

Group Health

The following information was clipped from the 'About, Overview' on the Group Health website:

Founded in 1947, Group Health Cooperative is a consumer-governed, nonprofit health care system that coordinates care and coverage. Based in Seattle, Wash., Group Health and its subsidiary health carriers, Group Health Options, Inc. and KPS Health Plans, serve more than half a million residents of Washington state and Idaho.

Group Health is a nonprofit health care system that provides both medical coverage and care. Group Health and its subsidiary health carriers, Group Health Options, Inc. and KPS Health Plans, serve approximately 592,000 members in Washington and Idaho. More than 65 percent of members receive care in Group Health-owned medical facilities.

Group Health includes Group Health Cooperative (1947); its research arm, the Group Health Center for Health Studies (1983); Group Health Options, Inc. (1990); KPS Health Plans (2005); Group Health Permanente medical group (1997); and Group Health Foundation (1983). These organizations — and the staff members who support them — share a common purpose to transform health care, working together to improve the care and well-being of members, patients, and communities.

Group Health Cooperative

Group Health Cooperative was opened in 1947 by a community coalition dedicated to making quality health care available and affordable. Today it is one of the few health care organizations in the country governed by consumers rather than internal executives. Its 11-member board of trustees — all Cooperative members elected by other members — work closely with management and medical staff to ensure that the organization's policies and direction put the needs of patients first.

Group Health Cooperative, together with its subsidiary Group Health Options, Inc., operates in all or parts of 20 counties in Washington and two counties in Northern Idaho. In Washington, Group Health Cooperative offers coordinated-care plans for both groups and individuals, a Medicare plan and a plan for residents who qualify for Healthy Options (Medicaid), Basic Health, and the State Children's Health Insurance Plan (SCHIP).

Care is provided by Group Health Permanente doctors and other clinicians at Group Health-operated medical facilities. In service areas where Group Health doesn't own facilities and for plans offering more choice, a network of nearly 9,000 community clinicians and 41 hospitals meets member health care needs.

Group Health Options, Inc.

Group Health Options was incorporated in 1990 as a wholly owned subsidiary of Group Health Cooperative. It offers a variety of health plans in Washington and Northern Idaho that provide choice and flexibility to meet the needs of large and small employers. These range from a defined physician-network plan to point-of-service (POS) plans in which members can get care from outside the network for higher out-of-pocket costs.

Group Health Permanente

Physicians have played a key role in Group Health Cooperative's history and continue to oversee every aspect of clinical care and quality. Their commitment to family medicine and prevention has shaped a broad approach to care at Group Health, one that focuses on the whole patient, not just an illness or condition.

After more than 50 years as Group Health staff, our doctors formed Group Health Permanente (GHP), an independent professional corporation, in 1997. This multispecialty medical group is under exclusive contract to provide care in Group Health-owned or -operated facilities and works in partnership with Group Health Cooperative management.

Group Health Center for Health Studies

The Group Health Center for Health Studies (CHS) conducts epidemiologic, health-services, and clinical research related to prevention, diagnosis and treatment of major health problems. Funded primarily through government and private research grants, the center is located in Seattle. It has 250 full- and part-time staff, including university faculty members.

Since the CHS's founding, researchers have published scientific journal articles — many of these collaborations with researchers from the University of Washington, Fred Hutchison Cancer Research Center, and other institutions. CHS research has helped Group Health become a national leader in areas such as breast cancer screening, immunization, and chronic disease management.

Group Health Foundation

The Group Health Foundation uses philanthropy, health care innovation, research, and community partnerships to improve the health of children and adolescents and promote diversity within health care. Since its founding in 1983, the Foundation has awarded millions of dollars in grants to community groups and Group Health programs.

Affiliates

Kaiser Permanente and Group Health affiliated in 1997. Each remains independent and separate, but work together in areas such as marketing to regional and national customers, sharing best clinical practices, and full-service member reciprocity.

