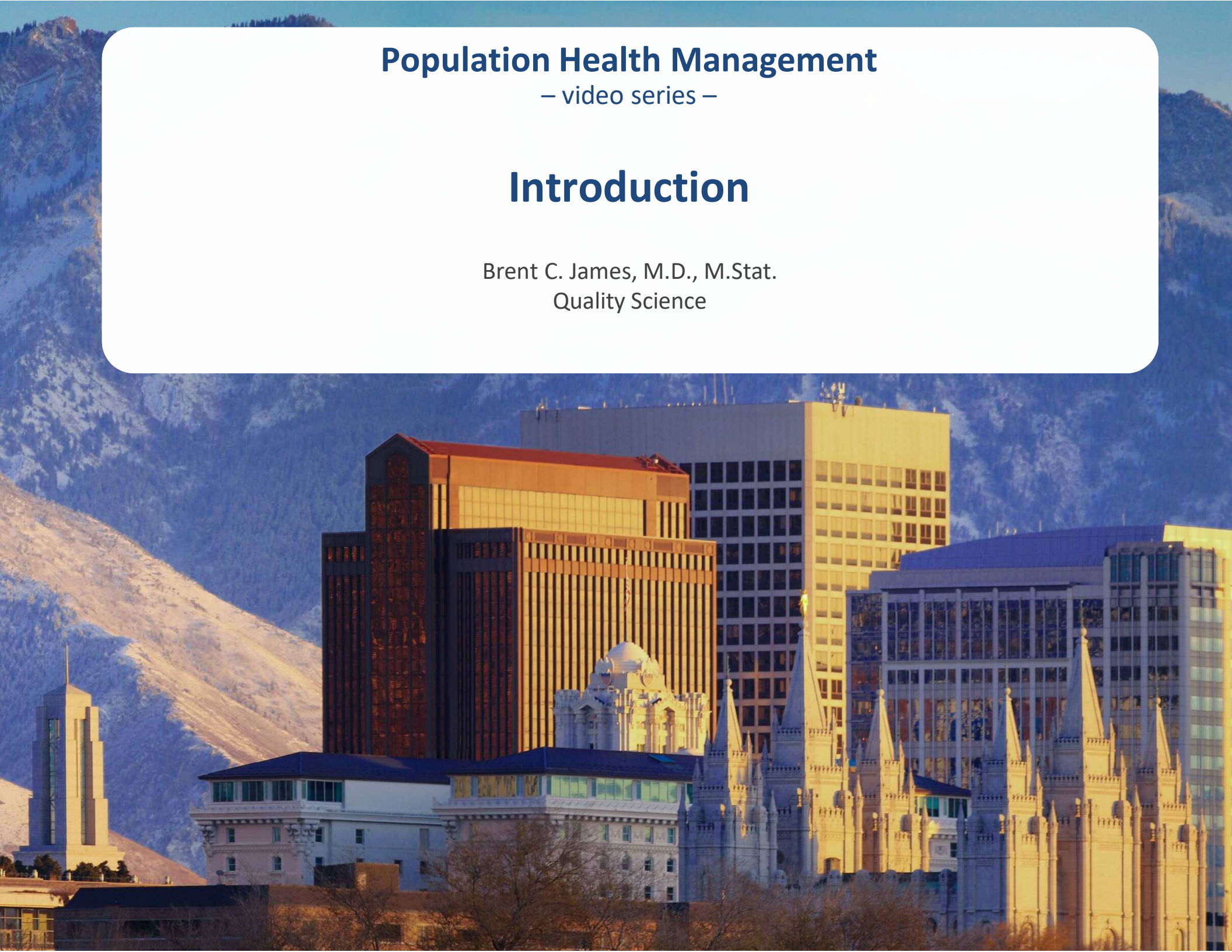


Population Health Management

– video series –

Introduction

Brent C. James, M.D., M.Stat.
Quality Science



Video and slides

© Copyright Brent C. James, 24 July 2021

Disclosures

*I receive a monthly retainer as a part time
(3 days / month) senior advisor for **Health Catalyst**.
I also own (a small amount of) **Health Catalyst** stock.
I serve on an advisory board for **Amplifire**,
a privately-held company that provides
computer-based health care education products.*

