



NATIONAL
RURAL HEALTH
RESOURCE CENTER

Population Health Return on Investment, Toolkit Scenarios, and Readiness Assessment



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Learning Objectives

- Recognize the return on investment (ROI) of population health
- Recall different scenarios from the Population Health Toolkit and how to use them
- Discuss the purpose and benefits of the Population Health Readiness Assessment to critical access hospitals (CAHs) and other safety net providers



Defining Population Health

Population Health serves as a strategic platform to improve the health outcomes of a defined group of people, concentrating on three stages:

- Distribution of specific health statuses and outcomes within a population
- Factors that cause the present outcomes distribution
- Interventions that modify the factors to improve health outcomes

Source: www.aha.org



Clarifying Population Health

“Population Health” used interchangeably for:

- **Targeted population:** Improving health and reducing costs for *specific groups of patients*, often grouped by insurance type and focused on chronic disease.
- **Total Community Health:** Health outcomes of an *entire group* of individuals, often geographically defined, including the distribution/disparities of outcomes within the group.

It's Both/And Situational

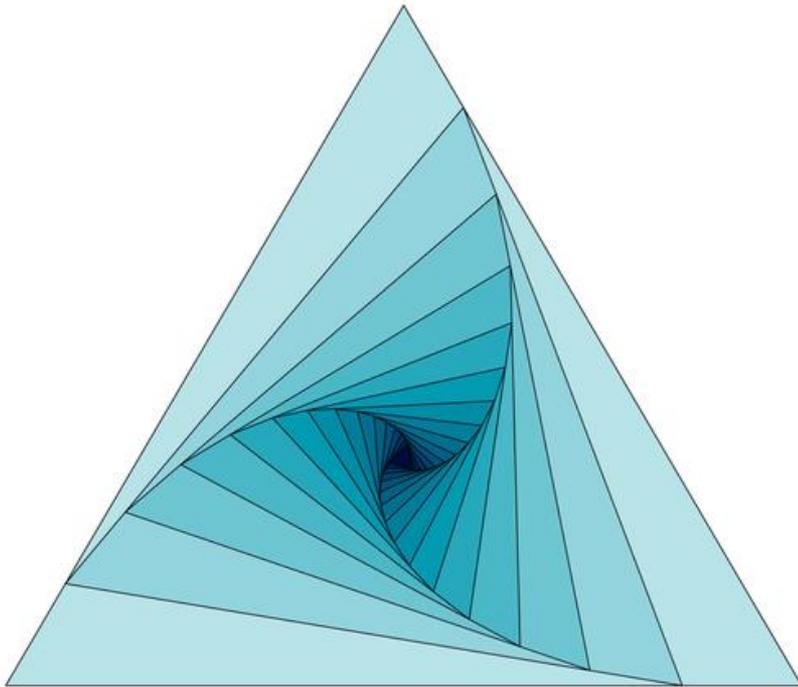


The Need to Demonstrate Value

CMS Quality Strategy

Three Aims

- ✓ Better Care
- ✓ Healthier People,
Healthier Communities
- ✓ Smarter Spending

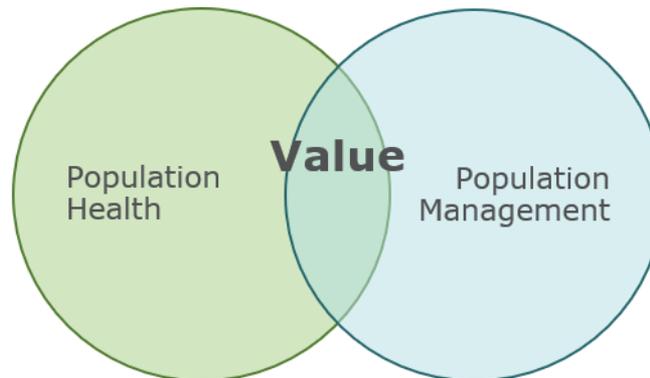


**Value = Quality + Experience
Cost**



Population Management & Population Medicine

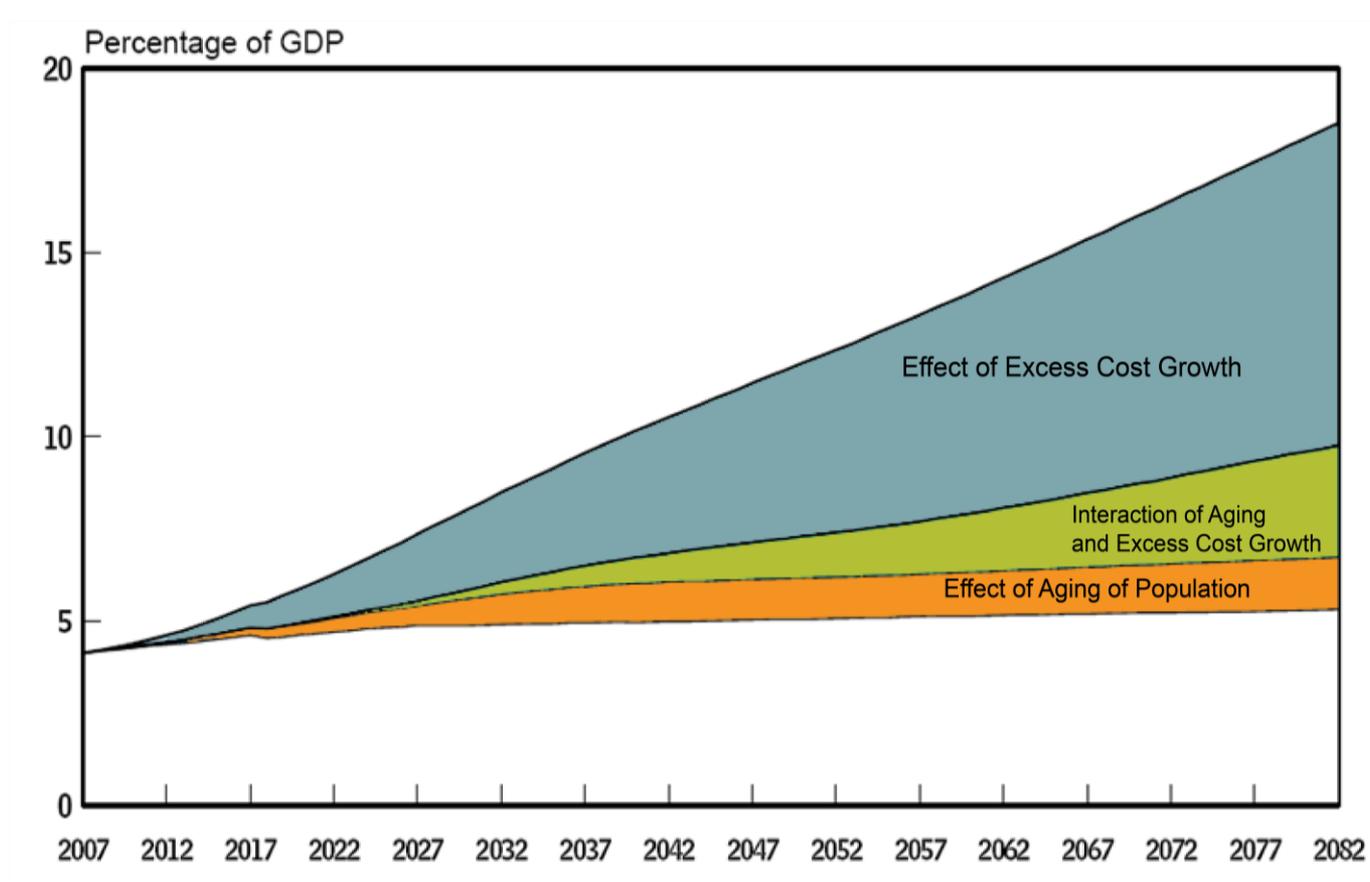
- Population Management
 - Managing and paying for health care services for a discrete or defined population
- Population Medicine
 - Design, delivery, coordination, and payment of high-quality health care services to manage the Triple Aim for a population using the best resources we have available



