

The Sydney A Garfield Legacy —A Tradition of Caring

By Edward Thomas, RN, MBA; Annie Wing, MBA

Kaiser Permanente (KP) has a 50-plus-year tradition of providing our members affordable, quality health care that is delivered by caring and committed professionals. This patient-focused sensibility can be credited largely to physician-co-founder and health care innovator Sydney A Garfield.

In 1987, to honor his memory and achievements, the Board of Directors of Kaiser Permanente established the Sydney A Garfield Memorial Fund (GMF). The fund's mission is to continue Dr Garfield's legacy by encouraging innovation and exploration into new models of care that will result in improved

health care, not only for KP members, but for the community-at-large as well.

During the past 15 years, the GMF has developed many projects (Table 1) and has gained national recognition and respect as a champion and sponsor of innovative approaches to health care delivery.

Table 1. Garfield Fund current portfolio of projects

Topic	Priority/Status	Medical Health
<ul style="list-style-type: none"> KP Aging Network Palliative Care Risk Index Home Based Palliative Care Multi-Site Replication of an Inpatient Palliative Care Program: COMINCA ROPENDO: Risk Screening and Prediction Model of CHF Patients Regional Consultations 	<ul style="list-style-type: none"> Adverse Drug Event Human Factors ICI Pilot Prescribing Errors in Primary Care Evaluation of a Pharmacy Medication Tool High Tech vs High Touch: Use of PDAs for Prescribing Making Safe in Cardiac Care Perinatal Patient Safety Project: Facility-Based Actions to Decrease Errors New Approaches to Risk Management in Diabetes 	<ul style="list-style-type: none"> KP-Schools Adolescent Depression Screening Telecare for Depression in Early Stage CV Disease Understanding Depression and Other Comorbidities to Develop a Suicide Behavior Intervention The Impact of Provider Adherence Prompting and Nurse Telecare on Visit Interval and Effective Acute and Continuation Phase Treatment with Medication after Anti-Depressant Therapy Screening and Treatment of Depression and Anxiety in CHF Patients Surge TeleCare Augmentation for Treating ADHD in Pediatrics Genetic Depression Care Management Screening for Psychiatric Disorders Using Quick Psycho-Diagnostic Panel Screening and Follow-up for Postpartum Depression at Well Baby Visits Shared Decision-Making Programs for the Treatment of Depression Case Management of Depression by Clinical Pharmacists in a Primary Care Setting PCI Development and Randomized Trial of Telephone Case Management and Peer Support Program for Depression Telephone Case Management and Peer Support Program for Depression Treating Depression in Primary Care: Depression and Diabetes Project Randomized Trial of the WWW Depression Skills Intervention Program A Demonstration Model for Reducing Family Violence Through Primary Prevention, Screening and Referral Utilization Patterns of Antidepressant Medications Developing Telephone-Based Support for Primary Care in Treating Depression Family Depression Prevention: Raising Healthy Children The Burden of Undiagnosed Parental Depression on Families A Prevention Mental Health Collaboration Between KP and School Health Programs Assessing the Needs of Depressed Grandparents National Depression Screening Day Right Attendants Handbook
<ul style="list-style-type: none"> Communication of End of Life Post Habits Model Moderated Online Discussions in Disease Management Best Practices in Patient-Clinician Communication The Interaction Study: Video Taping Exams with Computer Terminals in Place Communicating Unanticipated Outcomes North American Research on Communication Consultant (NARCC) 	<ul style="list-style-type: none"> Cell Center Evaluation: Multi-Region Alternative Methods of Physician Reimbursement: Multi-Region Sociodemographic Database Evaluation of Centralized Call Centers in Northern California and Colorado Primary Care Service Improvement Evaluation of a Health Care Team Approach to Primary Care 	
<ul style="list-style-type: none"> Childhood Development and Women's Health Adverse Childhood Experiences (ACE) Management of Monoclonal OPTONIS: Diagnostics Screening Project with CA OHS 	<ul style="list-style-type: none"> Consortium of HIV/AIDS International Research HEDS UP Project National Director of HIV/AIDS Research 	
<ul style="list-style-type: none"> 19 Publications 8 Patents 11 in Progress 		<ul style="list-style-type: none"> 19 Publications 8 Patents 11 in Progress

The Garfield Memorial Fund (GMF): Its Operations and Focus

The GMF operates under a very simple premise—to fund research by KP employees and Permanente physicians that will result in improved health care for our members.

To ensure that GMF goals and plans are aligned with and reflect the overall vision and strategic direction of the KP Medical Care Program, the Board Chair and Director (Table 2) make a concerted effort to maintain ongoing dialogue with the various arms of KP.

