KP Washington Learning Health System Program projects & externally funded QI projects in 2026 | Q2 Update

ACT CENTER
Accelerating Care Transformation

LHS Program projects

Implementing & evaluating the Memory and Cognitive Health Program

✓ Affordability, experience, HEDIS

Page 2

Medicare improvement: PATH and Annual Wellness Visits

✓ Affordability, HOS performance

Page 5

Integrating alcohol use disorder (AUD) treatment in Collaborative Care

✓ Experience, HEDIS

Page 8

Developing Epic tools for GLP-1/ SGLT-2 medication management

✓ Affordability, provider experience

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Developing clinical care pathways for mood and anxiety disorders

✓ Access, internalization

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Improving access to postnatal care

✓ Experience, HEDIS

Page 9

Improving rehospitalization risk stratification

✓ Affordability, NCQA

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Improving Initiation and Engagement in Treatment (IET) metric

✓ Experience, HEDIS

Page 7

Improving performance measures for pediatric flu vaccination

✓ Affordability, HEDIS

Page 10

Externally funded QI projects

Quality improvement in lung cancer screening

✓ Affordability, HEDIS (measures forthcoming)

Page 12

Continuous glucose monitoring population management

✓ Affordability, safety, HEDIS

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Predicting risk of obstructive sleep apnea

✓ Access, affordability

Page 14

Reducing climate-driven asthma impacts in primary care

✓ Affordability, HEDIS

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Memory and Cognitive Health Program*

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Accelerating Care Transformation

Leveraging knowledge from the NIH-funded eRADAR study to improve dementia diagnosis

- Tested the eRADAR tool, which uses EHR data to help care teams decide which patients might benefit from dementia screening. eRADAR was originally developed as part of the KPWHRI Adult Changes in Thought study.
- Validated the tool using data from more than 130K patients at KPWA and UCSF to help solve the problem of underdiagnosis of dementia in primary care. (Read news story.)



Sascha Dublin

KPWHRI Senior Investigator and KPWA Physician

ACT Center lead scientist for the dementia risk model project

ACT Center Role

- Implement the eRADAR dementia risk model in KPWA Epic.
- Develop and support implementation of evidence-based interventions and workflows.
- Conduct a program evaluation to inform sustainment.

What's new this quarter

- Finalized scope of work and detailed timeline.
- Translated risk model into Epic.
- Mapped current dementia workflows and identified trends, areas of variability, and gaps.
- Planned for identification of 2 pilot clinics, prioritizing readiness and diversity.

Learn more in this feature story from the ACT Center spring 2026 newsletter:
Closing the gap in recognizing cognitive impairment

Business owner: Kim Painter

Sponsors: Sarah Levy, David Ward

✓ **Supports 5YP in experience, affordability, and HEDIS performance**

Partner insights



"[One] reason I wanted to parter with the ACT Center was their implementation expertise. Their team brings sophisticated analytic tools and proven protocols to the work of implementation — in this case making proactive dementia identification and management standard work in primary care, with support from geriatrics."

Kim Painter, Special Populations Medical Director

*Renamed from "dementia risk model" to be clear across patient, provider, and business audiences.

(Back to overview slide)

Epic tools for GLP-1/SGLT-2 medication management

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Accelerating Care Transformation

Leveraging expertise in obesity and advanced analytics to support sustainable GLP-1 management in primary care

- Primary Care leadership identified this as a key primary care priority for 2026
- Dr. Arterburn is a nationally known obesity researcher with unique expertise in using advanced analytics and EHR data to help guide shared decision-making (SDM). Read recent news stories about his work to inform SDM for bariatric surgery and to fill evidence gaps in obesity treatment.



David Arterburn

KPWHRI Senior Investigator and KPWA Physician

ACT Center lead scientist for LHS Program advanced analytics projects

ACT Center role

- Design and implement Epic-based population-management tools to help primary care clinicians identify their current GLP-1RA users, monitor relevant clinical outcomes, and support appropriate titration or deprescribing, as indicated.
- Provide implementation support to care teams for use of new tools.

