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Population Health and Health Reform: Inseparable Concepts

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Editorial

Population Health and Health Reform - Inseparable Concepts

By David B. Nash, MD, MBA
Editor-in-Chief

As dean of one of the nation's leading schools of population health, I would be remiss if I didn't devote special attention to this critically important concept.

With 45% of us suffering from at least 1 chronic condition[1] and more than 49 million of us lacking health insurance,[2] the need for a population health approach in the United States has never been more urgent. Without exaggeration, the scope of today's population health challenge is unprecedented, particularly when it is coupled with the unrelenting upward spiral of health care costs and the declining health status of the general population (as compared with previous generations).

Whatever shape it may take eventually, population health will be essential to the success of health care reform. Why? Because it takes aim at the some of the very basic shortcomings in our traditional health care delivery system: namely, enhancing health and wellness through prevention and lifestyle changes, reducing or eliminating waste and error, eradicating disparities, improving transparency and accountability, and improving care coordination – a goal shared with health care reform.

Population health looks beyond public health at "the distribution of health outcomes within a population, the health determinants that influence distribution, and the policies and interventions that impact those determinants."[3,4] It spans wellness and health promotion, chronic disease management, care of the frail and elderly, and palliative and end-of-life care. In essence, broad population health approaches are designed to preserve wellness and minimize the physical and financial impact of illness.

How does the Patient Protection and Affordable Care Act (ACA) incorporate the principles of population health? First and foremost, it creates a new framework for health care delivery in the United States by adopting a comprehensive national strategy for quality improvement, the focus of which is clinically integrated systems-based practice. This should result in care that is coordinated across all diseases, providers, and care settings over time. Importantly, hospitals and health systems will be required to extend their quality oversight processes as they pursue collaborative relationships with physicians and other entities.

The Accountable Care Organization (ACO) program, a prominent feature of the ACA, will have a major influence on extending quality oversight processes to outpatient settings,[5] which is where Americans receive the overwhelming majority of their health care services. A shared savings model, the ACO will require participating providers to use the tools of population-based care to achieve the cost savings necessary for success.

The patient-centered medical home and ACO models that feature prominently in health reform contain aspects of care delivery that fall under the umbrella of population health. These efforts and related new payment models are an attempt to identify and eliminate waste and inefficiencies in the system. Today, much of the emphasis of health reform is on these new payment models that seek to improve quality and cost-effectiveness in the system. However, for true success in this environment, explicit new methods for delivering care must be part of the overall plan. Rather than simply following the rules of reform, health care leaders must fully understand and follow the intricately related tenets of population-based care as these will have a major influence.

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At this point, I'll segue to a brief overview of the articles featured in this issue of our series on how various provisions of the ACA have begun to affect health care quality and population health. This issue delves into 3 important areas:

"Accountable Care: Will it Transform Health Care Delivery?" takes us through the concepts, competencies, regulatory constraints, and challenges associated with the deployment of ACOs. The author observes that it won't be a cakewalk, but there are opportunities for success.

"*Health Care Payment Reform: A Look Ahead*" takes a hard look at the issues related to, and the likely impact of, new payment models for health care delivery.

The final article, "*Rethinking Health Information Technology on the Journey to Personalized Medicine,"* reflects on how secondary use of existing health information can hasten the development of more individualized care - an exciting prospect!

I hope that this issue will serve to enlighten and provoke discussion around the linked concepts of health reform and population health. As always, I welcome questions and comments from our readers. I can be reached at: david.nash@jefferson.edu.

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References

1. Partnership to Fight Chronic Disease. Almanac of chronic disease 2009. http://www.fightchronicdisease.org/resources/almanac-chronic-disease-0. Accessed April 6, 2012.
2. DeNavas-Walt C, Proctor BD, Smith JC. Income, poverty, and health insurance coverage in the United States, 2010. www.census.gov/prod/2011pubs/p60-239.pdf. Accessed April 6, 2012.
3. Kindig D, Stoddart G. What is population health? *Am J Public Health.* 2003;93:380-383.
4. Kindig D. Understanding population health terminology. *Milbank Q.* 2007;85(1):139-161.
5. Belmont E, Haltom CC, Hastings D, et al. Analysis and commentary: a new quality compass: hospital boards' increased role under the Affordable Care Act. *Health Aff (Millwood).* 2011;30:1282-1289.

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