From the History of the Cooperative section,

Groundbreaking Affiliations

More expansion and refinement of Group Health's operations continued in the 1970s. Medical centers opened in Lynnwood, Federal Way, Olympia and Redmond. In 1977, Eastside Hospital opened in Redmond. A central distribution and support facility was built in Renton. Growth continued by absorbing Tacoma's Sound Health Association and its 11,000 members. By the end of 1979, enrollment stood at 277,920.

Continued expansion was coupled with diversity and community-building in the 1980s. Medical center councils were established in 1981 to augment consumer participation. Also that year, Group Health and the University of Washington signed the first affiliation agreement between a health maintenance organization and a university. In 1982, the first agreement was signed to provide care by non-Group Health physicians on Vashon and Maury islands.

Early in 1983, the Board approved creation of a research arm, the Group Health Center for Health Studies; a patient information service, the Center for Health Promotion; and a charitable foundation, now called the Group Health Foundation. Group Health bought an existing health plan in Spokane, which served other parts of Eastern Washington and was later expanded. Enrollment topped 300,000.

Group Health Foundation

Drilling down, the next step was to look at the Group Health Foundation. This Foundation is very disturbing to me.

Donors Help Members Struggling to Cover Their Medical Bills

Brandy Cruz-Pedro and her family learned this frightening truth when her husband, Nemorio, had to undergo two surgeries following a traumatic brain injury.

"Suddenly my husband couldn't work, so we lost our principal source of income," Brandy says. "After he left the hospital, I had to stay home from my own job to care for him. With three children to feed, medical bills, and the other expenses all families must deal with, we didn't know how we were going to make it."

Nemorio's second brain surgery was scheduled for Dec. 27 of last year. Fortunately, the family are Group Health members, so the delicate procedure would be performed by an expert neurosurgical team. But the holiday season was looking bleak. There wouldn't be enough money for presents for the kids let alone the mortgage payment.

Then an unexpected phone call changed everything.

"A Group Health social worker contacted me and said that we were eligible for the Sponsored Care Program," Brandy explains. "Group Health would help us with our copays, deductibles, and other out-of-pocket medical costs for the next six months as well as six months back. It was such a relief."

Many of those who receive this special help are struggling in the aftermath of a catastrophic accident, the diagnosis of a life-threatening illness such as cancer, or major surgery. Some are coping with serious chronic diseases such as Parkinson's or diabetes.

Group Health members can be referred by Group Health staff to receive Sponsored Care or apply on their own. To be eligible for health care assistance, members must be at a certain income level and meet other requirements. Donations to the Sponsored Care Fund of the Group Health Foundation help cover medical expenses in our effort to bridge the gap for those most in need.

Cheryl Scott Receives Innovators Award

Cheryl Scott, senior advisor to the Bill & Melinda Gates Foundation and former Group Health CEO, presented her [acceptance remarks](#) upon receiving the 2008 Innovators in Health Care award at the Gift of Health Gala. The award recognizes individuals who have made exceptional contributions in health care.

(Acceptance Remarks)

Thank you. Tonight and every night (and day), the Group Health Foundation is having a lasting, positive impact on the problems that kids face. Tonight is another reminder of its importance throughout the region. That this award comes from the Foundation makes it even more special.

I believe the ability to be thoughtful of what "is" takes us to our full potential. To say "I don't know" is an extraordinary practice of great leadership. I think that is as important today as it has ever been.

However, seeing what is and saying what you don't know — that is absolutely not something for sissies. Saying "It beats the heck out of me" does not necessarily create great confidence in the board room or job security with your boss.

Which comes to my third and final musing, and that is on the gift of courage.

I think it obviously takes a ton of courage to lead, to make decisions, to get the critiques and the constant comments from the ever present Greek Chorus. (You know, those guys wearing togas who sit on the sidelines, never entering the stage of play). But I also think it takes a lot of courage to act knowing that you don't have any guarantee whatsoever that you will be successful. Chances are quite good that, in fact, you may well end up being second-guessed and looking like the fool.