What's new this quarter

- Finalized the scope of work
- Conducted environmental scan and strengthened cross-functional engagement via meetings and demos with multiple KP regions and KPWA departments to share existing dashboards, tools, and workflows.
- Used workflow mapping to identify current gaps, inform requirements, and guide tool development priorities.
- Initiated work with Epic analyst to translate design into programmatic steps.

Business owner: Mamatha Palanati

Sponsors: David Ward, Dan Perrow, Mike Vaughan, Kelly Stanford

✓ **Supports 5YP in affordability**

ACT Center advanced analytics team



(Back to overview slide)

Improving rehospitalization risk stratification

ACT CENTER
Accelerating Care Transformation

ACT Center Role

- Provide research and complex data analysis expertise to develop new rehospitalization risk stratification model.
- Support implementation of risk scores in clinical workflows, including building of new discharge registry to support “Care Without Delay Transitions of Care Bundle.”

Business owners: Susan Masonis, Albert Lee

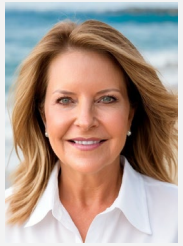
Sponsors: Mike Nevins, Ellise Taylor-Brebes

✓ **Supports 5YP in affordability and HEDIS performance**

What’s new this quarter

- Updated risk stratification rules to respond to clinical and operational needs.
- Ongoing work:
  - Refining workflows related to implementation of the new tool.
  - Continuing evaluation of the risk stratification tool. (Note: this takes time since we need it to be in use long enough to accrue a large enough sample size and observe outcomes in claims data.)
  - Working with Transitions of Care (TOC) team to make sure the tools in Epic meet the needs of revised plan for TOC work.

Partner insights



“The WA market has valuable learning to share from their experience in creating a risk model, and we would like to bring them together with [KP Colorado], KP Insight and CDTS teams to co-develop and test a model that could eventually be adopted across all non-hospital-based markets.”

Karen Sielbeck, National Vice President, Acute Care Coordination

Back to overview

Medicare improvement: PATH and Annual Wellness Visits

ACT CENTER
Accelerating Care Transformation

ACT Center Role

Provide research expertise to improve Medicare performance by improving PATH completion and Annual Wellness Visits (AWVs):

- Develop final process and outcome metrics.
- Support build and testing of reporting tools.
- Establish an oversight structure for implementation and sustainment.
- Document and improve existing workflows to meet defined metrics.
- Spread improvements to all primary care clinics.

Business owners: Alice Chao, Mamatha Palanati, Kim Painter

Sponsors: Mike Vaughan, Kelly Stanford, Sarah Levy

✓ **Supports 5YP in affordability**

What's new this quarter

- Presented Medicare strategy and AWV/PATH resources to Spokane District leaders and to providers and MAs in Olympia.
- Refined AWV SmartSets in response to user feedback.
- Identified and escalated implementation and workflow challenges to accountable leaders.
- Supported the development and validation of PowerBI dashboards for success metric tracking and shared these with District and Medical Center leaders.
- Monitored data and sent targeted feedback to DMDs in Snohomish, South Sound, and Spokane.
- Ongoing work: refining PowerBI dashboards and streamlining reporting processes, establishing governance structure vis a vis new Senior Programs Oversight position.



The ACT Center's Jess Mogk works with care team staff at Burien Medical Center.

Back to overview

Developing clinical care pathways for mood and anxiety disorders

ACT CENTER
Accelerating Care Transformation

ACT Center Role

- Provide evidence-based recommendations for program implementation and design.
- Develop implementation tools to support provider education and training, including a handout and video for members.
- Provide Epic enhancements and improve reporting for MHW care pathways.

