



Building a medical school for team-based care

By David Levine | January 26, 2017

This year, Kaiser Permanente will break ground on a new medical school in Pasadena, California, with plans to introduce the first class of students in 2019. It's a big project with an ambitious goal, according to planning dean Christine K. Cassel, M.D.: To train new physicians specifically for data-driven, outcomes-based care.

Cassel, the recipient of the 2016 Gail L. Warden Leadership Excellence Award from the National Center for Healthcare Leadership, just wrapped up eight years as a member of the President's Council of Advisors on Science and Technology and is the former head of the National Quality Forum.

She spoke with athenaInsight about how a different kind of medical training could help prepare doctors for a new paradigm in healthcare.

Q Congratulations on last year's leadership award! What does it mean to you?

A It means that leadership takes lots of different forms. For me, it is about trying to advance ways the profession of medicine can exercise professionalism and humanism, and make sure patients and consumers get the best quality

and most affordable care. I am also proud of Kaiser Permanente for making this bold step of starting a new medical school. They didn't have to do this, but they saw it as an important part of their leadership position.

Q How will this new medical school address the shift in healthcare from fee-for-service to outcomes-based medicine?

A The Kaiser Permanente School of Medicine will be different in a number of ways, most fundamentally because it is not part of a university. It is embedded in one of the most high-functioning healthcare systems in the world. The reason for that is the shift to outcomes-based medicine.

KP has been doing this for 70 years. Our clinicians and physicians are working from the same scorecard. Everybody knows how to find patients that need more care, how to prevent medical errors, and being embedded in data will be an important part of our students' experience in health care. That's where the rest of the industry is moving, and we have already been there. But we haven't been

teaching medical students, and that is what is so exciting about this opportunity.

Q How are you training doctors to practice outcomes-based medicine?

A Kaiser Permanente has invested in major data analysis to create real-time analysis of the best evidence for all aspects of medical care. The students will be taught the principles of evidence-based medicine and will participate in clinical care using these principles, beginning in the first year of their curriculum.

Q How will you use data analytics?

A One way is from the clinical data from health records. Any encounter in our health system sees everything the patients need. Even if a patient is there for, say, an eye appointment, the physician or nurse can remind you that you need a flu shot. It is all very integrated and coordinated, and our students will have that experience.

Also, students will get a report card, like all KP physicians do. Here are your patients who didn't get a flu shot. Here are the ones who need a call from a nurse about taking their medications. Students can be proactive about patients who need attention. Students will also use data to get involved in quality improvement. No matter how good a system is, you can always improve, and they will learn the science of identifying gaps in quality and safety, and how you work with the team to get measurable improvement.

Q Are you envisioning big changes in the kinds of courses offered or the structure of the training?

A We have a small-group-problem and case-based curriculum that integrates clinical and basic science teaching from the very beginning. Students will have an immersion experience in their first eight weeks, introducing them to communities in which

their patients live, and to the community-based services that provide healthcare.

Other schools have students ride on ambulances, learn the basics of resuscitation and get licenses in that, for example. We will do that too, but we will also have them go out with home care professionals into patients' homes. The idea is that the student gets to experience patients where they live, in the real world. The second thing is learning to be part of a healthcare team without being the doctor. Physicians need to understand they are part of a system and a team, yet much medical training is isolated from the reality of what others in the healthcare system do all day long.

Q Can you detail any other difference, either in course work or field work, that distinguishes the KP school from other schools?A

A We are not affiliated with a university; we are embedded in a healthcare delivery system. The only other one like this is the Mayo Medical School, which is set up with the same concept but in a different kind of health system. This is not a university model, it's a clinical model.

In KP, physicians all work in teams and use shared data. Students will be embedded in that system from day one. There is no separation of "here's the science, now we apply it clinically." Here the science is embedded in the clinical environment. We are not replicating what the great research universities do – and there are many of those here in California and around the country.

Q What about physician burnout? Are you considering that in your school model?

A KP is devoted to wellness for patients and staff, and we want to do the same with students. Medical students have a high rate of clinical depression; One in four are clinically depressed, and one in 10 have considered suicide. Something about this experience beats

them down. We want to give them tools to deal with that stress, to improve their wellness and cope with the challenges that lie ahead. We want students, instead of feeling like a victim of changes in system, to be a champion and an agent of change. If people feel empowered to make something better, they are less likely to be depressed and discouraged.

David Levine is a regular contributor to athenaInsight.



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