ENTERPRISE-WIDE ANNUAL REPORT YE2025

PERSON & FAMILY CENTERED CARE PROGRAM

KAISER PERMANENTE®
Person & Family Centered Care
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MESSAGE FROM EXECUTIVE SPONSORS

One message rings through this year's report: patient voices are actively shaping how care is delivered at Kaiser Permanente.

What stands out is not only the volume of work but the strength of the partnership. Across regions and teams, patient partners, clinicians, and operational leaders are collaborating more closely. More people recognize that when we design care with patients, we achieve better outcomes for everyone.

This report highlights both our progress and our opportunity. We are deepening engagement and increasing impact, and we are also learning how to measure and scale that impact more effectively across the organization. That next step will be critical as we continue to embed Person and Family Centered Care into everything we do.

We're grateful to the many patient partners, leaders, physicians, nurses, and staff who make this work possible. Their shared commitment is what turns good ideas into meaningful improvements for our members and communities.

Thank you for taking the time to explore this year's report and for being part of the continued journey to elevate the voice of the patient in all that we do at Kaiser Permanente.

Jennifer Tarin

Jennifer A Tarin, MD, MBA
SVP, Deputy Chief Medical Officer

Kaiser Permanente
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PATIENT ADVISORY COUNCILS

The Person and Family Centered Care (PFCC) Program supports a robust, multi-level network of 80 Patient Advisory Councils (PACs) across the enterprise. These councils operate at the **local (medical center), service area, regional, and national levels**, spanning quality, patient safety, and care experience priorities.

Across regions, PACs include:

- Medical Center-based PACs
- Regional PACs (e.g., Behavioral Health, Quality, Senior, Specialty)
- Population-focused PACs (e.g., Black, Asian & Pacific Islander, Latino/Spanish-speaking, Parents of Minors, Teens)
- National and Enterprise advisory bodies

Table 1. Enterprise PFCC Footprint – Council Inventory

METRIC	ENTERPRISE ROLL-UP (2025)
Total Active PACs	80*
Medical-Center-Based PACs	45
Regional | Service-Line PACs	11
National | Enterprise PACs	4
Population-Focused PACs	20
PACs Meeting Monthly	~80%
PACs w/ Hybrid or Virtual Options	~85-90%

* Analysis of YE2024 data found duplicate PAC records that skewed the reported figures, necessitating an adjustment from 102 to 80.

This layered governance structure ensures **localized patient insight** while enabling **enterprise-wide alignment and influence** on strategy, policy, and care delivery.

PATIENT PARTNER NETWORK

Patient Partner – A Kaiser Permanente member, or their family member or care partner, who participates in one-time or ongoing activities through Kaiser Permanente's PFCC Program, providing insights, feedback, and recommendations on policies, programs, and practices.

The Patient Partner Network brings together a diverse group of over **1,600 patient partners across the enterprise**, ensuring a wide range of perspectives are represented in shaping care delivery, experience, and system improvement.

Demographics

Demographic data is collected using the **Patient Partner Management System** and compared against KP demographic data via the **KP Health Equity Portal**.
Data includes:

- Age (Gen Z through Traditionalist)
- Gender identity (including Non-Binary and Transgender representation)
- Race and ethnicity

Table 2. Demographics (*N=1637*)

Category	Sub-Category	Percent
Age (Generation)	Traditionalist	10.7%
	Baby Boomer	42.9%
	Gen X	18.0%
	Millennial	16.0%
	Gen Z	12.3%
Gender	Female	67.0%
	Male	27.6%
	Non-Binary / Gender-Variant	1.9%
	Transgender Female	1.1%
	Transgender Male	0.5%
	Prefer Not to Answer / Not Reported / Other	2.0%
Race / Ethnicity	White	42.9%
	Hispanic or Latino	10.0%
	Black or African American	9.7%
	Asian	8.7%
	Two or More Races	4.4%
	American Indian / Alaska Native	0.7%
	Native Hawaiian / Other Pacific Islander	0.7%
	Prefer Not to Answer	12.7%
	Not Reported	10.4%

Representation Gaps

Despite strong engagement, common representation gaps persist across the enterprise:

- **Younger adults (Gen Z and Millennials)**
- **Men**, across multiple council types
- **Certain racial and ethnic groups**,

Opportunities

- Participation is heavily concentrated among Baby Boomers, with 53.6% identifying as Baby Boomer or Traditionalist.
- Women represent two-thirds of all participants, while men and working age adults continue to be underrepresented.
- Racial and ethnic diversity is present across councils; however, White participants remain over-represented, and over 23% of respondents did not report race/ethnicity, indicating an opportunity to improve demographic completeness.