Business owner: Rebecca Parrish

Sponsor: Maria Coghill

✓ **Supports 5YP in access & internalization**

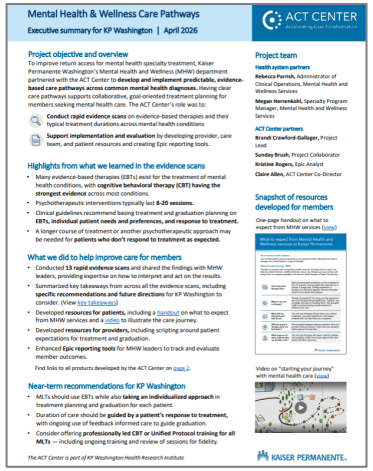
What's new this quarter

- Completed final evidence scans.
- Created reports to summarize key takeaways from evidence scans and recommendations for KP Washington and presented them to project business owner and sponsors.
- Ongoing work: Finalizing Epic enhancements.

View final project reports

Left: Executive summary

Right: Key takeaways from evidence scans


Mental Health & Wellness Care Pathways

Executive summary for KP Washington | April 2026

ACT CENTER

Project objective and overview

To improve return access for mental health specialty treatment, Kaiser Permanente Washington's Mental Health and Wellness (MHW) department partnered with the ACT Center to **develop and implement predictable, evidence-based care pathways across common mental health diagnoses.** Having clear care pathways supports collaborative, goal-oriented treatment planning for members seeking mental health care. The ACT Center's role was to:

Conduct rapid evidence scans on evidence-based therapies and their typical treatment durations across mental health conditions.

Support implementation and evaluation by developing provider, care team, and patient resources and creating Epic reporting tools.

Highlights from what we learned in the evidence scans

- Many evidence-based therapies (EBTs) exist for the treatment of mental health conditions, with **cognitive behavioral therapy (CBT) having the strongest evidence** across most conditions.
- Psychotherapeutic interventions typically last **8-20 sessions.**
- Clinical guidelines recommend basing treatment and graduation planning on **EBTs, individual patient needs and preferences, and response to treatment.**
- A longer course of treatment or another psychotherapeutic approach may be needed for **patients who don't respond to treatment as expected.**

What we did to help improve care for members

- Conducted **13 rapid evidence scans** and shared the findings with MHW leaders, providing expertise on how to interpret and act on the results.
- Summarized key takeaways from across all the evidence scans, including **specific recommendations and future directions** for KP Washington to consider. (View key takeaways)
- Developed **resources for patients,** including a handout on what to expect from MHW services and a video to illustrate the care journey.
- Developed **resources for providers,** including scripting around patient expectations for treatment and graduation.
- Enhanced **Epic reporting tools** for MHW leaders to track and evaluate member outcomes.

Find links to all products developed by the ACT Center on page 2.

Near-term recommendations for KP Washington

- MLTs should use EBTs while also **taking an individualized approach** in treatment planning and graduation for each patient.
- Duration of care should be **guided by a patient's response to treatment,** with ongoing use of feedback informed care to guide graduation.
- Consider offering **professionally led CBT or Unified Protocol training for all MLTs** — including ongoing training and review of sessions for fidelity.

The ACT Center is part of KP Washington Health Research Institute

Project team

Health system partners

Rebecca Parrish, Administrator of Clinical Operations, Mental Health and Wellness Services

Megan Harrenkohl, Specialty Program Manager, Mental Health and Wellness Services

ACT Center partners

Brandi Crawford-Gallager, Project Lead

Sunday Brush, Project Collaborator

Kristine Rogers, Epic Analyst

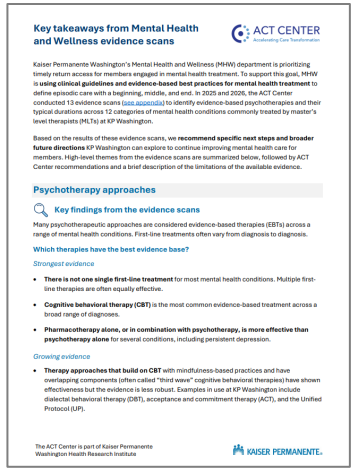
Claire Allen, ACT Center Co-Director

Snapshot of resources developed for members

One-page handout on what to expect from MHW services (view)

Video on "starting your journey" with mental health care (view)

KAISER PERMANENTE


Key takeaways from Mental Health and Wellness evidence scans

ACT CENTER

Kaiser Permanente Washington's Mental Health and Wellness (MHW) department is prioritizing timely return access for members engaged in mental health treatment. To support this goal, MHW is **using clinical guidelines and evidence-based best practices for mental health treatment** to define episodic care with a beginning, middle, and end. In 2025 and 2026, the ACT Center conducted 13 evidence scans (see appendix) to identify evidence-based psychotherapies and their typical durations across 12 categories of mental health conditions commonly treated by master's level therapists (MLTs) at KP Washington.