But you do it anyway. You act with clarity and humility; you act with gratitude. And I believe you do it all because of those people — you do it for the ones who saw the spark and who kindled the flame. And you know something? They should expect nothing less.

In the world of courage, bravery, clarity, to which I would also add exhaustion and joy, I want to end my remarks by expressing my profound gratitude to my family. They are my teachers in all things and have shown me that the human spirit truly soars with every giggle and every hug. I have learned that all that one may have ever done is nothing next to your child's love and their belief in you.

Again, thank you ever so much for this incredible honor. Good night and be safe out there.

Gala Donors Raise \$675,000 for Youth Health Programs

"Good Fortune and Good Health" was the theme of the 2008 Gift of Health Gala that celebrated Chinese culture and raised \$675,000 for Group Health Foundation programs. See the list of [sponsors for the 2008 Gift of Health Gala](#).

A highlight of the evening was the presentation of the Innovators in Health Care award to [Cheryl Scott](#), former Group Health CEO and currently a senior advisor to the Bill & Melinda Gates Foundation. Scott Armstrong presented the award to Cheryl with a retrospective on her career at Group Health that captured her passion, accomplishments, and humor.

Six-hundred guests were in the packed room at the Westin Hotel to invest in the mission and values of Group Health. Donors contributed more than \$140,000 to the evening's special appeal to benefit Group Health's Family Beginnings program. In the special appeal, a young family shared their story of the challenges of teen pregnancy and how the staff at Family Beginnings supported them throughout the pregnancy and as new parents.

"The generosity of our donors is so inspiring," said Laura Rehrmann, president of the Foundation. "Their gifts will support critical health programs for the most vulnerable members of our community."

Special thanks to event co-chairs Jim and Jan Dwyer (Jim is CEO of Washington Dental Service), and Mike Wanderer, MD, and Jan Suyehira, MD, of Group Health Permanente. Their leadership made this year's Gala the most successful ever."

[Gala Sponsors](#)

Cheryl Scott: 2008 Innovators in Health Care Award Recipient

The Group Health Foundation presented Cheryl Scott, former Group Health chief executive officer (CEO) and current senior advisor for the Bill & Melinda Gates Foundation Global Health Program, with the 2008 Innovators in Health Care award.

We honor Cheryl for her inspiring leadership and her dedication to improving public health in our own community and worldwide. The award was presented at the Gift of Health Gala on Oct. 11.

This Year's Recipient

Before joining the Bill & Melinda Gates Foundation, Cheryl served Group Health Cooperative for 25 years, including seven years as Group Health's president and CEO (1997 to 2004). She led the Cooperative during a time of transformation that resulted in a demonstrable improvement in quality of care and a more accessible and efficient health care system.

A Seattle native, Cheryl received both a bachelor's degree in communication and a master's degree in health administration from the University of Washington. Cheryl joined the Foundation in 2006 as Chief Operating Officer. She oversaw all major operational functions and, following Warren Buffett's historic gift, led Foundation-wide change initiatives to achieve large and rapid increases in organizational and grantmaking capacity and to impact some of the world's biggest health challenges.

In her current position as senior advisor, Cheryl helps build capacity and expertise across the Foundation's Global Health Program to ensure that vaccines and other health solutions reach the people who need them most.

Cheryl is also a clinical professor in the Department of Health Services at the University of Washington, where she teaches a graduate seminar on leading complex adaptive systems.

About the Award

The Innovators in Health Care award honors visionary leaders who exhibit courage, perseverance, and a pioneering spirit to improve health care for the community or for large populations.

Award recipients are chosen after seeking recommendations from leaders within Group Health and from the community at large. Previous award recipients include Aubrey Davis, Don Brennan, Leo Greenawalt, Treuman Katz, Donald Berwick, MD, and William (Bill) Foege, MD, MPH.

A Focus on Childhood Immunization

Immunizations are one of the most effective ways we protect the health of our children. Did you know that Washington state ranks 46th out of 50 states in immunization rates for children aged 19 to 35 months? In 2007, 69 percent of these children had a complete vaccination series. These low immunization rates could have serious consequences for the health of our children and our communities.

