**INSTITUTE FOR HEALTHCARE IMPROVEMENT
SUMMARY REPORT: 90-DAY PROJECT
Population Management II**
November 30, 2013

I. Research and Development Team:

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II. Intent:

In this paper we are going to summarize an overall approach to population management based on the Triple Aim collaboration and some recent work from CMS sponsored ACO's. This paper is built off of some earlier R and D work from April of 2013.

III. Background:

Since 2005 IHI has been working on population management around the Triple Aim (TA): improving the experience of care, improving the health of populations, and reducing per capita costs of health care. In 2006 we started research and development to support the TA and in 2007 we began prototyping work with organizations in pursuit of the TA. In 2008 we published an article in Health Affairs that described the pursuit of the TA. We continued to prototype with organizations through 2012.

By 2012, after having worked with at least 120 organizations from around the world, we developed an approach that included training on the basics of population management along with a set of change packages to support the work. These change packages have a set of ideas in them that help describe where to begin work for various populations. We created four packages: high-risk, high-cost populations; employed populations; frail elders and community activation. Lastly we support all of this work with a parsimonious set of population management measures.

Using this support knowledge we began a new phase of work with organizations from around the world in 2012 and 2013. By teaching and coaching around the population basics and using the change packages we hope to accelerate their population management work.

Finally, Mathematica Policy Research along with its subcontractors, of which IHI is one, was selected by CMS and CMMI to support the learning system of the national ACO that they are running. This gives IHI an opportunity to learn more about the needs of ACOs as they work with populations.

IV. Description of Work to Date:

The work to date is based on findings from the Triple Aim community along with observations from CMS ACO's.

In addition there was a retreat by the IHI Triple Aim team and those results are included in the report.

V. Results of the 90-Day Scan:

One observation from the last 90 days is that there is a lot of activity by the provider community around population management, but activity does not always translate to results. There should be an overall approach to managing populations. Based on our population management work with organizations pursuing the Triple Aim, we suggest that you focus at a high level on: governance, purpose, measures and a portfolio of projects to support this work.The outline below is a summary of the key aspects for population management. It is structured around three main themes: will, ideas and execution. In order to do the work you will have to create will to work with populations. Within the concept of will we have highlighted three important groups: physicians, patients and community. You will need a key set of ideas to build around and those are listed. All the above effort will be wasted unless you can deliver results and we have highlighted some key principles for that work.

A. System for Population Management for defined populations

Create will to work together on population management.

1. Create Partnerships with providers, both primary care and specialty care, so that they will be engaged in population management work.
2.Create partnerships with patients so that we can co-create better health together. What will it take for patients to want to change behaviors and want to manage their disease better?
3. Creating a clear purpose for communities to partner in this work. This may not be the first area that organizations will want to tackle, but eventually, if they are serious about managing populations, they will have to get hear.
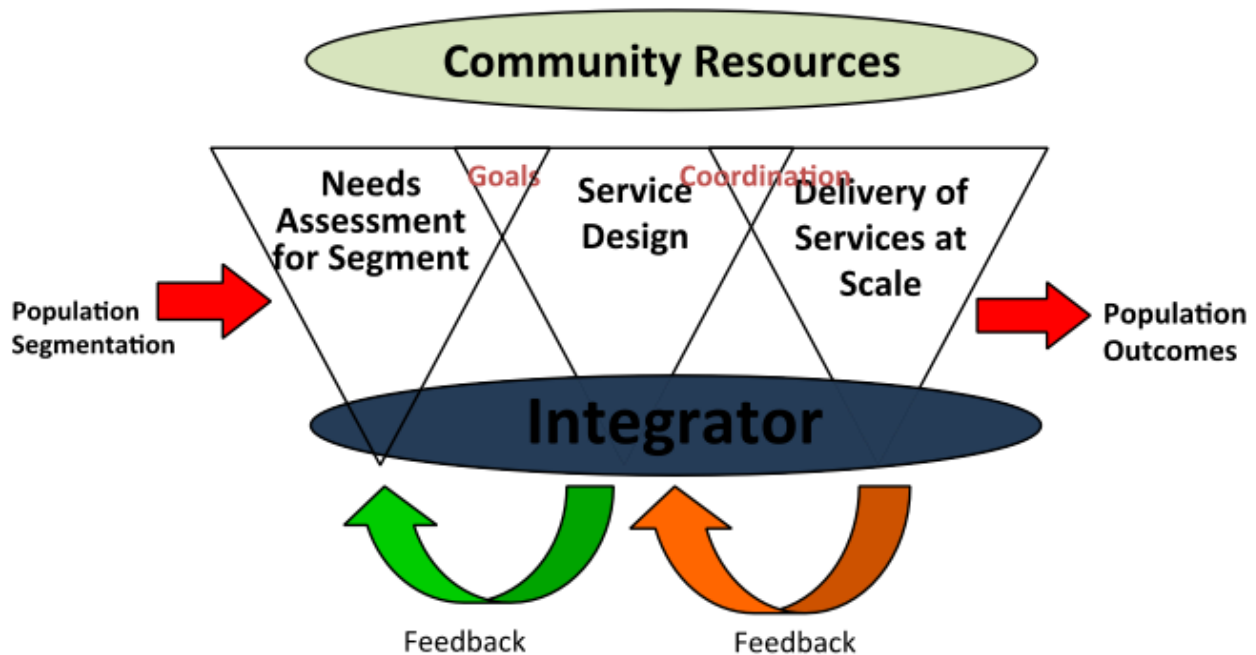
Ideas for your portfolio

Before we suggest any specific portfolio of services to support a population, the figure below may help with your planning. It is based on the idea that you will segment your population into various groups. Based on a particular population segment, you assess the needs of that segment and what goals you have for that segment. Once you understand those needs you either identify services that exist or build a new service for this population. These services will have to be coordinated and delivered at scale to meet the needs of the population. If you are successful you will get the outcomes that you need for the population.