PATIENT ADVISORY COUNCIL IMPACT

Elevating the Voice of Patients Across Kaiser Permanente

Patient Advisory Councils (PACs) continue to be a cornerstone of Person and Family Centered Care (PFCC), bringing the voice of patients and families directly into the design and delivery of care. In 2025, PACs contributed to **201 initiatives across the enterprise, reflecting a 9% increase in engagement compared to 2024**. These contributions spanned clinical programs, operational improvements, digital experience, and system-level strategy.

While many PAC initiatives are qualitative in nature, several high-impact examples demonstrate that patient partnership can drive **measurable improvements in access, experience, and outcomes** when paired with clear metrics.

PAC Impact in Action

Improving Access to Care

- **Cardiology Services**: PAC-informed workflow redesign reduced wait times for cardiac monitoring from **~90 days to 14 days**, significantly improving timely access to care. (see attached *Case Study*)
- **Member Services**: Expansion of virtual appointments, shaped by PAC feedback, resulted in a 60% increase in service utilization, enhancing convenience and accessibility. (see attached *Case Study*)

Enhancing Care Delivery and Efficiency

- **Clinic Timeliness**: PAC-driven scheduling improvements increased on-time care delivery from **24% to 71%**, improving both patient experience and operational efficiency.
- **Discharge Process Improvements**: PAC recommendations led to redesigned discharge workflows, improving patient navigation and coordination of post-hospital care.

Strengthening Patient Experience and Communication

- **Communication Design:** Across regions, PACs improved clarity and accessibility of patient-facing materials, including discharge instructions, education materials, and outreach messaging—helping reduce confusion and improve patient understanding.
- **Digital Experience (KP.org & Mobile Tools):** PACs informed enhancements to digital tools and communication channels, supporting greater usability and engagement across diverse patient populations.

Driving Enterprise-Level Impact

- **National Quality Initiatives:** The National Quality PAC provided direct input into enterprise initiatives including emergency department social health screening and mental health access. Structured feedback processes and high project partner ratings (4.6–5.0 out of 5) demonstrate strong integration of the patient voice into national quality and safety efforts.
- **Resource Navigation Redesign:** The National Cancer PAC-led co-design efforts helped redefine how patients access support resources across the care journey, introducing a simplified "Right Resources at the Right Time" approach. This resulted in the development of a standardized, patient-centered model now being implemented across regions to improve navigation, consistency, and the overall care experience.
- **Medicare Plan Transition (Mid-Atlantic States):** PAC-informed outreach strategies contributed to a **91%-member retention rate** during a major plan disruption—preserving continuity of care for thousands of members.
- **Access Co-Design Initiatives:** PAC-led co-design sessions engaged patients directly, generating over **100 patient experience insights** that informed improvements in access and care delivery.

Advancing Health Equity

- PACs played an increasing role in ensuring care is accessible and responsive to diverse populations, including:
    - Supporting language-specific outreach and digital navigation assistance
    - Identifying barriers to care for underserved populations
    - Informing culturally appropriate communication strategies

These efforts highlight PACs as key partners in advancing equitable care across the enterprise.

Magnet® Journey

PACs across Kaiser Permanente play a vital role in advancing our Magnet® journey by ensuring that patient and family perspectives are embedded in care design and delivery. While not a formal Magnet® requirement, PACs exemplify Magnet® principles of structural empowerment and exemplary professional practice—partnering with nursing and interdisciplinary teams to co-design improvements, inform quality and safety initiatives, and strengthen patient-centered outcomes. Their contributions elevate the voice of those we serve and reinforce our commitment to excellence, innovation, and measurable impact across KP hospitals.