The Group Health Foundation, with the support of donors, is committed to increasing immunization rates for our children. Over the next three years the Foundation plans to raise \$1 million for childhood immunization access and education initiatives.

Increasing Access

Too many children have fallen through the cracks when it comes to immunization. Language, cultural, and socio-economic barriers are just a few of the reasons why a child may not have received all the recommended immunizations. Group Health will be partnering with schools and local health departments to identify creative ways to increase access through a school-based approach. This means bringing immunizations to where the children are: in schools.

Education for Parents and Providers

A growing number of parents in our state are worried about the safety of immunizations. Some of this concern stems from conflicting and often confusing information in the media and on the Internet. Parents need the right information so they can work with their providers to make informed decisions about immunizing their children.

The Foundation will be working with its community partners to develop new educational tools and resources for both parents and providers. These tools will help them work together to make sure that children are protected against infectious diseases like measles and whooping cough.

Group Health's Crisis Outreach and Relief for Employees (CORE) Fund

Administered by the **Group Health Community Foundation**, the CORE Fund offers emergency financial support to Group Health employees facing difficult situations. The generosity of Group Health employees made a difference in their co-workers' lives in 2006:

Hospice Program

People are becoming more aware of their end-of-life choices, and enrollment in hospice continues to grow. Group Health staff cared for 1,004 hospice patients in 2005. Your support of these programs makes such a difference to so many. Last year, 694 donors contributed \$86,818 to Group Health Community Foundation funds that support hospice programs, and \$355,123 to endowed funds that create lasting, permanent income for hospice care

Where Hospice is going

Our hospice specialists are held to very high standards of medical certification and ongoing education. But did you know that hospice issues have only recently become part of routine training in medical schools?

Nurses work to control pain and ease symptoms while home health aides help with personal care and bathing. Medical social workers and counselors give emotional support and assist with the complex planning and decision-making required at this time. Volunteers offer their time to serve in both caring and practical ways. And the patient's own doctor continues to supervise care in concert with the Hospice Program's medical director and board-certified hospice specialists.

Most hospice care is done in homes, taking advantage of technology to meet patients' changing needs. With electronic medical records, laptops, and mobile

phones, nurses can quickly relay information from the field to pharmacists and doctors. Even with this kind of advanced medical care, hospice is fundamentally a spiritual model: one where a counselor helps with a eulogy, or where a volunteer brings companionship to a patient facing the transition of death alone.

Hospice Donations pay for:

Pay salaries of bereavement counselors

Send nurses to leadership conferences to learn new ways to support care delivery

Host the annual Dave Fox Symposium which features speakers, training, and a recognition dinner for oncology staff, hospice and home health providers, and volunteers.

Board of Directors

We are led by a caring group of community leaders, Group Health members, and health care professionals.

Peter Davis, chair

President and CEO, GACO Western

Sandeep Sinha, vice chair

Director of technology partnerships, Motorola Inc.

Scott Armstrong, secretary

President and CEO, Group Health Cooperative

Pegge Till, MHA, treasurer

Education and health care consultant, Wordssail

Ruth Ballweg

Director, MEDEX Northwest Division, University of Washington

William (Bill) Bradford, PhD

Endowed professor of business and economic development, University of Washington School of Business

Philip K. Bussey

Senior vice president of corporate affairs, Puget Sound Energy

Sue Byington

Vice president, Providence Health and Services (retired)

Nancy B. Cannon

Vice president, Human Resources Shared Services Group, The Boeing Company

Ann Daley

Trustee, Group Health Cooperative
Executive director, WA State Higher Education Coordinating Board

Stuart Grover, PhD

Chairman, The Collins Group, Inc.