Source: www.ihl.org

Industry and Market Trends - Federal Spending

Projected Federal Spending on Medicare and Medicaid



Source: National Rural Accountable Care Consortium

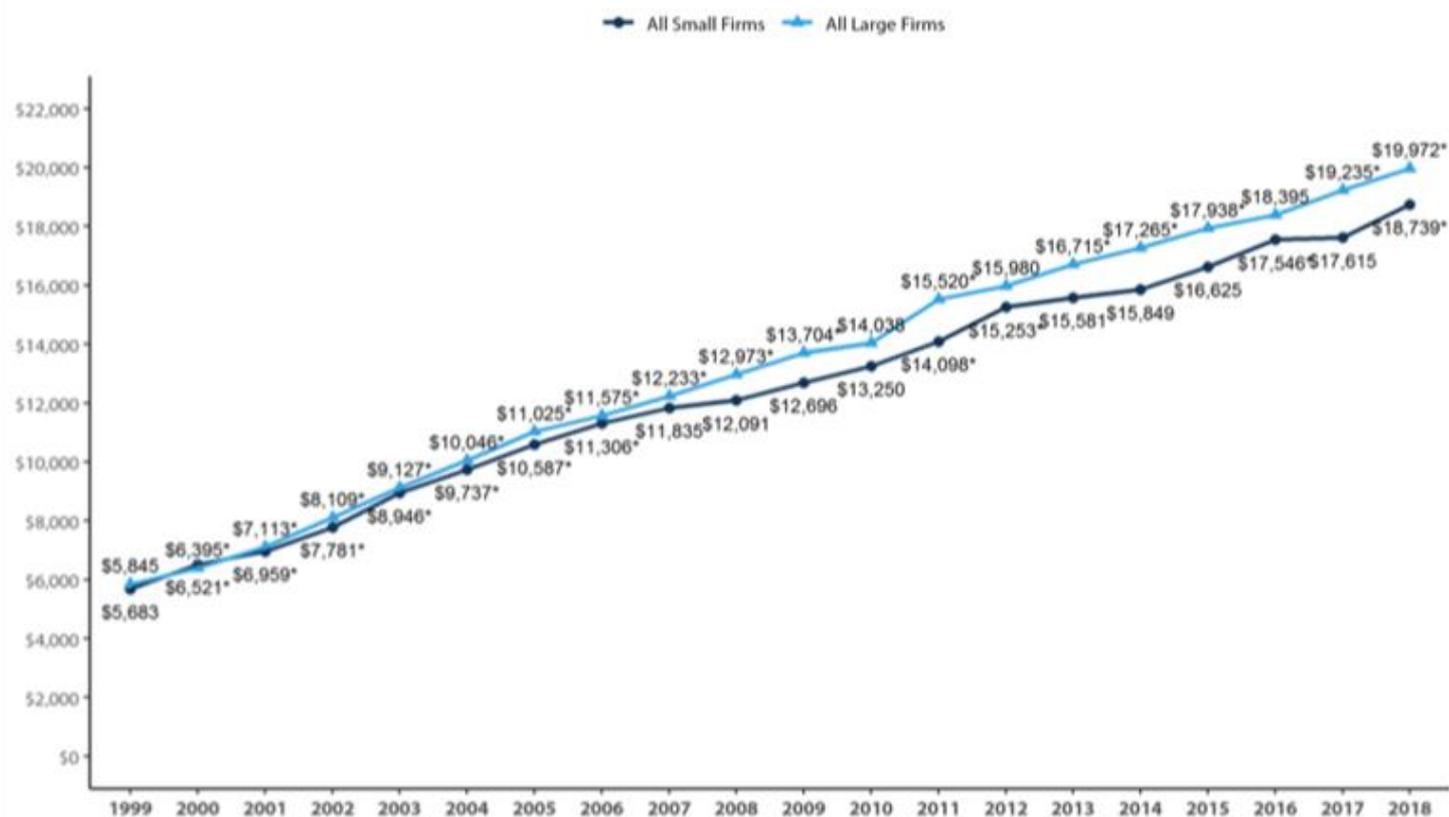
Industry and Market Trends - Insurance Premiums

