

# Kaiser Permanente's ALL/PHASE Initiative in the Safety Net

Experiences from Community Clinics and Public Hospital and Health Systems in California  
*Summary of Evaluation Findings*

## Background

**What is ALL/PHASE?** Kaiser Permanente developed ALL (Aspirin, Lisinopril and Lipid-Lowering Medication) in 2003 to reduce cardiovascular risk by aggressively enrolling patients over 50 with diabetes in a therapeutic program using a triad of medications. PHASE (Preventing Heart Attacks and Strokes Everyday) enhanced ALL by adding a  $\beta$ -blocker and an emphasis on four healthy lifestyle changes.

**Benefits.** There are health benefits for patients taking the medications and organizational benefits for clinics and hospital systems seeking a comprehensive, population-based approach to chronic disease management.

**Spreading to the safety net.** Beginning in 2006, grants were awarded by Kaiser Permanente community benefit to implement ALL in five community clinics in Southern Calif. and to implement PHASE in seven community clinics and four public hospital and health systems in Northern Calif.

**Evaluation methods.** We interviewed 58 stakeholders from safety net organizations and Kaiser Permanente. The goals were to describe ALL/PHASE implementation to date and identify factors associated with success.

## Evaluation Findings

**Implementation.** 6,800 safety net patients enrolled as of August 2008. 15 of 16 safety net organizations implemented new systems to promote enrollment and medication adherence.

**Prescriptions written.** A significant number of patients with appropriate clinical criteria were placed on the cardioprotective pharmaceutical protocol (Figure 1).

**Prescriptions taken regularly.** Medication adherence data were anecdotal because of variation across systems in the ability to capture refill data. Applying medication adherence rates from Kaiser Permanente to the safety net population, we estimate between 560 and 1000 safety net patients are new, regular users of the triad of cardioprotective medications.

**Other benefits.** Organizational changes included a culture with increased confidence in population management. Kaiser Permanente gained stronger relationships with safety net organizations.

**Challenges:** Organizing care delivery and roles, information systems and connecting with patients.

**Critical elements for success:** See Figure 2.

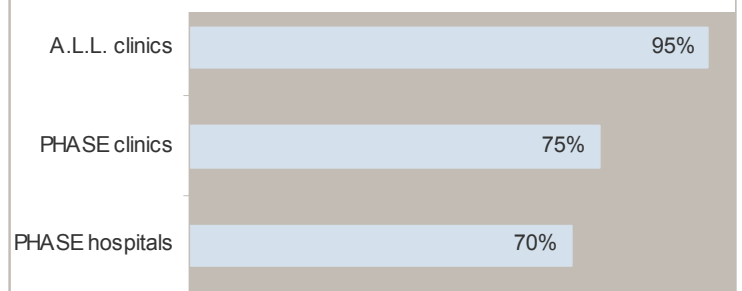
## What's Next?

**Sustaining ALL/PHASE.** 10 of 16 organizations focused on identifying funding for the Medical Assistant and care coordination roles and developing these staff.

**Further spread.** The program is spreading within organizations to additional providers and clinic sites. Kaiser Permanente is working to spread ALL/PHASE to the safety net in additional regions.

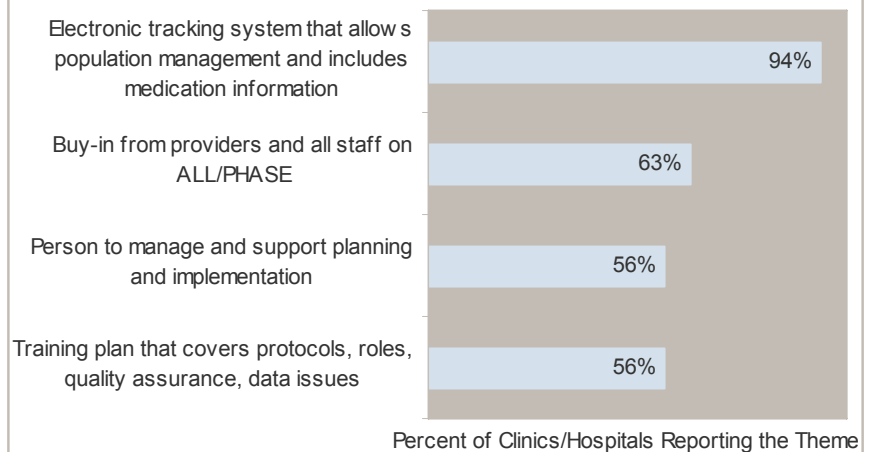
**Sharing lessons learned.** Recommendations are available to new sites as they come on board. Contact [pamela.m.schwartz@kp.org](mailto:pamela.m.schwartz@kp.org) or [karen.koh@kp.org](mailto:karen.koh@kp.org) for a copy of the full report. For more information, visit [kp.org/communitybenefit](http://kp.org/communitybenefit).

**Figure 1. Percent of Enrolled Patients with a Prescription Written for the Individual ALL/PHASE Medications<sup>1</sup>**



Notes: 1-Median percentage across clinics/hospitals.

**Figure 2. Critical Elements for Success<sup>1</sup>**



Notes: 1-Based on open-ended responses to an interview question about minimum requirements. N=16 safety net organizations.