Jane Lee Quehrn, MPH

Public health advisor, Washington State Department of Health

Jeff Lindenbaum, MD

Director of adolescent services, Group Health Cooperative

Christopher Marr, senator

Sixth legislative district

Jill Ostrem

Vice president, Consultative Specialty and Acute Care Services, Group Health Cooperative

Jill A. Ryan

Community volunteer

Jeff Sakuma

Director of Medicaid and subsidized programs, Group Health Cooperative

Paul Sherman, MD, MHA

Medical director, Consultative Specialty Services, Group Health Permanente

Hugh Straley, MD

Past president, Group Health Permanente, and Medical Director, Group Health Cooperative (retired)

Norm Swick

Senior vice president and chief risk officer, Washington Mutual (retired)

Janet Wainwright

President, Jane Wainwright Public Relations

Jennifer L. West, APR

Senior vice president and chief operating officer, Rockey Hill & Knowlton Spokane

George H. Williams

Senior marketing director and executive account leader, CB Richard Ellis Group

James Wong

President and CEO, [Avidian Technologies CRM](#)

[Group Health Center for Health Studies](#)

From the About section

Group Health Center for Health Studies (CHS) is a non-proprietary, public-domain research institution within [Group Health](#), a health care system based in Seattle, Washington.

To serve its [mission](#), Group Health Center for Health Studies (CHS) conducts and disseminates research and evaluation on:

- The organization, delivery, quality, and cost of health care.
- Prevention, treatment, and management of illness.
- Strategies at the individual, provider, system, community, and policy levels that result in better health outcomes.

History

<http://www.centerforhealthstudies.org/aboutus/history.html>

Research has been a part of Group Health Cooperative's vision since it was founded in 1946. In fact, Group Health's first mission statement said that the organization would "contribute to medical research."

The Cooperative began its first research project in 1956 with K. Warner Schaie, PhD. Called "[The Seattle Longitudinal Study](#)," this investigation of age-related cognitive changes among Group Health members continues today under the direction of the University of Washington's Sherry L. Willis, PhD.

Other early research consisted of a handful of externally initiated projects, including a study of Pap tests at Group Health showing that fewer new cases of cervical cancer when individual women had repeated Pap tests—a finding that contributed to the development of cervical cancer screening guidelines.

First research department established

Requests for access to Group Health enrollees and data increased through the 1960s, prompting the organization to establish the Group Health Research Department in 1969. Led by Richard Handschin, MD, the Department coordinated external research and conducted studies in quality assurance, operations analysis, facilities planning, and marketing.

Under Handschin's leadership in the early 1970s, Group Health contributed to projects with major implications for national health policy. Among these were the [RAND Health Insurance Experiment](#) and two demonstration projects—the Model Cities Project and Plan 9 Rural Health Project—both designed to improve health care for low-income people.

In 1975, the Group Health Medical Staff founded the Department of Preventive Care Research, led by [Robert S. "Tom" Thompson, MD](#). This department's early work led to Group Health's Lifetime Health Monitoring Program, Well-Child Visit schedule, and Breast Cancer Screening Program. In 1978, Thompson established the Group Health Committee on Prevention, which developed Group Health's first evidence-based clinical guidelines.

In 1978, the Group Health Board of Trustees adopted the organization's first formal research policy and guidelines, resulting in the current Research Committee and Human Subjects Review Committee. With representation from Group Health members, management, and medical staff, the Research Committee evaluates research proposals for problem significance, research design, and adequacy of research personnel and facilities. It also assesses each proposal's likely impact on Group Health resources. The Human Subjects Review Committee serves as Group Health's federally mandated Institutional Review Board (IRB). This committee ensures that the rights and welfare of study participants are adequately safeguarded.

Center for Health Studies founded

With this solid foundation for research in place, the 1981 arrival of Group Health Chief Executive Officer Gail Warden marked a new era of commitment to scientific inquiry. In his administration's first strategic plan,

Warden called for a more comprehensive, integrated system of monitoring and evaluating the care-delivery system and its relationship to the health status of its enrollees. The Group Health Board of Trustees established the Center for Health Studies (CHS) on January 26, 1983, and CHS opened its doors just nine months later.

