

# City and County of San Francisco Budget and Finance Sub-Committee Meeting

July 17, 2013

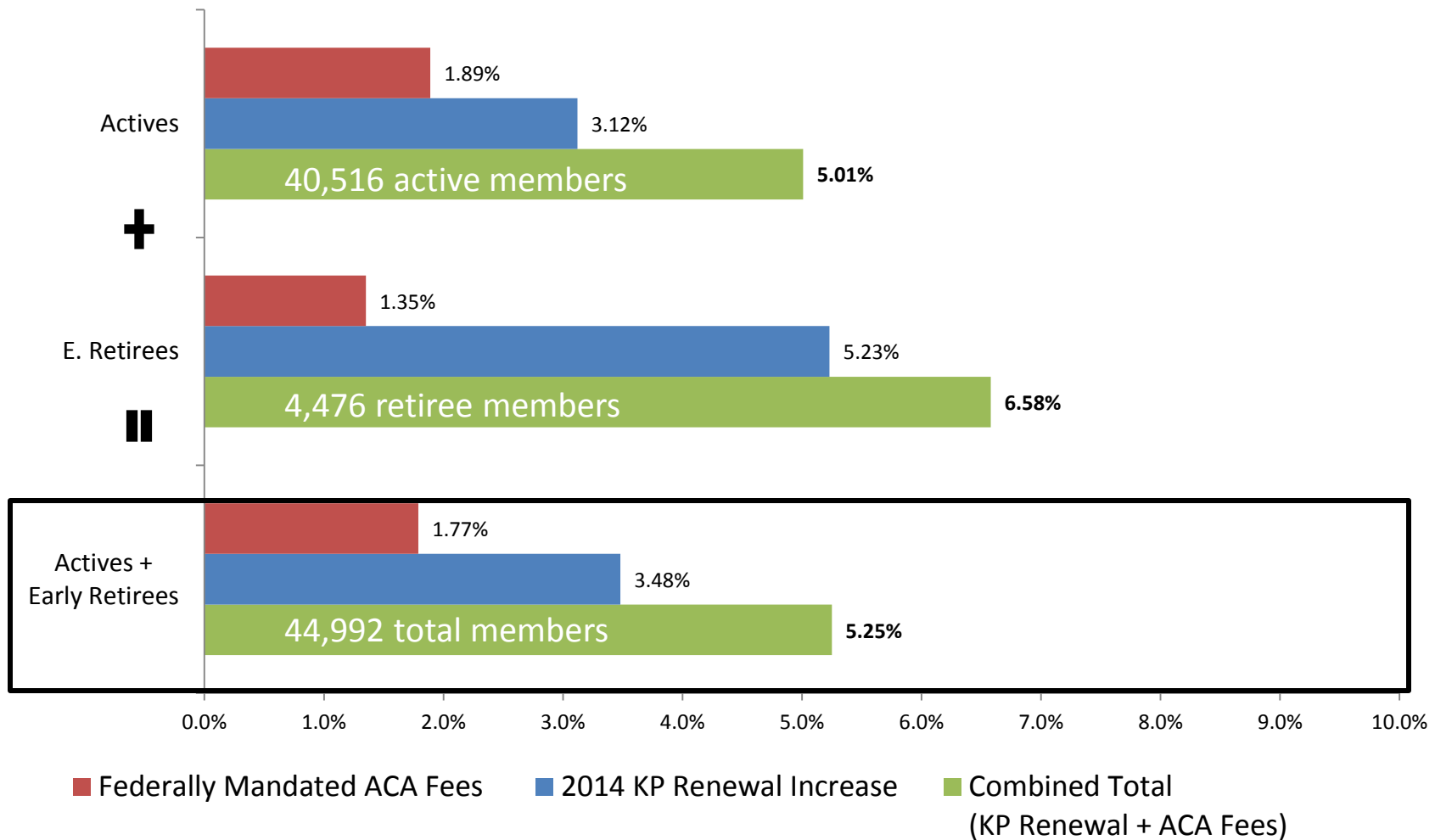


# Agenda

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- The 2014 Renewal Increase
  - Rate History and Market Trends
- 2015 KP Renewal Commitment to HSS
- KP's Commitment and Performance Guarantees
  - Accountability
  - Transparency
  - Wellness
- What if KP is Not Renewed?
- Year-Round Reporting and Transparency

