SCOTTSDALE INSTITUTE
COLLABORATION • EDUCATION • NETWORKING

INSIDE EDGE

Population Health: Tools of the Trade

Introduction

Population health is a bit like the mission articulated by Amir Dan Rubin, president and CEO of Stanford Health Care, at our SI Spring Conference: "Healing humanity through science and compassion, one patient at a time." A challenge daunting in scope and yet doable as evidenced by SI member organizations Advocate Health Care and Banner Health, featured in this issue of *Inside Edge*. Rightly so, as these two health systems successfully operate two of the largest ACOs in the country.

Our subtitle, "Tools of the Trade" obligates a look at the population-health vendor marketplace and an expert from KLAS guides us in this task. The discussion continues on the SI website where members can access recordings of two SI Teleconferences: "Selecting a Population Health Management Vendor," (Sept. 10, 2015, by Tonya Edwards, MD, of Impact Advisors); and "Which Population Health Management Systems are Getting the Job Done?" (Aug. 27, 2015, by Mark Allphin of KLAS). Visit http://www.scottsdaleinstitute.org/ and click on Teleconferences at top left.

Amir's remarks can also be accessed on the SI website along with fellow CEO panelists and presenters at the 22nd Annual SI Spring Conference, left column, click on Presentations and Audio.

Scottsdale Institute Conferences

Fall Forum 2015
Oct. 29-30, 2015
Seton Healthcare Family
Austin, Texas

Spring Conference 2016
April 20-22, 2016
Scottsdale, AZ

The Why and What of Population Health

"When thinking about population health your first question should be, 'What are the goals of population health?' says Rishi Sikka, MD, senior VP, clinical transformation, Advocate Health Care, a Downer's Grove, Ill.-based 12-hospital system that serves north central Illinois and has the nation's second-largest ACO.

He says the high-level goal of population health—the *Why*—is to achieve the Triple Aim of improved patient experience of care (including quality and satisfaction), improved population health and reduced per capita cost of healthcare, or more simply, better outcomes at lower cost. Clinically that translates into specific goals:

Rishi Sikka, MD, SVP, Clinical Transformation, Advocate Health Care

1. Better treatment of disease
2. Improved adherence with treatment
3. Reduction of unnecessary utilization
4. Prevention of illness

"Once *Why?* is answered," says Sikka, "the next question is *What?* What are the distinct capabilities a health system needs to have, develop or outsource to achieve that goal?" Advocate's answer is nine-fold:

1. ***Care Management:*** coordination of care, eliminating redundancy and reducing utilization. "I like to say that care coordination means to hand over rather than just hand off, which implies relinquishing responsibility for the patient. We must manage all transitions of care including those outside our system," he says.

2. ***Disease Management:*** improves patient adherence to treatment to reduce comorbidity and complications.

3. ***Palliative Care:*** accounts for all end-of-life resources while generating better outcomes.

4. ***Post-acute Care Coordination:*** managing care transitions, including among non-owned entities.

5. ***Pharmacy:*** ensures the right patient is on the right medication at the right time under the right protocol. "Pharmacotherapy has become so complex in the last 10 years. Physicians used to carry a small book that fit into a lab coat. Now that information has to be digitized so it can be delivered to the hands of the expert," says Sikka.

6. ***Behavioral Health:*** is not just additive, but dovetails with nearly every element of population health. "Heart failure plus depression is not 1 plus 1 equals 2, but 2 to the second power. Overall, behavioral health in the country is lagging," he says.

7. ***Patient Activation:*** acts as the linchpin for the entire population health initiative. "Unless the patient is engaged, none of the above is sticky enough to impact the person's health outcomes. We're still at the early stages, but we think viral marketing and consumer marketing will play important roles in patient activation," he says.

> *"Heart failure plus depression is not 1 plus 1 equals 2, but 2 to the second power."*

8. ***Data, Design & Consultation:*** a data-driven approach for the design of population-health interventions that draws upon data analysts, statisticians, data scientists and industrial engineers to create and improve programs to have a direct impact on patient care.

9. ***Physician Practice Requirements:*** the necessary components to enable aligned

Volume 21, Number 5

Chairman
Donald C. Wegmiller

Executive Director
Shelli Williamson

Editor
Chuck Appleby

Managing Editor,
Jean Appleby

Membership Services Office:
1660 Highway 100 South, Suite 306
Minneapolis, MN 55416
T. 952.545.5880
F. 952.545.6116
E. scottsdale@scottsdaleinstitute.org
W. www.scottsdaleinstitute.org

and employed physicians to redesign their practices for population health.