Call to Action: Insurance Premiums



Figure 1.12

Average Annual Premiums for Covered Workers with Family Coverage, by Firm Size, 1999-2018



* Estimate is statistically different from estimate for the previous year shown (p < .05).

NOTE: Small Firms have 3-199 workers and Large Firms have 200 or more workers.

SOURCE: KFF Employer Health Benefits Survey, 2018; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 1999-2017

THE KAISER FAMILY FOUNDATION

Employer Health Benefits

2018

ANNUAL SURVEY

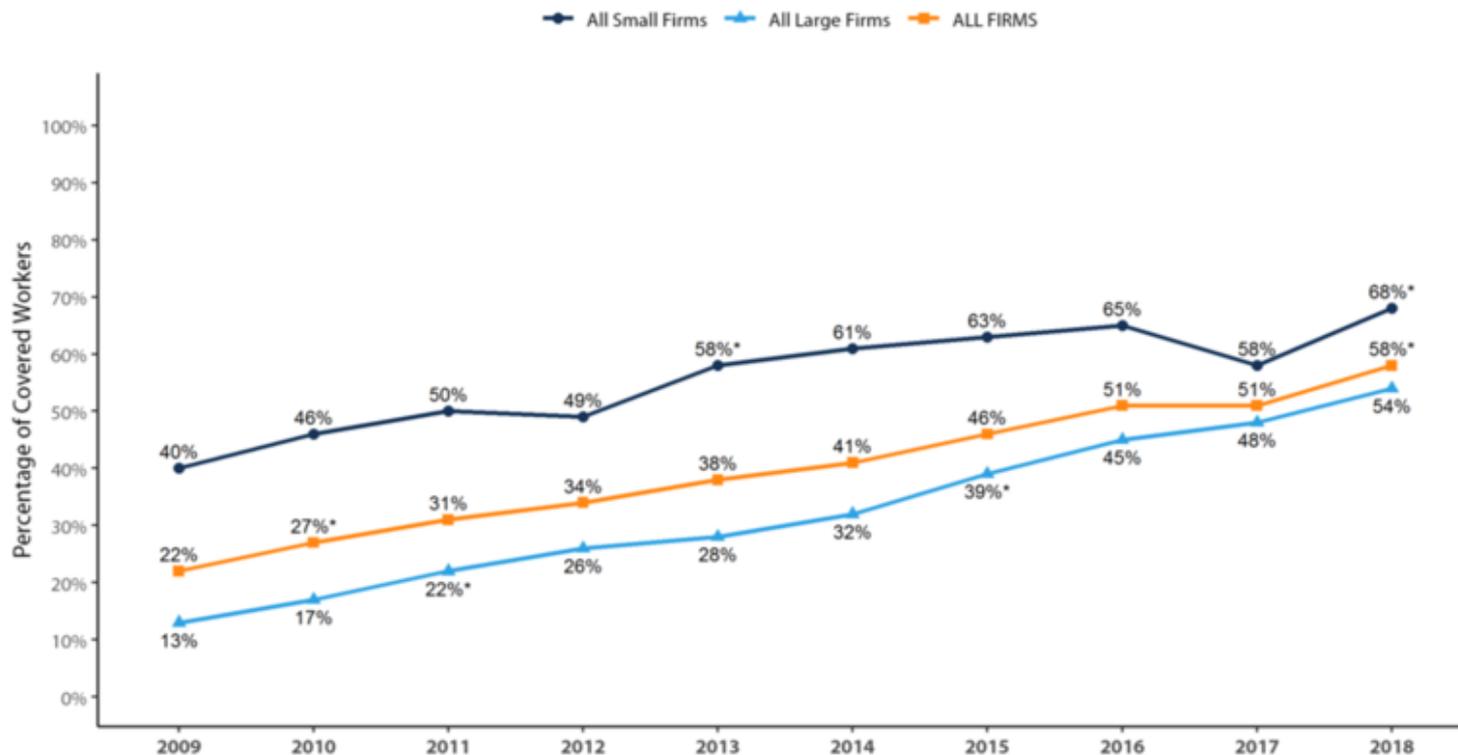
Industry and Market Trends - High Deductible Health Plans