# 2014 HSS Renewal Increase Calculation and Overview



# Year-over-Year Changes in Claims, 2011-2012

- HSS Actives → 5.5%
- HSS Early Retirees → 8.7%

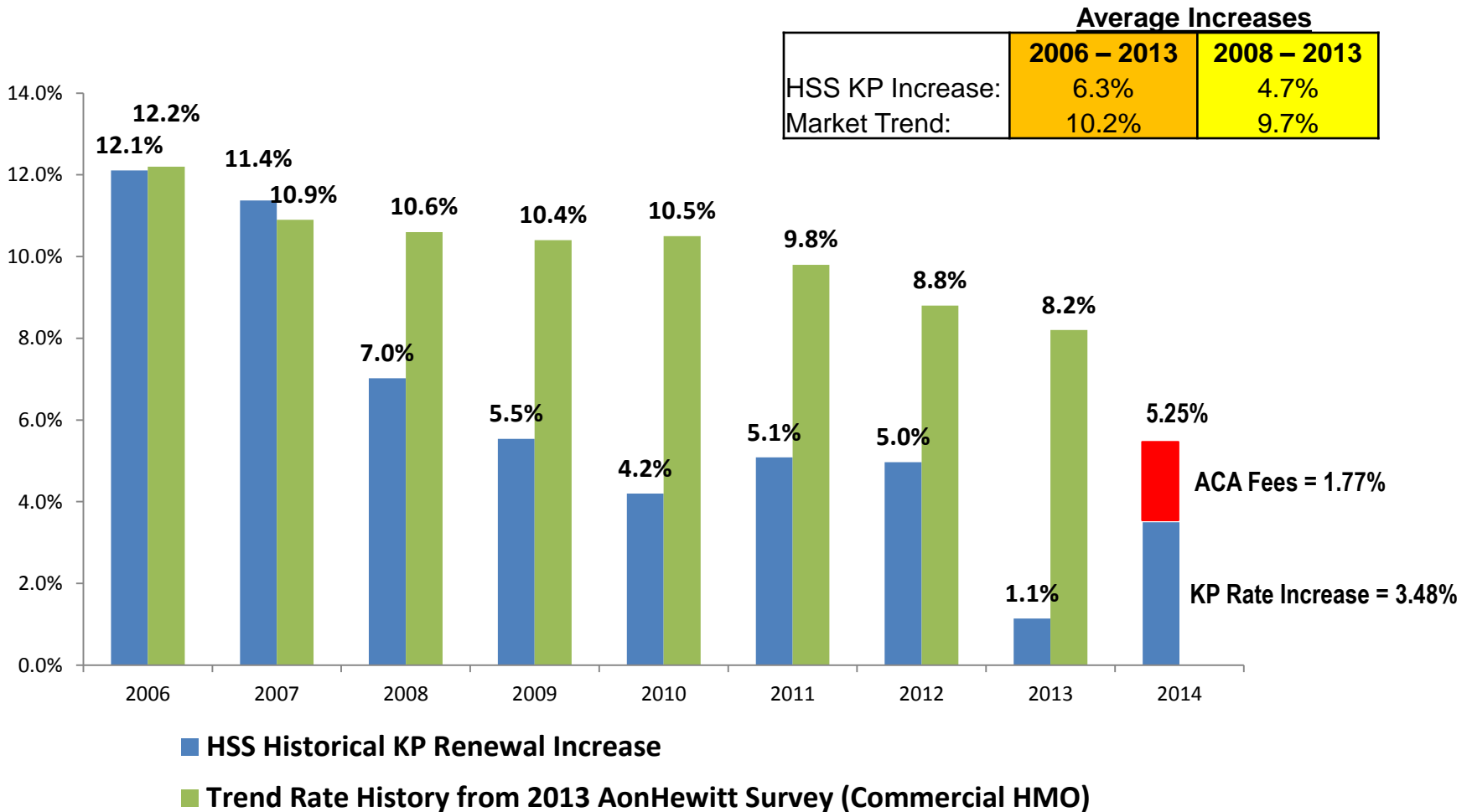
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- HSS Total → 5.6%
  
- KP Average → 5.8%

# 2014 Renewal Primary Rate Drivers

- Use 2012 HSS utilization data including:
  - Inpatient and outpatient surgeries and procedures, hospital admissions, mental health and substance abuse, emergency room visits, maternity, laboratory, radiology, pharmacy including generic/brand, durable medical equipment
  - Adjusted for demographics including gender and age
- Trend data forward to project utilization in 2014
- Administration charge
- New for 2014 ACA Fees

# HSS Rate Renewal History vs. Market Trend



# 2014 Renewal Summary

- The rates reflect Kaiser Permanente's expected claims and administrative expenses for providing care to the City & County of San Francisco employees, retirees and their families
- We use the same group-specific experience rating methodology for all of our large group customers