Based on the results of these evidence scans, we **recommend specific next steps and broader future directions** KP Washington can explore to continue improving mental health care for members. High-level themes from the evidence scans are summarized below, followed by ACT Center recommendations and a brief description of the limitations of the available evidence.

Psychotherapy approaches

Key findings from the evidence scans

Many psychotherapeutic approaches are considered evidence-based therapies (EBTs) across a range of mental health conditions. First-line treatments often vary from diagnosis to diagnosis.

Which therapies have the best evidence base?

Strongest evidence

- **There is not one single first-line treatment** for most mental health conditions. Multiple first-line therapies are often equally effective.
- **Cognitive behavioral therapy (CBT)** is the most common evidence-based treatment across a broad range of diagnoses.
- **Pharmacotherapy alone, or in combination with psychotherapy, is more effective than psychotherapy alone** for several conditions, including persistent depression.

Growing evidence

- **Therapy approaches that build on CBT** with mindfulness-based practices and have overlapping components (often called "third wave" cognitive behavioral therapies) have shown effectiveness but the evidence is less robust. Examples in use at KP Washington include dialectical behavioral therapy (DBT), acceptance and commitment therapy (ACT), and the Unified Protocol (UP).

The ACT Center is part of Kaiser Permanente Washington Health Research Institute

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Back to overview

Improvement of initiation, engagement, and follow-up care for patients with substance use disorder (SUD)

ACT CENTER
Accelerating Care Transformation

ACT Center Role

- Document and develop workflows for the Behavioral Health Outreach Team (BHOT)
- Align workflows and reporting with multiple HEDIS metrics including “Initiation and Engagement of SUD Treatment” (IET), “Follow-Up after Emergency Department Visit for SUD” (FUA), and “Follow-Up After High-Intensity Care for SUD” (FUI).
- Custom build Epic tools to support BHOT to conduct outreach to patients with new SUD diagnosis, patients discharged from the ED with SUD diagnoses, and high utilizer populations
- Develop training materials and provide implementation support for Epic tools and workflows
- Develop Epic reporting tools for leaders to track patient and team outcomes

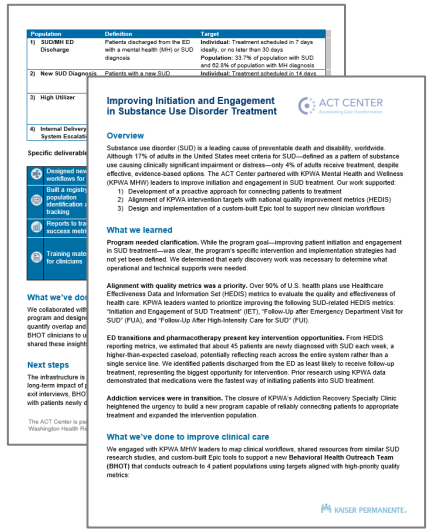
Business owners: Kara Rice, Annie Sharrett

Sponsor: Maria Coghill

✓ **Supports 5YP in experience & HEDIS performance**

What’s new this quarter

- Completed reporting and registry tools for BHOT team.
- Developed training materials and provided final implementation support to enable BHOT to conduct outreach.
- Finalized reporting tools in Epic for leaders to track program outcomes and processes.
- **Two HEDIS measures have improved since go-live:**
  - IET-SUD: Engagement: from 10% to 14.6% (rolling calendar)
  - IET-SUD Initation: from 33.2% to 39.6% (rolling calendar)



View executive summary of what we learned and how the project improved clinical care

Back to overview

Integrating alcohol use disorder (AUD) treatment in Collaborative Care

ACT CENTER
Accelerating Care Transformation

ACT Center Role

Provide research expertise to integrate alcohol use AUD treatment into Collaborative Care:

- Document current state workflows and identify opportunities for AUD integration.
- Develop evidence-based training materials for Collaborative Care clinicians.
- Provide virtual training series on AUD treatment for Collaborative Care.
- Define metrics of success and refine reporting tools.
- Evaluate implementation of AUD integration into Collaborative Care.