> *"It's the need to integrate population health and clinician workflow that's driving the trend toward EMR-based population health solutions."*

"From a pure data angle you need to ask three questions," he says. "First, what is occurring in our population? What is the current state? Which at-risk patients are in the hospital, for example? Readmitted? Outside the network? Second, what will occur in our population? What's the future state? Who will be readmitted? Who will come to the ED? Who will cancel appointments? And, third, what will you do about it? How do you intervene? If you don't change outcomes as a result, then it's just a nice model with no utility. You need to take the model results, integrate them into the workflow and get improved results."

Still, doing data right for population health is no small task. "Everybody is talking predictive models, but just answering the single first question is hard," says Sikka.

Advocate's population-health IT backbone is HealtheIntent from Cerner, Advocate's EHR vendor which has also entered into a collaborative with the health system to develop a data warehouse for integrating financial and clinical information—both internal and external, from Cerner but also disparate vendors like Epic, Meditech, Allscripts, eClinical Works. The data warehouse, which normalizes, standardizes and reconciles data using a master patient index (MPI), is Advocate's foundation tool to understand its current state, develop a future state scenario and create interventions.

All of this helps support Advocate's sprawling ACO, which—with nearly 740,000 commercial and Medicare patients—is the second-largest ACO in the nation. "This is not an academic exercise," says Sikka. "In our commercial ACO, we have outperformed the market since 2011 with a trend in the cost of care below the market."

Defining and assessing the tools

KLAS Research has produced two reports on population health tools, including a December 2014 performance report and a July 2015 perception report. Taylor Davis, VP of strategy and analysis at KLAS, says the firm defines a population-health vendor as offering a "full suite" that features tools for:

- Data Aggregation
- Risk Stratification
- Care Management
- Patient Engagement

Vendors that KLAS was able to validate in all four pillars include Dallas-based Phytel, Madison, Wis.-based Forward Health Group, Verona, Wis.-based Epic; Beaverton, Ore.-based Kryptiq; Westborough, Mass.-based eClinicalWorks; and San Francisco-based McKesson.

KLAS®
ACCURATE. HONEST. IMPARTIAL.

Taylor Davis, VP, Strategy & Analysis, KLAS

Other players with pieces of the population-health suite: Washington, D.C-based The Advisory Board Co.; Eden Prairie, Minn.-based Optum; Alpharetta, Ga.-based Wellcentive; Salt Lake City-based Verisk Health; and Cleveland-based Explorys.

Despite the availability of population-health platforms with well-integrated components, many health systems are still using home-grown population-health software, says Davis. "Of the health systems running ACOs, a third use home-grown tools."

Most population-health vendors now have a component for risk management; it's becoming a commoditized tool. Care management—registries, care coordination, clinical decision support (CDS) and care group reporting—is

where vendors are differentiating themselves today. However, in these differentiated areas, providers are reporting a strong proclivity toward selecting the often less developed, but integrated, tools of their enterprise vendor.

"If you consider what's in use today, it's a pretty even split with about half the market using best-of-breed tools and the other half using enterprise-EMR vendor tools. However, looking forward, 71 percent of providers indicate their next population-health purchase will come from an enterprise-EMR vendor. It's the need to integrate population health and clinician workflow that's driving the trend toward EMR-based population health solutions," Davis says.

[All KLAS reports are available to healthcare professionals who share their experience with KLAS. Visit http://www.klasresearch.com/resources/reports]

Pop-health path

Banner Health, a Phoenix-based health system with 29 hospitals in seven states, is in the third year of its Pioneer ACO—the largest ACO in the country and 10th in terms of clinical performance, according to John Hensing, MD, Banner's executive VP and CMO. "We're clearly on a population-health path moving forward."

John Hensing, MD, EVP/CMO, Banner Health

'Individual payers'—consumer dollars—are increasingly part of the healthcare-reimbursement mix that includes traditional macro-purchasers such as employers, government and commercial insurers, he notes.

Banner is focused on four areas of population-health management:

1. ***Technology:*** enhancing the digital experience of patients and consumers with self-service, self-scheduling and access to personal medical records.
2. ***Integrated service model:*** defragmenting the patient's experience as he or she moves from doctor to x-ray to specialist to pharmacy to other sites or even online experience.
3. ***Acquiring talent:*** among other moves, Banner has hired a new senior VP of marketing to bring heightened consumer sensitivity to the organization, and a VP for remote services from American Express to enhance the consumer experience.
4. ***Clinical:*** highly organized and standardized care across Banner.

