

# Improving the Patient Experience Change Package



## The 9 High Impact Changes:

Patient Experience  
Collaborative

*Working together to make our  
patients and providers happier.*

*Read more to learn how your  
**organization** can support  
physician practices to improve  
the patient experience.*

1. **Negotiate the agenda with the patient at the start of each visit**
2. **Make a personal connection and demonstrate empathy through eye contact and empathic statement**
3. **Provide closure to the visit by summarizing next steps and action plan**
4. **Notify patients of all test results, whether positive or negative**
5. **Review the patient chart prior to the visit**
6. **Handle more than one medical problem during the visit and extend return intervals when appropriate**
7. **Open same-day appointment slots**
8. **Implement office “huddles” to monitor and manage patient flow on a daily basis**
9. **Obtain ongoing feedback from patients through a survey and provide data to physicians, at least quarterly**

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# INTRODUCTION

We know these changes work – we have the evidence to prove it!

**These recommendations may seem intuitive, but they are more than just “good ideas” — a growing body of research and our experience in a California affirms that patient-centered care saves time and money while improving health care quality.**

- ◆ Active patient involvement boosts compliance with doctor recommendations and improves self management of chronic conditions<sup>i</sup> — behavior changes which in turn lead to better physical functioning in daily activities.<sup>ii</sup>
- ◆ Increased continuity of care is associated with improved preventive care delivery and reduced hospitalizations, emergency department visits and readmissions.<sup>iii</sup>
- ◆ Patient-centered care also results in fewer diagnostic tests, referrals, and subsequent office visits.<sup>iv</sup>
- ◆ Doctor-patient communication is a key factor in patient retention and satisfaction. A study of Massachusetts state employees found that a poor relationship between patients and their primary care physician — which was a function of trust, communication and personal interaction — motivated 20% to leave their PCP.<sup>v</sup>
- ◆ Improved communication benefits physicians, physician groups and IPAs as well — patient-centered care has been shown to improve physician satisfaction and retention.<sup>vi</sup>
- ◆ Finally, these high-impact practice changes enhance access to care by reducing missed appointments (by up to 50%)<sup>vii</sup> and lowering the use of the Emergency Department for primary care.<sup>viii</sup>

The following document is a guide to improve the patient experience, with recommendations at both the practice and organization levels. The changes recommended are ones found useful in improving access to care, care coordination, and physician-patient interactions based on the scientific literature, findings from three California collaboratives, and personal experiences of physicians participating in the collaboratives, which involved 15 California medical groups and IPAs.

You will notice in the document links to numerous resources and tools. We hope that you find this guide useful in improving the patient experience in your organization. We would appreciate hearing from you about your experiences using this guide in an effort to improve its use across organizations.

- i Lewin SA, Skea ZC, Entwistle V, Zwarenstein M, Dick J. Interventions for providers to promote a patient-centered approach in clinical consultations. The Cochrane Database of Systematic Reviews. 2001; issue 4. (Clark 1998)
- ii Lewin SA, Skea ZC, Entwistle V, Zwarenstein M, Dick J. Interventions for providers to promote a patient-centered approach in clinical consultations. The Cochrane Database of Systematic Reviews. 2001; issue 4. (Pill, 1998)
- iii Wasson JH, et al. Continuity of outpatient medical care in elderly men: a randomized trial. JAMA. 1984;252:2413-2417.
- iv Stewart et al., 2000. The impact of patient-centered care on outcomes. The Journal of Family Practice. 2000; 49(9): 796-804
- v Safran, DG, Montgomery, JA, Chang, H et al. Switching doctors: predictors of voluntary disenrollment from a primary care physician's practice. Journal of Family Practice. 2001; 50(2): 130-136
- vi Pathman et al., 2001; Suchman AL, Roter DL, Greene MG, et al. Physician satisfaction with primary care office visits. Medical Care. 1993; 31:1083-92
- vii Singer I, Regenstein M. Advanced access: ambulatory care redesign and the nation's safety net. Washington: National Association of Public Hospitals and Health Systems; 2003 Dec.
- viii Witt M, Tinder S. Advanced Access: HealthCare Partners Sees Patients the Same Day. AMGA Group Practice Journal Feb 2002; 51(2).

