



# Population Health through Value-Guided Care

nThrive Speakers Bureau // Sample Presentation





## Agenda

- The objectives of Population Health Management (PHM) programs
- The evolving role of the HIM professional in PHM and the power of the data
- Skills needed to excel in PHM
- The difference between descriptive and predictive analytics as it pertains to the transition from fee-for-service reimbursement models to fee-for-value.

# Why population health now?



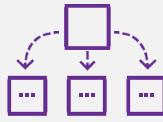
## Medicare is writing checks the government can't cash

The inflationary nature of fee-for-service payment models is untenable and quickly becoming impossible.



## Technology & Analytics

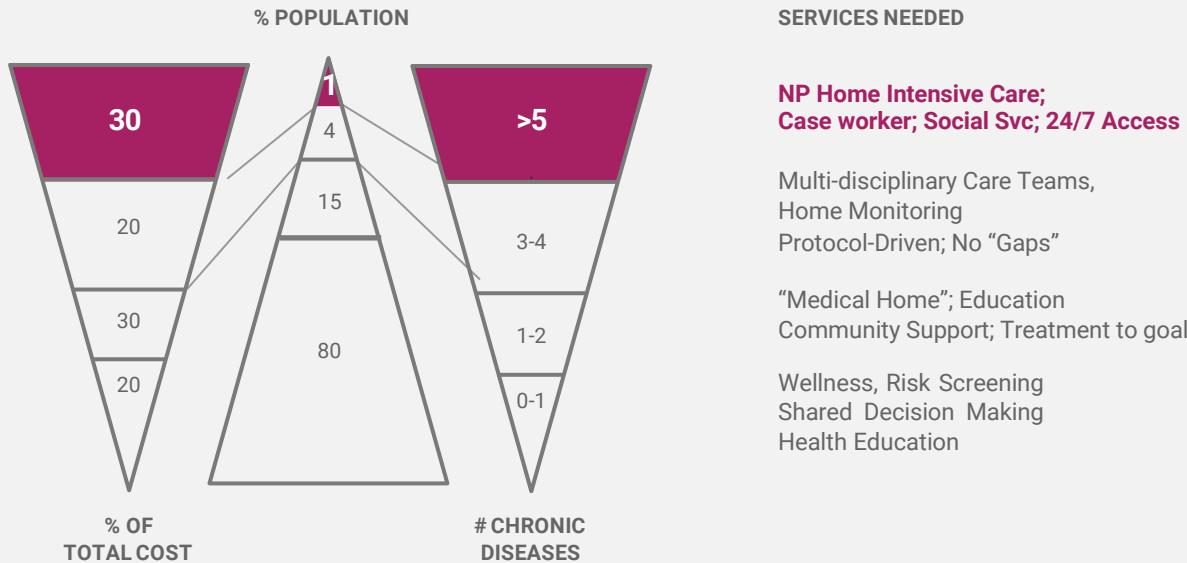
We command greater insight into our health data today than ever before.



## Information Access

Technology and changes in thinking are enabling care providers to access important patient information from many secure points; as well as enabling patient's to access their own health information.

# Populations to cost



Grawande, Atul: "Hot Spots"; New Yorker, January 2011 Mayo Clinic

# Population cost drivers\*



- Aging population
- 40M uninsured:  
No Access = higher later cost
- “Rescue” vs. Preventive population care
- Technology and RX advances
- Administrative and Regulatory waste\*
- Failures in care\*
- Fraud\*
- Lack of clinical integration\*
- Overutilization\*
- And...

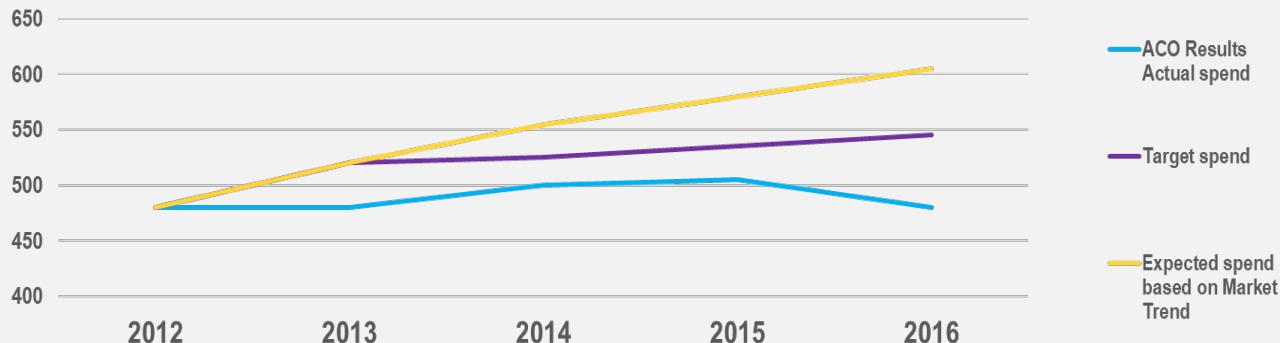
**Fee-for-Service  
Payment System**

\* Berwick (2004): Over 30% of all healthcare cost is WASTE

# Value: It can be done

## BSW NTX Employee Health Plan Results Since Inception

There are approximately 34,000 patients in this population group



### NOTE:

0% Increase population health cost over 5 years

Cumulative savings over 6<sup>th</sup> year exceeds 100 Million for this population of 34,000



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