

# The Garfield Memorial Fund: Helping KP Clinicians and Researchers Come Through the Front Door With Their Ideas

By Barbara Caruso

Sidney R Garfield, MD, physician co-founder of Kaiser Permanente (KP), was a pioneer whose ideas about prepaid health insurance, physicians practicing in groups, preventive health care, and medical services under one roof were seen as radical in the 1930s. Through his dedication and efforts, as well as those of other early KP physician leaders, these ideas became the blueprint for KP. As Paul de Kruif says in his book, *Life Among the Doctors*, Sidney Garfield was “an innovator who has invented a democratic system of medical care.”<sup>1</sup>

In an effort to continue Dr Garfield’s legacy, in 1987, the Board of Directors of KP established the Sidney R Garfield Memorial Fund (GMF) to encourage innovation and exploration of new models of care that result in improved health care.

The GMF has operated since then under a very simple mandate—to fund research by KP employees and Permanente physicians that will result in improved health care for both members and the community-at-large. Since its inception, the GMF has launched a variety of initiatives and has provided about \$25 million in funding to support these initiatives.

The GMF is managed under The Permanente Federation and is financed by assessments on each of

the Regions, at two cents per member per month. The Fund also partners with external foundations and agencies to leverage its funding capabilities. A six-member Board of Directors (Table 1) led by Jed Weissberg, MD, Associate Executive Director of The Permanente Federation, and Edward Thomas, RN, Director, oversees the management and distribution of these funds.

In the beginning, the GMF primarily provided funding to clinicians to test and apply their research and develop improvements in quality and service. This in turn, led to the implementation of new models of care, which were shared throughout KP. Some of the projects that were funded in the early years included: Evaluation of Medical Responses to a Major Earthquake; Computer-Assisted Phone Advice in Pediatrics, which led to PediAdvice; and an Evaluation for the Development of the “Secrets” Educational

Theatre Program as an AIDS Prevention/Intervention for Teenagers.

In recent years, the GMF has shifted much of its focus to funding broader initiatives and clinical programs that can be replicated across KP. An early example was the funding in 1998 of the Depression Initiative (DI), which set the standard for subsequent initiatives in terms of building strategic alliances to solicit, select, and support projects from initiation to implementation. Since its inception, the DI has funded over 25 research and demonstration projects, many of which have resulted in new models of care. One example is the Nurse Telecare Program, which has been adopted as the standard for depression care in primary care settings.

Enid Hunkeler, MA, Director of the Depression Initiative, notes that because of funding from the GMF, strategies and programs developed through the DI are used at KP and

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Table 1. Garfield Memorial Fund Board of Directors
Jed Weissberg, MD; GMF Board Chair, Associate Executive Director, Quality and Performance Improvement, The Permanente Federation
Edward Thomas, RN, MBA; GMF Director, The Permanente Federation
Bob Crane; Senior Vice President, Health Policy Institute, KFHP/H
Phil Madvig, MD; Associate Executive Director, TPMG
Joanne Schottinger, MD; Assistant to the Associate Medical Director Clinical Services, SCPMG
Ray Baxter, PhD; Senior Vice President, Community Benefit, KFHP/H

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in community clinics across the country. “We have touched the lives of countless people with new approaches to care,” she says. “Now, we are widening our focus to include other aspects of mental health care, including suicide prevention, bipolar disorder, and attention-deficit hyperactivity disorder.”

The Care Experience Initiative, launched in 1999, is another example of a broad GMF partnership. It was designed to bring the Health Plan, Medical Groups, and the Labor Management Partnership leaders together to share knowledge and experience from across the program and to facilitate ongoing improvement in members’ care. The initiative is led by the Care Experience Council.

In 2000, the GMF and the Care Management Institute formed the KP Aging Network (KPAN) to identify the unmet needs of our elderly members, to develop a national strategy to address those needs, and to facilitate collaboration between the Health Plan and the Medical

Groups. A year later, KPAN launched the Palliative Care Initiative—Improving Care at the End of Life, with the goal of promoting the comprehensive care of members in advanced stages of life-limiting illnesses. One KPAN-sponsored project was to refine and to evaluate a Palliative Care Model, which received the 2002 James A Vohs Award for Quality.<sup>2</sup>

KP and Group Health Cooperative provide integrated health care for more than 15,500 people living with HIV/AIDS in the United States. The GMF provided the seed money to establish a national HIV research consortium, called the Committee for HIV/AIDS Interregional Responsibilities (CHAIR), now known as the HIV Initiative (HIVI), to develop a programwide strategy in collaboration with the research divisions, clinicians, and internal groups, such as the Care Management Institute.

Most recently, an ambitious \$2.2 million Weight Management Initiative for eight new weight manage-

ment research projects has been funded, which will complement CMI’s Weight Management Initiative. The CMI Weight Management Initiative has already defined populations and established weight management goals, identified existing regional programs, created clinical tools, and organized community and public policy outreach efforts.

In addition, the Fund has contributed to evidence-based guidelines for mental health in a partnership with CMI; developed an interregional design for a comprehensive HIV/AIDS database; developed interregional models for clinician/patient communication through the Clinician-Patient Communication Research Initiative (CPCRI), and maintains KP Web sites for many of its initiatives, so that clinicians can tap into the learnings and tools. (see Sidebar)

Edward Thomas, RN, Director of GMF, notes that the key to the Fund’s success is that “We leverage initiatives with partners, such as the government, private foundations, and KP’s regions. They know we are committed.”

