

KP HealthConnect: Fulfilling the Vision of KP's Founding Physician

By Tom Debley

When the centenary of the birth of founding Kaiser Permanente (KP) physician Sidney R Garfield is marked in 2006,³ full implementation of KP HealthConnect the same year will be a fitting tribute. The reason: It was Dr Garfield who first urged KP to embrace computer technology in May 1960 “to acquire and store medical information.”¹

Dr Garfield's call came at KP's first interregional management conference in Monterey, CA, which focused on forecasting and planning for the decade of the 1960s. Dr Garfield argued—in the words of John G Smillie, MD—that KP “should not be a sick plan but a health plan in the full sense of the term: an ongoing commitment to the maintenance of health in the membership.”¹

To accomplish this, he envisioned information technology as part of a three-pronged approach described by Dr Smillie:

“New methods of providing health care as opposed to sick care must be tested.

“New technology must be used to acquire and store medical information.

“Non-physician medical personnel must be brought further into the health care process, under physician supervision, so as to extend the scope and efficiency of physician treatment.”¹

Over the decade, Dr Garfield's technology challenge triggered a proliferation of early research and implementation—first in Northern California, led by Morris F Collen, MD, but quickly expanding into Northwest Permanente (NWP) and the Southern California Permanente Medical Group (SCPMG) and, in the ensuing decades, across KP.

The first step was to dispatch Dr Collen to a national congress on medical electronics in New York. He returned “to confirm that Dr Garfield was correct: medical electronics was beginning a period of great innovation

and diffusion, and ... we should begin to take advantage of the potential of electronic digital computers.”²

Early on, the vision developed of an electronic medical record that could serve patients across the nation—far ahead of any capability of early computer systems. In 1965, Cecil C Cutting, MD, then Executive Director of The Permanente Medical Group (TPMG), predicted it in a speech to scientists at a meeting of the American Association for the Advancement of Science at the University of California Berkeley.

“Each member,” he said, “would automatically and periodically be called in for service. All histories and findings would be recorded by computers and made available to the physician wherever members go for needed definitive medical care.”³

As interesting as the story is of the research and implementation of projects that evolved—including development of both new hardware and software for the job—equally fascinating is the vision of Dr Garfield in historic retrospect. He saw the potential for tracking medical information that could help patients achieve “optimal health”—a vision being taken

into the 21st century with KP HealthConnect.

“... The great promise of computers for medicine lies in making an entirely new medical care system possible,” Garfield wrote in 1974.⁴ “Such a new system is just now beginning to take form and emerge from the old.

“... *Health care* [emphasis in original] is a new division of medicine that does not exist in this country or any country. Its purpose is to improve health and keep people well.

“The system holds great promise for the provision of truly preventive care. We need no longer generalize, but instead we can instruct each individual about what he should do for optimal health on the basis of his

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own updated profile. Such personalized instruction should lead to maximum motivation and cooperation on the part of patients.

“This change from episodic crisis sick care to programmed total health care forces a new look at the recording and processing of medical information ...

“Continuing total health care requires a continuing life record for each individual The content of that life record, now made possible by computer information technology, will chart the course to be taken by each individual for optimal health.”

In another article, Dr Garfield concluded, “Matching the superb technology of present-day medicine with an effective delivery system can raise US medical care to a level unparalleled in the world.”⁵

It was quite a prediction more than a quarter of a century ago—one confirmed in the view of some today. As Richard Feachem, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria, recently told *The Economist*: “There is no perfect system in the world; every one has serious flaws and makes serious mistakes which people suffer from, but Kaiser *comes closer* to an ideal than any system I know.”⁶ ❖

^a Sidney R Garfield, MD, was born April 17, 1906, in Elizabeth, NJ.

References

1. Smillie JG. Can physicians manage the quality and costs of health care? The story of The Permanente Medical Group. New York: McGraw-Hill; 1991.
2. Collen MF. History of the Kaiser Permanente Medical Care Program, an oral history interview conducted by Sally Smith Hughes, Regional Oral History Office. The Bancroft Library. University of California, Berkeley: 1988. p 175.
3. Cutting CC. Trends for medical practice in 1975, address, annual meeting, American Association for the Advancement of Science. University of California, Berkeley: 1965 Dec 29.
4. Garfield SR. The computer and new health care systems. In: Collen MF, editor. Hospital computer systems. New York: Wiley & Sons; 1974. p 24-31.
5. Garfield SR. The delivery of medical care. *Sci Am* 1970 Apr;222(4):15-23.
6. Wasting disease: A tale of poor quality and inefficiency. *The Economist* 2004 Jul 17; 372(8384):Special Section 12.

Smokescreen

The Wright brothers flew right through
the smokescreen of impossibility.

— Charles Franklin Kettering, 1876-1958, engineer-inventor