Call to Action: Growth of High Deductible Plans



Figure 7.13

Percentage of Covered Workers Enrolled in a Plan with a General Annual Deductible of \$1,000 or More for Single Coverage, by Firm Size, 2009-2018



* Estimate is statistically different from estimate for the previous year shown (p < .05).

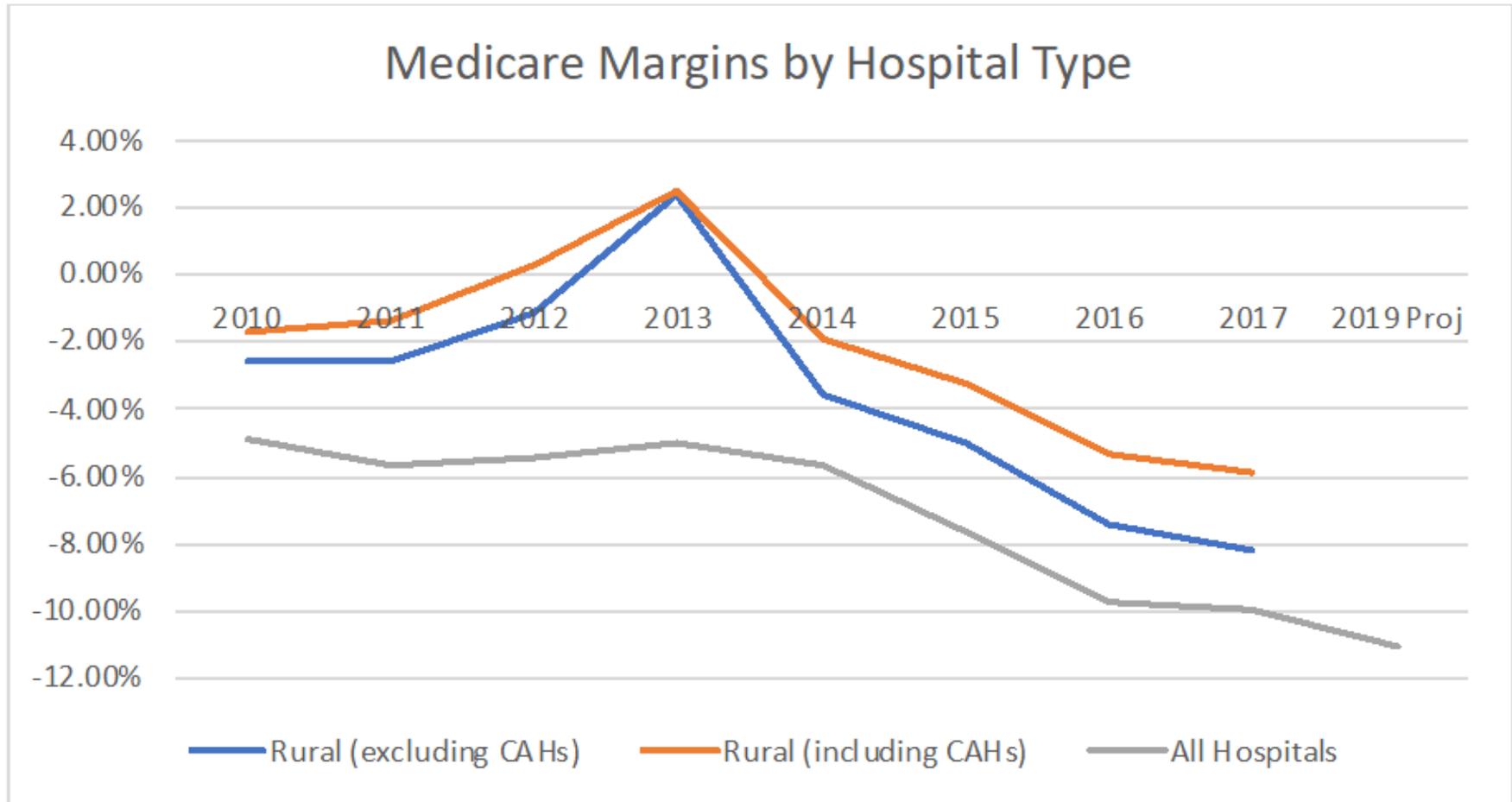
NOTE: Small Firms have 3-199 workers and Large Firms have 200 or more workers. These estimates include workers enrolled in HDHP/SOs and other plan types. Average general annual deductibles are for in-network providers.