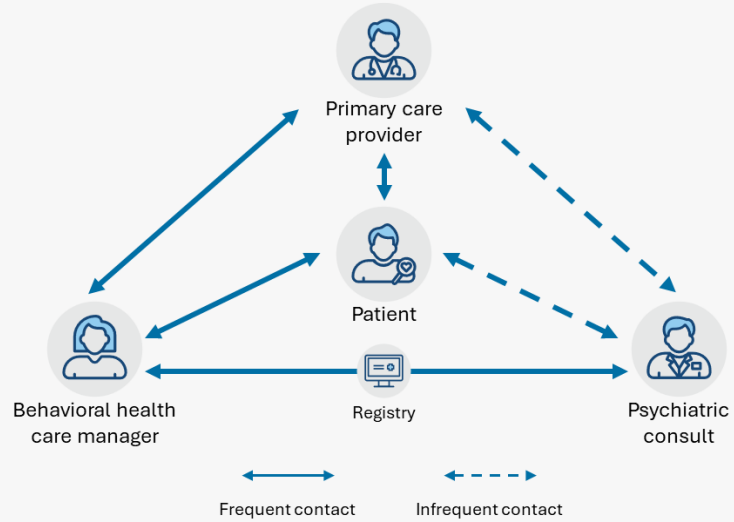
Business owner: Maria Coghill, Kara Rice

Sponsor: Maria Coghill

✓ **Supports 5YP in experience & HEDIS performance**

What's new this quarter

- Conducting exploratory work to better understand barriers to AUD integration.
- Scoping on pause until Q3 2026 due to competing operational priorities in MHW and Collaborative Care.



Back to overview

Improving access to postnatal care

ACT Center Role

- Understand the key factors associated with the underutilization of postnatal services to inform the development of an intervention for postnatal care.

Business owners: Zandy Harlin, Tina Asiimwe

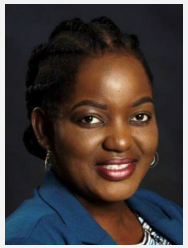
Sponsor: Sarah Levy

✓ **Supports 5YP in experience and HEDIS performance**

What's new this quarter

- Obtained primary care approval for finalized qualitative interview recruitment materials and scripts.
- Initiated mailings and interviews with a goal of completing by July.
- Ongoing work: Surfacing key operational issues with relevant teams and partners as they arise, e.g., systematic undercounting of postnatal visits, which care delivery is currently addressing.

Meet the LHS-ESTAR scholar leading this work



Kaboni Gondwe

Kaboni is an assistant professor at the University of Washington (UW) School of Nursing who has dedicated her career to improving maternal and child health outcomes. Her journey began in Malawi, where she worked as a nurse-midwife, gaining firsthand experience with the challenges faced by pregnant women in underserved communities. Her research has focused on health equity, maternal mental health, and perinatal stress, with a particular emphasis on marginalized populations. (Read more.)

Improving performance measures for pediatric flu vaccination

ACT Center role

- Improve flu vaccination rates in children under 2 through summary of evidence, current state assessment and intervention development.

