

A Different Kind of Kaiser Reward

By Linda Bine

Adapted from an article in the March/April 2003 issue of "TPMG Forum."

Jokes about the "Kaiser Reward" have been around as long as Kaiser Permanente (KP). The not-so-funny punchline is that Permanente physicians who do a great job are rewarded with more work and less time in which to do it.

In 2000, the TPMG Board of Directors introduced a more desirable form of recognition to honor facility-based physicians whose contributions to the medical group have had regionwide impact in the areas of cost, quality, service, access, and/or professional satisfaction. Recipients are recognized at a special dinner where they receive a trophy and a modest honorarium. The TPMG Exceptional Contribution Award has now been given to 21 physicians in KP Northern California (KPNC). The six most recent recipients received their awards in May 2003.



Regional Genetics Service

Ronald Bachman, MD, (top) and **Edgar Schoen, MD**, (bottom) Genetics, Oakland, were honored for their contributions to the KPNC Regional Genetics Service, which is the largest clinical genetics program in the country, if not the world.



Their collaboration began in 1968 when Dr Schoen, then Chief of Pediatrics, Oakland, hired Dr Bachman to join his department. From the beginning, Dr Schoen supported Dr Bachman's desire to establish a clinical genetics practice and helped him to obtain a Kaiser Foundation Research Institute grant to do research and to create a cytogenetics laboratory.

In 1969, Dr Bachman joined forces with John Mann, MD, Pediatrics, Santa Clara, to develop the KPNC Regional Genetics Program, establishing centers in Oakland and Santa Clara (later moved to San Jose). Eventually expanding to Sacramento and San Francisco, this regionwide program now has 250 FTEs and provides a

full spectrum of genetics services: prenatal, neonatal, clinical consultations for children and adults, multispecialty clinics, and cancer genetics. "We are able to offer consistent, state-of-the-art services for our entire KP population in Northern California," says Dr Bachman.

The collaboration came full circle in 1990, when Dr Schoen stepped down as Chief of Pediatrics and Dr Bachman invited him to join the genetics department to oversee the KPNC Regional Genetics Screening Program. "Ed and I have always been able to work together collaboratively towards a common goal—most recently in developing a world-class genetics program," notes Dr Bachman.

"In my 49-year career with TPMG, I've been able to do everything I've wanted to do: clinical practice, teaching, clinical research, and administration," says Dr Schoen who retired in June 2003. "Working in the genetics department was a very satisfying finale to my career."



Clinical Information Presentation System

Steven Bornstein, MD, Ob/Gyn, South San Francisco, was honored for his work on the Clinical Information Presentation System (CIPS), the heart of KPNC's computerized medical record system, which allows providers to view a wide array of patient-specific data, from lab results and medication lists to imaging studies and hospital discharge summaries.

With a background in both computers and medicine, Dr Bornstein became the clinical sponsor for CIPS in 1995. He is now KPNC Regionwide CIPS Champion: providing strategic direction, working with teams of physicians and technicians to improve the system, and educating physicians about the power of CIPS.

"CIPS has been successful both because we've listened to the needs of the physicians and other clinicians who use it and because we've been able to make it very visible," notes Dr Bornstein. "It's become a part of our culture." Dr Bornstein has led the culture

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change—making presentations on regionally broadcast videoconferences, conducting workshops at the semi-annual KPNC Regional New Physician Day, and leading annual Grand Rounds on CIPS at every KP facility in Northern California.

“I’m not a techie person, I’m not a software engineer, and I don’t write code. But I’ve been fortunate to work with creative people who, like me, see a vision of how computer technology can improve the quality of care we deliver to our patients.” Currently, between 14,000 and 16,000 people log on to CIPS every day and view more than a million screens.

Urban Search and Rescue



Hernando Garzon, MD, Emergency, Roseville, was recognized for his contribution to the community through his work with Urban Search and Rescue (USAR). In 1992, his first year with TPMG, Dr Garzon joined a volunteer USAR team being formed in Sacramento. After three years of training and drills, he was called to respond to the Oklahoma City bombing—the first deployment of a USAR team in the country.

