Key Perspectives on the Future of Population Health

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America's Essential Hospitals

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University HealthSystem Consortium

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MEET THE PROJECT TEAM

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George Mason University

Katherine Susman
Research Associate
America's Essential Hospitals

Jocelyn Vaughn
Project Manager, Quality Research
University HealthSystem Consortium (UHC)

PRACTICE LEADERS AND EXPERT PANEL ON POPULATION HEALTH

Practice Leaders:

- Theresa De La Haya, RN, and Katherine Diaz
  Breast Health Services Program
  University Health System

- Tannika Price, Esq.
  Moms 2B Program
  Ohio State University Wexner Medical Center

- Debra Gussin, MSW, MPA
  Medical Respite Program
  Harborview Medical Center, UW

Expert Panel:

- Heidi Behforouz, MD
  Brigham and Women's Hospital
- Leslie Mikkelsen, MPH, RD
  Prevention Institute
- Kathleen Nolan, MPH
  National Association of Medicaid Directors
- Sharon Phillips, MBA, RN, and Colleagues
  Parkland Health & Hospital System
- Michael Stoto, PhD
  Georgetown University School of Nursing & Health Studies

OBJECTIVES FOR TODAY

Serve as a resource to "champions" in essential hospitals and academic medical centers by:

- Defining the unique leadership roles of essential hospitals and academic medical centers in providing value-based services to patients and geographically defined communities

- Discussing lessons learned from Practice Leaders and Expert Panelists regarding facilitators and challenges to practicing population health in the current healthcare environment

CONCEPTUAL FRAMEWORK: POPULATION HEALTH

POPULATION HEALTHCARE + POPULATION HEALTH COMMUNITY → **CULTURE OF HEALTH**

POPULATION HEALTHCARE

WHO are we targeting?

- *Patients* in a *hospital system* (targeted or broad-based)

HOW are we intervening?

- Practicing upstream healthcare *within the delivery system*
- Focus on *secondary and tertiary prevention*

WHAT are we measuring?

- Health and wellness outcomes, measured at the *hospital level*

POPULATION HEALTH COMMUNITY

WHO are we targeting?

- *People* within a *geographic area* who may or may not be seeking healthcare services (targeted or broad-based)

HOW are we intervening?

- Practicing upstream healthcare by *collaborating with community/social resources*
- Focus on *primary and secondary prevention*

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- Health and wellness outcomes, measured at the *community- and/or county-level*

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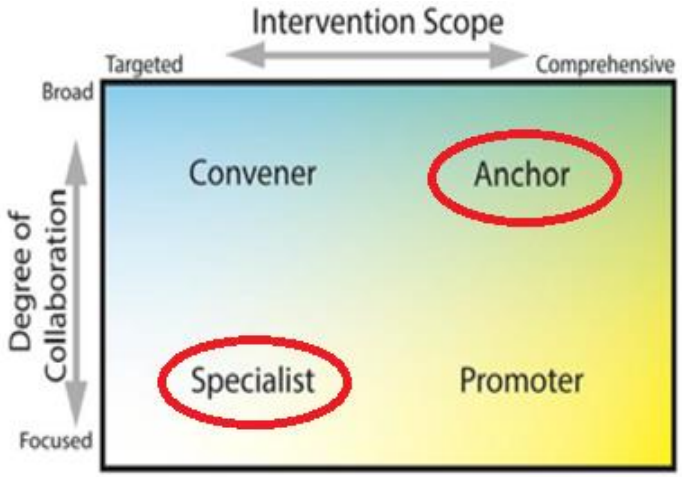
HOSPITAL AND HEALTHCARE SYSTEM ROLES IN CREATING A CULTURE OF HEALTH



HRET. Hospital-based Strategies for Creating a Culture of Health, 2014.