Table 2. GMF Board

- Board Chair Jed Weissberg, MD, Permanente Federation
- Edward Thomas, RN MBA, Director
- Allen Bredt, MD, SCPMG
- Bob Crane, Health Plan Program Office
- Phil Madvig, MD, TPMG
- Joanne Shottinger, MD, SCPMG



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Consequently, we've been able to forge strong, yet independent, relationships with the Permanente Medical Groups, Kaiser Foundation and affiliated hospitals, and the Kaiser Foundation Health Plan. We also have collaborated with well-respected KP groups, such as the KP Care Management Institute and the Care Experience Council. Additionally, we've worked closely with the various KP research centers, including the Division of Research, the Center for Health Research, and the Research and Evaluation Programs in Colorado, Southern California, and Georgia.

We've partnered with external entities in both the private and public sectors that have recognized the weight and impact of our efforts and have demonstrated their support by cosponsoring and/or cofunding GMF research projects. Such alliances include groups such as the Visiting Nurses and Alzheimer's Associations; government research agencies such as the National Institutes of Health (NIH), the Agency for Healthcare Research and Quality (AHRQ), and the Centers for Disease Control (CDC); philanthropic organizations like the Robert Wood Johnson Foundation and the John Hartford Foundation; and employer groups like the Washington Business Group on Health and General Motors.

Funding Projects

The GMF offers a more streamlined application and approval process than other, more formal research-funding organizations such as the NIH. Basically, the GMF provides the necessary start-up or seed money (that might not otherwise be available) for research by KP clinical and non-clinical staff across the eight regions. To receive funding, applicants must explain how

Table 3. Current GMF initiatives

- Depression Initiative (DI)
- Care Experience Initiative
- Patient Safety Initiative
- Clinician-Patient Communication Research Initiative (CPCRI)
- Palliative Care Initiative

their research will improve quality of care and service in a cost-effective manner, while enhancing member satisfaction. They also must outline replication and dissemination plans.

Launching An Initiative—An Investment In Our Members' Health

The emphasis on initiatives offers many obvious advantages. The large-scale, single-theme focus directs researchers' attention and resources to more immediate, organizationwide (and often national) health care issues. This focus encourages collaboration among individual researchers from KP's different geographic areas by allowing them to contribute a regional perspective on the issues. And, since an issue frequently reflects a national concern as well, it often attracts outside interest, support, and funding.

The GMF Board relies on both internal intelligence and external information to determine development of a particular initiative. Often, the medical groups present health care concerns identified by KP clinicians in their treatment of certain patient types (eg, the elderly) or conditions (eg, mental health). Or we may respond to a national health care issue (eg, patient safety) that has been brought to the forefront by external agencies.

The board and expert reviewers examine the merits of each application and consider it for approval according to the following:

- Potential for successful implementation

- Demonstration of requisite management commitment and support
- Potential for wide and successful dissemination
- Potential for sustainability
- Potential for demonstrating results in the near term.

Current GMF Initiatives—A Commitment to Quality Care

<http://kpnet.kp.org/permfed/>

To date, the GMF has launched five major initiatives (Table 3). Each one has generated numerous projects (see Table 1 for a list of projects). Many of the findings have resulted in new or revised models of care for our members.

We introduced the first of our current initiatives, the Depression Initiative (DI), in 1998, which was followed by the Care Experience Initiative, the Patient Safety Initiative, and the Clinician-Patient Communication Research Initiative (CPCRI) in 2000, and the Palliative Care Initiative in 2001. In 2002, we launched our latest initiative, the Clinical Information Research Network (CIRN) Initiative.

In 2000, we also formed the Consortium for HIV/AIDS Research (CHAIR). Although not a formal initiative, it is an example of the GMF supporting clinicians and researchers who might not otherwise have access to funding.

Each initiative is ongoing in that prospective researchers may submit RFAs at any time for consideration. As new projects commence, active ones are completed each year.

The Depression Initiative (DI)

<http://www.dor.kaiser.org/content/projects/depin/index.html>

Now in its fourth year, the DI seeks to “improve the lives of people affected by depression, by creating alliances to conduct and support research into how we recognize, treat, and prevent depression.” The DI initially encompassed 18 projects covering six critical areas of inquiry: 1) new models of care; 2) consumer satisfaction; 3) screening and outcomes measurement; 4) cost-effectiveness; 5) access to care; and 6) special populations, including women, people of color, children, adolescents, people with disabilities, and the elderly.

This successful undertaking has garnered national attention as well as outside support and additional funding that has significantly extended the original contribution from the GMF. DI research has been reported widely in peer-reviewed articles in nationally recognized publications and has been presented at more than 20 national conferences.

The DI’s influence on primary and specialty care has provided a unique opportunity to expand its focus to broader mental health issues beyond depression. In addition, by collaborating with schools, employer groups, and unions, the DI has been able to create nationally recognized programs and products, such as the timely and well-received “Flight Attendants Coping with Trauma.”¹ The GMF encourages and supports such collaboration.