# High Impact Changes for Physician Practices

## Tips for Improving Physician-Patient Communication

Key Change	Ideas to Try	Resources/Tools to Use
Negotiate the agenda with the patient at the start of the visit	<p>Elicit patients' key concerns by asking them to prioritize their goals for the visit on a written form.</p> <ul style="list-style-type: none"> <li>◆ Doctor and/or MA references form and asks, "What else would you like to focus on during today's visit?" or "What's the one thing you want to be sure happens before you leave today?"</li> <li>◆ Share with patient items that clinician sees as important for the visit. For example, "I see your blood pressure is up again today. I'd like to talk about changing your medication."</li> <li>◆ Reach consensus on how to allocate time.</li> </ul>	<ul style="list-style-type: none"> <li>◆ <a href="#">Sample concern form</a></li> <li>◆ <a href="#">Agenda setting article with practical tips: Have You Really Addressed Your Patient's Concerns?</a> <i>Family Practice Management, Ronald M. Epstein, MD, Larry Mauksch, MEd, Jennifer Carroll, MD, MPH, and Carlos Roberto Jaén, MD, PhD</i></li> <li>◆ <a href="#">Script for Improving Doctor-Patient Communication</a></li> </ul>
Make a personal connection and demonstrate empathy through eye contact and empathic statements	<p>Strengthen patients' sense of personal connection with and trust in their doctor.</p> <ul style="list-style-type: none"> <li>◆ Make eye contact and shake hands as you enter the room.</li> <li>◆ Use welcoming words and tone of voice.</li> <li>◆ Sit down so that you are at the same level as the patient.</li> <li>◆ Acknowledge the reason for the visit and make a brief, personal connection before beginning the visit.</li> <li>◆ For example, "At your last visit you mentioned your family got a new puppy. How is that going?"</li> <li>◆ Demonstrate appreciation of patient concerns through empathic statements.</li> <li>◆ For example, "It sounds like making the diet changes we discussed has been pretty frustrating."</li> </ul>	<ul style="list-style-type: none"> <li>◆ <a href="#">Sample greeting script</a></li> <li>◆ <a href="#">Kaiser 4 Habits model</a></li> <li>◆ <a href="#">Communication Training Group's Tips for Communicating with Patients</a></li> <li>◆ <a href="#">Facey Medical Foundation - Behavior that Promote Complete Clinical Care</a></li> </ul>
Provide closure by summarizing next steps and action plan	<p>Help patients understand and comply with their care plan by reiterating goals of the visit and next steps.</p> <ul style="list-style-type: none"> <li>◆ Summarize and affirm agreement with plan of action.</li> <li>◆ Discuss and clarify any follow-up with patient.</li> <li>◆ Address patient's priorities by asking, "What's the one thing you want to be sure happens before you leave today?"</li> </ul>	

# High Impact Changes for Physician Practices

## Tips for Improving Care Coordination

Key Changes	Ideas to Try	Resources/Tools to Use
<p><b>Notify patients of all test results</b></p>	<p>Establish protocols to efficiently manage and communicate test results to patients in a timely manner.</p> <ul style="list-style-type: none"> <li>◆ Protocol for normal results, no action required</li> <li>◆ Protocol for normal results, action required</li> <li>◆ Protocol for abnormal results no action required</li> <li>◆ Protocol for abnormal results action required</li> <li>◆ Protocol for abnormal results urgent action required</li> <li>◆ Protocol for detecting when test not obtained</li> </ul> <p>Develop protocols for handling results that require a phone call from a clinician or a visit from the patient.</p> <p>Use pre-formatted letters to relay normal results for common reports. Include patient education handouts to provide further guidance on common situations.</p> <p>Include a section at the end of the clinic note listing tests ordered as a result of the visit.</p>	<ul style="list-style-type: none"> <li>◆ <a href="#">Sample Notification Forms</a></li> <li>◆ <a href="#">Sample Lab Reporting Tool</a></li> <li>◆ <a href="#">Ideas for Improving Care Coordination</a></li> </ul>
<p><b>Review patient chart prior to the visit</b></p>	<p>Come prepared to the patient encounter.</p> <ul style="list-style-type: none"> <li>◆ Review patient medical history prior to the visit.</li> <li>◆ Identify visits with other providers and any follow-up tests/results.</li> </ul>	

