


Can the NHS learn from Kaiser Permanente?

Chris Ham

Civitas Seminar

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- Kaiser Permanente (KP) is long established managed care organisation
 - BMJ comparison of NHS and KP in 2002
 - Major differences in service use
 - Especially in acute bed day use

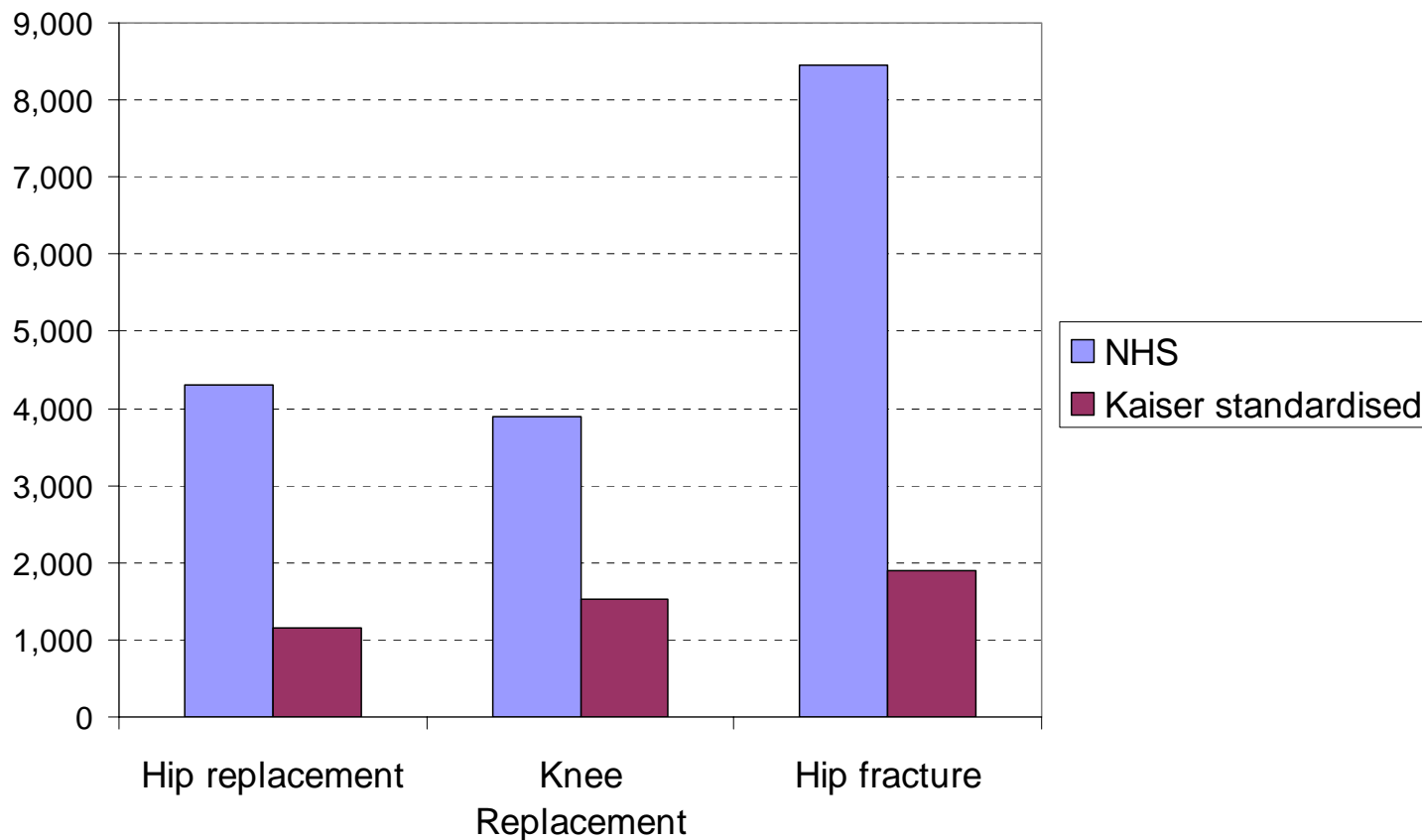
- Further analysis of leading causes of acute bed day use
- Admission rates, length of stay, beds/100,000 population
- People aged 65 and over in the two systems
- Standardised by age

- KP uses around one third of the number of bed days as the NHS
- Length of stay differences are large
- KP does not have the same variation of length of stay with age
- More care is delivered outside hospital