*Other than that, neither I nor any family
members have any relevant financial
relationships to be directly or indirectly
discussed, referred to or illustrated within the
presentation, with or without recognition.*

(signed) Brent C. James

Population Health

including

- *social determinants of health (SDOH)*
- *value-based care / “pay for value”*
(in contrast to “pay for volume”)
- *waste elimination through better clinical quality and*
- *related concepts*

Prerequisites

Clinical quality improvement

*this course builds on the concepts of **clinical quality improvement** (a.k.a. care delivery science, clinical process management), and assumes pre-existing mastery of those topics*



It has been around for some years

2008 – *Dr. David Nash established the*

Jefferson College of Population Health
within Thomas Jefferson University, Philadelphia, PA

- ***Degree-granting program***
over 350 Masters-level graduates, 5+ PhD graduates
- ***in-person classes, online courses***
- ***conferences***
- ***publications***

“Population Health” is

The health outcomes of a group of individuals, including the distribution of such outcomes within the group.

Wikipedia, referenced 17 August 2020

Is an art, process, science, and a product of enhancing the health condition of a specific number of people within a given geographic area ...

Akarowhe, 2018

Large and increasing interest

- *A common topic* within the health care delivery industry
- *different functional definitions*
- *many different approaches*

In other words ...

*If you want to lead in health care delivery,
you need to know something about it*

One primary cause of that interest:

At a pragmatic level

Population Health has the potential to link

financial performance

to

large-scale clinical outcomes

The State of Population Health: Fifth Annual Numerof Survey Report

Conducted by Numerof & Associates in collaboration
with David Nash, Founding Dean Emeritus of the
Jefferson College of Population Health

August 2020

Copyright © 2020 Numerof & Associates, Inc.

These materials and the information contained in this report are provided for informational purposes only. If you have any questions about this material, please contact Numerof & Associates, Inc. No part of this document may be distributed, resold, copied, or adapted without written permission.

Share this report:   



To illustrate,

a recent white paper from Numerof & Associates functionally defines Population Health in terms of

- **“at risk” payment** and
- **care management capability**

In other words, there are

- ***many*** different functional definitions
- ***many*** different operational approaches

for what is called
“population health”

*If you want to participate effectively
in care delivery leadership,*

you need to know something about it

The aim of this course:

*We will develop a **general model***

- ***that cuts across all definitions*** – *when examining any particular approach,*
 - *it will show where that approach fits;*
 - *what that approach emphasizes, and what it leaves out; and*
 - *how much it contributes (its size, relative to other components)*
- ***that integrates other elements, such as***
 - *social determinants of health (SDOH) and*
 - *value-based care / pay for value.*

Primary purpose: “how to think about it.”

The final result will link closely to quality improvement / process management / care delivery science.

Each module in the course

contains 3 elements:

1. **A** *relatively short* **video lecture**
2. **A PDF file containing the slides used in the video** *(so you have a high-resolution copy)*
3. **A list of competencies** – *you should be able to correctly execute the listed competencies, to demonstrate mastery of the content of the course*
- (4. **Some modules may include extra materials** – *links to other videos, scientific papers, and the like)*

Lecture outline

A. Two polarities / tensions

1. Polarity #1: Mission vs money
2. Polarity #2: Disease treatment vs health

B. An initial model based on **health**

3. Patient-centered care, processes of care
4. Social determinants of health (SDOH)
5. A reordered list of sources of health;
“move upstream” strategies

Lecture outline *(continued)*

c. Understanding **waste** *in health care delivery*

6. Transitioning to the money side

7. Key underlying concepts / definitions

(a) units of care,

(b) utilization versus cost per unit,

(b) bundling, and

(c) indirect cost allocations

8/9. A comprehensive waste model, *with examples*

(a) Efficiency (true cost per “unit of care”)

(b) Within-case utilization (clinical variation, patient safety)