# High Impact Changes for Physician Practices

## Tips for Improving Access

Key Change	Ideas to Try	Resources/Tools to Use
Handle more than one medical problem during the visit and extend return visit intervals when appropriate	<p>Go beyond the chief complaint by asking patients to list all conditions and concerns at the start of the visit.</p> <ul style="list-style-type: none"> <li>◆ Add to the list those chronic care and preventive issues that are medically indicated. Determine which can be covered during the appointment.</li> <li>◆ Good examples include: adding chronic care management (e.g. HBA1c and cholesterol test) onto visits for unrelated acute care problems or performing a Pap smear if a woman comes in for pelvic complaints.</li> </ul> <p>One goal is to reduce future visits, especially demand for physical exams.</p> <ul style="list-style-type: none"> <li>◆ For chronically ill but stable patients who return at regular intervals, consider extending inter-visit intervals. Patients with stable well-controlled diabetes, hypertension, or chronic stable angina are good candidates for this approach.</li> <li>◆ Decisions to extend visit intervals will depend on patients' ability to self-manage and seek care if/when their condition were to worsen, as well as the availability of urgent appointments. Keep in mind that that more appointments will now be open at the start of the day if same-day slots are implemented.</li> </ul>	<ul style="list-style-type: none"> <li>◆ <a href="#">Improved Access Tip Sheet</a></li> <li>◆ <a href="#">Measuring access: Instructions for Measuring 3NA</a></li> <li>◆ <a href="#">Instructions for Graphing 3NA</a></li> </ul>
Open same-day appointment slots	<p>Ideally the number of same-day appointment slots required will be determined by need. This can be assessed by measuring actual supply and demand over a two-week period. If the practice is unable to conduct the measurements, employ quick-start method.</p> <p><b>Quick-start Method:</b> During the first week leave 2-4 appointment slots open each day (evenly divided between late morning/afternoon). These slots should only be given out the same day. Record the time of the day that they fill up. After one week, add 2-4 more slots if the appointments regularly filled before 2 PM. Continue weekly adjustments based on demand. Modify number of open slots based on days of higher (typically Monday) or lower (often Thursday) demand.</p>	<ul style="list-style-type: none"> <li>◆ <a href="#">Improved Access Tip Sheet</a></li> <li>◆ <a href="#">Weekly Demand Counter</a></li> <li>◆ <a href="#">Supply &amp; Demand Tool</a></li> </ul>

# How to Implement Office Huddles

## Tip Sheet for Physicians and Office Staff

1. **Get physician buy-in.** Regardless of whether the physician attends the meeting, his or her support of daily huddles is critical to their success.
2. **Settle on a time to meet consistently.** It's important that the "huddle time" becomes a part of everyone's daily routine. However, it might take some experimenting to figure out what the right time should be.
3. **Experiment with different participants.** The best huddle won't necessarily involve everyone in the practice.
4. **Limit huddles to seven minutes or less.** This keeps the meeting focused and prevents team members from becoming long-winded.
5. **Hold the huddle in a central location.** For example, you might simply gather in the hallway outside the nurse's station.
6. **Have everyone stand the entire time.** This helps keep the meeting short so you can get back to seeing patients.  
*Two additional guidelines can be disregarded after a few weeks if everything works correctly:*
7. **Designate a huddle leader and put together a structured agenda.** (See "Suggested Huddle Agenda") After a few weeks, the huddle will run itself.
8. **Identify a huddle champion who can provide daily discipline.** It's best if the champion is a physician or office manager. Once the huddles gain momentum, the benefits become self-evident and no extra effort is required. In the TransforMED practices, this has usually happened somewhere between two days and two weeks.

### Suggested Huddle Agenda

- ◆ Check for patients on the schedule who may require more time and assistance due to age, disability, personality or language barriers. Who can help?
- ◆ Check for back-to-back lengthy appointments, such as physicals. How can they be worked around to prevent backlog?
- ◆ Check for openings that can be filled or chronic no-shows that can be anticipated. Any special instructions for the scheduler?
- ◆ Check provider and staff schedules. Does anyone need to leave early or break for a phone call or meeting?
- ◆ Ask whether lab results, test results and notes from other physicians are ready in the patient's chart. What will be the most efficient path of patient flow?