In its first noteworthy success, CHS recruited [Ed Wagner, MD, MPH](#), as director from the University of North Carolina at Chapel Hill. With Wagner at the helm, the Center's research soon helped Group Health become a national leader in such areas as breast cancer screening, immunization, smoking cessation, health promotion in seniors, and epidemiology and management of common chronic diseases. Focusing on evidence-based medicine and improved clinical outcomes, Group Health and the Center emerged as key players in transforming the U.S. health care system and helping shape global research priorities, clinical guidelines, and coverage standards.

Leading with a spirit of collaboration

By 1993, CHS was expanding, with grant revenue topping more than \$5 million. As staff and funding grew, so did opportunities for cutting-edge collaboration. By teaming up with researchers locally, nationally, and internationally, CHS added breadth and depth to its findings, using multi-disciplinary approaches to study larger populations. Among our key partners—then and now—are the Fred Hutchinson Cancer Research Center, Veterans Affairs Puget Sound Health Care System, and several major universities, including the University of Washington (UW), Harvard University, and the University of Michigan.

This collaborative spirit reached new heights in 1996, when CHS leaders catalyzed the formation of the [HMO Research Network \(HMORN\)](#), a 15-member consortium of U.S. health plans with sophisticated research capabilities. Through the HMORN, CHS works with researchers nationwide to combine and study data from a diverse population more than 10 million strong. The HMORN's hallmark project is the National Cancer Institute-funded [Cancer Research Network \(CRN\)](#), led by Wagner and focused on gaining new insight into cancer prevention, early detection, treatment, long-term care, and surveillance. The CRN is now in its third funding cycle and is widely hailed as a model of multi-site collaboration at its best.

CHS also provided collaborative leadership through the [MacColl Institute for Healthcare Innovation](#), founded in 1992. The Institute worked with Group Health to create and pioneer the [Chronic Care Model](#), fueling another massive Wagner-led project called Improving Chronic Illness Care. Funded by the Robert Wood Johnson Foundation, this project has enhanced health care for chronically ill people by supporting systems change, promoting research in chronic illness management, and providing technical assistance to organizations nationwide.

By the decade's end, Wagner had stepped down from leading CHS to focus on directing the MacColl Institute. Sue Curry, PhD, became the Center's next director as grant revenue exceeded \$10 million, with 19

investigators leading more than 150 active grants. Thanks in part to CHS leadership in several collaborative projects, grant revenue soon doubled.

CHS also welcomed a new director in 2002: [Eric Larson, MD, MPH](#), previously the medical director of the UW Medical Center. What drew him to Group Health and CHS? Research at Group Health provides the unique opportunity to look for meaningful answers in the "real world" and to help patients benefit from advances in understanding and technology—all to boost public health. In Larson's own words, "Through CHS, Group Health has a history of translating innovative discoveries into practice. CHS keeps finding ways to help real people everywhere benefit from the best innovations in medical science."

Much of the Center's recent work focuses on putting tools for better health at Group Health members' fingertips and empowering them to participate actively in their care. The last several years have brought exciting findings in health informatics, mental health treatment, alternative healing, healthy aging, immunization, and quality of care. Many of these findings illustrate how the ongoing synergy between Group Health research and clinical care leads to groundbreaking innovations. CHS researchers continue to leverage advances in information technology and patient-centered care, leading to positive outcomes that are changing how health care is delivered—at Group Health and beyond.

MacColl Institute for Health Care Innovation

MacColl Institute for Healthcare Innovation

Named for a Group Health founder and pioneering physician, W.A. MacColl, MD, the MacColl Institute for Healthcare Innovation at Group Health Center for Health Studies (CHS) was created in 1992. [Ed Wagner, MD, MPH](#), a senior investigator and founding director of CHS, is the Institute's founder and director.

"We develop tools and expertise to advance Group Health's commitment to 'population-based' or 'planned' care," said Wagner. "This helps the system deliver services that can meet predictable health care needs among groups of patients with common chronic illnesses, using interventions strongly grounded in clinical evidence."