# 2015 KP Renewal Commitment to HSS

- KP is committed to:
  - Beginning discussions immediately
  - Defining mutually clear objectives
  - Analyzing alternative funding methodologies
  - Working towards a mutually successful renewal



# KP's Commitment and Performance Guarantee

KP has committed to providing:

- **Transparency**
  - Monthly KP/HSS claims data feed to be provided to a HSS third-party data repository
  - Data files on member risk scores and quality indicators bi-annually
- **Accountability**
  - A performance guarantee on the management of chronic health conditions based on both financial and clinical metrics
- **Wellness**
  - In partnership with HSS, develop a multi-year wellness program. Specifically for 2014, the program will include both on-site weekly bio metric screenings and seasonal flu clinics (Fall)
  - Partner in a Kaiser funded research study evaluating wellness effectiveness for our HSS members
  - Details on each of these will be worked out with HSS

# What if Kaiser Permanente is Not Renewed?

- In response to the Board meeting on 7/10/13, we want to convey what happens if KP is not renewed
- Based on the Controller's statement last week, HSS and KP must have a contract in place effective 1/1/2014, for HSS to reimburse KP for services rendered
- If the Board of Supervisors doesn't renew the KP contract, KP would need to work with HSS over the next five months to transition the care of KP members to other providers

# Year-Round Reporting and Transparency

Report Title/ Type	Data Provided	Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Chronic Condition Report	Member health, showing prevalence and cost of five major chronic conditions	Annually											✓	✓
Dashboard	KP performance including demographics, claims and clinical data	Quarterly	✓			✓			✓			✓		
Online Usage Report (KP.org)	Members use of kp.org as a channel for accessing healthcare resources, information and services	Annually												✓
Performance Guarantees	KP puts 2% of HSS' premium at risk for the performance of our health plan	Annually												✓
Periodic Utilization and Review Report	Cost and utilization trends compared to KP Book of Business	Quarterly		✓			✓			✓			✓	
Prevention and Lifestyle Risk Report	Prevalence of lifestyle and medical risk factors; e.g. smokers	Annually											✓	
Renewal Packet	Rate build up showing group demographics, claims, trend	Annually				✓								
Value Summary Report	Shows how KP's integrated delivery system services provide successful outcomes	Annually			✓									

# APPENDIX

# Detailed Rate Build-Up Calculations

# 2014 Renewal Calculation

		2014 Renewal Actives		2014 Renewal Early Retirees (North)	
		Rating Members	40,516	Rating Members	4,476
Medical Calculation		Factor	PMPM\$	Factor	PMPM\$
A1	Paid Claims		\$ 380.845		\$ 727.888
A2	- Pooling Credit @ \$550,000		\$ (5.478)		\$ (8.046)
A3	+ Pooling Charge		\$ 6.940		\$ 6.940
A4	<b>Claims Net of Pooling</b>		<b>\$ 382.307</b>		<b>\$ 726.782</b>
A5	x Incurred Claim Adjustment	1.01056		0.99936	
A6	x Demographic Change	1.00009		0.99390	
A7	x Historical Benefit Change	0.99774		0.99780	
A8	<b>Adjusted Claims</b>		<b>\$ 385.506</b>		<b>\$ 720.297</b>
A9	x Trend Factor	1.12809		1.12748	
Annual Trend: 6.21% / 6.18%					
A10	<b>Claims Based PMPM</b>		<b>\$ 434.886</b>		<b>\$ 812.121</b>

Total Rate Calculation		Factor	PMPM\$	Factor	PMPM\$
D1	Claims Based PMPM		\$ 434.886		\$ 812.121
D2	x Future Benefit Change	1.00000		1.00000	
D3	<b>Adjusted PMPM</b>		<b>\$ 434.886</b>		<b>\$ 812.121</b>
D4	+ Retention		\$ 24.970		\$ 24.970
D5	+ Other Benefits		\$ 1.800		\$ 1.800
D6	+ Group Specific Charge		\$ -		\$ 21.180
D7	+ Federal Health Insurer Fee		\$ 3.056		\$ 5.662
D8	+ Federal PCORI Fee/Transitional Reinsurance Program Contribution		\$ 5.420		\$ 5.420
D9	<b>PMPM Premium Requirement</b>		<b>\$ 470.132</b>		<b>\$ 871.153</b>
E1	Inforce Rate		\$ 449.264		\$ 818.897
E2	Quoted Rate PMPM before Underwriter Adjustment		\$ 470.132		\$ 871.151
E3	x Underwriter Adjustment	1.00348		1.00187	
E4	<b>Quoted Rate PMPM after Underwriter Adjustment</b>	<b>5.01%</b>	<b>\$ 471.768</b>	<b>6.58%</b>	<b>\$ 872.786</b>

<b>2014 Renewal</b>	
Averaged	

Rating Members 44,992

	\$ 486.037
	\$ 510.027
1.00321	
<b>5.25%</b>	<b>\$ 511.663</b>

**A1: Paid Claims** - Paid medical and pharmacy expenses for services provided to a health plan member during the experience period, reduced for member cost sharing such as copayments and deductibles.