### Resources

- [Huddles: Improve Office Efficiency in Mere Minutes](#)
- [Institute for Healthcare Improvement](#)
- [Five Minute Huddles \(Facey Medical Group\)](#)

# Tactical Changes at the Organization

## #1: Provide communication training to physicians and staff to improve physician-patient and office staff-patient communication

Key Changes	Ideas to Try	Resources/Tools to Use
<p>Provide communication training to physicians and their office staff to improve communication with patients and teamwork</p>	<p>Provide a physician-patient communication training program which includes initial training and a process to reinforce changes. Training program should include 7 key components:</p> <ol style="list-style-type: none"> <li>1) build the doctor-patient relationship</li> <li>2) open the discussion</li> <li>3) gather information</li> <li>4) understand the patient's perspective</li> <li>5) share information</li> <li>6) reach agreement on problems and plans</li> <li>7) provide closure</li> </ol>	<ul style="list-style-type: none"> <li>◆ <a href="#">Improving the Patient Experience: Focus on Doctor-Patient Communication</a></li> <li>◆ <a href="#">Recommendations for Implementing a Doctor-Patient Communication Training Program</a></li> <li>◆ <a href="#">Communication Training Group's Tips for Communicating with Patients</a></li> </ul> <p>List of vendors:</p>
	<p>Provide stipends for physicians to attend communication training -- \$200 is a good starting point.</p>	<ul style="list-style-type: none"> <li>◆ <a href="#">Resources for Implementing Staff-Patient Communication Trainings</a></li> </ul>
	<p>Set up infrastructure to support ongoing training. Strategies include:</p> <ul style="list-style-type: none"> <li>◆ developing in-house coaches to shadow clinicians and provide support</li> <li>◆ train your own trainers to run workshops</li> <li>◆ hire trainers to run workshops</li> </ul>	<ul style="list-style-type: none"> <li>◆ <a href="#">Resources for Implementing Physician-Patient Communication Trainings</a></li> </ul> <p>Communication training essentials:</p> <ul style="list-style-type: none"> <li>◆ Article: <a href="#">Essential Elements of Communication in Medical Encounters: The Kalamazoo Consensus Statement</a></li> <li>◆ <a href="#">Engaging Physicians - Making Improvements in Patient Experience</a> <i>A presentation by Nancy Greenstreet, MD and Linda Muhoberac, Physicians Medical Group of Santa Cruz</i></li> </ul>

# Tactical Changes at the Organization

## #2: Provide advanced access training to physician practices

Key Change	Ideas to Try	Resources/Tools to Use
Provide training that includes both physicians and staff	<p>Provide training that includes:</p> <ul style="list-style-type: none"> <li>◆ Coverage of the principles of Advanced Access</li> <li>◆ Development of an office-specific implementation plan</li> <li>◆ Infrastructure to motivate behavior change and sustained change (i.e. rewards/incentives)</li> </ul>	<ul style="list-style-type: none"> <li>◆ Vendors               <ul style="list-style-type: none"> <li>- Camden Group</li> <li>- Mark Murray, MD</li> </ul> </li> <li>◆ <a href="#">Overview: Implementing Advanced Access</a></li> <li>◆ <a href="#">IHI Tools for measuring access, supply, demand, satisfaction and other metrics</a></li> </ul>

## #3: Provide a systematic approach to reporting lab results to patients and physicians

Key Change	Ideas to Try	Resources/Tools to Use
Notify patients of all test results	<p>Use technology to support practices in adopting a systematic approach to reporting results:</p> <ul style="list-style-type: none"> <li>◆ Patient Portal/web access (after MD releases)</li> <li>◆ Assist practices in setting up results reporting using MS databases and MS Outlook</li> <li>◆ Portal to EMR to allow patients to view once MD as released</li> </ul> <p>Conduct “e-visits” for abnormal results (with appropriate time compensation).</p>	<ul style="list-style-type: none"> <li>◆ Vendors               <ul style="list-style-type: none"> <li>- <a href="http://www.relayhealth.com">www.relayhealth.com</a></li> <li>- <a href="http://www.medem.com">www.medem.com</a></li> </ul> </li> <li>◆ <a href="#">Ideas for Improving Care Coordination</a></li> </ul>