Business owners: Caroline Koehler, Sara Armijo, Melissa Quisano, Amy Nowik, Ben Wilson

Sponsor: Zandy Harlin

✓ **Supports 5YP in affordability and HEDIS performance**

What's new this quarter

- Began synthesizing findings from early data collection activities while continuing concurrent qualitative and quantitative work.
- Further refined objectives and approach to quantitative analyses to strengthen focus on operational priorities, particularly second-dose vaccination completion.
- Used quantitative findings to inform early co-design and drafting of intervention strategies aligned with care delivery priorities.
- Identified meaningful clinic-level variation in vaccinations to support targeted strategies for pilot.
- Planned for scholar transition: Lily Shapiro will depart in July, a replacement scholar has been identified, and the team has been notified of the transition plan to ensure continuity of work.

Meet the LHS-ESTAR scholar leading this work



Lily Shapiro

Lily is a collaborative scientist at KPWHRI. Her career has been marked by a commitment to understanding how people interact with health care systems and addressing health disparities. Her research spans global occupational health, dementia care, and now — with E-STAR — pediatric health services with the challenges faced by pregnant women in underserved communities. Her research has focused on health equity, maternal mental health, and perinatal stress, with a particular emphasis on marginalized populations. (Read more.)

ACT CENTER
Accelerating Care Transformation

Externally funded quality improvement projects led by KPWHRI

Quality improvement in lung cancer screening (LCS): Testing innovations for anticipated HEDIS metrics

ACT CENTER
Accelerating Care Transformation

KPWHRI role

- Evaluate an EHR algorithm for tobacco history to identify patients eligible for lung cancer screening (LCS) to improve access and uptake.
- Optimize LCS Coordinator role to improve LCS access, uptake, and adherence to repeat LCS.
- Develop internal quality measures aligned with proposed HEDIS metrics for LCS uptake, tobacco cessation, and adherence in Power BI dashboards by healthcare system overall and by clinic and PCP for KPWA Population Health.
- Conduct a process evaluation with the goal of expanding the KPWA LCS Program.

Progress to date (unchanged since Q1)

- Used tobacco history in social history table to identify ~12,000 KPWA members who meet US Preventive Services Task Force criteria based on age and tobacco history.
- Activated an Epic Health Maintenance Topic (HMT) to notify Family Medicine, Internal Medicine and Pulmonology that a KPWA member *might* be eligible for lung cancer screening.
- Identified members who have yet to screen for lung cancer and delivered patient portal message encouraging patients to meet with PCP to discuss lung cancer screening (n=150).
- Continue to support LCS Coordinator.
- Developing a prototype dashboard of LCS metrics to track program progress.
- Exploring implementation of algorithm into KP Health Connect.



Karen Wernli

KPWHRI Senior Investigator

Cancer epidemiologist with expertise lung, breast, and colorectal cancer

Award amount: $500K from Lilly (Jan 2025 – June 2026)

KPWA partner: Maggie Chin

KPWA sponsor: Stanley Shyn

✓ **Supports 5YP in affordability and HEDIS performance** (measure forthcoming)

Key insights

- Activation of Epic HMT **increased access and uptake** of LCS in all clinics.
- LCS Coordinator **role funded by grant dollars** and not currently supported in care delivery.
- **Collaborated with colleagues in KPCO** to discuss implication of key findings to date.

Back to overview

Continuous Glucose Monitoring (CGM) Population Management

ACT CENTER
Accelerating Care Transformation

KPWHRI role

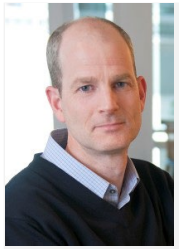
Goal: Identify and address key barriers to using continuous glucose monitoring (CGM) data for population-level diabetes management and proactively address the needs of those with very high and dangerously low blood glucose levels. The initiative will also enhance capture of CGM-derived Glucose Management Indicator (GMI) as an A1c-equivalent for HEDIS quality measurement.

- Practice facilitation to clarify workflows and Epic specifications
- Epic build and integration of CGM data
- Evaluation of the QI initiative that targets high-risk patients based on CGM data

KPWHRI team will lead facilitation of implementation. Institute for Health Research (KPCO) team will lead evaluation.