SPECIALIST

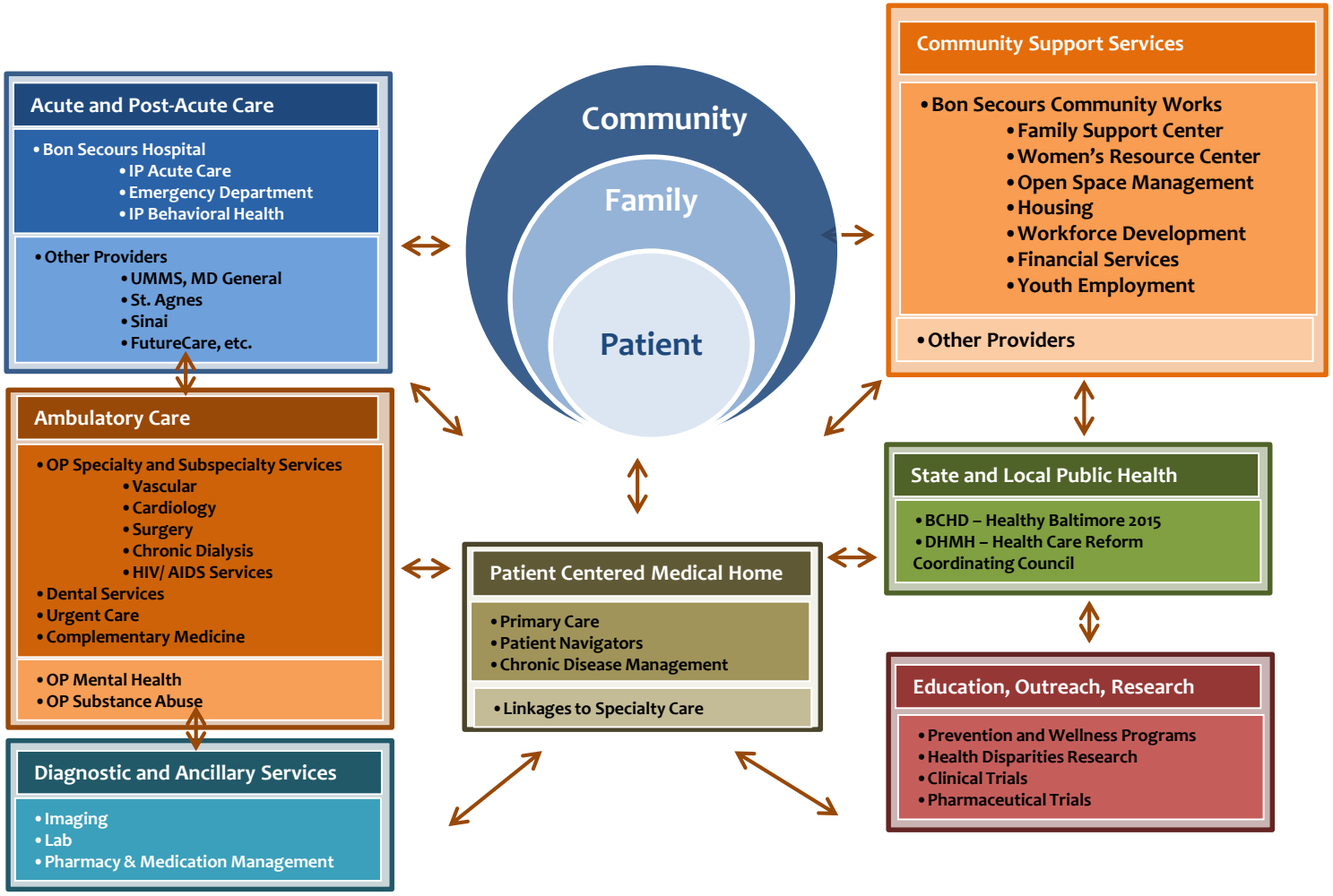
- Implement targeted, specific initiatives
- Works with a limited group of community partners
- May have limited resources to practice population health

ANCHOR

- Address a comprehensive scope of initiatives
- Have strong, active, diverse community partners
- Allocates significant resources to support population health

Applying the Medical Neighborhood Concept

Bon Secours Baltimore Health System & West Baltimore



SPECIFIC ROLES OF ESSENTIAL HOSPITALS AND ACADEMIC MEDICAL CENTERS IN CREATING A CULTURE OF HEALTH

- Redesign medical education to include a stronger focus on practicing primary and upstream care
- Support rigorous research to evaluate population health programs and best practices
- Lead collaborative partnerships with behavioral/mental health, social and community-based resources
- Advocate for public policy that supports population health programs
- Serve as early adopters and innovators of population health efforts

LESSONS LEARNED FROM PRACTICE LEADERS: FACILITATORS

1) **Clear demonstration of the community health need**
   - Data-driven needs assessments to identify and prioritize potential population health interventions (e.g., CHNAs)

2) **Strong support of diverse leadership and staff**
   - *Administrative and clinical* leadership support to provide necessary resources and to articulate their role as strong proponents of the program
   - An experienced and dedicated program team

3) **Ability to leverage existing infrastructures and programs**
   - Engaged community partners that can help shape a shared agenda and effectively implement and evaluate population health efforts
   - Expansion of existing programs facilitates efficiencies in financial and staff investment, work flow processes, and setting goals and priorities