A few other observations: Something is going to have to integrate all of these services to deliver at scale. This entity will need to monitor the feedback loops to learn whether the services are being delivered at scale and are meeting the needs of the population.

One last comment: Our designs for population segments are often too centralized on the medical system. Therefore we create designs that typically work for 75% to 80% of the population and fail to reach the more marginalized in our societies. To reach the entire population segment we need to create designs that involve community resources as well as medical resources. Together they have a better chance to reach the entire population.

(This figure is adapted from the work of Tom Nolan in the R and D paper titled Failure-Free Operation Over Time (Reliability) February 2007)

The following is a list of areas that you might want to work on for your portfolio of projects.

1. Primary care redesign work+ behavioral health+ community outreach

2. Patient engagement. What systems do we need to create that will help patients manage themselves better? At its most basic form in the ACO, they want a way for individuals to know that they are part of the ACO.

3. Care Management. This includes high-risk, high-cost; transitions of care; post acute care episodes and end of life issues.

4. Integrated data support both to run the business and also to support the learning system for improvement of the system. There are four levels of data that you need: strategic data, care management data, front line care-giver data and patient data to support the patient in their own care.

5. Identification of a governance structure to manage all of this.

Delivering Results/Execution

Even if you create will and develop a portfolio of services that you plan to deliver at scale, you need a mechanism to execute this plan. Outlined below are some of the major considerations for this work. The focus is on set-up, methods and management.

1. Set up

    A. Create an organizational team that will have significant executive support, a   day-to-day manager for the portfolio of work, appropriate project managers   assigned to the work along with IA support.

    B.
Identify your population.

    C. Articulate your statement of purpose (aim) and measures for a defined system   plotted over time.

    D. Theory/Concept design/Strategic plan

    E. Portfolio of projects and investments

    F. Parsimonious set of high-level measures

2. Methods: PDSA cycles, sequential testing of changes, Shewhart time series charts, informative cases, observational studies, multiplicative scale-up

3. Management and integration of the learning during testing and scale-up.

B. The following table contains the work from a one-day retreat by the IHI Triple Aim team. It outlines the various products that we plan to work on going forward. Ninon Lewis is the primary director for this work.

Building Infrastructure	Public Virtual Programming Refresh TA Seminar Content

High Risk / High Cost	Public Seminar
	Launch HRHC public IHI Collaborative
	     • Content development – Winter 2013-2014;
	     • Launch – Summer/Fall 2014

Older Adults	Public Seminar IHI Learning Network (currently in design) *• Older Adult team to caucus and make recommendations on continued programming*
Employed Populations	Review of content for cross-discrete populations applicability Market Knowledge Gathering effort *• Winter 2013-2014*
Community Activation	Test within currently contracted work. Seek grant funding for additional small test bed work.
Deep Dive Partners	Recruit: 3 Organizations 3 States 3 Non-US Regions
Population Management Leadership Course	Design a course for VPs of Population Management much like PSO program.

Lastly the following are a set of topics that may be of some interest to ACO's, This list was created by organizations supporting the ACO learning system. The challenge with topics is that it would be easy to get lost in activity without having a framework to pursue this work. That is why in section A above we have shared a method to think about this work and attempt to organize it.

- Care coordination
    - Improving transitions and handoffs
    - Using community resources

- High–need, high-cost individuals
- Post-acute care (include SNF, home health, LTAC, and other settings of care)
- Evidence based medicine
  - Identifying and updating evidence based medicine processes
  - Identifying key diseases or patient populations
- Patient engagement
  - Patient centeredness
  - Involving caretakers
  - Developing and using individualized care plans
  - Shared decision making
- Quality and cost reporting
  - Identifying ACO priorities for improvement in cost and quality
  - Developing actionable provider feedback on cost and quality
  - Development and use of EHR technology
- Provider engagement
  - Implementing the ACO's care processes
  - Engaging providers in governance and leadership
- Advancing primary care
  - Expanding access to primary care
  - Team-based approaches to primary care
  - Use of EHRs/HIT in primary care for quality improvement and population health
  - Skilled nursing facility (SNF) to primary care transition
- Other
  - End of Life care Team-based approaches to primary care
  - Managing population health
  - Continuous quality improvement techniques
  - Health Information Technology (HIT) and data exchange (need more on integrated data   support for population management)
  - Financial data analysis (e.g., return on investment or ROI and Baseline/Benchmark Reports or BBRs)
  - Inappropriate use of ED

VII. Conclusions and Recommendations:

1.The work from the Triple Aim team is already in motion for the projects listed in item B.

2. The general framework that is outlined under A has been used in part with Triple Aim sites but needs further testing with organizations.

3.There are three items that stand out that could use much more attention to support population management: **physician engagement, patient engagement and integrated data support for population management.** Some work has been done on those subjects at IHI. Some of it needs to be translated into very tactical steps that an ACO can take. In addition, although this is not a major focus of most ACOs at this point. work around community partnerships will become more important over time and this should be considered as a future important topic.

VI. Open Questions:

The ACO are asking the question what is the next evolution for the ACO model.

VIII: Appendices:

Distillation of important topics
- Patient Engagement
- Physician Engagement
- Integrated data   support for population management
- Better utilization of community resources
- High–Risk, High-Cost
- Improving transitions and handoffs
- Post Acute Care
- Trauma informed care
- Other