**A2-A3: Pooling** - In order to protect customers from large rate swings from year to year we credit all claims incurred by an individual, over the experience period, that exceeded the prescribed threshold. There is a corresponding charge for this pooling threshold that allows for this level of protection.

**A5-A7: Aggregate Rating Adjustments** - In order to reflect the most current group specific information we adjust the claims experience for changes in demographics, Benefits, and to convert claims from paid to incurred.

**A8: Trend Factor** - The factor applied to a group's historical claims to project future medical expenses.

**D4: Retention** - The portion of premium that is retained by KP to cover Health Plan administrative expenses such as billing, member services and marketing.

**D6: Group Specific Charge** - The Charge on the Early Retirees reflects the additional revenue required to provide a single blended rate for the over 65 Unassigned category.

**D7-D8: ACA Fees** - Fees associated with the recent legislation on the Affordable Care Act.

**E3: Underwriter Adjustment** - Remaining load to account for costs associated with SB946 Autism Spectrum Disorder.

# Actives, 2013 vs. 2014, Renewal Calculation

		2013 Renewal Actives		2014 Renewal Actives		Δ 2013 to 2014 % Change	
		Rating Members	38,492	Rating Members	40,516		
Medical Calculation		Factor	PMPM\$	Factor	PMPM\$	Factor	PMPM\$
A1	Paid Claims		\$ 361.146		\$ 380.845		5.5%
A2	- Pooling Credit @ \$550,000		\$ (9.130)		\$ (5.478)		-40.0%
A3	+ Pooling Charge		\$ 6.610		\$ 6.940		5.0%
A4	<b>Claims Net of Pooling</b>		\$ 358.626		\$ 382.307		6.6%
A5	x Incurred Claim Adjustment	1.01308		1.01056		-0.2%	
A6	x Demographic Change	1.00076		1.00009		-0.1%	
A7	x Historical Benefit Change	0.99587		0.99774		0.2%	
A8	<b>Adjusted Claims</b>		\$ 362.092		\$ 385.506		6.5%
A9	x Trend Factor	1.15708		1.12809		-2.5%	
A10	<b>Claims Based PMPM</b>		\$ 418.969		\$ 434.886		3.8%
Total Rate Calculation		Factor	PMPM\$	Factor	PMPM\$	Factor	PMPM\$
D1	Claims Based PMPM		\$ 418.969		\$ 434.886		3.8%
D2	x Future Benefit Change	1.00147		1.00000		-0.1%	
D3	<b>Adjusted PMPM</b>		\$ 419.585		\$ 434.886		3.6%
D4	+ Retention		\$ 24.480		\$ 24.970		2.0%
D5	+ Other Benefits		\$ 1.800		\$ 1.800		0.0%
D6	+ Group Specific Charge		\$ -		\$ -		N/A
D7	+ Federal Health Insurer Fee		\$ -		\$ 3.056		N/A
D8	+ Federal PCORI Fee/Transitional Reinsurance Program Contribution		\$ -		\$ 5.420		N/A
D9	<b>PMPM Premium Requirement</b>		\$ 445.865		\$ 470.132		5.4%
E1	Inforce Rate		\$ 447.758		\$ 449.264		0.0%
E2	Quoted Rate PMPM before Underwriter Adjustment		\$ 445.865		\$ 470.132		5.4%
E3	x Underwriter Adjustment	1.00736		1.00348		-0.4%	
E4	<b>Quoted Rate PMPM after Underwriter Adjustment</b>	0.31%	\$ 449.150	5.01%	\$ 471.768		5.0%

