultants to monitor the POE rollout and integrate it with other Kaiser initiatives. Consultants spent a week in each department observing the workflow and implementation of HealthConnect and POE elements and then met with managers to review what they had found. Together they developed plans for ongoing implementation and training individualized for each department.

The workflow consultants found that frontline employees often understood the technical aspects of using the system but not the reasons why what they were doing with the data was important. Employees received additional training in team

building and in communicating with patients. As one MA noted, she can now explain to patients *why* they need to get the follow-up she recommends instead of just giving them notification of clinical services needed.

The Proactive Office Encounter in Practice

Each MA or LVN is partnered with an individual primary care provider and supports that provider in patient care. As a part of the POE, the physician and the MA or LVN develop a team agreement and goals for how they want to manage their patient panel. This arrangement allows a certain degree of customization within an otherwise standardized system and enhances communication within the team.

For each patient visit, three stages have been identified: the pre-encounter, office encounter, and post-encounter.

In the pre-encounter, the MA or LVN uses an automated POE checklist to identify gaps in care and alerts for the provider in preparation for the visit. Although the original plan was for patients to come in a week early to complete all their lab tests and screenings, staff found this system difficult to implement in practice and discontinued it.

Now, when the patient comes in for a visit, the MA or LVN uses the evidence-based guidelines incorporated into the EHR to discuss the need for routine preventive screenings and ongoing follow-up care. The MA or LVN might, for instance, find through the POE checklist that the patient is asthmatic. The MA or LVN would then access protocols that instruct him or her to ask the patient basic screening questions such as "How often are you using your asthma inhaler?" The MA or LVN collects and documents vital signs, prepares the patient for the exam, and escorts him or her to the exam room. In the exam room, the MA or LVN



prepares the patient's screen on the in-room computer terminal for the provider to review the information during the office encounter.

In the post-encounter, the MA or LVN provides the patient with a visit summary, patient educational materials, and prescription refills and schedules any additional tests, laboratory work, appointments, or education that the patient needs as identified by the EHR and/or the provider. When possible, follow-up work is scheduled on the same day as the visit.



In 2010, a panel management screen added to HealthConnect allowed MAs and LVNs to spend two or three hours each month working through a list of patients and generating reminders to those who were overdue for lab tests or appointments. This outreach work was effective at addressing care gaps, but handling some 20 charts a month on top of their other duties was overwhelming for the MAs and LVNs.

By 2012, after studying other KP medical centers, administrators adopted a new protocol in which a core group of four LVNs handles these reminder calls. The rationale is that the MAs or LVNs on the floor should conduct inreach¹ with those patients with whom they have developed a relationship and let the core call group make calls to patients who don't come in. The call group members can flex their hours and call on nights and weekends, when patients are more likely to be home, an arrangement that eliminates the need for floor staff to work overtime. LVNs are utilized in these roles because they have more flexibility in their access to HealthConnect to enter orders, something that MAs cannot do. MAs are required to have a provider sign-off in order to enter orders, a condition that might delay scheduling a patient for care.²

Administrators hope that this system will free up time for the floor MAs and LVNs to start making pre-

encounter calls again to make a connection with patients ahead of time and possibly to make post-appointment follow-up calls to check on patients' progress.

Employees are reviewed by using a skills-validation tool based on a POE skills inventory. Required skills include the ability to accurately document chief complaints and vitals; pull POE checklists from the Proactive Care tab in the EHR to view patients' care gaps; use the POE interface to pend orders for prescription refills, labs, and other tests; review medications with patients; and administer appropriate screening as necessary.

Outcomes

The organization was initially interested in the benefits that HealthConnect could provide for records management. However, the use of the EHR to assist frontline staff in identifying and addressing gaps in patient care far exceeded initial expectations of the benefits of this innovation.

Along with other concurrent improvement initiatives, the POE has contributed to a 27% increase in colon cancer screenings, a 12% increase in breast cancer screenings, and an 18% improvement in cholesterol control regionwide.

Because of this access to information on screening rates and outcomes, Kaiser is able to fine-tune training and implementation. For example, administrators at Baldwin Park were concerned about low asthma control screening rates. They trained MAs and LVNs to administer a series of screening questions to asthmatic patients. Subsequently, screening rates increased from less than 30% at the beginning of 2009 to more than 70% in the summer of 2010.

Kaiser's "PeoplePulse" employee survey revealed that between 2008 and 2009, the number of employees agreeing with the statement "I have a good understanding of steps taken to reach goals" increased by 10%, and the number of employees agreeing with the statement "I know my department's goals" increased by 18%.

MA and LVN Career Advancement

Starting salaries for Baldwin Park MAs are about 38% higher than average salaries for MAs in the LA/Long Beach/Glendale area. This differential may be due to the union wage effect, which is reportedly larger for health service occupations.