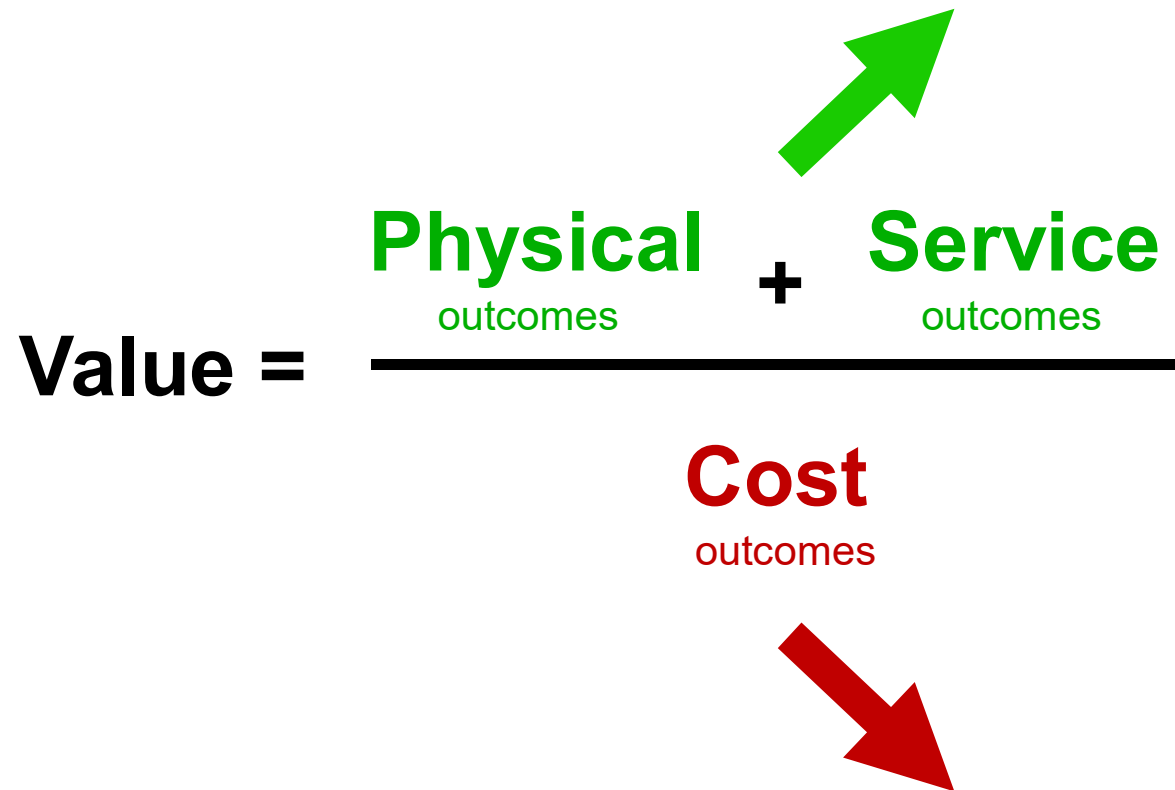
(c) Population-level utilization (inappropriate care,

10. Aligning financial incentives *(payment mechanisms)*

The value equation

$$\text{Value} = \frac{\text{Physical outcomes} + \text{Service outcomes}}{\text{Cost outcomes}}$$

The value equation

$$\text{Value} = \frac{\text{Physical outcomes} + \text{Service outcomes}}{\text{Cost outcomes}}$$


The diagram illustrates the value equation as a fraction. The numerator consists of two terms: 'Physical outcomes' and 'Service outcomes', both written in green. A plus sign is placed between them. A large green arrow points upwards and to the right from the plus sign, indicating growth or an increase in these outcomes. The denominator is 'Cost outcomes', written in red. A large red arrow points downwards and to the right from the denominator, indicating a decrease in costs. The entire equation is preceded by 'Value =' and followed by a horizontal line under the denominator.

Lecture outline *(continued)*

D. An integrated model – *health and waste*

**11. The combined, comprehensive model;
aligning financial incentives**

E. What does the future hold?

12. Summary and conclusions