In fact, Mr Thomas and the Fund’s Board of Directors work closely with KP Regions and will often propose a cost-sharing approach, to create further buy-in. The Board also works closely with various KP research centers, including the Division of Research, the Center for Health Resource, and the Research and Evaluation Programs in Colorado, Southern California, and Georgia.

Many of the Fund’s initiatives have also been recipients of both the James A Vohs and David Lawrence awards, such as the Palliative Care Program in 2003<sup>2</sup> and the Perinatal Patient Safety Project Transfer in 2005.<sup>3</sup> Many of the initiatives may initially be suggested by Board members, on the basis of their experiences and their knowledge of health care

**Garfield Memorial Fund initiatives and projects with Intranet links**

Following is a list of the current GMF initiatives and projects with Intranet links for more information.

- **Depression Initiative:** <http://insidekp.kp.org/GMF/initiatives/depression.html>  
For more information, visit the Depression Initiative Web site:  
<http://dor-ent1.kaiser.org/studies/sites/depin/index.shtml>
- **Care Experience Initiative:** <http://insidekp.kp.org/GMF/initiatives/care.html>  
For more information, visit the Care Experience Web site:  
<http://cl.kp.org/pkc/national/operations/cec/home.htm>
- **Patient Safety Initiative:** <http://insidekp.kp.org/GMF/initiatives/safety.html>
- **Clinician-Patient Communication Research Initiative (CPCRI):**  
<http://insidekp.kp.org/GMF/initiatives/cpcri.html>  
For more information, visit the Clinician-Patient Communication Web site:  
<http://kpnet.kp.org/cpc/index.html>
- **Palliative Care Initiative (KPAN):** <http://kpnet.kp.org/cpc/index.html>  
For more information, visit the KPAN Web site: <http://kpnet.kp.org/permfed/KPAN/index.html>
- **Clinical Informatics Research Network:** <http://insidekp.kp.org/GMF/cirn/index.html>
- **Weight Management Initiative:** <http://insidekp.kp.org/GMF/initiatives/weight.html>
- **HIV Initiative (HIVI):** <http://kpnet.kp.org/permfed/HIVI>  
For more information about other funded projects through the GMF, visit the GMF Web site: <http://insidekp.kp.org/GMF/index.html>

issues, members' health care needs, or of ongoing research. Dr Weissberg and Mr Thomas both maintain ongoing conversations with clinicians and researchers throughout KP. Because the Board is small, it can be flexible and avoid the often lengthy decision-making process characteristic of many private foundations.

Through these initiatives, Mr Thomas and the Board have developed a strategy that allows the fund to be responsive to emerging and important health care trends within KP. The Board attempts to build their portfolio with this integrative approach so that each initiative overlaps with the others.

Dr Weissberg believes that this approach "builds a strong foundation for collaboration, interdisciplinary learning, sharing of best practices, and supports a method for rapid and sustainable implementation."

One example of the emphasis on partnerships and implementation is the In-Patient Home-Based Palliative Care Initiative, as funded by the GMF, which is now utilized in every KP Medical Center in Northern and Southern California.

Long-term goals are to continue to

develop each funded initiative into an independent, broader-based program with its own infrastructure (management, staffing, and resources). Then, each program should have the ability to acquire its own funding (from GMF and external sources) to support further research studies and to pilot new models of care.

"We've learned that, unfortunately, there are not enough funds to do all the research that's needed," concedes Mr Thomas. "We're unique. We used to be under the radar. Now, we're moving above the radar. We try to listen and help our researchers and clinicians come through the front door with their ideas. Too often, in order to get things done in our organization, you must go through a back window or door."

Dr Garfield is remembered for his innovative concepts of health care delivery, including prepayment, use of information technology, and preventive care. He also firmly believed in the value of research. In the second annual report of the Permanente Foundation in 1945, Dr Garfield noted, "It has always been our opinion that a medical care program worthy of perpetuation, in addition

to being economically sound, must provide teaching, training, and research, all so necessary for the maintenance of high-quality care."<sup>4</sup>

The Board of GMF and Mr Thomas will continue to support Dr Garfield's vision through the many projects and initiatives they have funded, launched, and nurtured. Since 1987, the GMF has gained national recognition and respect as a champion and sponsor of innovative approaches to health care delivery. KP members and communities have benefited from utilization of a small investment of member dues into research, which has yielded major advances in quality, efficiency, and knowledge. ♦

#### References

1. de Kruif P. Life among the doctors. Copyright 1949, Published 1949 by Harcourt, Brace and Company, p 432; Chapter 14 – "To Live or to Die."
2. Brumley RD, Enguidanos S, Hillary K. The palliative care program. Perm J 2003 Spring;7(2):7-12.
3. Nunes J, McFerran S. Perinatal Patient Safety Project. Perm J 2005 Spring;9(2):28-33.
4. Permanente Foundation Medical Bulletin; Volume III, January 1945, Number 1, p 45.

## Distinguished Service Award

*"Distinguished physician, surgeon humanitarian, counsellor (sic), medical administrator, administrator in functional hospital design and trailblazing pioneer: he combined medical group practice with prepayment to create a comprehensive health care delivery system attractive alike to providers and consumers of medical care, which is nationally recognized as a significant step toward solution of today's medical care crisis . . . Not only did Dr Garfield define the basic principles and invent basic techniques of group practice prepayment, but he also welded them into a health care delivery system now serving more than two million people. His personal contribution to improvement of the medical face of America and indeed the world are incalculable."*

— Award citation when Dr Garfield was presented the Distinguished Service Award by the Group Health Association of America, 1969

This "Moment in History" quote collected by Steve Gilford, KP Historian