SOURCE: KFF Employer Health Benefits Survey, 2018; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2009-2017



Industry and Market Trends - Medicare Margins

Call to Action: Declining Medicare Margins



Source: [MedPac Report to Congress](#), March 15, 2019

Industry and Market Trends - Increasing Payment?

Generally speaking, there is no option to receive an increase in payment other than participation in value-based payments.

Embracing delivery system changes:

- CMS
- Payors
- Industry



Risk?

- When does the risk of not participating outweigh the risk of participating?



- Word of mouth is a strong marketing strategy
- Hospitals' data about quality of care, patient experience and even provider reviews are available online. The population is shopping around.
- Lack of data is perceived negatively by the consumer

Back to the Value Formula

CMS Quality Strategy

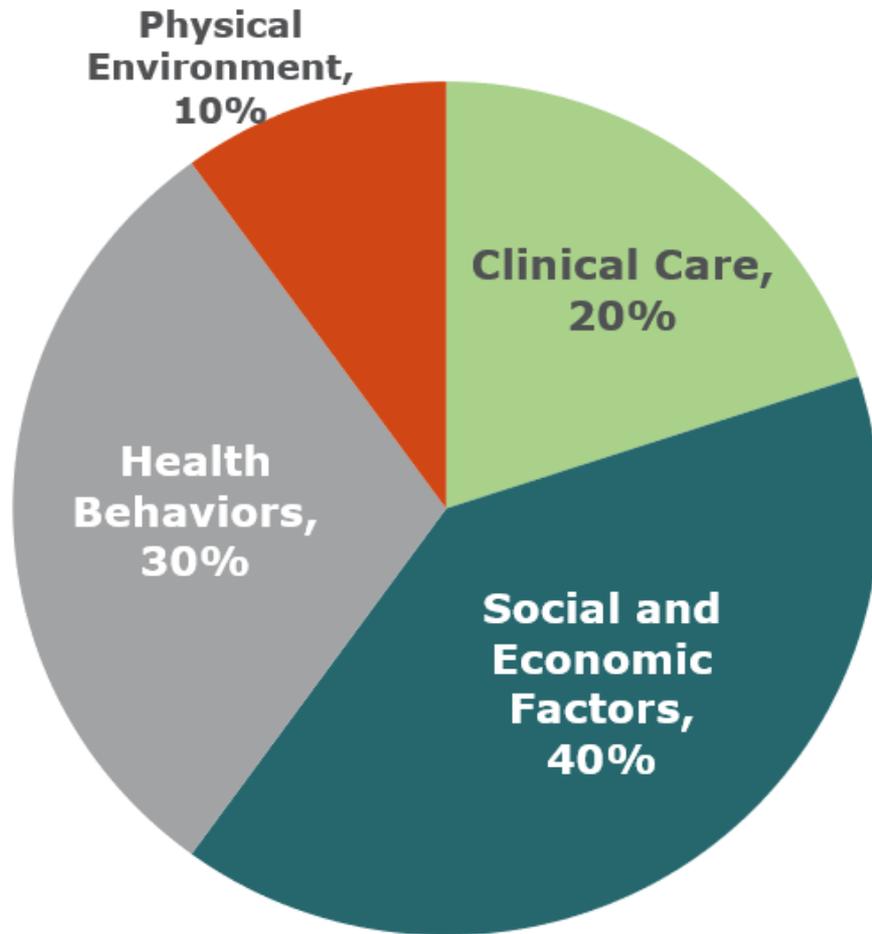
Three Aims

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**Value = Quality + Experience
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Predictors that Affect Health Outcomes



The ah-ha:

Health care providers cannot change the US health outcomes alone

Source: <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>

Opportunities to Expand Services Through Funded Workforce

- Build primary care capacity
- Nurse-led programs support an increase in primary care demand
- Increased revenue to support more population health staff



Build Primary Care Capacity

- Population health management requires one hour a year more in visits for every Medicare patient
- Care management creates the need for right time visits
 - 150 annual Chronic Care Management (CCM) patient visits will pay for one nurse
- Wellness and prevention services build strong relationships with all patients, not just those with chronic conditions
 - Three Annual Wellness Visits a day will pay for one nurse

Nurse-led Programs Drive Primary Care Demand

- Meet patient needs
- Support provider needs
- Patient receives right level of attention when they need it most



Population Health Revenue Opportunities

- Initial Preventative Physical Exam