# Strategic Changes at the Organization

## #1: Provide direct and visible leadership at all levels of management throughout your organization

Key Changes	Ideas to Try	Resources/Tools To Use
Express the “will”, urgency and excitement to change; engage others in dialogue and participation	Link patient experience goals to organization mission and strategic initiatives; include patient experience as a “standing agenda” item at board and management meetings.	<ul style="list-style-type: none"> <li>◆ <a href="#">Case Study: Buenaventura Medical Group</a> <i>A presentation by Jim Malone, the CEO at Buenaventura when they rose from the 20th to 80th percentile in patient experience in two years. Buenaventura is now part of Kaiser.</i></li> <li>◆ <a href="#">IHI Seven Leadership Leverage Points White Paper</a></li> <li>◆ <a href="#">Measurements and Incentives (St. Joseph Heritage)</a></li> <li>◆ <a href="#">Book: Silversin &amp; Kornacki (2000). Leading Physicians through Change. How to Achieve and Sustain Results.</a> American College of Physician Executives.</li> </ul>
	Hold focus groups to elicit input from practitioners, staff and patients on ways to improve patients’ experiences.	
Provide sufficient resources, clear barriers, be visible	Respond to staff requests for resources and encourage staff growth and development.	
	Make project a priority and align incentives accordingly.	
	Contribute ideas and troubleshoot by participating in staff meetings, team meetings and huddles.	
Make the new way unavoidable through rewards, incentives, and reporting	Showcase individuals at meetings, awards ceremonies, in personal notes/emails, in newsletters.	
	Provide financial incentives (at least 10%) and link them to compensation structure across all levels of staff.	
	Incorporate performance thresholds into Peer Review, Credentialing and QI Processes (i.e. remove practitioners from the group that score below average). Use a “Compact” to clearly define expectations (the give versus the get).	
	Use public dashboards to show individual performance compared to peers.	
Invest time and resources into improving staff and employee satisfaction	Measure staff satisfaction quarterly and engage discussion around results during regular staff meetings.	
	Recognize and reward staff performance through use of incentives, staff parties, and recognition in newsletters.	

# Strategic Changes at the Organization

## #2: Provide routine feedback at the physician level and act on slippage

Key Changes	Ideas to Try	Resources/Tools to Use
Provide feedback on key dimensions of the patient experience to physicians at least quarterly	Develop a physician level report that includes run charts demonstrating performance over time and compared to peers. Report should include at least 30 patients per doctor to maximize reliability. Comparisons within same or similar specialty.	<ul style="list-style-type: none"> <li>◆ <a href="#">Survey Options for Obtaining Patient Feedback</a></li> <li>◆ <a href="#">Patient Assessment Survey (PAS) instruments and project information</a></li> <li>◆ <a href="#">Short Form PAS Survey</a></li> <li>◆ <a href="#">Improving Doctors' Communication Skills: Teaching What is Measured</a></li> </ul>
	Use dashboards with comparative information showing performance against established goals at the physician level.	
Meet with physicians where performance has slipped or greatly improved	Hold a focus group or meet 1:1 with physicians whose performance has slipped to identify reasons for slippage and some actionable behaviors to improve performance.	
	Meet with high performers to learn about best practices they are using and disseminate throughout network.	

## #3: Communicate regularly and effectively across all levels of your organization

Key Changes	Ideas to Try	Resources/Tools to Use
Create a shared language for improvement in patient experience	Provide a clear, written description of the goals, their purpose, and desired targets across all levels of the organization.	<ul style="list-style-type: none"> <li>◆ <a href="#">Communication Worksheet</a></li> <li>◆ <a href="#">Measurements and Incentives (St. Joseph Heritage)</a></li> </ul>
Develop awareness and support adoption of better practice across organization	Use cards, meet 1:1, public recognition to recognize improvements.	
Disseminate outcome-focused, easy-to-understand data across all levels of the organization	Share dashboards or other data in newsletters and meetings. Use of stories and testimonials are effective.	
Continue to create the urgency to change across all levels of the organization	Consistently share data through monthly or quarterly dashboards. Share data and information at meetings, in newsletters.	

