... all hospitals are accountable to the public for their degree of success...

If the initiative is not taken by the medical profession, it will be taken by the lay public.

1918 Am Coll Surg
ACMQ Webinar
“Population Health and the Quality Professional”
October 19, 2016
**U.S. Health in International Perspective**

**Shorter Lives, Poorer Health**

The United States is among the wealthiest nations in the world, but it is a pattern observed among affluent nations that wealth does not always mean better health outcomes. In the U.S., the life expectancy of black babies is 7 years shorter than that of white babies. In general, people with lower incomes and education levels tend to have shorter life expectancies and lower quality of life compared to their wealthier counterparts. 

A Persistent Pattern of Shorter Lives and Poorer Health

The great and the ongoing pattern of the current social and economic disparities is reflected in the health outcomes of various groups. This is evident in the life expectancy differences between black and white Americans, as well as the disparities in life expectancy between rural and urban residents. 

**Waste in US Healthcare**

Opportunities to eliminate wasteful spending in healthcare add up to $1.2 trillion of the annual $2.2 trillion spent nationally; these categories overlap

- Total Waste $1.2 Trillion
  - Overprescription $128B
  - Excess treatment of conditions $199B
  - Over/unnecessary testing $128B
  - Hospital readmissions $105B
  - Defective medicine $90B
  - Preventable hospital readmissions $79B

Waste cannot be eliminated immediately. However, by viewing waste in these baskets, the size of opportunities can be prioritized and measured. Like health spending itself, these categories overlap. Reducing one basket can affect the size of the others.

Source: Analysis by PwC’s Health Research Institute based on published studies on inefficiencies in healthcare.
Outlines Key Dimensions of the Healthcare Delivery System

- **Safe**: avoiding injuries to patients from the care that is intended to help them.
- **Effective**: providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse, respectively).
- **Patient-centered**: providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- **Timely**: reducing waits and sometimes harmful delays for both those who receive and those who give care.
- **Equitable**: providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.
- **Efficient**: avoiding waste, including waste of equipment, supplies, ideas, and energy.

Source: Institute of Medicine 2001; 5-6
Is Population Health the Answer?

1. What’s the question?
2. Where are we now?
3. Where are we going in the future?

Population Health: Conceptual Framework

- Health outcomes and their distribution within a population
  - Morbidity
  - Mortality
  - Quality of Life
- Health determinants that influence distribution
  - Medical care
  - Socioeconomic status
  - Genetics
- Policies and interventions that impact these determinants
  - Social
  - Environmental
  - Individual
Source: Bipartisan Policy Center, “F” as in Fat: How Obesity Threatens America’s Future (TFMWWF, Aug. 2013)

Episodic vs. Population Health Models – transitioning from volume to value

ACMQ Webinar
“Population Health and the Quality Professional”
October 19, 2016
A Guide to Measuring the Triple Aim:
Population Health, Experience of Care,
and Per Capita Cost

Exhibit 1. New Mental Models: How Leaders Think About Challenges and Solutions

<table>
<thead>
<tr>
<th>Volume</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Satisfaction</td>
<td>Persons as Partners in Their Care</td>
</tr>
<tr>
<td>Increase Top-Line Revenue</td>
<td>Continuously Decrease Per Unit Cost and Waste</td>
</tr>
<tr>
<td>Complex All-Purpose Hospitals and Facilities</td>
<td>Lower Cost, Focused Care Delivery Sites</td>
</tr>
<tr>
<td>Quality Departments and Experts</td>
<td>Quality Improvement in Daily Work for All Staff</td>
</tr>
</tbody>
</table>

Better Health

...He’s back!

What Percentage of Adult Americans do the Following?

1. Exercise 20 minutes 3 x week
2. Don’t smoke
3. Eat fruits and vegetables regularly
4. Wear seatbelts regularly
5. Are at appropriate BMI

Annals Int Med
April 2006
Determinants of Health

1. Smoking
2. Unhealthy diet
3. Physical inactivity
4. Alcohol use

Together, these account for 40% of all deaths.

Reforming Health Care or Reforming Health?

1. US spends under 2% of its health dollars on population health
2. Chronic Diseases, which comprise 80% of total disease burden, have no dedicated federal funding stream
Pennsylvania Health Outcomes Ranks by County

www.countyhealthrankings.org – RWJF and UWPhll

Rank 1-17    Rank 18-34    Rank 35-50    Rank 51-67

The Tipping Point
How Little Things Can Make a Big Difference
Malcolm Gladwell
The Four Underlying Concepts of Cost Containment Through Payment Reform...

