

From Health Policy to Population Health: Impressions and Highlights of Recent Conferences

As program director for both the health policy and population health programs at the Jefferson College of Population Health, I look at the health landscape from two distinct vantage points. Health policy pulls back the curtain on the levers and mechanisms that govern the allocation of societal resources, the influence of public opinion and private interests, and the various junctures where change can and does occur. Population health is an expression of the more parochial interests of health care systems and providers searching for ways to improve health outcomes and reduce costs for the patients and communities they serve.

This duality in perspective to health was made plain to me after attending two important, but very different, meetings — the **AcademyHealth National Health Policy Conference** in Washington, DC and the **Institute for Healthcare Improvement's (IHI) Leading Population Health Transformation Seminar** in San Diego. I realized that we must reconcile the differences between these worlds and find ways to bring them together.

First, I'd like to share highlights from **AcademyHealth's** policy conference. It's clear to anyone not living off the grid or in a cave that health policy is undergoing rapid and extraordinary change. The recent election has set in motion a fundamental realignment of the rhetoric of health policy and, to a lesser degree, its substance. The AcademyHealth policy conference featured a variety of speakers who described the context and contours of these changes.

Minority (Democratic) Leader Nancy Pelosi, and Senators Bill Cassidy (R-LA) and Tim Kaine (D-VA), painted starkly different pictures of the view from Capitol Hill. Senator Cassidy is also a physician and it's no surprise that he laid out his [plan](#), in partnership with Senator Susan Collins (R-ME), to replace the Affordable Care Act (ACA). Premised on the idea that the

ACA will collapse, his Patient Freedom Act would keep consumer protections (lifetime caps, pre-existing conditions protection and coverage for adult children on a parent's plan until age 26) while giving the states more freedom to choose amongst a variety of models. Federal funding would be limited at the current level each state is already receiving for health care. Democrats Pelosi and Kaine argued for maintaining the ACA status quo, citing evidence of its success and the need for tweaks to address shortcomings rather than a radical do-over.

Many of the other presentations at the IHI meeting focused on the big policy picture and highlighted the complex interplay between policy and health outcomes. It's clear that this is a boom time for health services research as the field scrambles to analyze the bewildering array of health policy proposals and initiatives. This energy is tainted with some dread as proposed budget cuts threaten key federal funding sources.

The IHI Population Health Transformation seminar program was a more intimate affair. Saranya Loehrer, MD, MPH, Head of the North America Region for IHI, and her team of seasoned health system administrators guided a group of health system professionals through a deep exploration of state-of-the-art population health practice. This was truly population health at the ground level.

Featured speakers, George Kerwin, President and CEO of [Bellin Health Systems](#) in Wisconsin; Al Kurose, MD, MBA, FACP, President and CEO of [Coastal Medical](#) in Rhode Island; Helen Macfie, PharmD, Chief Transformation Officer for [MemorialCare Health System](#) in Southern California; and L. Gordon Moore, MD, Senior Medical Director of Population and Provider Solutions for [3M Health Information Systems](#) shared stories of how to navigate the complex path from volume to value. They highlighted specific applications and development of

detailed action plans. For this audience of health system administrators and leaders, finances were a key part of the discussion as everyone was searching for ways to show the return for their investments in new people and technology. Data—how to analyze, apply and use it—was an important underlying theme, as well as how to engage community partners in population health initiatives that focus on keeping attributed patients healthy and out of the emergency department and hospital bed.

These back-to-back sessions were in some sense a mirror image of each other, an inside-out/outside-in look at the state of health care in the U.S. The policy action in DC is driving much of the activity at the local level. Everyone in the healthcare sector has to be acutely aware of the impact policy changes are having and will have on their practice. They must respond to the changes while hedging their bets in case the status quo shifts 180 degrees.

The folks in DC have much to learn from what's happening out in the real world. The ACA, [MACRA](#) and other health laws have launched an unstoppable revolution that has radically changed how we will deliver health care in the future. The population health lessons learned from innovative health systems like those featured at the IHI Health Transformation seminar should be used to inform national health policymaking. Even if they aren't, the folks in DC must recognize that the movement toward population health is unstoppable. The nation is holding health systems accountable for the health of the populations they serve like never before. There is no going back.

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