

Population Health: The Purpose, The Incentives and the Numbers to Make it Happen



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The Center's Purpose

The National Rural Health Resource Center (The Center) is a nonprofit organization dedicated to sustaining and improving health care in rural communities. As the nation's leading technical assistance and knowledge center in rural health, The Center focuses on five core areas:

- Transition to Value and Population Health
- Collaboration and Partnership
- Performance Improvement
- Health Information Technology
- Workforce



Content to Cover

- What is population health?
- Who are the players?
- What are the incentives?
- Where do we get the data to inform decisions and progress?



What is Health?

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

Source: Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946: signed on22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on7 April 1948.

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:
- <u>Targeted population:</u> 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



Population Health Management

 The process of improving clinical health outcomes of a defined group of individuals through improved care coordination and patient engagement by appropriate financial and care models



Source: www.aha.org



Population Health has Many Partners Players



The Incentive

Figure 1. Six Foundational Concepts of Pathways to Population Health



Source: Pathways to Population Health: An Invitation to Health Care Change Agents, Institute for Healthcare Improvement, www.ihi.org/p2ph



The Incentive, Continued

- Move out of unsustainable health care system
 - Moving through one that is developing unevenly
- Drive down per capita cost
 - Shared savings
 - Better cost controlling

- Improve experience and outcomes of care
 - Focus on quality and satisfaction
 - (EHR, reporting)
- Create healthier communities
 - Relevance
 - Rethink care management
 - Provider of choice



Realizing Population Health

- Collaborate with partners for success
- Leverage partners' strengths and assets
- Ask why not? Why can't something be done a certain way? Innovate and address SDOH
- Use clearly defined strategies
- Focus on actionable items
- Seek measurable outcomes that can be monitored over time





Using Data to Inform Decisions

- Clinical Decisions
 - Care coordination
 - Future strategy
- Community Decisions
 - Immediate issues
 - Future strategy



Rural Data at Your Fingertips

- Hospital CHNAs
- State data repositories
- CDC WONDER
- County Health Rankings & Roadmaps
- National Opioid Misuse
 Community Assessment
 Tool
- CMS Medicare Health
 Disparities

- CAHMPAS
- MBQIP Data Reports
- Population Health Toolkit
 Data Scenarios
- US Census
- National Cancer Institute
- Kaiser Family Foundation
 State Health Facts
- America's HealthRankings, United HealthFoundation





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