"One of the downfalls even today is that the best source of macro-cost information is claims information," says Hensing. "However, we really need to have more timely access to data to identify utilization gaps and be able to deliver information at the point of care as closely as possible. But we have to have the information in the first place. Claims data is 30 to 90 days old, which is useful in direction-setting but not in making decisions real-time."

> *"We're swimming in data, but most of it is not understandable or actionable."*

What's needed is an integrated view of data from operations—including supply-chain utilization—claims and the EMR, all flowing into a database to manage a particular population. "What we really need is to translate data into information. We're swimming in data, but most of it is not understandable or actionable," he says.

The EMR is really only a piece of the entire puzzle of population health. What's also required is socioeconomic factors like where a member lives, access to things like transportation, nutrition and social services.

"There are a lot of determinants of healthcare cost," says Hensing.

The approach is working. With 52,000 covered lives, Banner's ACO accrued hefty savings for Medicare in each of its three years:

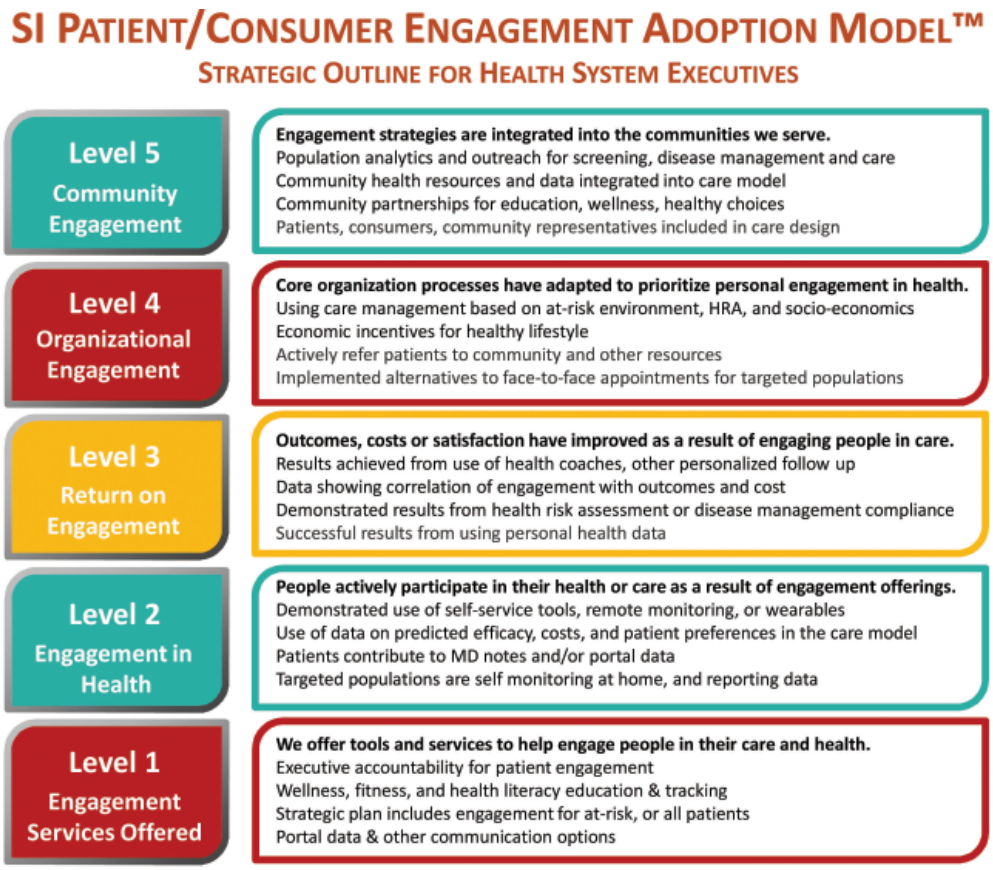
- 2014—$29,047,735 (4.0 percent over benchmark)
- 2013—$15,148,274 (2.8 percent over benchmark)
- 2012—$19,098,858 (5.0 percent over benchmark)

When the program began, there were 32 Pioneer ACOs. In 2014 only 20 reported and 19 remain today. Out of the original 32, across all three years, Banner has saved Medicare the most money, including when compared to Medicare Shared Savings Programs (MSSPs).

