Key Perspectives on the Future of Population Health

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America’s Essential Hospitals

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MEET THE PROJECT TEAM

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Katherine Susman
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America’s Essential Hospitals

Jocelyn Vaughn
Project Manager, Quality Research
University HealthSystem Consortium (UHC)
PRACTICE LEADERS AND EXPERT PANEL ON POPULATION HEALTH

Practice Leaders:

• Theresa De La Haya, RN, and Katherine Diaz
  *Breast Health Services Program*
  University Health System

• Tannika Price, Esq.
  *Moms 2B Program*
  Ohio State University Wexner Medical Center

• Debra Gussin, MSW, MPA
  *Medical Respite Program*
  Harborview Medical Center, UW

Expert Panel:

• Heidi Behforouz, MD
  Brigham and Women’s Hospital

• Leslie Mikkelsen, MPH, RD
  Prevention Institute

• Kathleen Nolan, MPH
  National Association of Medicaid Directors

• Sharon Phillips, MBA, RN, and Colleagues
  Parkland Health & Hospital System

• Michael Stoto, PhD
  Georgetown University School of Nursing & Health Studies
Serve as a resource to “champions” in essential hospitals and academic medical centers by:

• Defining the unique leadership roles of essential hospitals and academic medical centers in providing value-based services to patients and geographically defined communities

• Discussing lessons learned from Practice Leaders and Expert Panelists regarding facilitators and challenges to practicing population health in the current healthcare environment
CONCEPTUAL FRAMEWORK: POPULATION HEALTH

POPULATION HEALTHCARE + POPULATION HEALTH COMMUNITY → CULTURE OF HEALTH

**POPULATION HEALTHCARE**

**WHO are we targeting?**
- *Patients in a hospital system* (targeted or broad-based)

**HOW are we intervening?**
- Practicing upstream healthcare *within the delivery system*
- Focus on *secondary and tertiary prevention*

**WHAT are we measuring?**
- Health and wellness outcomes, measured at the *hospital level*

**POPULATION HEALTH COMMUNITY**

**WHO are we targeting?**
- *People within a geographic area* who may or may not be seeking healthcare services (targeted or broad-based)

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HOSPITAL AND HEALTHCARE SYSTEM ROLES IN CREATING A CULTURE OF HEALTH

**SPECIALIST**
- Implement targeted, specific initiatives
- Works with a limited group of community partners
- May have limited resources to practice population health

**ANCHOR**
- Address a comprehensive scope of initiatives
- Have strong, active, diverse community partners
- Allocates significant resources to support population health

HRET. Hospital-based Strategies for Creating a Culture of Health, 2014.
SPECIFIC ROLES OF ESSENTIAL HOSPITALS AND ACADEMIC MEDICAL CENTERS IN CREATING A CULTURE OF HEALTH

• Redesign medical education to include a stronger focus on practicing primary and upstream care
• Support rigorous research to evaluate population health programs and best practices
• Lead collaborative partnerships with behavioral/mental health, social and community-based resources
• Advocate for public policy that supports population health programs
• Serve as early adopters and innovators of population health efforts
LESSONS LEARNED FROM PRACTICE LEADERS: FACILITATORS

1) **Clear demonstration of the community health need**
   - Data-driven needs assessments to identify and prioritize potential population health interventions (e.g., CHNAs)

2) **Strong support of diverse leadership and staff**
   - *Administrative and clinical* leadership support to provide necessary resources and to articulate their role as strong proponents of the program
   - An experienced and dedicated program team

3) **Ability to leverage existing infrastructures and programs**
   - Engaged community partners that can help shape a shared agenda and effectively implement and evaluate population health efforts
   - Expansion of existing programs facilitates efficiencies in financial and staff investment, work flow processes, and setting goals and priorities
LESSONS LEARNED FROM PRACTICE LEADERS: CHALLENGES

1) Demonstrating the effects of the project
   • Difficulty in obtaining valid, reliable, timely, and/or complete data.
   • Quantifying success in terms that demonstrate a return on investment (ROI) (short-term or long-term) and/or improvements in health.

2) Maintaining long-term financial viability
   • Much of the funding mechanisms come by way of grants, often through Public Health (e.g., CDC).
   • The identification of consistent and diverse funding streams is key to maintaining continuity (and expansion) of population health efforts.
PROJECT FINDINGS: KEY TAKEAWAY #1

Essential hospitals and academic medical centers play a unique leadership role in bringing effective population healthcare and population health community programs to the marketplace.

Population health necessarily requires an integrated approach (bridge) that includes multi-disciplinary staff, hospital systems, behavioral/mental health services, social services, and/or community-based organizations.

- Where possible, build on existing infrastructures and supports to strengthen collaboration and/or public-private partnerships

- Garner cross-departmental leadership support (clinical and administrative)

- Establish easy-to-use channels of information (especially electronically) for all partners/providers
PROJECT FINDINGS: KEY TAKEAWAY #3

Develop strategies to identify and access short- and long-term funding sources.

- *Create a measurement plan that provides reportable information that can be used to demonstrate ROI and improved outcomes*
  - Identify data sources and measures that allow for the evaluation of programmatic impact in the short- and long-term

- *Build capacity through leveraging diverse funding resources*
  - Community health benefit programs
  - Existing State- and Local- pilot demonstrations
  - Public-private partnerships
THE FUTURE OF POPULATION HEALTH IN THE U.S. HEALTH SYSTEM

- More medical care does not equal better quality of care or better outcomes

- Value-based incentives will increasingly evaluate provider performance that reduces costs while improving health care *quality outcomes*, *rather than clinical processes*

- Improving health outcomes will require health care systems to “think upstream” in their approach to patients and broader “at-risk” communities

- Guidance from new delivery system reforms, including *Accountable Health Communities*, suggest that essential hospitals and academic medical centers will have a key role to play in achieving population health goals, and ultimately, a *Culture of Health*
DISCUSSION / QUESTIONS