Each two-physician/four-paramedic team is charged with caring for entrapped victims that are encountered during the rescue efforts as well as for the 58 other members of their USAR team who may need medical attention. “Responding to a disaster is similar to the kind of unknown that we encounter in the emergency department—but on a massive scale,” explains Dr Garzon. “What interests me about both circumstances is the ability to bring order to a chaotic situation.”

Since the Oklahoma City response, Dr Garzon has been deployed seven times—for everything from a rock slide in Yosemite in 1996 to the collapse of the World Trade Center in 2001. Between deployments, he volunteers as Chairperson for the Medical Working Group of the National Federal Emergency Management Agency (FEMA), and as Medical Director for the California Office of Emergency Services, which oversees the eight USAR teams in the state. “The most rewarding aspect has been participating in training more than 400 California physicians and paramedics to do medical search and rescue,” comments Dr Garzon. “That’s as many as the federal government has trained in the rest of the country.”



Cardiac Care

Eleanor Levin, MD, Cardiology, Santa Clara, was honored for her pioneering work in cardiac care. Shortly after joining TPMG in 1989, Dr Levin worked on development of the Cholesterol Management and MultiFit (cardiac rehabilitation) programs at KP Santa Clara, which were soon adopted regionwide. She then collaborated on development of the KP Congestive Heart Failure (CHF) Program, which served as a model for regionwide CHF programs.

“People in professional societies and research institutions talk theoretically about how to do things better, but here at Kaiser Permanente we work together to effect change and improve patient care and patient outcomes,” notes Dr Levin. “We’re able to make a difference in people’s lives.”

In 2001, she documented the success of KP’s integrated, multidisciplinary approach to cardiovascular care and gained national attention by presenting an abstract at an American Heart Association meeting that demonstrated substantial decline in cardiovascular mortality among KP patients between 1990 to 1998 compared with the rest of California. “The wonderful thing about Kaiser Permanente is that we’re able to take a long-term approach to caring for our patients,” Dr Levin notes. “I never had any doubt that these efforts would have success, but I figured it would take eight to ten years.”

Dr Levin is currently KP Regional Chair of the Chiefs of Cardiology, Physician Manager of the KP Regional Cholesterol Management and MultiFit Programs, and KP Regional Chair for Population Management of Cardiovascular Diseases.



Adolescent Medicine

Charles Wibbelsman, MD, Adolescent Medicine, San Francisco, was recognized for his dedication to adolescent medicine. Dr Wibbelsman has been a champion for adolescents since 1974, when he wrote the “Dear Doctor” column for *Teen Magazine*. In 1982, three years after joining TPMG, he assumed leadership of KPNC’s only Teen Clinic, in San Francisco; throughout the 1980s and 1990s, he advocated for more adolescent medicine specialists and dedicated Teen Clinics—resulting in more than 15 today in Northern California.

“When you look at the three leading causes of death among adolescents—accidents, homicides and sui-

cides—they are all preventable,” comments Dr Wibbelsman. “This is an age group that can really benefit from preventive medicine, but you need physicians who can identify teens at risk and save their lives.”

“When caring for adolescents, you need to have skill in ‘parentectomy’—removing the parent from the room,” he continues. “It’s important to have time alone with the adolescent, one on one, so you can connect with them, listen to them, and be nonjudgmental.”

Dr Wibbelsman contributes in multiple ways to promotion of adolescent health: conducting clinical re-

search and publishing journal articles; writing books, including *The Teenage Body Book* and *Growing and Changing*; working with KPNC’s Regional Health Education to develop educational pamphlets for teens and speed-charting forms for pediatricians; participating in regional continuing education videoconferences; and serving as TPMG spokesperson on radio and television. He currently is KP Regional Chair of the Chiefs of Adolescent Medicine, serves on the Board of Directors of The Society for Adolescent Medicine, and is actively involved in research. ❖

If You Think You’re a Good Doctor

If you think you’re a good doctor and can give your patients good care, think how nice it would be if you could influence a whole medical group to follow your philosophy of care. That’s the opportunity you might have.

Irving Klitsner, MD, SCPMG pioneer, remembering Ray Kay using this argument to convince physicians he had identified as having management potential but were reluctant to take on assignments in medical administration.

This “Moment in History” quote collected by Steve Gilford, KP Historian.