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Population Health Preconferences Kick Off the 12th Population Health Colloquium

What is population health? What makes the field of population health important to all sectors of health care and business? What does it have to do with health care reform? These are just some of the questions discussed at the **12th Annual Population Health & Care Coordination Colloquium** preconference seminars. The sessions were taught by JSPH faculty at both an introductory and advanced level, offering health care professionals an in-depth examination of population health, its application in real-world settings, and an overview of the economic implications. Attendees included health care professionals representing a wide range of practice, administrative and industry settings.

Preconference I: Introduction to Population Health was designed for healthcare professionals seeking to increase their knowledge and understanding of the components of population health and how they apply to real-world settings. Dr. David Nash, Dean of the Jefferson School of Population Health, set the stage with an overview of how population health management strategies can provide a foundation for healthcare reform. The US ranks behind many other developed countries in terms of accessibility of health care, quality of care, and patient outcomes, an ironic finding since the US pays the most for care and derives little relative value for the dollars spent. He went on to describe the importance of evidence-based medicine as a way to improve care and decrease costs associated with care. Dr. Nash emphasized the need to prevent medical errors, avoid hospital admissions, re-admissions, and increase shared decision-making. He emphasized the role of population health in providing a conceptual framework for the reform of healthcare in order to provide safe, effective, patient-centered, timely, equitable and efficient care.

Building on the definition of population health as "the distribution of health outcomes within a population, the determinants that influence this distribution and the policies and interventions that impact these determinants," Dr. Tamar Klaiman provided an overview of the characteristics of population health and the factors that influence health. She emphasized that medical care, individual behavior, social and physical environment, and genetics are some of the main determinants of health. Dr. Klaiman also discussed the role of health education in improving health and reviewed the different approaches to health promotion. She concluded her presentation with a review of the strategies for population health management emphasizing demand management, disability management, disease management and catastrophic care management.

Dr. Kathryn Kash's presentation covered the impact of lifestyle behavior change management for chronic disease prevention. Chronic illnesses are on the rise in the US and elsewhere, accounting for the vast majority of all health care spending; we must find ways to increase primary prevention strategies in order to have a positive impact on the cost and the quality of care. The Expanded Chronic Care Model for disease prevention integrates health promotion into the prevention and management of chronic disease. Chronic care will be less costly and more effective if clinical prevention and management of chronic disease use similar strategies for improvement. Dr. Kash concluded by discussing how the patient-centered medical home aligns with the chronic care model by incorporating quality measures, patient self-management, lifestyle change theory, health information technology, and organization of the practice for efficiency .

Dr. Joseph Couto finished the preconference by discussing the role of patient engagement. This is an important component in helping patients manage their chronic care needs, and a critical component in healthcare reform. He noted that health literacy is a better predictor of a patient's health than gender, race, age, income level and employment status. Engaging patients in their health care requires providers to both understand its importance and be able to implement appropriate strategies that will motivate patients to act. Clinicians must improve upon their communication skills, using decision aids to assist patients and providing culturally appropriate educational materials. The outcomes of interest are: patient knowledge of condition; care and ability to self-manage their diseases; the experience and satisfaction of the patient with their care, and the cost of services. Dr. Couto concluded by stating that significant improvements in patient outcomes for patients suffering from chronic diseases are unlikely without improvements in patients' activation and engagement levels.

Preconference II: Advanced Applications in Population Health detailed current and timely topics for experienced healthcare professionals interested in building upon their knowledge to apply the tenets of population health in their work settings. Dr. Rob Lieberthal opened this session by discussing the economics of personalized medicine and genomics. He explained the differences between genetics and genomics and described how genomics is offering new treatments for complex diseases. Personalized medicine means using one or more therapies based on what is most appropriate for the patient. Genomic tests can help identify which patients will benefit from treatment. Using a diagnostic genomic approach helps to categorize people and define targeted therapies. However, Dr. Lieberthal pointed out that what works for one patient does not necessarily work for the greater population. Some issues involved are the regulation of tests, determining evidence-based medicine for therapies, billing codes, and the economics of testing and therapies.

Dr. Mark Legnini, Director of the Center for Value in Healthcare, discussed the myth of consumer choice and what will take its place in the future. The consumer choice model

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was designed to improve quality and safety of care and increase cost-effectiveness through the use of publicly available information, helping patients decide where to seek care. This should have resulted in better provider performance and better health for the consumer. It simply hasn't worked because patients have an asymmetry of knowledge, limited choices for care, and they are uncomfortable in challenging their physicians' recommendations. Dr. Legnini talked about the need to shift the focus to managed competition between payers and providers with guaranteed access, no exclusions and community ratings. Value-based purchasing and pay-for performance are two models that include managed competition. He explained that consumers have difficulty making decisions about their healthcare because they don't understand the risks involved. Dr. Legnini offered suggestions for separating out purchasers and payers making sure that all patients in the population get evidence-based care.

Dr. James Pelegano, Program Director for the Master of Science in Healthcare Quality and Safety, discussed systems engineering for population health. He first described a basic system approach, identifying the key elements and how they are operationalized, and discussing their impact on the clinical setting. Early attempts to monitor physician quality were done at daily or weekly conferences to determine whether the standard of care was met and if the physician did what most physicians would do in the situation. It then became clear that standards were poorly defined and it was not clear who "most" physicians were. Competition is increasing and payers are using population statistics to better understand the relationship between quality and outcomes. For example, CMS has a pay-for-performance plan for patients on Medicaid and Medicare that has added value for patients in those populations. He discussed the four components of Six Sigma (measure, analyze, improve, and control) and how to use them with a well-defined population. Dr. Pelegano explained that helping to redefine and re-engineer systems in healthcare has been useful in solving problems and using best practice guidelines.

Dr. Nash provided closure to this seminar by discussing how to successfully implement healthcare reform. He described how the payment system needs to be restructured, by re-aligning incentives and creating rewards for collaborative and coordinated care. Throughout the preconference, Dr. Nash succinctly summarized the important elements of reform including: a focus on all risks; clinical providers able to work as part of a team; emphasis on education and coaching; evidence-based decisions; electronic sharing of information; and care customized to match the needs and values of patients. He also described ways to reduce the cost of care: tying payment to evidence and outcomes; bundling payments by episodes or condition; coordinated care in the medical home; and accountability for results. He concluded by emphasizing three major themes: "accountability, transparency, and understanding the concept of 'no outcome, no income." ■

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