Orthopaedics

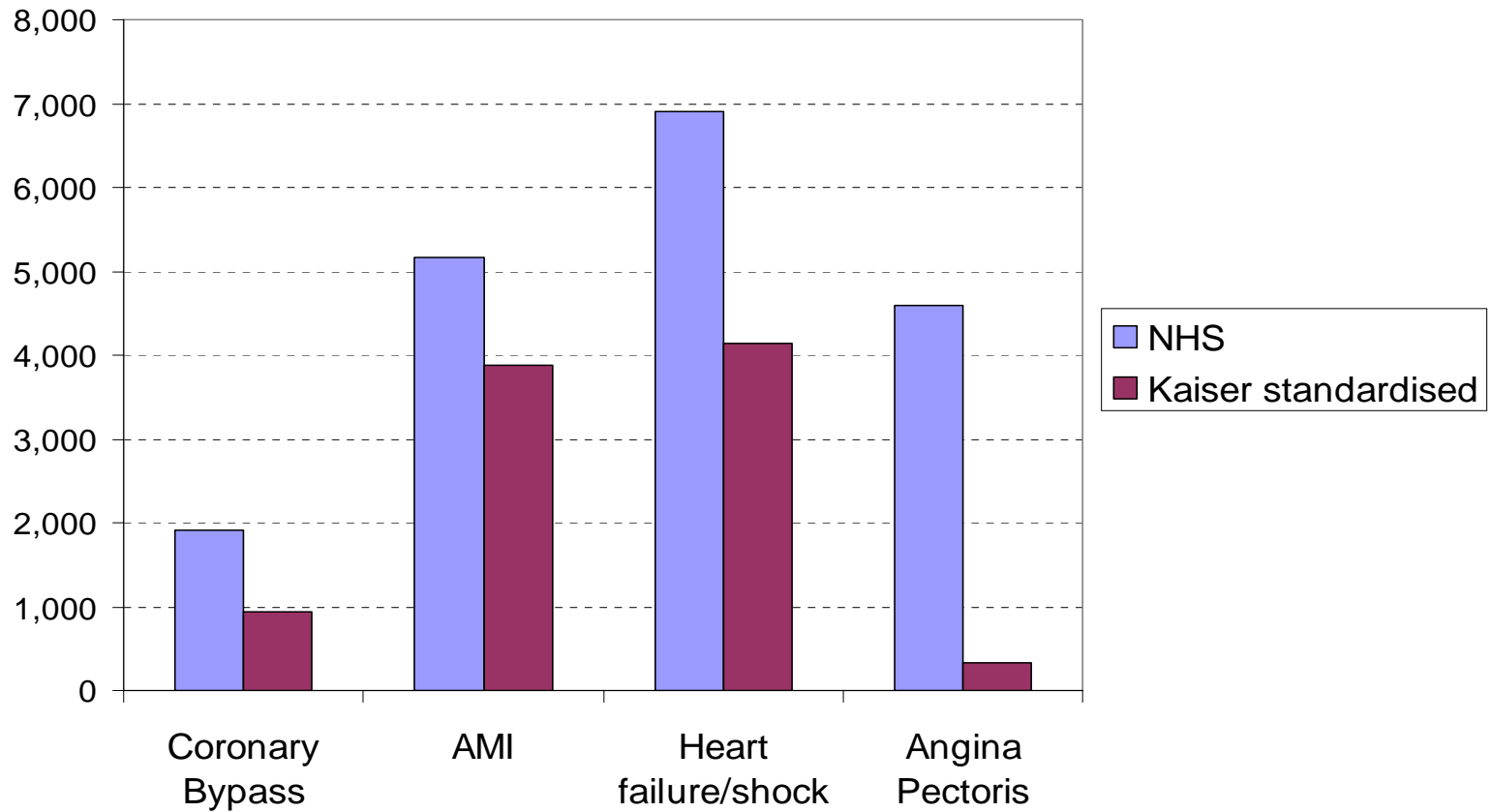
Beds days per 100,000 aged over 65





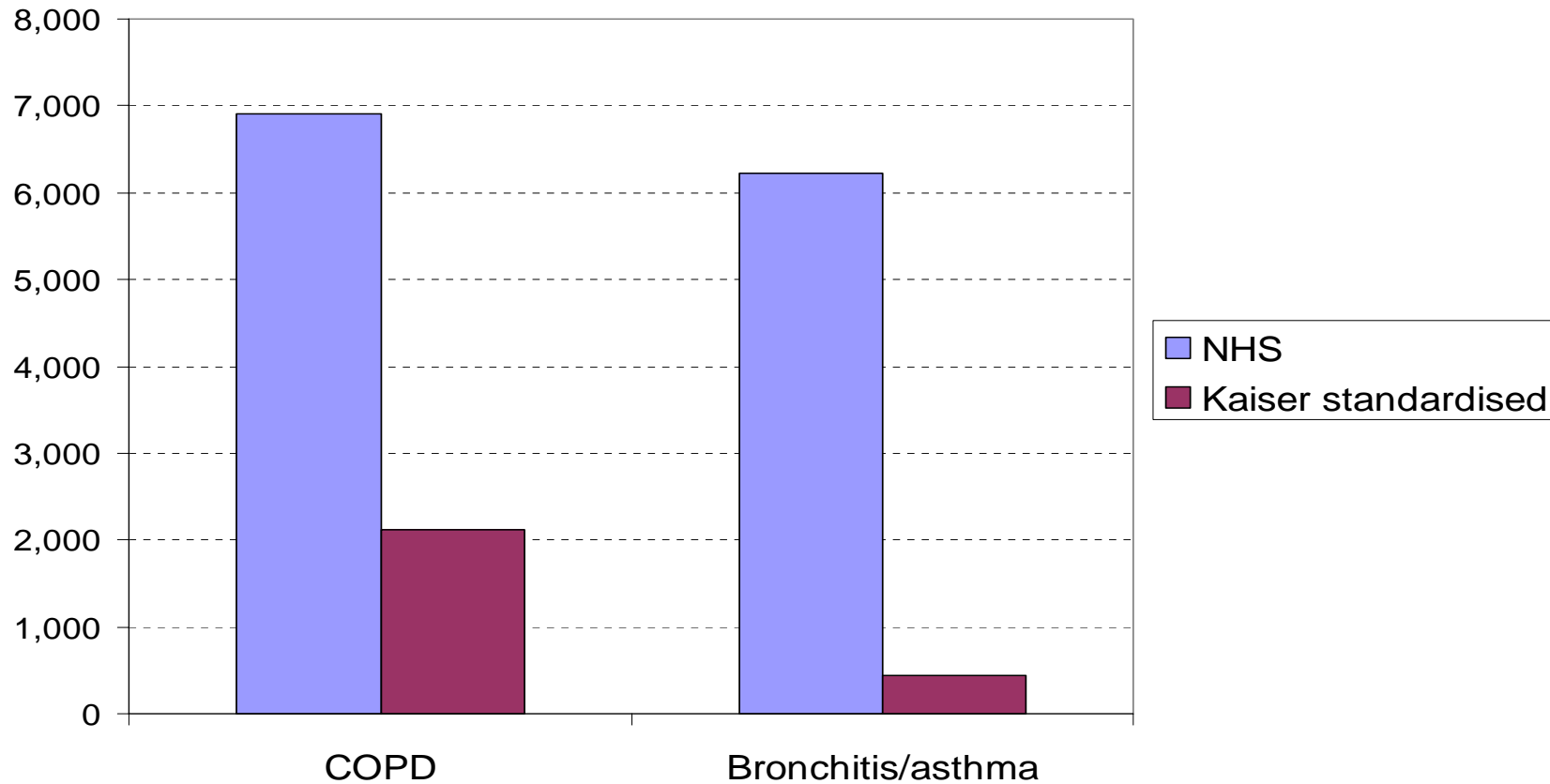
CHD

Bed days per 100,000 aged over 65



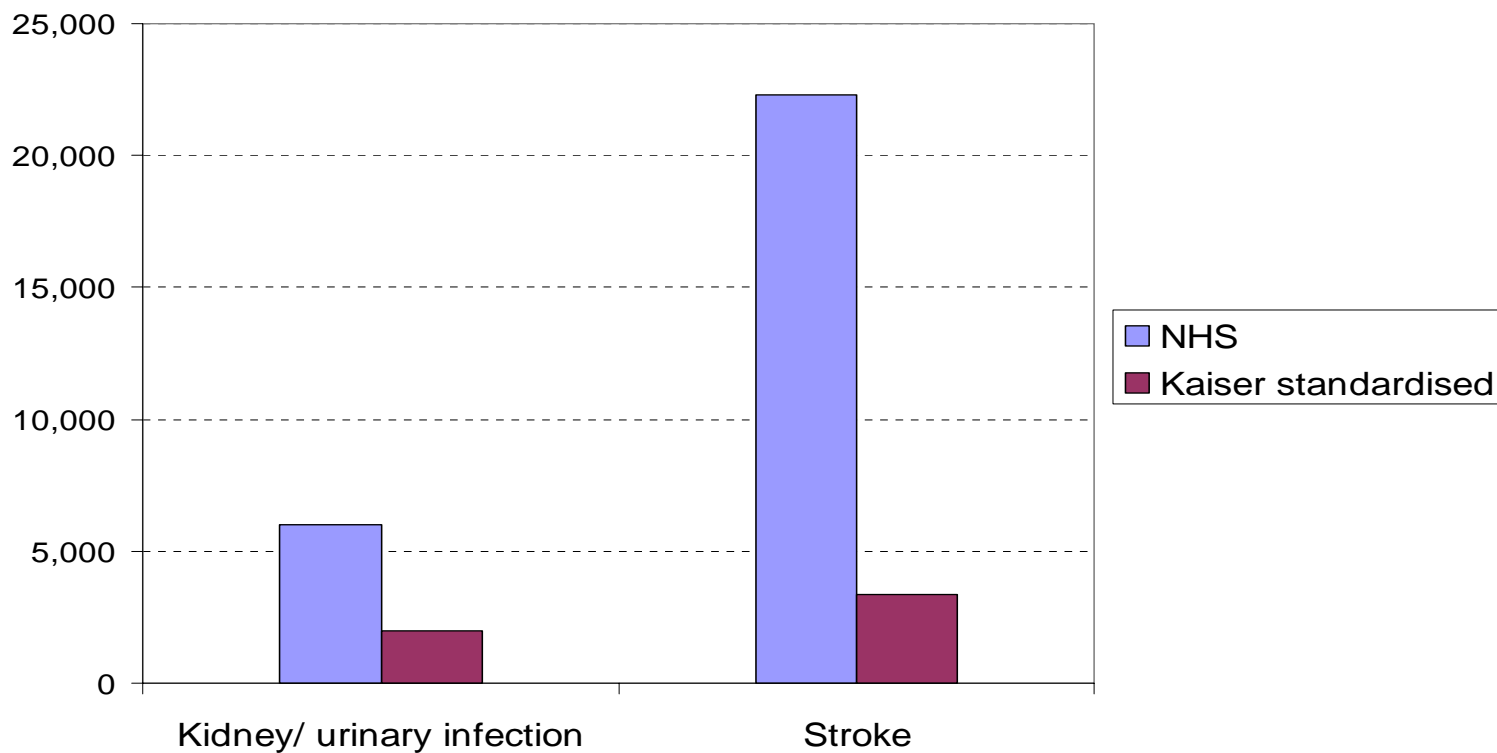
Respiratory

Beds days per 100,000 aged over 65

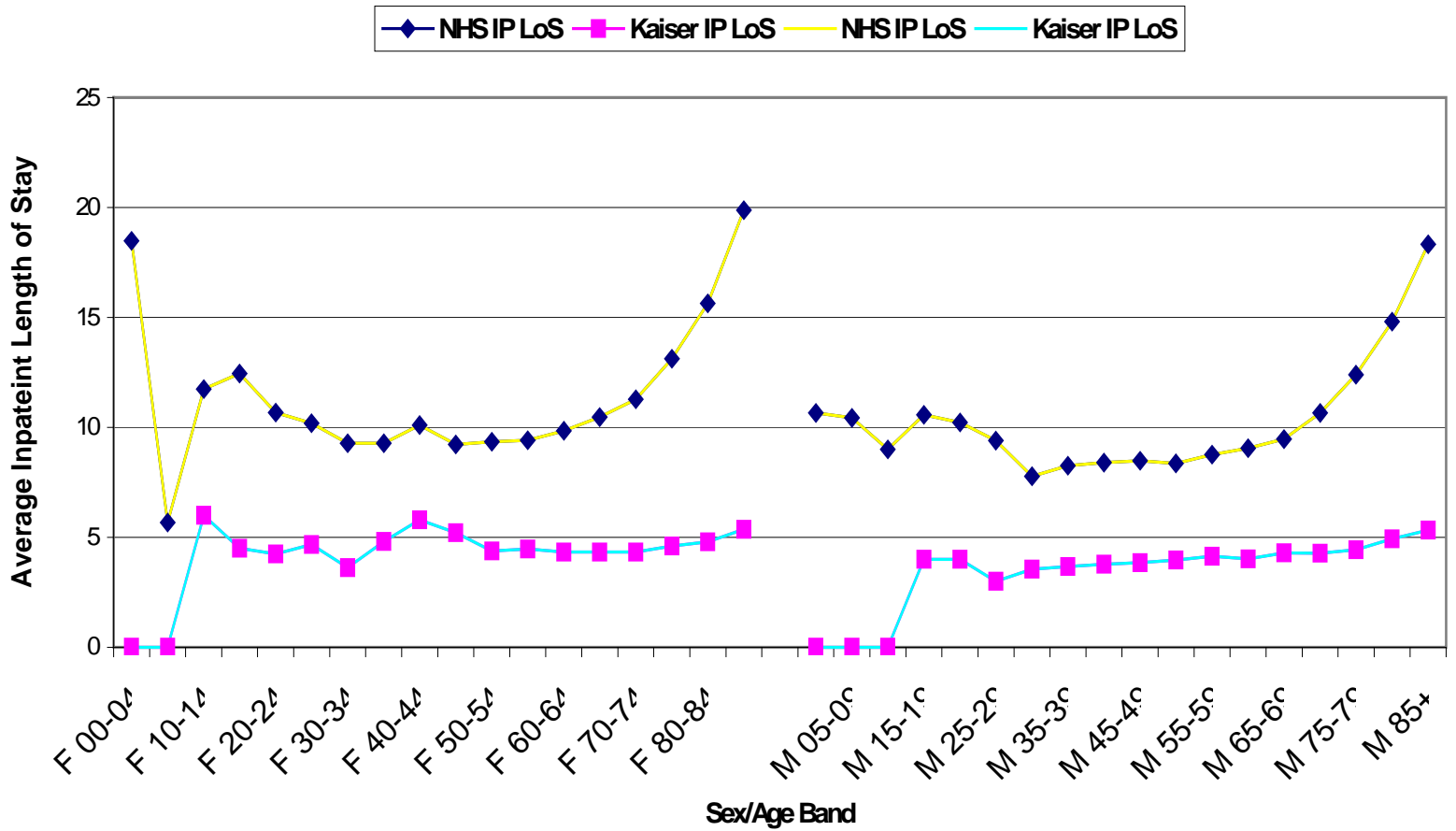


Other

Bed days per 100,000 aged over 65