# Early Retirees, 2013 vs. 2014, Renewal Calculation

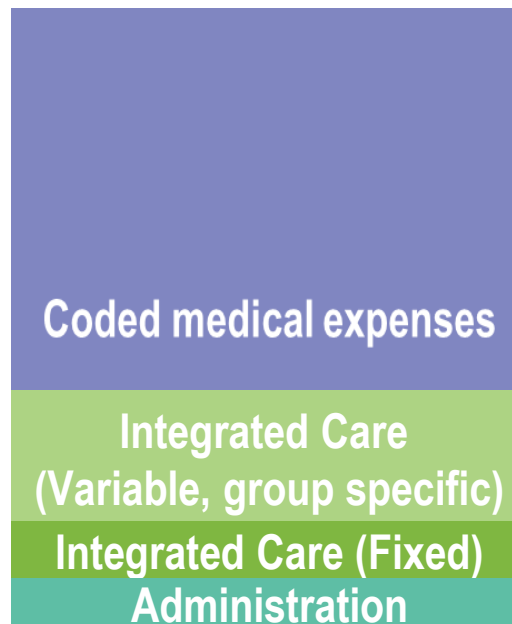
		2013 Renewal Early Retirees		2014 Renewal Early Retirees		Δ 2013 to 2014 % Change	
		Rating Members	4,590	Rating Members	4,476		
<b>Medical Calculation</b>		Factor	PMPM\$	Factor	PMPM\$	Factor	PMPM\$
A1	Paid Claims		\$ 669.621		\$ 727.888		8.7%
A2	- Pooling Credit @ \$550,000		\$ (8.013)		\$ (8.046)		0.4%
A3	+ Pooling Charge		\$ 6.610		\$ 6.940		5.0%
A4	<b>Claims Net of Pooling</b>		\$ 668.218		\$ 726.782		8.8%
A5	x Incurred Claim Adjustment	1.02110		0.99936		-2.1%	
A6	x Demographic Change	0.99416		0.99390		0.0%	
A7	x Historical Benefit Change	0.99603		0.99780		0.2%	
A8	<b>Adjusted Claims</b>		\$ 675.637		\$ 720.297		6.6%
A9	x Trend Factor	1.15603		1.12748		-2.5%	
A10	<b>Claims Based PMPM</b>		\$ 781.057		\$ 812.121		4.0%
<b>Total Rate Calculation</b>		Factor	PMPM\$	Factor	PMPM\$	Factor	PMPM\$
D1	Claims Based PMPM		\$ 781.057		\$ 812.121		4.0%
D2	x Future Benefit Change	1.00147		1.00000		-0.1%	
D3	<b>Adjusted PMPM</b>		\$ 782.206		\$ 812.121		3.8%
D4	+ Retention		\$ 24.480		\$ 24.970		2.0%
D5	+ Other Benefits		\$ 1.800		\$ 1.800		0.0%
D6	+ Group Specific Charge		\$ 18.027		\$ 21.180		17.5%
D7	+ Federal Health Insurer Fee		\$ -		\$ 5.662		N/A
D8	+ Federal PCORI Fee/Transitional Reinsurance Program Contribution		\$ -		\$ 5.420		N/A
D9	<b>PMPM Premium Requirement</b>		\$ 826.513		\$ 871.153		5.4%
E1	Inforce Rate		\$ 789.576		\$ 818.897		1.3%
E2	Quoted Rate PMPM before Underwriter Adjustment		\$ 826.513		\$ 871.151		5.4%
E3	x Underwriter Adjustment	1.00386		1.00187		-0.2%	
E4	<b>Quoted Rate PMPM after Underwriter Adjustment</b>	5.08%	\$ 829.700	6.58%	\$ 872.786		6.7%



# Integrated Care Management Services



Previous Renewal



2014 Renewal

- These are services that are instrumental in delivering the highest quality care in the market
- For Kaiser Permanente, these are not billable services
- Expenses shifted from the fee schedule into the separate fee for 2014 renewal
- For more details on each one of these areas, please see the following slides

# Integrated Care Management Services



# Clinical Access Alternatives

ICM Service	Description
<b>Secure email correspondence with physician/physician's office</b>	Members can email their doctor's office with nonurgent questions—often saving an appointment and a trip to the medical office, as well as a copay. Most other health plans charge members a copay for electronic messaging, if it's covered at all.
<b>Scheduled phone calls with physicians and staff</b>	Scheduled phone visits with caregivers can save members an office visit.
<b>Electronic specialist consults (doctor to doctor)</b>	E-consults between primary care physicians and specialists help resolve questions or advance treatment before specialist visits. The e-consult enables the primary care physician to order any necessary tests or exams before the member sees the specialist, reducing extra visits and making the care experience more fluid and effective, leading to a quicker result.
<b>Phone specialist consults (primary care physician, member, specialist)</b>	When needed during a member's primary care visit, a physician can call a specialist to evaluate the patient's symptoms and immediately resolve the issue or determine if tests are needed or a specialist visit should be scheduled.
<b>Ongoing specialist-to-primary care physician communication</b>	Following patient evaluations, primary care physicians and specialists can view each other's electronic treatment notes in real time and on an ongoing basis. This allows for a thorough and accurate exchange of information.

