Optimal Practice Support (OPS) at the Kaiser Permanente Los Angeles Medical Center

By Nancy A Cohen, MD

Abstract

Control over the practice environment is one determinant of the quality of professional life for physicians. As part of its Quality of Professional Life Initiative, senior leadership at the Kaiser Permanente (KP) Los Angeles Medical Center implemented Optimal Practice Support (OPS) to increase the quality of physicians’ professional lives. In primary as well as specialty ambulatory care departments, OPS is a clinician-focused way to address standards for relaying messages between patients and their physicians; for ensuring consistent availability of support staff; and for preparing examination rooms (ie, setting up for each patient visit and ensuring that the examination room is well stocked with necessary medical supplies). Departments that had been implementing OPS were audited three times during 2002. Compared with results of a 2001 survey, a 2002 survey of quality of physicians’ professional lives showed that 12% more physicians reported believing that the KP Los Angeles Medical Center had been successful in its efforts to improve the quality of physicians’ professional lives.

One determinant of the quality of a physician’s professional life is control over the practice environment. Indeed, perceived control over the practice environment is one of 10 evidence-based practices for successful organizational retention of physicians.1 The Southern California Permanente Medical Group (SCPMG) has made an organizational commitment to improve physicians’ control over the practice environment. At the Kaiser Permanente (KP) Los Angeles Medical Center—the tertiary medical center for KP in Southern California, the Optimal Practice Support (OPS) Project was launched to support physician practice in the ambulatory setting. OPS was sponsored by senior leadership and was introduced in April 2001 as part of the Quality of Professional Life Initiative, an effort to increase the quality of physicians’ professional lives.

The philosophy of OPS is to be physician-focused in addressing several areas: relaying messages between patients and their physicians; ensuring consistent availability of support staff; and preparing examination rooms (ie, setting up for each patient visit and maintaining sufficient inventory of supplies). The goal of OPS is to create an environment in which all physicians at the Los Angeles Medical Center achieve a sense of professionalism by using practice methods that support optimal patient care delivery.

OPS was originally intended to support primary care physicians in an ambulatory care setting. Because the KP Los Angeles Medical Center is a tertiary care facility, however, expansion of OPS was needed beyond primary care departments.

OPS was implemented by a steering committee in conjunction with three specific workgroups, each of which respectively set standards for auditing message handling, consistent availability of staff, and preparation of examination rooms (ie, setting up for each patient visit and ensuring that examination rooms remained well stocked with appropriate supplies). Needs and standards of the workgroups—named Exam Room Stocking and Setup; Message Handling; and Staffing Consistency—were determined by office personnel, whose expertise in these areas was thus relied upon.

The OPS Steering Committee consisted of Assistant Medical Group Administrators from the surgical and primary care services in addition to a Department Administrator from Care Management. Physician representatives included the Assistant Area Medical Director, who was also Chair of the Quality of Professional Life Steering Committee; the Chief of the derma-

Table 1. Optimal Practice Support (OPS) Steering Committee

| Chair: | Nancy A Cohen, MD |
| Team leads: | Dana Gascay, RN | John Warda |
| Committee members: | Elaine Chu, MD | Daniel Keatinge, MD | Rhonda Lubka, MD | Linda Tolbert, MD | Jack Dersarkissian, MD | Tony Hwang, MD | Diane Morrison, MSW | Khris Courtney | Glenda Buntrock, RN |

The goal of OPS is to create an environment in which all physicians at the Los Angeles Medical Center achieve a sense of professionalism by using practice methods that support optimal patient care delivery.

Nancy A Cohen, MD, is the Assistant Associate Area Medical Director at the Los Angeles Medical Center and Chair of the Optimal Practice Support project. She is also a Family Physician in the Department of Family Practice.
health systems

The main focus of the OPS Steering Committee was development of an audit tool for departments implementing OPS. Using a 0- or 1-point scale, members of the OPS Steering Committee audited the ambulatory care departments in the KP Los Angeles Medical Center to determine compliance with OPS implementation. The audit consisted of inspections, review of documents, and interviews with physicians and staff. Special attention was given to methods for evaluating clinician satisfaction with OPS at the departmental level.

**OPS Challenges and Learnings**

Use of the audit tool presented various challenges and led us to reach several conclusions:

- When OPS was expanded beyond primary care, the audit tool was applied inconsistently.
- OPS implementation reflected different resources for primary and specialty departments.
- Relocation of departments made OPS implementation difficult.
- Space constraints affected OPS implementation of standards for handling messages.
- At most physician office visits, personnel shortages adversely affected OPS implementation standards for triage and advice nurse staffing as well as for consistent clinical support staffing (ie, consistent staff available at least 80% of the time).

A target of 85% was established for ac-

---

**Figure 1. Message Record form developed by the Pediatrics Department**

![Message Record form](image-url)
Optimal Practice Support (OPS) at the KP Los Angeles Medical Center

2001, results of the 2002 survey showed a 12% increase in the category. “I believe that the efforts of LAMC to improve the quality of professional life have been effective.”

Continuous implementation of OPS and focus on OPS are in progress. For 2003, the OPS process was revised to be more inclusive of nonoffice and hospital-based departments. All departments were asked to address an aspect of Quality of Professional Life that would lead to increased physician satisfaction. In addition, departments that fell below the previous OPS threshold underwent another full OPS audit and identified a new Quality of Professional Life initiative.

Departments were required to submit an OPS proposal, an implementation plan with status update, and a report of final outcomes. The OPS Steering Committee evaluated the OPS/Quality of Professional Life projects by using an outcome scoring system based on the following criteria:

- Was the initiative identified and its goals and objectives presented to the OPS Steering Committee for agreement? (15 points)
- Was the initiative defined? (2 points)
- Did the project show consensus? (2 points)
- Was the project’s methodology shown? (2 points)
- Was the project’s implementation plan completed? (2 points)

Acknowledgments
Liz M Manvelyan assisted with manuscript preparation.
Scott Rasgon, MD, gave valuable advice and encouragement in writing the article.

Reference

Perfection
The gem cannot be polished without friction, nor man perfected without trials.
—Chinese proverb