Care Experience Initiative http://kpnet.kp.org/permfed/Quality/CEC_intro.html

The Care Experience Initiative goal is to enhance our members’

overall care experience in medical centers, physicians’ offices, and members’ homes by investigating and understanding how the members’ care and satisfaction level may be affected either positively or negatively by specific individual actions or events initiated by KP.

The Care Experience Initiative projects implemented to date continue to demonstrate that collaboration between KP’s operational leaders and researchers is vital to building cross-interests and incorporating research rigor into operational evaluation.

Patient Safety Initiative

The Patient Safety Initiative arose in response to a national alarm about patient safety with respect to medical error. With this initiative, we joined the national effort to deliver reliable, effective, consistent, and safe care to our members and to the communities we serve.

We invited researchers to submit project designs that included interventions in one of the following four areas: 1) Safe Culture, focusing on education and training; 2) Safe Care, focusing on continuity of the patient’s care throughout the system; 3) Safe Support Systems, focusing on quality assurance or risk management programs to monitor for and report on potentially adverse outcomes; and 4) Safe Patient, focusing on communications.

Clinician-Patient Communication Research Initiative (CPCRI) <http://kpnet.kp.org/cpc/index.html>

We launched the Clinician-Patient Communication Research Initiative (CPCRI) to support more thorough, rigorous, and innovative research on how communication works in a health care setting and

how we can make it work better for our clinicians, our patients, and their caregivers.

The CPCRI invites practicing clinicians, communications experts, and seasoned researchers to explore the relation between communications and the health care delivery system in the following five content areas: 1) Patient Safety, 2) Physician Satisfaction and Well-Being, 3) Technology, 4) End-of-Life Care, and 5) Best Practices.

The CPCRI is an overarching initiative that touches on all the other initiatives. Communication has been identified as the major link in all aspects of health care delivery, management systems, and day-to-day professional interaction. Under guidance of the Interregional Clinician-Patient Communication (IRCPC) Group, the CPCRI has funded four initial projects and has several others in development. With the GMF’s support, the IRCPC is taking the lead to develop a North American research consortium.

Palliative Care Initiative—Improving Care at the End of Life <http://kpnet.kp.org/permfed/Quality/KPAN/letter/index.html>

The goal of the Palliative Care Initiative is to promote the comprehensive care of members with serious illnesses as they approach the end of life.

The Kaiser Permanente Aging Network (KPAN) and GMF sponsor this joint initiative. KPAN, which replaced the Interregional Committee on Aging (IRCOA), focuses on leveraging KP’s integrated structure to provide a more formalized strategic approach to the care of our older adult members.

Besides focusing on palliative care, KPAN, in collaboration with the CMI and the GMF, has adopted

a strategy to include all areas of care for older adults. Under the guidance of a national leadership and strategic planning group, KPAN is nearing completion of a comprehensive Domains of Care/Core Competencies document. The regions will be able to measure and evaluate their current programs against these core competencies to identify and address any shortfall.

And, KPAN, guided by a nationally recognized group of external experts, is outlining a strategy to develop Centers of Excellence for the care of our older adult population. The scope of this work also includes individual regional evaluation and assessment consultation by KPAN, CMI, and GMF.

GMF: Today and Tomorrow

A major goal in 2002 was to launch the Clinical Information Research Network (CIRN). Throughout the years, because of its integrated structure, KP has compiled a vast and powerful database of information. A key question or area of inquiry is

“How can or does KP effectively use this knowledge?”

This initiative will examine the benefits of the emerging national KP Clinical Information System (CIS) and our numerous computer information systems that serve the organization and our members. This large-scale venture has the potential to yield exciting, far-reaching, and policy-forming decisions that will affect how we deliver health care to and communicate with our members in the future.

In the near term in 2002-2003, our primary focus is to concentrate on further developing and refining our existing initiatives. We believe much more work must be done in each of these areas, particularly in building or testing and in implementing new models of care that will benefit our members.

A long-term goal is to develop

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

With Dr Garfield's legacy as our motivating force and the members' best interest always in mind, the GMF will continue to play an integral role in contributing to the Kaiser Permanente Promise to deliver “care with a personal touch.” ❖

Reference

1. Hunkeler EM, Healy H, Guinta N, Groebe J, Lanston D, Mendelson D. Flight attendants coping with trauma. Available from: www.afanet.org/eap/fa_coping_with_trauma.pdf (accessed January 6, 2003).

If you would like more information, contact GMF Director, Ed Thomas at 510-271-6394 or edward.thomas@kp.org.

An Optimal Contribution

No individual or group can make an optimal contribution to create a sustainable solution in health care by primarily focusing on his or her own agendas or needs.

— Jack Cochran, CPMG Executive Medical Director