# Chronic Conditions Management

ICM Service	Description
<b>Development of evidence-based chronic condition programs</b>	Includes creation/identification of best practices and registry development for our award-winning chronic condition and disease management programs. Programs include: asthma, cancer, coronary heart failure, depression, diabetes, hypertension, chronic pain, chronic obstructive pulmonary disease, coronary artery disease, high-risk maternity, HIV/AIDS, neonatal complications, and obesity. Other health plans contract with third-party disease management vendors with limited ability to integrate with the clinical care experience.
<b>Case identification and automatic enrollment</b>	Includes disease registries and built-in system alerts that automatically identify at-risk members. If a chronic condition is diagnosed, the member is automatically enrolled in the appropriate program. Third-party disease management programs have limited connection to the care experience, so patients have to opt in, may require health plan authorization, and may incur additional costs.

# Chronic Conditions Management

ICM Service	Description
<b>Outcomes tracking and analysis</b>	Constant patient monitoring by the entire Kaiser Permanente care team optimizes outcomes for both individuals and populations. Doctors, specialists, nurses, health educators, and lab techs work together, sharing information, protocols, and best practices for better outcomes. The care team is connected by and has access to a single electronic health record, reducing or eliminating care and information gaps. Third-party disease management programs are disconnected from care providers and clinical data—they're usually working from call centers and refer to claims data only.
<b>Employer reporting and wellness program consultation</b>	Partnership in Health chronic condition reports collect aggregate clinical data, track HEDIS measures and health outcomes, and reveal the prevalence and cost of certain chronic conditions. Recommendations for workforce health improvement—including wellness programs—are provided based on the results. This level of clinical data reporting isn't possible with fee-for-service, fragmented care models.

# Chronic Conditions Management

ICM Service	Description
<b>Member outreach and inreach</b>	Includes patient outreach (by phone, mail, and other collateral) and inreach (via electronic alerts within their electronic health record and face-to-face prompts that occur during patient visits). Proven to increase member adherence to care protocols such as screenings, immunizations, and scheduled tests.
<b>Patient self-care tools and education for chronic conditions</b>	Includes health education classes, online tools and calculators, videos, and brochures that address chronic conditions such as diabetes or asthma.
<b>Digital coaching for chronic conditions</b>	Customized and interactive online programs help members manage their chronic conditions with relevant information around diet, exercise, medication, stress management, and more. Member self-reported data is used to generate aggregate reports on program use and effectiveness.

# Pharmacy Management

ICM Service	Description
<b>Discount/rebate negotiation with manufacturers</b>	We leverage our organizational size to negotiate prescription drug prices, helping reduce costs.
<b>Automated refills by phone or online; no additional costs for mail order on all prescriptions; prescription refill email reminders; refill status online; online access to pharmacists</b>	Members can conveniently order prescription refills online 24 hours a day, 7 days a week and have them delivered to their homes at no additional cost—saving time away from work. Refill email reminders help increase pharmacy adherence, improving outcomes. Members can also email questions to a Kaiser Permanente pharmacist anytime.
<b>Formulary development</b>	Our practicing physicians and pharmacists work together to build an evidence-based formulary. This physician-led process results in greater formulary adherence. Also includes research teams that track new FDA drug approvals and analyze studies and comparative prices of existing therapies. We also study member drug outcomes using Kaiser Permanente HealthConnect®—information is shared quickly and efficiently across the organization. And unlike in the fragmented fee-for-service world, pharmaceutical reps are restricted from Kaiser Permanente campuses.

# Pharmacy Management

ICM Service	Description
<b>Physician education</b>	Includes the automatic dissemination of formulary guidelines, medication best practices, safety prompts, and alerts to physicians via our electronic health record system. Also includes dedicated pharmacy educators who work to develop site-specific physician medication education programs.
<b>Patient counseling and education</b>	Includes face-to-face consults and printed instructions for all new and changed prescriptions for members—improving adherence.
<b>Anticoagulation clinic (use of warfarin, also known by brand-name Coumadin)</b>	Refers to clinics specializing in blood thinner treatment for clotting disorders. Physicians refer high-risk patients to pharmacist-led anticoagulation teams to manage status within a narrow therapeutic window. Physician continues to work closely with the pharmacist, supervising and collecting quality data. Established programwide. Our “center of excellence” approach results in high patient volume (700 patients annually vs. 3 to 10 for private practice), which leads to increased expertise and better outcomes (patient risk mortality is 1% at Kaiser Permanente versus the published results of 8 to 12% outside of Kaiser Permanente).