Kaiser has a pay-for-performance program for meeting clinical strategic goals, and the POE has contributed to Baldwin Park's success in meeting these goals. Success is measured by how many patients actually follow through to get the recommended screenings—and the higher the rate, the higher the bonus. The average payout per BP employee in 2009, including MAs and LVNs, was close to \$800.

Baldwin Park was the first US hospital to be designed and operated cooperatively by labor and management groups. The many unions that organize Baldwin Park's staff are part of the Coalition of Kaiser Permanente Unions, which has partnered with Kaiser Permanente to form a Labor Management Partnership (LMP). This partnership is governed by a number of agreements that stipulate benefits, including educational benefits, and policies for addressing the impact of new technologies such as HealthConnect on employees' roles and careers.

Through this partnership the union that organizes MAs and LVNs promotes educational opportunities and career upgrade programs through its Service Employees International Union United Health Workers West SEIU UHW-West) and Joint Employer Education Fund.

Kaiser Southern California employees may accumulate a maximum of 48 hours per year of paid leave for job-related educational activities. The fund offers a forgivable loan program for eligible job-related education. Employees may have their loans forgiven if they stay with Kaiser for at least a year after achieving upgraded employment.

Other educational programs offered by the fund include Academic Success, which assists employees in improving their academic skills in

order to return to college; and the STEP Program, which provides free college credit courses, textbooks, professional career counseling, tutors, and other academic support to complete prerequisites for health occupations training. A tuition and textbook reimbursement program offers up to \$3,000 per year for employees enrolled in eligible courses of study. Between 2006 and 2011, approximately eight Baldwin Park MAs took advantage of these benefits to obtain an LVN degree in order to expand the scope of their duties and increase their salaries.

Challenges

Initially, both providers and staff feared an increase in their workload as a result of implementing the POE. In addition, some providers did not believe that MAs and LVNs were capable of taking on a more active role in patient care. However, strong support from top leadership helped overcome some of these concerns and build trust, as did employees' increasing familiarity with the new system. Physicians eventually found that their workloads were lighter as MAs and LVNs took on more tasks.

Initially, the POE did increase the MA and LVN workload. Staff had to work across two computer systems until all of the POE functions were integrated into HealthConnect. The new initiative also increased the amount of time necessary to "room" patients because the MA or LVN had to conduct additional screening prior to the exam. However, MAs and LVNs grew to like the additional engagement with the patients and became adept at using the new system.

Departments such as Gastroenterology and Radiography experienced a massive increase in demand for tests such as colonoscopies and mammograms as a result of POE prompts. Staffing levels had to be increased, and staffing schedules were adjusted to accommodate the initial surge in demand.

Some patients were irritated by the reminders for preventive and follow-up care. Staff were trained to address these concerns by emphasizing that their

job was to save patients' lives. Kaiser used positive media and personal stories to promote the initiative to patients.

Moving Forward

KP Southern California was able to implement large-scale technological and cultural changes to improve patient outcomes and efficiency. Part of this success has to do with the development of an EHR and standardized protocols that allow frontline staff to participate more fully in reaching organizational goals.

However, in a collaborative effort between Kaiser Permanente Southern California Community Benefit and local community health centers, Kaiser representatives have stressed that the POE is more about workflow, culture, and empanelment rather than about the electronic health record. Kaiser representatives are working with community health centers on quality improvement processes adapted from the original POE initiative.³

As the Affordable Care Act rolls out in 2014, Baldwin Park is not adding staff but is looking to other efficiencies, including information technology, to meet any increases in demand.

Kaiser has a strong tradition of recruiting from within for newly open positions. In recent years as LVNs have been moved out of hospitals due to California nurse-staffing ratio regulations, many LVNs have chosen to work in Kaiser outpatient clinics. When an MA leaves Kaiser, his or her position may be filled by an LVN because, according to some administrators, LVN-level staff can perform more clinical functions without oversight than MAs can in the Kaiser system.

NOTES

¹ *Inreach* is commonly defined as active promotional services offered to clients already accessing the health care system, often in face-to-face encounters. By contrast, *outreach* is a system of delivery of services to patients who are not likely to access treatment independently.

² Kaiser rules around scope of practice may be more restrictive than state laws are.

³ See "Building Clinic Capacity for Quality Culture," accessed April 16, 2014, <http://www.bccqprogram.org/index.php/home/>

Acknowledgments

Innovative Workforce Models in Health Care is a series of case studies showcasing primary care practices that are expanding the roles of medical assistants in innovative ways. Profiled organizations are implementing practice models that improve organizational viability and quality of care for patients while providing career development opportunities to frontline employees. This research is funded by the Hitachi Foundation as part of its Pioneer Employers Initiative.



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To read the full 2011 case study, please see [Kaiser Permanente Baldwin Park Medical Center—Information Technology Propels Expansion of Medical Assistant Role](#)

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