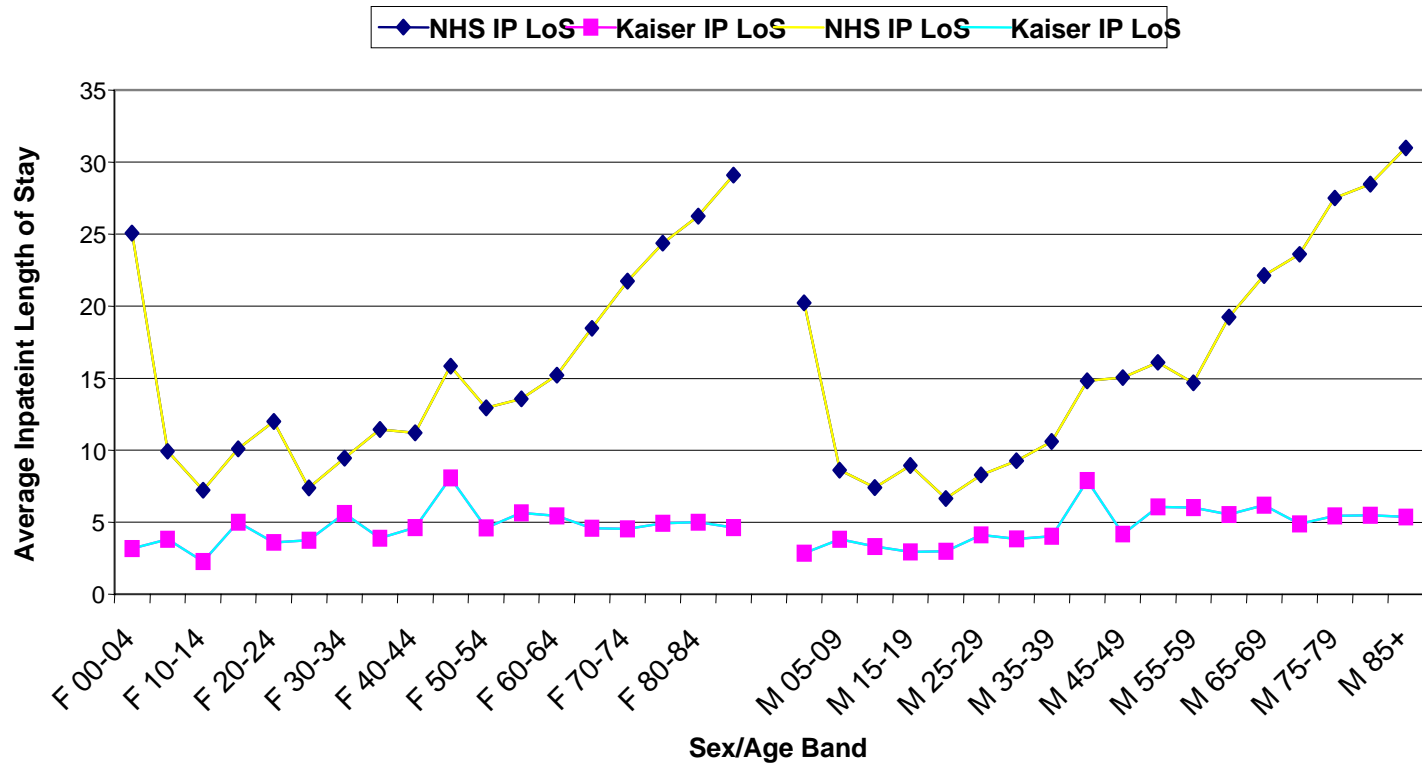


Primary Hip Replacement Inpatient Length of Stay Distribution

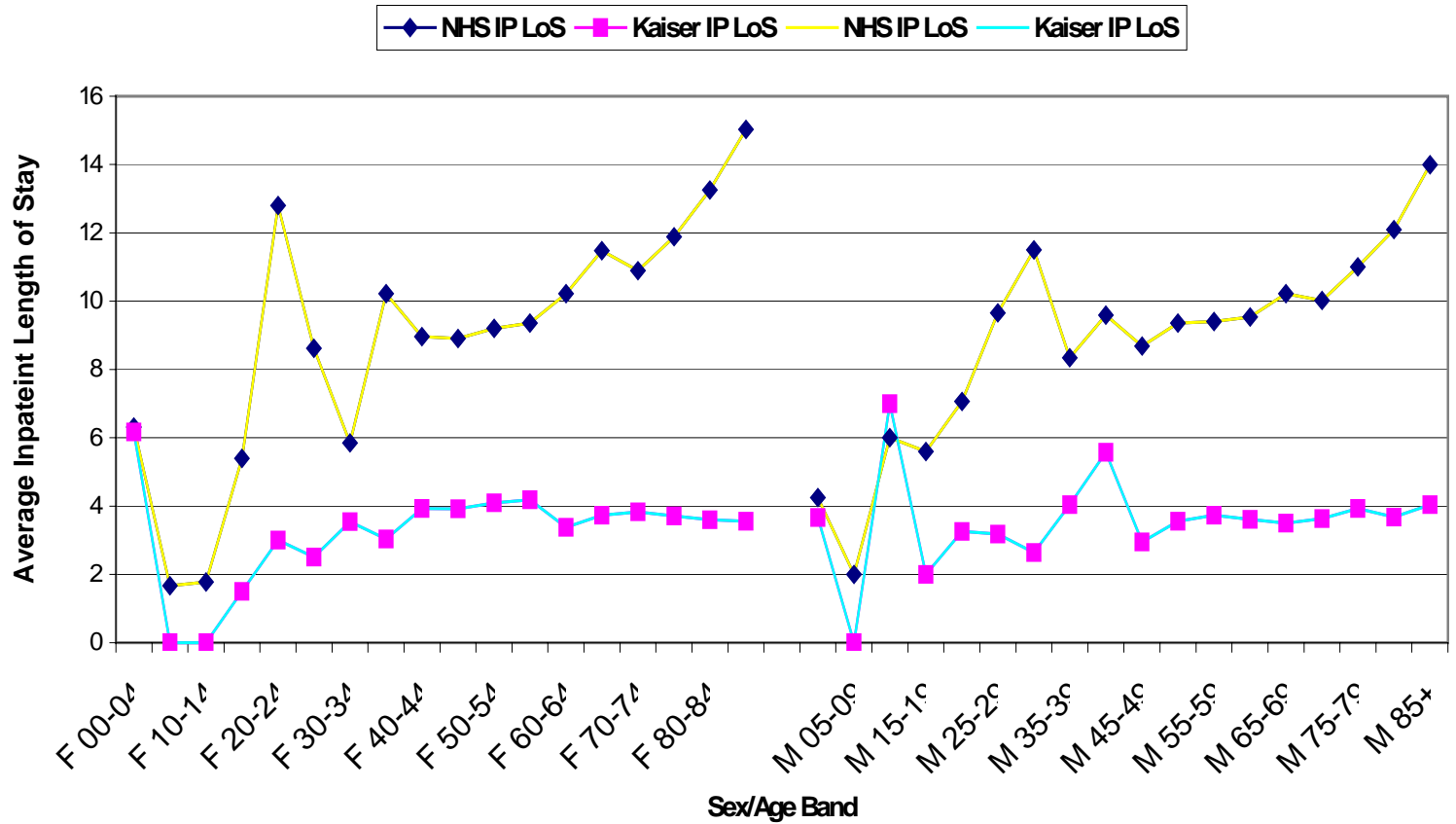


Hip Fracture

Inpatient Length of Stay Distribution

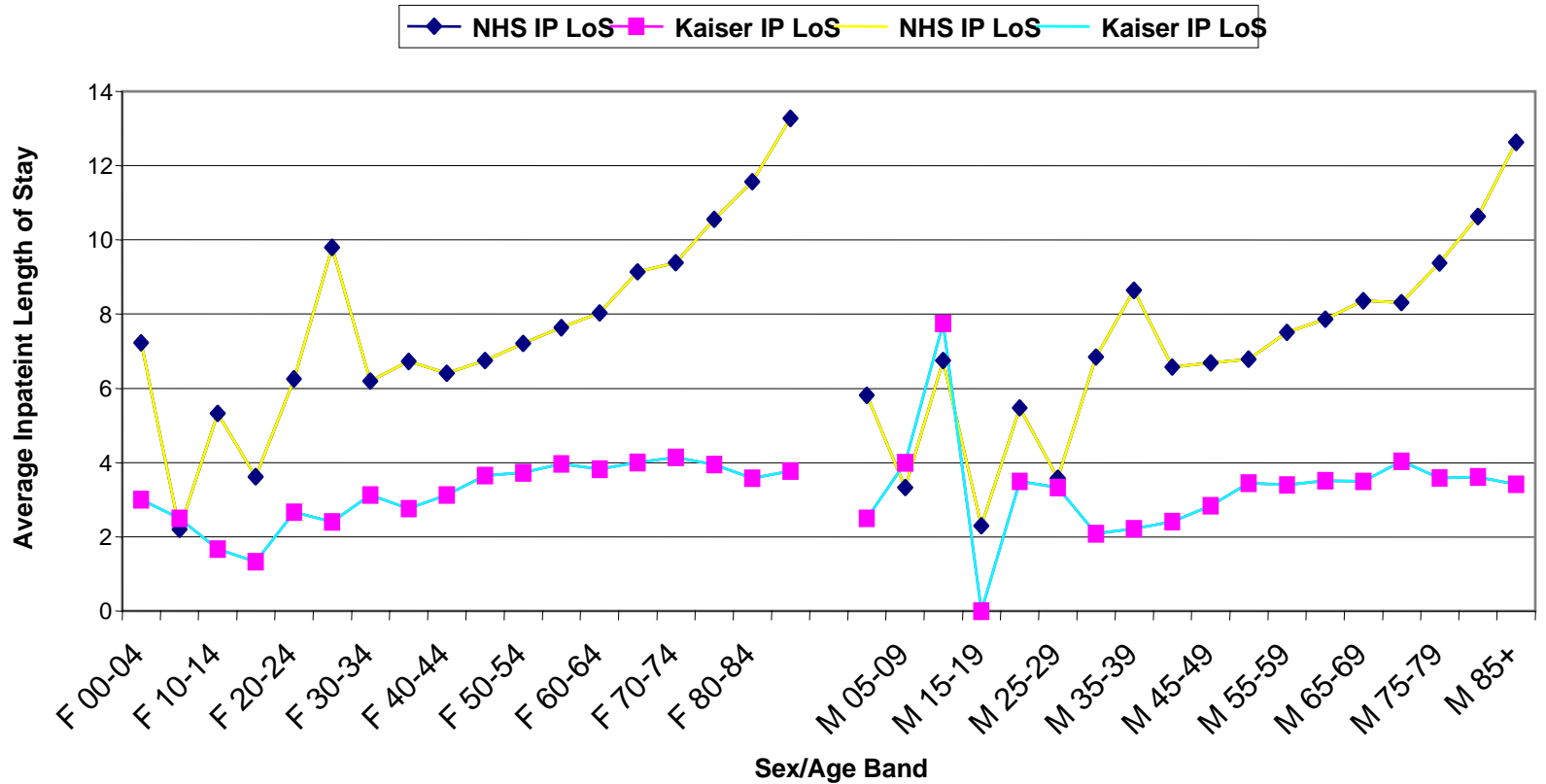


Heart Failure and Shock Inpatient Length of Stay Distribution



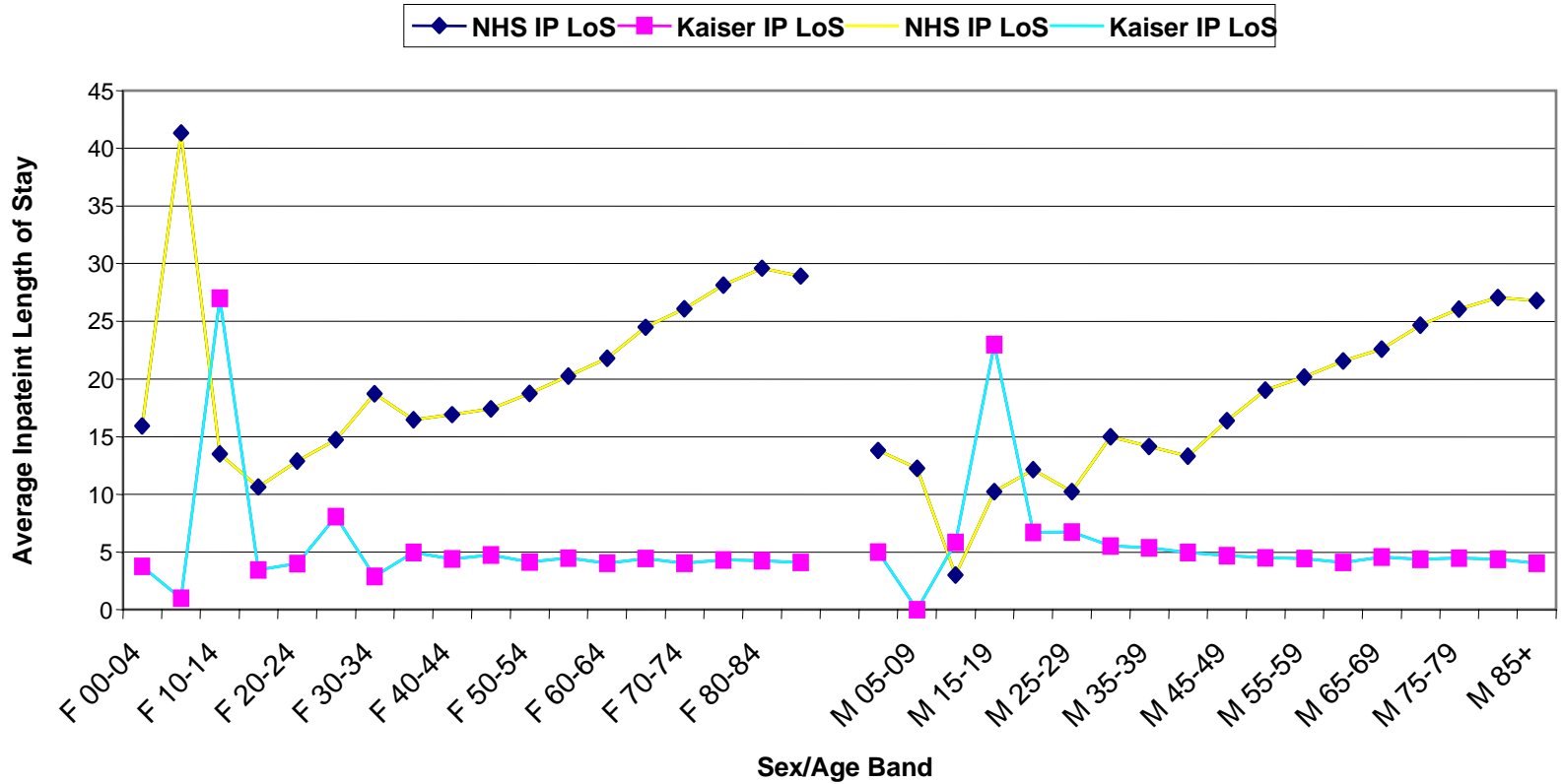
COPD


Inpatient Length of Stay Distribution





Stroke


Inpatient Length of Stay Distribution





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- KP is an integrated organisation
 - Financing and provision
 - Prevention, treatment and care
 - Hospitals and the community


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- The primary/secondary care divide does not exist
 - KP focuses on chronic disease
 - Care is provided in the most appropriate setting
 - Multi-specialty practice is the norm


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- KP supports patients and families to take care of themselves
 - KP uses intermediate care
 - Care pathways and protocols are used extensively
 - Discharge is planned on admission

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- KP's approach is based on medical leadership
 - Doctors as shareholders
 - Self managing organisations
 - Commitment and not compliance

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- Applying these lessons to the NHS
 - The role of PCTs
 - Specialists working more closely with GPs
 - Expert patients/self care
 - Intermediate care

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- Active management of patients
 - Chronic disease focus
 - Evidence based protocols
 - Investment in premises to support

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- Important differences between the NHS and KP
 - More doctors and nurses in KP
 - No competition in the NHS
 - Are the populations really the same?

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- In summary
 - The NHS needs to be more integrated
 - Expert patients/self care is a priority
 - PCTs can help drive the agenda for change