Looking Ahead

As PAC engagement continues to grow, establishing standardized measurement practices will be critical to fully realizing and demonstrating the impact of PFCC across Kaiser Permanente. While many PACs currently lack consistent measurement approaches, select councils—such as the National Quality PAC and the National Cancer PAC—demonstrate more advanced use of process metrics and structured feedback. This highlights a clear opportunity to scale these practices across the enterprise. By aligning patient insights with measurable outcomes, PACs can continue to evolve **as essential drivers of performance, innovation, and patient-centered care.**

REGULATORY & CONTRACTUAL ALIGNMENT

CMS Patient Safety Structural Measure: Domain 5-Patient & Family Engagement

The CMS Patient Safety Structural Measure (PSSM), Domain 5 on Patient and Family Engagement, specifies organizational requirements for integrating patient and family input into safety processes, care delivery models, and system level design. Our Patient Advisory Councils operationalize these requirements by providing structured, continuous patient partner participation in safety governance, workflow redesign, and strategic planning activities.

Strengths Across Domain 5

- **Patient Partner Participation in Safety and Improvement Work:** PACs are actively integrated across local, regional, and national committees, contributing to safety related initiatives, performance improvement efforts, and review of patient experience data.
- **Representation and Diversity:** The enterprise maintains a broad network of patient partners, with ongoing evaluation of demographic representation to ensure alignment with the populations served.
- **Patient Access and Engagement Tools:** Patients are supported in accessing medical records and engaging with their care through digital platforms, interpretation services, and open notes practices across regions.
- **Integration of Patient Feedback into Safety Processes:** Patient partners contribute to the identification and review of safety concerns, including insights derived from complaints, care experiences, and improvement initiatives.
- **Family and Caregiver Engagement:** Care models across Kaiser Permanente support active involvement of families and caregivers as members of the care team, including participation in discharge planning and care coordination.

Identified Opportunity (2025 Gap Analysis)

- **Executive and Board Level Representation:** The 2025 CMS Gap Analysis conducted by **National Risk Management & Patient Safety** together with the PFCC Program, identified a need to further clarify and strengthen patient partner representation in board-level and executive safety discussions, particularly as it relates to safety goal setting and governance structures.

Implication

While PAC engagement is strong across operational and improvement domains, continued work is underway to ensure consistent visibility and integration at the highest levels of governance.

CalPERS Contractual Alignment

PACs are a core mechanism for meeting CalPERS contractual requirements related to member engagement, transparency, and equity.

Contractual Compliance Strengths

PAC activities demonstrate alignment with CalPERS requirements by:

- Maintaining structured, recurring engagement processes
- Ensuring documented meeting activity and participation
- Integrating member voice into decision-making and program design
- Advancing equity-focused interventions and outcomes

Ongoing Opportunity

Continued focus on ensuring PAC membership reflects the full diversity of Kaiser Permanente populations, including age, race/ethnicity, and other demographic factors, remains a priority.

Enterprise Value

PACs serve as a critical bridge between regulatory expectations and operational execution, enabling Kaiser Permanente to:

- Demonstrate compliance with CMS PSSM Domain 5 patient engagement requirements
- Fulfill CalPERS contractual obligations for structured member involvement
- Strengthen alignment with externally reported measures (e.g., CAHPS)
- Advance equity, transparency, and accountability in care delivery

Conclusion

Across 2025, PACs provided a scalable, enterprise-wide mechanism for integrating the patient voice into both **regulatory compliance and contractual performance**.

As PAC engagement continues to expand, strengthening measurement practices alongside these activities will further enhance the organization's ability to **demonstrate impact, ensure readiness, and sustain compliance across all domains of patient and family engagement.**

CLOSING MESSAGE OF APPRECIATION

As I reflect on the progress we have made together in 2025, I am reminded of the extraordinary power of patient partnership across Kaiser Permanente.

My journey with Patient Advisory Councils began more than 20 years ago; first at the local level, then regionally, and now in a national role. At every step, one insight has remained constant: **when we meaningfully engage patients and families, we deliver better care.**

This year, patient partners across the enterprise contributed to over 200 initiatives, shaping improvements in access, communication, care delivery, and strategy. These contributions reflect not only the dedication of our patient partners, but also the commitment of our clinical and operational teams to listen, learn, and act.

To our Patient Partners: thank you for your courage, candor, and partnership. Your lived experiences continue to challenge us to improve and ensure that care is designed with those we serve at the center.

To our physicians, nurses, leaders, and staff: thank you for embracing this work and integrating the patient voice into how care is delivered every day.