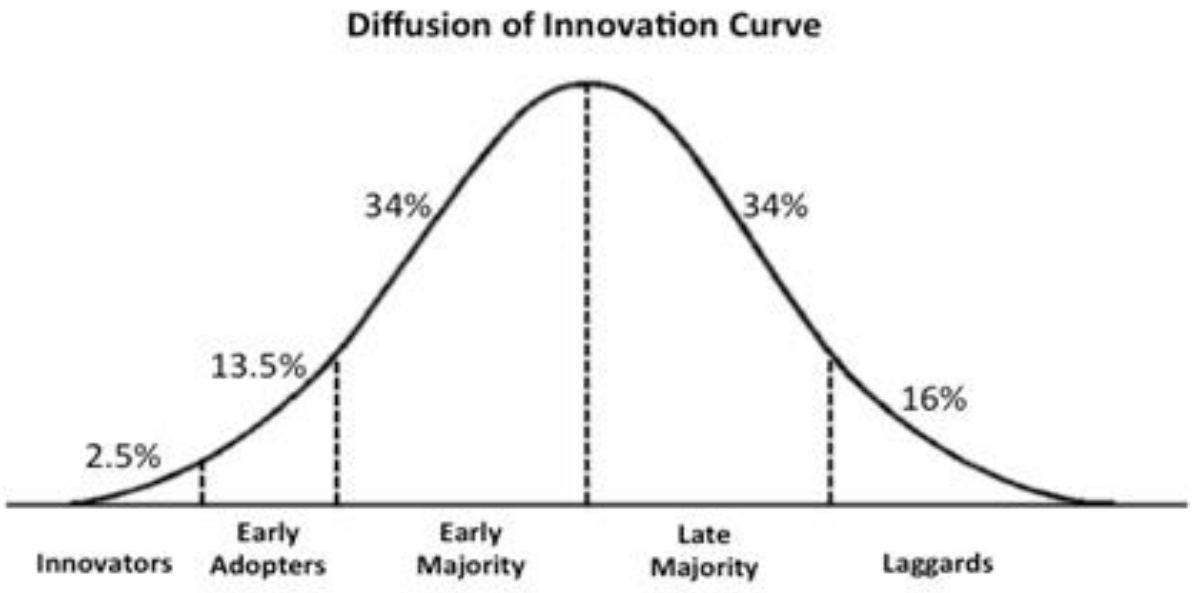
LESSONS LEARNED FROM PRACTICE LEADERS: CHALLENGES

1) **Demonstrating the effects of the project**
   - Difficulty in obtaining valid, reliable, timely, and/or complete data.
   - Quantifying success in terms that demonstrate a return on investment (ROI) (short-term or long-term) and/or improvements in health.

2) **Maintaining long-term financial viability**
   - Much of the funding mechanisms come by way of grants, often through Public Health (e.g., CDC).
   - The identification of consistent and diverse funding streams is key to maintaining continuity (and expansion) of population health efforts.

PROJECT FINDINGS: KEY TAKEAWAY #1

Essential hospitals and academic medical centers play **a unique leadership role** in bringing effective *population healthcare* and *population health community* programs to the marketplace.



Source: Everett M. Rogers – "Diffusion of Innovation" 3rd ed.

PROJECT FINDINGS: KEY TAKEAWAY #2

Population health necessarily requires an **integrated approach** (bridge) that includes multi-disciplinary staff, hospital systems, behavioral/mental health services, social services, and/or community-based organizations.

- Where possible, ***build on existing infrastructures and supports*** to strengthen collaboration and/or public-private partnerships
- ***Garner cross-departmental leadership support*** (clinical and administrative)
- ***Establish easy-to-use channels of information*** (especially electronically) for all partners/providers

PROJECT FINDINGS: KEY TAKEAWAY #3

Develop strategies to identify and access short- and long-term funding sources.

- ***Create a measurement plan that provides reportable information that can be used to demonstrate ROI and improved outcomes***
  - Identify data sources and measures that allow for the evaluation of programmatic impact in the short- and long-term

- ***Build capacity through leveraging diverse funding resources***
  - Community health benefit programs
  - Existing State- and Local- pilot demonstrations
  - Public-private partnerships

THE FUTURE OF POPULATION HEALTH IN THE U.S. HEALTH SYSTEM

- More medical care does not equal better quality of care or better outcomes

- Value-based incentives will increasingly evaluate provider performance that reduces costs while improving health care *quality outcomes*, *rather than clinical processes*

- Improving health outcomes will require health care systems to "think upstream" in their approach to patients and broader "at-risk" communities

- Guidance from new delivery system reforms, including *Accountable Health Communities,* suggest that essential hospitals and academic medical centers will have a key role to play in achieving population health goals, and ultimately, a *Culture of Health*

DISCUSSION / QUESTIONS