

OFF-SCRIPT POPULATION HEALTH MANAGEMENT

THOUGHT LEADERS KEY TAKE-AWAYS

- 1.** Population Health Management (PHM) can be easier for healthcare organizations in smaller communities, especially when they are the only health system in town. But for many healthcare organizations in large cities or in communities with transient populations, it is more difficult. **Those who do not integrate closely with a health plan may not even have the data available to really understand or measure the health of their community.** Focusing on a few key items, therefore, makes PHM easier. Consider starting with simple principles like patient access, or things the healthcare organization is being paid on, like readmission rates.
- 2.** There are three big questions that hospitals and health systems need to ask and answer before embarking on any PHM initiatives.

First, what population are they talking about managing? Many organizations focus on their own employees first with the idea of later taking out that same approach to self-insured employers in their community.

Second, what is really being managed? For example, is the organization referring to childhood obesity management or chronic disease management? Each requires a different approach and a different set of tools.

Third, where will the organization get the resources, how much will it cost, and what is the ROI?
- 3.** There are other issues that impact a community's overall health. **Any PHM initiative needs to consider the social determinants of health** (e.g. food, water, education, socioeconomic status, nutrition). One of the challenges for leadership—medical, administrative, and the board—is to think about how they get their arms around the social determinants of health and how that can be factored into the overall strategy and approach. For example, David Nash, the dean of the only population health-focused school in the country, would argue that an organization managing the population health of inner city Baltimore who is not concerned about rodent control is not focused on the right thing.

- 4. The most valuable leadership skill for health systems transitioning to PHM is change management.** This will require not only economic incentives, but non-economic incentives for patients, healthcare workers, and institutions. Change management is a real challenge that many organizations struggle with, but there is a lot of creativity and experimentation that is currently yielding great results that can be replicated by others. Consider one healthcare organization currently working with their local EMS to have greater ongoing coulometry to prevent the patient from having to be transported to the hospital—in essence, almost making them a home health agency extension.
- 5. As younger generations** like Gen Xers and Millennials begin to take a more active role in their own healthcare, they **will demand timely care and more digital tools at their disposal.** Health systems attempting to manage such populations will need to support and supplement their healthcare initiatives by investing in technological tools today that will improve patient access and care later. Complicating this matter is the fact that there are many retail-based healthcare competitors who now meet the consumer demand of this population that places convenience above loyalty. Healthcare organizations that ignore this trend do so at their own peril.
- 6. Some healthcare organizations have an egocentric view of PHM, convincing themselves they need to be the only one doing this to be successful; this can be deadly.** Health systems that want to be successful in their PHM efforts must begin forging new partnerships and strategic alliances within their community. This allows the risk to be spread beyond just the shoulders of that particular institution. For boards in particular, the conversation regarding community partnerships is critical to preventing some of the factors that traditionally cause PHM initiatives to fail.

THOUGHT LEADERS

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