



Population Health

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Kellen Cooke

Director of Population Health, Tanner Clinic

What is Population Health?

- **Public Health?**
 - The science and art of preventing disease, prolonging life and promoting human health through organized efforts and informed choices of society, organizations, public and private, communities and individuals
- **Community Health?**
 - Environmental, social, and economic resources to sustain emotional and physical well being among people in ways that advance their aspirations and satisfy their needs in their unique environment
- **Epidemiology?**
 - The branch of medicine that deals with the incidence, distribution, and possible control of diseases and other factors relating to health

What is Population Health? Value Based Care?

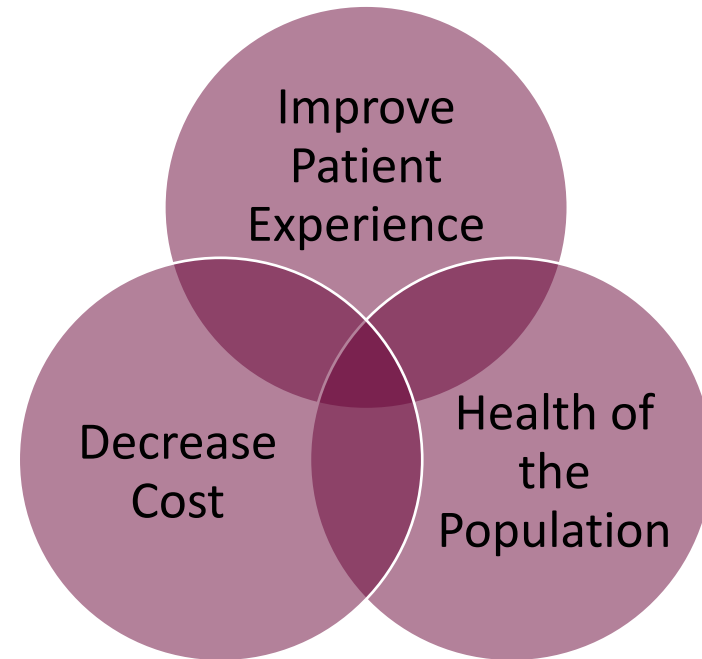
- As insurers continue to base their reimbursement to us based on treatment and quality rather than on quantity (fee for service), value-based care models will continue to become the norm.
- The New England Journal of Medicine defines Value Based Care as “a healthcare delivery model in which providers, including hospitals and physicians, are paid based on patient health outcomes. Under value-based care agreements, providers are rewarded for helping patients improve their health, reduce the effects and incidence of chronic disease, and live healthier lives in an evidence-based way.”

Population Health Drivers for Change: Insurance Payers

- Centers for Medicare & Medicaid Services (CMS)
 - Accountable Care Organizations (ACO)
 - Bundle Payments
 - Merit-based Incentive Payment System (MIPS)
 - Advanced Alternative Payment Models (APM)
- Private Payers
 - Medicare Advantage Organizations (MAO)
 - Commercial
 - Clinical Quality
 - Patient Experience

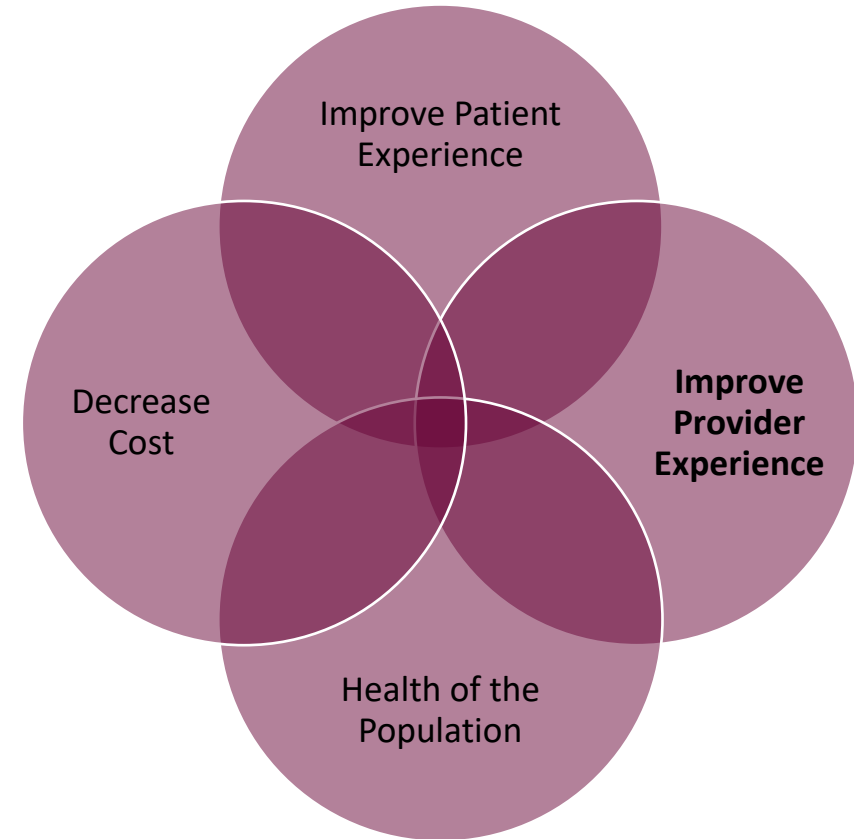
The Institute for Healthcare Improvement (IHI): Triple Aim

- Improving the patient experience of care (including quality and satisfaction)
- Improving the health of populations
- Reducing the per capita cost of healthcare



For Value Based Care to Work the “Triple Aim” Needs One More Dimension

- The Triple aim is critical in optimizing the health system performance, but one aspect is missing – the **Providers experience**.
- Without provider satisfaction and engagement, those other aims aren’t possible.



Why is this important?

- Going forward, value-based care can help ensure health care resiliency. By accepting value-based or capitated payments, providers are better able to weather fluctuations in utilization
- They can focus on keeping patients healthy rather than trying to increase the volume of services to ensure reimbursement.
- Value-based payments also provide stable, predictable revenue—protecting providers and clinics from the financial impact of unanticipated circumstances.
- Patients also benefit from value-based care when savings are passed on from insurance companies
 - Reducing patients out of pocket costs
 - Decreased premiums and copays
 - Increased benefits

The Role of Population Health in Value-Based Care

- Help the clinic in meeting requirements for Population Health incentive programs, risk and non-risk.
 - Outreach to patients to coordinate their annual wellness visit and other care needs with their primary or specialty care providers.
 - Engage Physicians and Staff to facilitate completion of incentive-required care.
 - Ensure we get credit for the work being done.
 - HEDIS/Quality Gap Closure
 - Huddle and Attestation form submission
- Looking for areas of opportunities and improvement
 - Evaluate current contracts and find where we can better align Tanner Clinics goals with those of insurance companies.
 - How can Population Health Better support providers?
 - Looking for ways to better integrate payer data in our systems and workflows.



Thank You!