In the mid-1990s the Institute developed the [Chronic Care Model](#), a widely endorsed and adopted approach to improving ambulatory care that has guided clinical quality initiatives in the United States and internationally.

The Institute is the home of [The Robert Wood Johnson Foundation's](#) Improving Chronic Illness Care ([ICIC](#)). Since 1998, ICIC has been involved in further developing, testing, and disseminating Chronic Care Model-based clinical improvement efforts.

From the About Page

Our Vision: To be the research partner of choice for those seeking to shape health and health care delivery.

Our Aims:

- **Be recognized as the Nation’s premier resource for population-based health and health care research** by leveraging the Network’s unparalleled member and geographic diversity, research and research translation strengths, and organizational, human capital, and data resources.
- **Contribute to national and global dialogues** on health research and policy by serving as a credible source of evidence-based information and representing integrated delivery system-based research perspectives.
- **Promote and establish the Network as a preferred research partner** of funding agencies and others by capitalizing on its research and research translation strengths and by communication efforts designed to increase the visibility of the Network, its collective capabilities, and its accomplishments.
- **Foster Network-led collaborative studies** by enhancing awareness of research interests, resources, and capabilities of the member centers and their investigators and by stimulating proposals, endorsing them, and publicizing their successes.
- **Share methodologies, best practices, and consultative expertise** derived from the Network’s successful research enterprise by holding an Annual Conference, strengthening investigator development through shared recruitment strategies, fellowships and mentoring programs, joining forces with public and private agency initiatives, and enlisting both traditional and new dissemination technologies.

HMO Research Network Consortium Projects	# sites	Year funded	Funding agency
Cancer Care Outcomes Research and Surveillance Consortium (CanCORS)	5	2002	NCI
Cancer Research Network (CRN)	14	1998	NCI
Cardiovascular Research Network (CVRN)	14	2007	NHLBI
Center for Education and Research on Therapeutics (CERT)	13	2000	AHRQ
Coordinated Clinical Studies Network (CCSN)	10	2004	NCRR
Developing Evidence to Improve Decisions about Effectiveness (DEcIDE) Network	15	2005	AHRQ
FDA Epidemiologic Studies of Adverse Effects of Marketed Drugs	10	2005	FDA
Integrated Delivery System Research Networks (IDSRN)	10	2000	AHRQ
Vaccine Safety Datalink (VSD)	8	1990	CDC

The RAND Evaluation

When [The Robert Wood Johnson Foundation](#) authorized [Improving Chronic Illness Care](#), it mandated that a rigorous independent evaluation of the collaborative improvement process and the implementation of the Chronic Care Model (CCM) by health systems be included. In 1999 a multidisciplinary research team from [RAND](#) and the University of California at Berkeley, in cooperation with ICIC, undertook the evaluation work.

During the following four years, the evaluation team conducted in-depth assessments across 51 participating sites in four collaboratives involving almost 4,000 patients with diabetes, congestive heart failure (CHF), asthma and depression. More than fifteen papers have been published detailing what was learned from the evaluation, and a summary of each can be found at RAND's web site. Highlights of the [findings](#) include:

- Organizations were able to improve, making an average of 48 changes in 5.8 out of the 6 CCM areas;
- Patients with diabetes had significant decreases to their risk of cardiovascular disease;
- CHF pilot patients more knowledgeable and more often on recommended therapy, had 35% fewer hospital days;
- Asthma and diabetes pilot patients were more likely to receive appropriate therapy.

When contacted a year later, the care teams reported that involvement in the collaboratives was rewarding. Over that year, 82% of sites had sustained the changes and 79% of sites had spread change to other places or diseases.

ICIC was asked by RWJF to assemble the RAND results and other available evidence addressing delivery system improvements effected by implementation of the Chronic Care Model. ICIC has produced a CD-Rom that includes information about the CCM, with summaries of supporting literature. We're currently out of stock, but if you'd like us to mail you a copy when we reprint, [please send us a request](#).