Progress to date

- Mapped workflows involved in CGM initiation, dispensation, and data capture.
- Identified CGM-eligible but not-yet-engaged KPCO and KPWA patients
- Conducted initial delivery system interviews for assessing current CGM use, including patient-, clinician-, and staff-level barriers and facilitators.
- Drafted patient interview guide and sampling strategy to identify barriers and facilitators to CGM use.
- Began planning for Epic integration of CGM data - rollout for KPCO expected in late 2026.



James Ralston

KPWHRI Senior Investigator and KPWA Physician

Health services and health informatics researcher with expertise in chronic illness

Award amount: $980K from Lilly (Jan 2026 – Dec 2027)

KPWA partners: Amber Sweeney, Meredith Cotton

KPWA sponsor: Wendy Robinson

✓ **Supports 5YP in affordability, safety, & HEDIS performance**



Project team members from KPWA and KPCO. L to R: James Ralston, Susan Brandzel, Allison Maytag, James Lagrotteria, Mike Ho, Kristine Rogers, and Arvind Ramaprasan.

Back to overview

Predicting Risk of Obstructive Sleep Apnea (OSA) - Quality Improvement

ACT CENTER
Accelerating Care Transformation

KPWHRI role

Use prediction model developed in KPSC to identify KPWA members most likely to have OSA (confirmed by PSG) vs. other sleep disturbance, with the goal of more appropriate specialty referrals. The team will:

- Validate the prediction model in the KPWA member population.
- Implement referrals workflows at Capitol Hill and Northgate Medical Centers
- Evaluate implementation with 3 primary outcomes:
    - Reduced unnecessary referrals to Sleep/Pulmonary (for members unlikely to have OSA).
    - Increased engagement in treatment among people with OSA.
    - Increased use of CBT-Insomnia among members with other sleep disturbances.

Progress to date

- Finalized project scope and deliverables.
- Replicated the analytic data set at KPWA to validate the OSA prediction model from KPSC.
- Began initial testing of the OSA prediction algorithm.
- Developed the clinical workflow for study patients to be included in the “Fast Pass” stream to home sleep apnea testing in collaboration with Sleep Medicine.



Robert Penfold

KPWHRI Senior Investigator

Health services researcher with expertise in mental health and dementia

Award amount: $1.16M from Lilly (Jan 2026 – June 2027)

KPWA partners: David Ward, Peter Chuang, Lulu Guo

KPWA sponsor: David Ward

KPSC partner: Dennis Hwang

✓ **Supports 5YP in access and affordability**

Back to overview

Reducing climate-driven asthma impacts

ACT CENTER
Accelerating Care Transformation

KPWHRI role

Goal: Combine patient education with evidence-based asthma treatment to reduce preventable symptoms during smoke events from wildfires and create a practical, scalable model for primary care. The team will:

- Partner with patient advisory groups and local climate experts to create easy-to-use tools to help primary care teams talk with members about practical ways to keep their asthma from getting worse when wildfires impact air quality.
- Adapt an evidence-based Wildfire Smoke Practice Resource for use in primary care and pilot the resource in up to 5 KP Washington medical centers.

Progress to date

- Completed an environmental scan of educational resources available related to wildfire smoke preparedness.
- Participated in an Experts by Experience Advisory Committee Meeting to get feedback on the patient-facing resource.
- Met with KPWA pharmacist who focuses on asthma to understand how we can best define our cohort using data KPWA is already tracking.
- Ongoing work: Refining the patient-facing resource and the provider resource and training.



Meagan Brown

KPWHRI Assistant Investigator

Health equity and implementation science researcher; director of KP's Social Needs Network for Evaluation & Translation

Award amount: $65K from UW Center for Health and the Global Environment (Feb 2026 – Aug 2027)

KPWA business owner: Raj Sundar

KP executive sponsor: Anand Shah

External partner: Bradley Kramer, Public Health-Seattle and King County

✓ **Supports 5YP in affordability and HEDIS**

Partner insights



"My vision is that we can marry population health outreach with clinical care delivery — so that when a wildfire hits, it's not just a community health alert going out to members at higher risk, but also your own doctor and care team also reaching out and supporting you."

Raj Sundar, District Medical Director, South King County