- Tying payment to evidence and outcomes rather than per unit of service
- "Bundling" payments for physician and hospital services by episode or condition
- Reimbursement for the coordination of care in a medical home
- Accountability for results - patient management across care settings

Range of Models in Existence or Development

- Current State: Payments for Reporting
- Incremental FFS payments for value
- Bundled payments for acute episode
- Bundled payments for chronic care/disease carve-outs
- Accountability for Population Health
- Medical Homes
The Medical Home is Something Fundamentally Different

<table>
<thead>
<tr>
<th>Usual Care</th>
<th>Medical Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relies on the clinician</td>
<td>Relies on the team</td>
</tr>
<tr>
<td>Care provided to those who come in</td>
<td>Care provided for all</td>
</tr>
<tr>
<td>Performance is assumed</td>
<td>Performance is measured</td>
</tr>
<tr>
<td>Innovation is infrequent</td>
<td>Innovation occurs regularly</td>
</tr>
<tr>
<td>Includes only primary care</td>
<td>Includes mental health, PharmDs, etc</td>
</tr>
<tr>
<td>Navigation and care</td>
<td>Navigation and care</td>
</tr>
<tr>
<td>Management not available</td>
<td>Management are required</td>
</tr>
<tr>
<td>HIT may or may not support care</td>
<td>HIT must support care</td>
</tr>
</tbody>
</table>

Range of Models in Existence or Development
Population Benchmark Report

Annual HbA1C testing

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Test 1</td>
<td>5.5</td>
<td>5.6</td>
<td>5.7</td>
<td>5.8</td>
<td>5.9</td>
<td>6.0</td>
<td>6.1</td>
</tr>
<tr>
<td>Test 2</td>
<td>5.2</td>
<td>5.3</td>
<td>5.4</td>
<td>5.5</td>
<td>5.6</td>
<td>5.7</td>
<td>5.8</td>
</tr>
</tbody>
</table>

Across state, all providers' mean: 5.8

Accountable Care Organizations

By Susan DeFilite and R. Wesley Champion

Driving Population Health Through Accountable Care Organizations

ABSTRACT: Accountable care organizations, scheduled to become part of the Medicare program under the Affordable Care Act, have been promoted as a way to improve health care quality, reduce growth in costs, and increase patients’ satisfaction. It is unclear how these organizations will develop. Yet in principle they will have to meet quality metrics, adopt improved care processes, assume risk, and provide incentives for population health and wellness. These capabilities represent a radical departure from today’s health delivery system. In May 2010 the Premier Healthcare alliance formed the Accountable Care Implementation Collaborative, which consists of health systems that seek to pursue accountability by forming partnerships with private payers to evolve from fee-for-service payment models to new, value-driven models. This article describes how participants in the collaborative are building models and developing best practices that can inform the implementation of accountable care organizations as well as public policies.
Lucky 7
Population Health TO DO LIST

1. What about your own associates? (HRAs, Wellness & Prevention)
2. Keep the well, well
3. PCMH’s (who will lead?)
4. Registries
5. Retail clinics (Walgreens, CVS)
6. Managed Care Partners
7. Leadership Training
What Does This All Mean?

Major Themes Moving Forward

1. Transparency
2. Accountability
3. No outcome, No income

How Might We Get There?

Change the Culture

1. Practice based on evidence
2. Reduce unexplained clinical variation
3. Reduce slavish adherence to professional autonomy
4. Continuously measure and close feedback loop
5. Engage with patients across the continuum of care
Choosing Wisely: Compliance and Opportunities

EBM Rule: Patients with low back pain should not have imaging studies unless there are specific indications.

Compliance Rate and Number of EBM Opportunities by Practice & PCP

Copyright – Populics, 2015

If only changing patient behavior were this easy.
Long Island Hospital Posts Doctor Ratings

North Shore-LIJ is the first in New York area, and among the few in the U.S., to do so

By CORINNE RAMEY
Aug. 26, 2015 8:29 p.m. ET
...And helping define the next generation of health markets

Health Market 2.0

Tech – big data
Advanced DX & precision medicine
Health shopping
Exchanges

Social communities

Engagement & navigation platforms

Mobile health/ home hubs

Retail

Food and grocery

PHM enablement

Smart care teams PHM

Health Ecosystems

Rise of Retail

Technology Attack

Consumer Markets

“The institutionalization of leadership training is one of the key attributes of good leadership.”

John P. Kotter,
Harvard Business School