

## POPULATION HEALTH FORUMS

### Integrating Population Health into Residency Training: Challenges and Opportunities

**Arthur Boll**  
Chief Executive Officer  
Germane Solutions  
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Arthur Boll is CEO of Germane Solutions, a healthcare consulting and technology firm primarily focused on graduate medical education (GME). Mr. Boll is a nationally recognized expert in all facets of GME issues including new program development, operations and finance, and infrastructure. He has worked on over 700 GME-related projects and has performed multiple new residency program planning engagements.

Mr. Boll began his presentation by explaining that much of today's resident training is based on episodic encounters. Change is needed to move to a continuity of care model with a focus on outcomes management, population health management and targeted measures to improve health status. Not only will this drive quality and safety, but it will set in motion paradigm change in medical education.

In order to make meaningful changes in GME programs, it is critical to understand population health management. Boll defined population health management,

changing perspectives, and the link to clinical care. He explained how providers must be able to identify subpopulations of patients who benefit from additional services, and where payers will recognize the value of care and health outcomes. He discussed the model of "high performance" care teams that utilize automated reports, alerts and communications to minimize manual tasks. This approach improves the quality of patient care and allows systems to deploy clinical and coaching talent for targeted sub-populations that require more intensive supports.

Boll discussed the relationship between residency programs and patient-centered medical homes (PCMH). To make a training program for PCMH successful, there must be continuity at the resident level; significant, on going clinical experience; and different roles built into the program that will evolve over the period of the resident's clinical training and experience, and ensure that resident is linked to patient outcomes.

Boll went on to emphasize process work flows and tools for PCMH with care coordination as the foundation of PCMH and residency training. He also discussed the need for residents to be

trained on social needs as part of the population health journey. Technology-based programs can help residents to easily monitor and track these issues. Boll acknowledges that PCMH will ultimately focus on priorities that payors will fund.

Boll explained the importance of measuring and improving performance. Residents, faculty, program directors and health system executives will need information to manage various aspects of PCMH training. He believes residency involvement in PCMH should be a high priority in clinical training.

In summary, Boll made the business case for population health management in residency programs. For example, better outcomes include reduced preventable hospitalizations and increased payor mix. New revenues would include risk management contracts and generally enhance reimbursement. His take-home messages are that an overlay technology system must be built, curriculum must be changed, and most important, "it's not just medical, it's social."

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