# Strategic Changes at the Organization

## #4: Provide technical support and training

Key Changes	Ideas to Try	Resources/Tools to Use	
Teach the model for improvement as a method for instituting changes in patient experience	Use an exercise unrelated to healthcare.	<ul style="list-style-type: none"> <li>♦ <a href="#">Five Minute Huddles (Facey Medical Group)</a></li> <li>♦ <a href="#">How to Improve</a></li> <li>♦ <a href="#">PDSA Worksheet</a></li> <li>♦ <a href="#">PDSA Worksheet sample</a></li> </ul>	
	Use Medical Directors to teach the model for improvement in groups or 1:1.		
	Ask audience to report out first PDSA and use the report as a “teachable moment”.		
	Share examples of PDSAs in newsletter and at meetings.		
Train everyone who will be impacted	Provide lunch, exercises and prizes—make it fun.		
	Create new roles or assign new responsibilities as needed.		
Teach practices about how to do daily huddles and hold routine team meetings	Invite a successful practice to talk to other practices and shadow them.		
Re-train, re-educate, and re-campaign so people do not resort to old habits	Hold teleconferences to reinforce skills; use coaches to check in within a couple of weeks after implementation and routinely post implementation.		

# CALIFORNIA QUALITY COLLABORATIVE (CQC)

**California Quality Collaborative (CQC) is a healthcare improvement organization dedicated to advancing the quality and efficiency of patient care in California.**

CQC's expert quality improvement programs transform healthcare delivery across physician groups through collaboration. The organization is supported by a state-wide leadership alliance of healthcare purchasers, providers, and health plans, all working toward a shared goal of accelerating quality improvement.

**Together, we can deliver better patient care and a healthier community at a more affordable price.**

With trusted programs customized for the needs of California, CQC enables physician groups to take a leadership role in transforming healthcare delivery across the state. CQC programs accelerate the spread of best practices and evidence-based, patient-centered care so that:

- ◆ Physician groups can work collectively to learn the essential skills they need to improve performance
- ◆ Health plans can help improve care for their members while controlling costs for all HMO and PPO patients, and health care purchasers can offer the highest value, most effective health benefits for a healthier workforce.

## Our Background

**CQC was established in 2004 under its original name, Breakthroughs in Chronic Care Program (BCCP). It was re-named the California Quality Collaborative in 2007 to reflect a broader scope of programming – starting with chronic care and expanding to the areas of patient satisfaction, clinical improvement and efficiency in all outpatient settings.**

## Our Program

Led by national experts in the field, CQC offers a range of healthcare improvement programs, including:

- ◆ Essentials of Performance Improvement programs engage California physician group leadership teams to manage change across their practices to achieve evidence-based, patient-centered care;
- ◆ Topic-specific collaboratives offer access to national experts and leading physician peer groups to facilitate the adoption of best practices in patient satisfaction, clinical care, and efficiency;
- ◆ System level re-design efforts improve collaboration between providers and plans to coordinate care for the patients they share.

CQC programs align with the metrics in place in California such as publicly reported quality measures and pay for performance incentives. More than 115 physician groups throughout California have already benefited since the program began.

**“Through CQC, all of us—healthcare purchasers, providers, and plans—are working together to accelerate quality improvement in California—at the system level as well as the practice level.”**

**—Wells Shoemaker, M.D.,  
Medical Director, CAPG**

**“Our healthcare delivery system doesn’t always provide quality, affordable care, and it’s difficult for any one group to solve the problem alone. Together, CQC sponsors and program participants are finding practical ways to achieve our shared goal of effective, patient-centered care for all Californians.”**

**—Diane Stewart, CQC Director,  
Pacific Business Group on Health**

# CQC would like to acknowledge the following organizations for supporting the program:

## PROGRAM SPONSORS

Aetna  
Anthem Blue Cross  
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California Association of Physician Groups  
Health Net  
Pacific Business Group on Health

## PROJECT SPONSORS

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