Patient-Centered Medical Home

Supported by [The Commonwealth Fund](#) and in conjunction with [Qualis Health](#), ICIC is working to bring the patient-centered medical home to 50 clinics caring for underserved or economically disadvantaged communities across the U.S. Qualis Health and ICIC staff will provide technical assistance to clinical practices in four geographic regions over a five-year period.

The [American Academy of Pediatrics](#) (AAP) introduced the medical home concept in 1967, referring to a central location for archiving a child's medical record. In its 2002 policy statement, AAP expanded the concept to refer to primary care that emphasizes timely access to medical services, enhanced

communication between patients and their health care team, coordination and continuity of care, and an intensive focus on quality and safety.

In 2007, a set of seven principles describing the characteristics of a practice-based care model was issued by four physician membership organizations representing over 300,000 physicians. The authoring organizations are: the [American Academy of Family Physicians](#), the [American College of Physicians](#), the [American Osteopathic Association](#), and AAP. The clinicians represented by these organizations provide the majority of primary care in the United States.

Regional Coordinating Center selection process

Four regional coordinating centers will be selected through an Request for Proposal process to help transform 12-15 safety net clinics per region (totalling 50 clinics) into high-performing medical homes. These regional coordinating centers will receive expert technical assistance and up to \$500,000 over four years to support a Medical Home Facilitator, who will lead the clinics through practice transformation and quality improvement exercises. Regional centers will partner with both the safety net providers and community stakeholders to advance the medical home in Medicaid and pursue other policy reform efforts in their states.

Please [contact Qualis via email](#) or phone Kathryn Phillips, M.P.H., Qualis Project Manager, at 206-364-9700 ext. 2007 with any questions.

Background reading

- [Read more about The Safety Net Medical Home Initiative](#)
- [Joint principles of a patient-centered medical home](#)
- [Closing the Divide: How Medical Homes Promote Equity in Health Care](#)
- [Center for Studying Health System Change policy perspective](#)
- [The Patient-Centered Medical Home: A Purchaser's Guide](#)

[Robert Wood Johnson Foundation](#)

In the President's Message of the RWJF 2008 annual report, Risa Lavizzo-Mourey, M.D, M.B.A., focuses on the symptoms of an ailing health care system, offering a clear-cut, principled, **evidence-driven Blueprint for Change**. This message takes a broad view, charting how health and health care arrived at the current turning point and what lies ahead on America's road to reform. **Comprehensive health reform—covering the uninsured, improving the quality, safety and equality of care, focusing on prevention, and bringing spending under control—are realistically within the nation's reach.**

To help guide the journey along this road, a new section of [rwjf.org](#) focuses exclusively on health reform and the groundbreaking work of the Foundation, our grantees and our partners.

Information, research and data are driving reform and this new section of our Web site, [Health Reform 2009](#), will grow in real time with news releases, policy briefs, journal articles, research reports and the latest publications on what is happening in Washington and across the country.

[Blueprint for Change](#)

[Trust for America's Health](#)

David Fleming, M.D.

Dr. Fleming is director of public health for Seattle King County (WA). Prior to joining the Seattle & King Country Department of Public Health, Dr. Fleming directed the Bill and Melinda Gates Foundation's Global Health Strategies program. His work at Gates focused on vaccine-preventable diseases, nutrition, maternal and child health, community-based solutions, leadership and emergency relief.

Dr. Fleming previously served at the Centers for Disease Control and Prevention (CDC), where he served from 2000 to 2003 as Deputy Director for Science and Public Health, and in 2002, as Acting Director of the agency. While at CDC, Dr. Fleming provided oversight of the agency's global health portfolio, including HIV/AIDS prevention, polio eradication, global tobacco prevention and funding for global immunizations.

Before joining CDC, Dr. Fleming worked at the Oregon Health Division as State Epidemiologist. He also has served as President of the Council of State and Territorial Epidemiologists and on numerous Institute of Medicine and federal advisory committees. Dr. Fleming has a BS and an MD from the State University of New York.

[Center for Studying Health System Changes](#)

[Mathematica Policy Research](#)