Conclusion

Banner, Advocate and other leading health systems demonstrate that it is not only possible to succeed at population health today using IT tools, models of care and financing, but is a natural extension of their mission. Perhaps the key lesson learned was also the theme of our recent SI Spring Conference: Partnerships. Says Banner's Hensing: "We're reaching out to the community with a public partner—Arizona's Medicaid agency—to target specific at-risk populations. We'll be more like a payer in that respect. A major theme of population health is that no organization will be able to do it alone."

It's clear from the experience of Advocate, Banner and other SI member organizations that Patient/Consumer Engagement—also called Patient Activation—is critical to the success of any population-health initiative. To help health systems identify where they are today and guide them further on this journey, SI developed the SI Patient/Consumer Engagement Adoption Model™ below. To find out where your organization is on the journey take the SI Patient/Consumer Engagement Assessment© at http://www.scottsdaleinstitute.org/pce/pce.asp.



SCOTTSDALE INSTITUTE

COLLABORATION • EDUCATION • NETWORKING

BOARD OF DIRECTORS

Stanley R. Nelson
Founder & Chairman Emeritus (1993–2012)

Executive Committee

Don Wegmiller, Chairman

Shelli Williamson, Executive Director

David Classen, MD, Associate Professor of Medicine, University of Utah, CMIO, Pascal Metrics

Tom Sadvary, CEO, HonorHealth

Board Members

David Campbell, David Campbell and Associates

Stephen C. Hanson, FACHE, CEO, Baptist Health

Steve Heck, Chairman, MedSys Group

Laura Kaiser, EVP & COO, Intermountain Healthcare

M. Michael Shabot, MD, EVP, Chief Clinical Officer, Memorial Hermann Healthcare System

Bruce Smith, SVP & CIO, Advocate Health Care

Joseph R. Swedish, FACHE, President & CEO, Anthem

Anthony Tersigni, CEO, Ascension Alliance

Scott Weingarten, MD, SVP & Chief Clinical Transformation Officer, Cedars-Sinai Health System

Nicholas Wolter, MD, CEO, Billings Clinic

MEMBER ORGANIZATIONS

Adventist Health, Roseville, CA

Adventist Health System, Altamonte Springs, FL

Advocate Health Care, Oak Brook, IL

Ascension, St. Louis, MO

AtlantiCare, Egg Harbor Township, NJ

Avera, Sioux Falls, SD

Banner Health, Phoenix, AZ

Baptist Health, Louisville, KY

BayCare Health System, Clearwater, FL

Baystate Health, Springfield, MA

Beaumont Health, Southfield, MI

Billings Clinic, Billings, MT

Catholic Health Initiatives, Englewood, CO

Cedars-Sinai Health System, Los Angeles, CA

Centura Health, Englewood, CO

Children's Hospitals and Clinics of Minnesota, Minneapolis, MN

CHRISTUS Health, Irving, TX

Cincinnati Children's Hospital Medical Center, Cincinnati, OH

Eastern Maine Healthcare Systems, Brewer, ME

Emory Healthcare, Atlanta, GA

Henry Ford Health System, Detroit, MI

HonorHealth, Scottsdale, AZ

Houston Methodist, Houston, TX

Indiana University Health, Indianapolis, IN

INTEGRIS Health, Oklahoma City, OK

Intermountain Healthcare, Salt Lake City, UT

Memorial Health System, Springfield, IL

Memorial Hermann Healthcare System, Houston, TX

Mosaic Life Care, St. Joseph, MO

Munson Healthcare, Traverse City, MI

NewYork-Presbyterian Healthcare System, New York, NY

Northwestern Medicine, Chicago, IL

OSF HealthCare System, Peoria, IL

Partners HealthCare System, Inc., Boston, MA

Sharp HealthCare, San Diego, CA

Spectrum Health, Grand Rapids, MI

SSM Health, St. Louis, MO

Sutter Health, Sacramento, CA

Tampa General Hospital, Tampa, FL

Texas Health Resources, Arlington, TX

The University of Texas MD Anderson Cancer Center, Houston, TX

Trinity Health, Livonia, MI

UCLA Health, Los Angeles, CA

UK HealthCare, Lexington, KY

University Hospitals, Cleveland, OH

University of Virginia Health System, Charlottesville, VA

Virginia Commonwealth University Health System, Richmond, VA

Virginia Mason Medical Center, Seattle, WA

CORPORATE SPONSORS

KORN FERRY

Cerner

vocera

HealthCatalyst
ignite change

Deloitte.

Omnicell

emmi
Expertly Designed to Drive Results

Impact advisors

STRATEGIC PARTNER

KLAS
ACCURATE. HONEST. IMPARTIAL.

October, 2015