- Annual Wellness Visit, Initial
- Annual Wellness Visit, Subsequent
- Preventative Health Screening
- Depression Screening
- Alcohol and Drug Screening
- Alcohol/substance abuse Assessment and Intervention
- Tobacco Use Counseling
- Advanced Care Planning
- Chronic Care Management
- Transition of Care Management
- Diabetes Self Management Education
- Diabetes Self Management Training
- Integrated Behavioral Health
- Remote Patient Monitoring
- Telehealth Originating Site Facility
- BMI Above Normal
- Behavioral Therapy for Obesity

Master Hierarchical Conditions Category Coding - [webinar](#)



Improve Health, Decrease Payments?

- Yes and No...
- Most ROI for population health is calculated based on full integration of system-wide technology to analyze utilization and report on cost and quality
 - Need: data analysis, risk stratification, gap identification, and key performance indicators
- How to think about it: managed care, reduction of leakage, unwarranted care variation

Source: [Achieving ROI from Population Health Investments: How Realistic Is It?](#) Healthcare Innovation, Accessed November 2019.



Rural Is Well Positioned

- Rural has a foundation of primary care
- The basis for health care transformation is Population Health, Prevention and Wellness

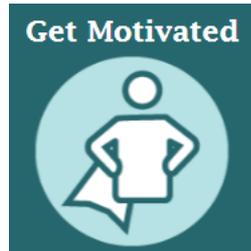
“Simply stated, the healthcare delivery systems of today will increasingly leverage the platform and resources that they have in place to become a hub for both health and healthcare in the future. There is a level of urgency to move quickly. Many feel that if they don’t expand the role they play in both health and healthcare in their community, someone else will step in.” - [Becker’s Hospital Review](#)



Population Health Toolkit Demo



- Designed to help rural hospitals, clinic, rural health networks, and state-level organization



- Online readiness assessment and connections to tools and resources
- Learn how to conduct population health analytics with access to a web-based database for acquiring health data specific to your location
- <https://www.ruralcenter.org/population-health-portal>