# Online Personal Health Management

ICM Service	Description
<b>Clinically populated personal health record</b>	Member personal health records draw clinical health information in real time from our electronic medical record system, KP HealthConnect. Other health plans may offer personal health records, but they draw information from claims data or rely on members to self-report information. Our clinically based records are populated, shared, and accessed by care team members. Members can also suggest updates to their personal health record information.
<b>After-visit summary</b>	After-visit summaries include treatment plans, physician notes, vitals, and more. Members can review their summaries online anytime.
<b>Rapid posting of lab results</b>	Members can view select lab results online—sometimes the same day the test was taken. Results also show information on why the test was taken and how to interpret results. This feature saves members from having to take time off work to make an office visit or a phone call.
<b>Schedule/manage appointments</b>	Members can request and review routine appointments online, at their convenience, saving a phone call.

# Online Personal Health Management

ICM Service	Description
<b>View allergy treatment/immunization schedules</b>	Members can review their or their children’s allergies and immunization histories online instead of relying on paper records. This convenient, time-saving feature especially helps parents of school-age children who must frequently provide proof of immunization status.
<b>View status for recommended preventive screenings</b>	Members can access a list of their recommended or scheduled health screenings. Members also receive electronic health prompts for overdue tests and screenings, increasing adherence and improving health.

# Wellness Information and Coaching

ICM Service	Description
<b>Web-based health education content and tools for wellness</b>	Includes <b>kp.org</b> clinical content available to members and nonmembers—encyclopedias, videos, virtual tours of our maternity departments, podcasts, featured topics, tools, and calculators target lifestyle-specific risk behaviors such as smoking.
<b>Targeted health and wellness mailings and reminders</b>	Includes mail and phone outreach for preventive care for nonchronic conditions (flu shots, vaccinations, immunizations, health screenings) to help keep members healthy. Outreach comes from the care providers, not the health plan, increasing the importance of the mailing from the member’s perspective.
<b>Health education classes and support groups</b>	Covers a wide array of health education classes and peer-support groups conveniently located at Kaiser Permanente facilities. Classes promote preventive care, encourage fitness and nutrition, and support treatment plans.
<b>Health risk assessment tools integrated with care management services</b>	Includes total health assessments, which give members a detailed overview of their lifestyle and health risks and assess their readiness to change. Unlike with other health plans, the results can be added to members’ electronic medical record for discussion with their physician.

# Wellness Information and Coaching

ICM Service	Description
<b>Newsletter and other health information</b>	Includes our <i>Partners in Health</i> member newsletter and health topic–specific communications (e.g., senior health, maternity) in a variety of languages to support culturally competent care.
<b>Telephonic health coaching</b>	One-on-one personal coaching motivates members to establish and meet health goals such as smoking cessation, weight loss, or improved nutrition. Coaches have access to member health records for a total health approach.
<b>Digital coaching for wellness</b>	Interactive and customized, these online programs help members improve their health by addressing a variety of lifestyle risk behaviors. Member self-reported data is used to generate aggregate reports on program use and effectiveness.
<b>Other programs (walking programs, discounted fitness/gym rates)</b>	Includes Thrive Across America <sup>SM</sup> fitness program, gym/fitness club discounts, and complementary care programs that support total health.

# Telephonic Clinical Advice

ICM Service	Description
<b>Integrated nurse advice and appointment system</b>	<p>Our 24/7 nurse advice line is staffed by Kaiser Permanente nurses with access to member medical records and an available physician to handle more serious calls. With access to clinical data, nurses can triage members more effectively and make appointments when appropriate. They also help members save money by avoiding trips to urgent and emergency care for nonurgent conditions. Other health plans hire nurses with access to claims data and little or no connection to the clinical care experience.</p>