While we have made meaningful progress, this report also highlights an important opportunity which is to more consistently measure and demonstrate the impact of this work. As we move forward, strengthening how we capture outcomes will be essential to scaling and sustaining the value of patient engagement across our system.

I am deeply proud of what we have accomplished together and confident that the future of Person and Family Centered Care at Kaiser Permanente is strong.

In appreciation,

Jonathan Bullock, MBA *(he/him)*
National Leader, Person & Family Centered Care Program

Kaiser Permanente
National Health Plan and Hospital Quality
Care Management Institute
Center for Healthcare Delivery & Design

APPENDIX – CASE STUDY

Improving Access Through PAC-Informed Appointment Awareness Strategies

OVERVIEW

Kern County Medical Center local Member Services partnered with the Patient Advisory Council (PAC) to address low utilization of QLess—a queue management platform for physical & virtual visitor appointments. By engaging patients and families to identify awareness gaps, test assumptions, and co-design outreach strategies, the team implemented targeted education and communication efforts. These PAC-informed interventions led to increased appointment usage, improved member satisfaction, and more predictable operational planning—demonstrating the value of patient partnership in access-focused improvement work.

BACKGROUND & PROBLEM STATEMENT

Kern County Local Member Services sought Patient Advisory Council input to understand whether virtual and in-person appointments could improve the member experience and how awareness of these options could be increased. QLess, implemented in June 2022 as a queue management and scheduling platform, was significantly underutilized. In 2023, only 2% of members assisted were seen by appointment. Leadership suspected that members and staff were unaware of the option but required patient-centered validation and guidance before implementing changes.

QUANTITATIVE OUTCOMES

METRIC	BEFORE PAC INPUT	AFTER PAC INPUT
Scheduled appointments	5	19
Appointment growth	---	280% ↑
QLess education provided	Inconsistent	47% average
Member satisfaction trend	Variable	+ 3/wk trend

LESSONS LEARNED

- Do not assume awareness of services
- Flexible access matters to members' daily lives
- Demonstrations strengthen understanding and usability
- Members are trusted advisors on outreach strategies

PAC RECOMMENDATIONS

PAC members provided direct, experience-based guidance focused on accessibility and communication. Key recommendations included:

- Clearly inform members that **both virtual and in-person** appointments are available.
- Promote virtual appointments for busy individuals and those unable to travel.
- Use **simple demonstrations** to show how appointments are scheduled in QLess.
- Distribute information through **mailers and printed handouts** to reach Kern County members.
- Emphasize that appointments connect members with **local** Member Services staff.

SUSTAINABILITY & KEY TAKEAWAYS

- Awareness-first strategies improved utilization without additional financial investment.
- Before-and-after metrics validated PAC insights and supported leadership alignment.
- Standardized education tools (scripts, QR codes, handouts) enabled consistent messaging.
- Patient and family partnership grounded the project in real-world member needs.
- Education materials and workflows are scalable across departments and sites.

Key Insight: Improving awareness and utilization of an existing virtual appointment platform did not require new technology. PAC engagement revealed that lack of awareness—not system limitations—was the primary barrier. PAC informed outreach strategies significantly increased appointment usage, improved member satisfaction, and strengthened trust in local Member Services.

"The PAC helped us see our services through the member's eyes, and that insight is what drove real improvement."

Thurmisha Baker – *Member Services Manager, Kern County*

APPENDIX – CASE STUDY

Improving Patient Experience Through PAC-Informed Registration Redesign

OVERVIEW

Santa Rosa Emergency Department (ED) leadership engaged the **Adult & Family Medicine Patient Advisory Council** (PAC) to address declining Registration Staff Courtesy scores and concerns that improving staff empathy might negatively impact copay collection rates. The goal was to gather authentic patient insight, test stakeholder assumptions, and implement changes grounded in lived experience.

BACKGROUND & PROBLEM STATEMENT

The ED sought Patient Partner input on how registration staff interactions—particularly around sensitive topics such as large copay requests—could be improved. Leaders feared that enhancing courtesy and empathy might reduce copay collection rates.

QUANTITATIVE OUTCOMES		
METRIC	BEFORE PAC INPUT	AFTER PAC INPUT
Courtesy Score	67%	83%
Copay Collection Rate	60%	60%

PAC RECOMMENDATIONS

PAC members provided direct, experience-based guidance, emphasizing the emotional reality of ED visits. Their key recommendations included:

- Use softer, more compassionate language when discussing copays
- Acknowledge the patient's emotional state and unique situation
- Slow down and take more time—recognizing registration is often the final human interaction in a stressful ED visit
- Provide resources for financial concerns (Member Services, Business Office, payment programs)
- Ask: *"Is there anything else I can do for you before you leave?"*
- If unable to help directly, connect patients to someone who can

SUSTAINABILITY & KEY TAKEAWAYS

- Courtesy scores remain strong through 2026, showing lasting behavior change.
- Before-and-after metrics validated PAC insights and secured leadership buy-in.
- Patient Partners brought essential perspective that grounded staff in what patients truly need.
- Collecting outcome data ensures credibility and strengthens the case for ongoing PAC involvement.

Key Insight: Improved courtesy did not reduce copay collections. In fact, it strengthened patient trust without harming financial performance—an essential result that would have remained unproven without measurable outcome tracking.

LESSONS LEARNED

- *"Slow is fast!"* Taking extra time with patients proved to be more efficient in the long run.
- Every patient interaction matters; empathy directly improves measurable outcomes.
- External patient voices reveal blind spots within operational teams.
- PAC engagement can be profoundly impactful on staff satisfaction

"Meeting with the [Adult & Family Medicine Patient Advisory] Council was career-changing for me!"

Kevin Tran – *Operations Manager, Emergency*

APPENDIX – CASE STUDY

Improving Access Through PAC-Informed Care Redesign

OVERVIEW

The Baldwin Park Cardiology department partnered with the Patient Advisory Council to address prolonged wait times—averaging nearly three months—for Holter monitor visits, which were impacting timely access to care and patient experience. By engaging PAC early, the team sought patient-centered guidance to redesign service delivery in a way that improved access while maintaining education quality, privacy, and overall care experience.

BACKGROUND & PROBLEM STATEMENT

The Cardiology department identified a significant access gap, with patients waiting up to three months for in-person Holter monitor visits.

QUANTITATIVE OUTCOMES		
METRIC	BEFORE PAC INPUT	AFTER PAC INPUT
Wait time for Holter monitor visit	~90 Days	≤ 14 days

This delay impacted timely diagnosis and patient experience. The team partnered with the Patient Advisory Council (PAC) to explore how care could be delivered more efficiently—without additional resources—while maintaining a high-quality patient experience.

PAC RECOMMENDATIONS

PAC members provided experience-based insights that directly shaped the redesign. Key recommendations included:

- Support **group-based (classroom-style) visits** to improve efficiency
- Ensure **privacy and individualized attention** remain priorities
- Include opportunities for **patient questions and interaction**
- Use **visual and educational tools** to support understanding
- Design a clear and seamless **end-to-end patient journey**
- Collect **post-visit feedback** to continuously improve

PAC members emphasized that efficiency should not come at the expense of patient-centered care.

THE SOLUTION

In response, the department launched **Heart to Home V2**, a classroom-style Holter monitor program serving **8–10 patients** per session.

This model enabled:

- Simultaneous patient education and device setup
- Efficient use of staff and resources
- A structured, consistent care experience

PAC engagement ensured the model balanced **efficiency, clarity, and compassion**.

SUSTAINABILITY & KEY TAKEAWAYS

- Innovative care models can improve access without additional cost
- PAC input ensures solutions are practical and patient-centered
- Standardized workflows enable scalability across departments
- Model remains in place, demonstrating sustainability

LESSONS LEARNED

- Engage PAC early—before solutions are finalized
- Challenge traditional one-to-one care models where appropriate
- Balance efficiency with privacy and personalization
- Use both data and patient insight to drive decisions

Key Insight: Expanding care delivery models—not adding resources—can significantly improve access. PAC input demonstrated that classroom-style visits could reduce wait times while preserving patient education, engagement, and individualized support.

> "Change is meaningful when there's a shared vision, sprinkled with a little creativity. It was a great experience working with the PAC team."
>
> **Irish Starr Berry,** *Nurse Manager, Rheumatology, Infectious Diseases, Pulmonology and Perio Op Medicine*