# External Provider Network Management

ICM Service	Description
<b>External provider network building and maintenance</b>	<p>Includes identifying, contracting with, and reviewing external provider networks. The networks are reviewed, approved, and managed by Permanente physician groups in partnership with our health plan to provide clinical oversight. Most other health plan networks are reviewed, approved, and managed by health plan administrators only.</p>
<b>Competitive network discounts</b>	<p>Network rates are negotiated, leveraging volume to achieve competitive discounts where applicable.</p>
<b>Access to discounted affinity networks for complementary medical care</b>	<p>Special rates are negotiated for acupuncture, massage, and chiropractic care.</p>
<b>Arrangements with out-of-area providers</b>	<p>Arrange access and negotiate prices with out-of-area providers that provide care to members on an ad hoc basis (in cases like travel emergencies).</p>
<b>Claims repricing</b>	<p>Includes the processing and negotiation of claims from outside providers.</p>
<b>Access to “center of excellence” networks for transplants and other specialized services</b>	<p>Includes identifying, contracting with, and integrating operations with care centers to effectively support patients in need of highly specialized care.</p>

# Medical Case Management

ICM Service	Description
<b>Evidence-based clinical guidelines</b>	<p>Includes development, vetting, and electronic dissemination of clinical best practices that drive quality and cost-efficiencies. Also includes support for and leveraging of academic research resources and results from our clinical research departments and Care Management Institute. As a result, we can go from cutting-edge knowledge to implementation in just one year—outside of Kaiser Permanente, it can take 17 years for best practices to become standard.</p>
<b>Preadmission review</b>	<p>Includes review of patient medical record prior to hospital admission (labs, imaging, prescriptions, and more). Ensures admission is for the right reasons. A single technology platform—KP HealthConnect—makes the process efficient, seamless, and consistent. Outside of Kaiser Permanente, hospital care is often disconnected from outpatient care, resulting in a lack of care continuity, redundancy in testing/procedures, and patient inconvenience.</p>
<b>Concurrent review</b>	<p>Includes in-hospital physician care provided by specialists like hospitalists and intensivists.</p>
<b>Discharge planning</b>	<p>Includes outpatient visits, instructions, and ordering of post-visit medications.</p>
<b>Hospital and skilled nursing transition programs</b>	<p>Programs staffed by Kaiser Permanente physicians and nurse practitioners help ensure speedy and appropriate transitioning of patients to the right level of care.</p>

# Medical Case Management

ICM Service	Description
<b>Case management services (high-intensity/complex case management)</b>	Includes outreach, integration with other care management programs/behavioral health programs, and patient identification triggers and treatment plans for high-need, high-cost patients. Optimizes care and efficiencies. Outside of Kaiser Permanente, case coordination is inconsistent—responsibility can be on the primary care physician, hospital, patient, or a health plan case manager who doesn't have ready access to the full medical record.
<b>Transplant cases</b>	Includes identification, transfer, and management of transplant cases. Also includes our internal transplant review board and all pre- and post-care provided by Kaiser Permanente physicians.
<b>Integrated behavioral health/medical case management</b>	Includes depression screening for high-risk members (those with diabetes, coronary artery disease, or congestive heart failure, or pregnant and postpartum women) who complete a total health assessment, and for members with prior depression or suicidal thoughts. Also includes coordination of inpatient transfers to the appropriate case worker or psychiatrist if more serious. Kaiser Permanente behaviorists and social workers are integrated within our care delivery system, working closely with primary care and medical case management teams to help ensure timely, immediate, continuous care, improved outcomes, and lower costs.



# Medical Case Management

ICM Service	Description
<b>Quality assurance and management</b>	<p>Includes internal utilization management and physician peer review to drive better, more cost-efficient outcomes. Physician peer review includes system reviews, which address systems issues and help doctors practice better medicine. Outside of Kaiser Permanente, physician peer review is inconsistent and not as widespread, if it exists at all.</p>
<b>Systems support, including case tracking</b>	<p>Includes non-chronic condition (such as maternity, cancer, and allergy care) and orthopedic implant health registries used to identify care and medication gaps. Technology increases safety and interaction control and enables an overall view of the member's health.</p>
<b>Referral management</b>	<p>Includes Permanente Medical Group prospective review and approval of care outside the Kaiser Permanente network.</p>
<b>Emergency prospective review program (Emergency Department repatriation)</b>	<p>Kaiser Permanente Emergency Department physicians coordinate with outside Emergency Departments to provide critical and potentially lifesaving member health information. This helps ensure the safe and timely return of the member to Kaiser Permanente facilities, optimizing care and reducing costs. Outside of Kaiser Permanente, patient medical histories (such as medications and previous tests) are often unavailable to the treating physicians.</p>

# Medical Case Management

ICM Service	Description
<b>Palliative care</b>	Kaiser Permanente works to support patients and their families through a team-based approach that creates the best access to people who are specially trained to provide care in the last stages of life. Outside of Kaiser Permanente, it's very difficult to create a consistent level of support. Some health plans reimburse for services, but when there are no community-based services, offer little real benefit to members.