STRATEGIES IN POPULATION HEALTH

November 12, 2018

Selfhelp

Population Health Defined?

- "…the health outcomes of a group of individuals, including the distribution of such outcomes within the group," …. population health includes health outcomes, patterns of health determinants, and policies and interventions that link these two."

- David Kindig, MD, PhD, and Greg Stoddart, PhD David Kindig is with the Department of Population Health Sciences, University of Wisconsin—Madison School of Medicine, Madison. Greg Stoddart is with the Department of Clinical Epidemiology and Biostatistics, McMaster University Health Science Centre, Hamilton, Ontario. "What Is Population Health?", *American Journal of Public Health* 93, no. 3 (March 1, 2003): pp. 380-383. DOI: 10.2105/AJPH.93.3.380

Selfhelp

Determinants of Health

- Clinical Determinants
  - Genetics
  - Medical
  - Government Policy
- Social Determinants
  - Environmental
  - Culture/Belief Systems
  - Financial/Economic
  - Behavioral
  - Government Policy

Selfhelp

Key Performance Indicators- KPI

- Development of KPIs
  - Selfhelp has been working to design KPIs that help us measure our impact on services we provide.
  - Finding and using evidence-based standards assist us in developing KPIs that are meaningful and help measure our impact on outcomes.

Some KPIs from Homecare

Timely initiation of care		How often care began in a timely manner. Currently captured in OASIS Data.
Influenza immunization received for current flu season		How often patients have received a flu shot for the current flu season. Currently captured in OASIS Data.
Pneumococcal polysaccharide vaccine ever received		How often patients have received a pneumococcal vaccine (pneumonia shot). Currently captured in OASIS Data.
Diabetic foot care and patient education implemented		For patients with diabetes, how often received orders, gave foot care, and taught patients about foot care. Currently captured in OASIS Data.
Depression assessment conducted		How often checked patients for depression. Currently captured in OASIS Data.
Drug education on all medications provided to patient/caregiver		How often taught patients (or their family caregivers) about their drugs. Currently captured in OASIS Data.
Multifactor fall risk assessment conducted for all patients who can ambulate		How often checked patients' risk of falling. Currently captured in OASIS Data.
Improvement in ambulation		How often patients got better at walking or moving around. Currently captured in OASIS Data.
Improvement in bed transfer		How often patients got better at getting in and out of bed. Currently captured in OASIS Data.

Outcomes

- Population Health is all about achieving outcomes and measuring them in a scientific way to assure quality standards.

Value Based Purchasing and Risk-Based Contracting

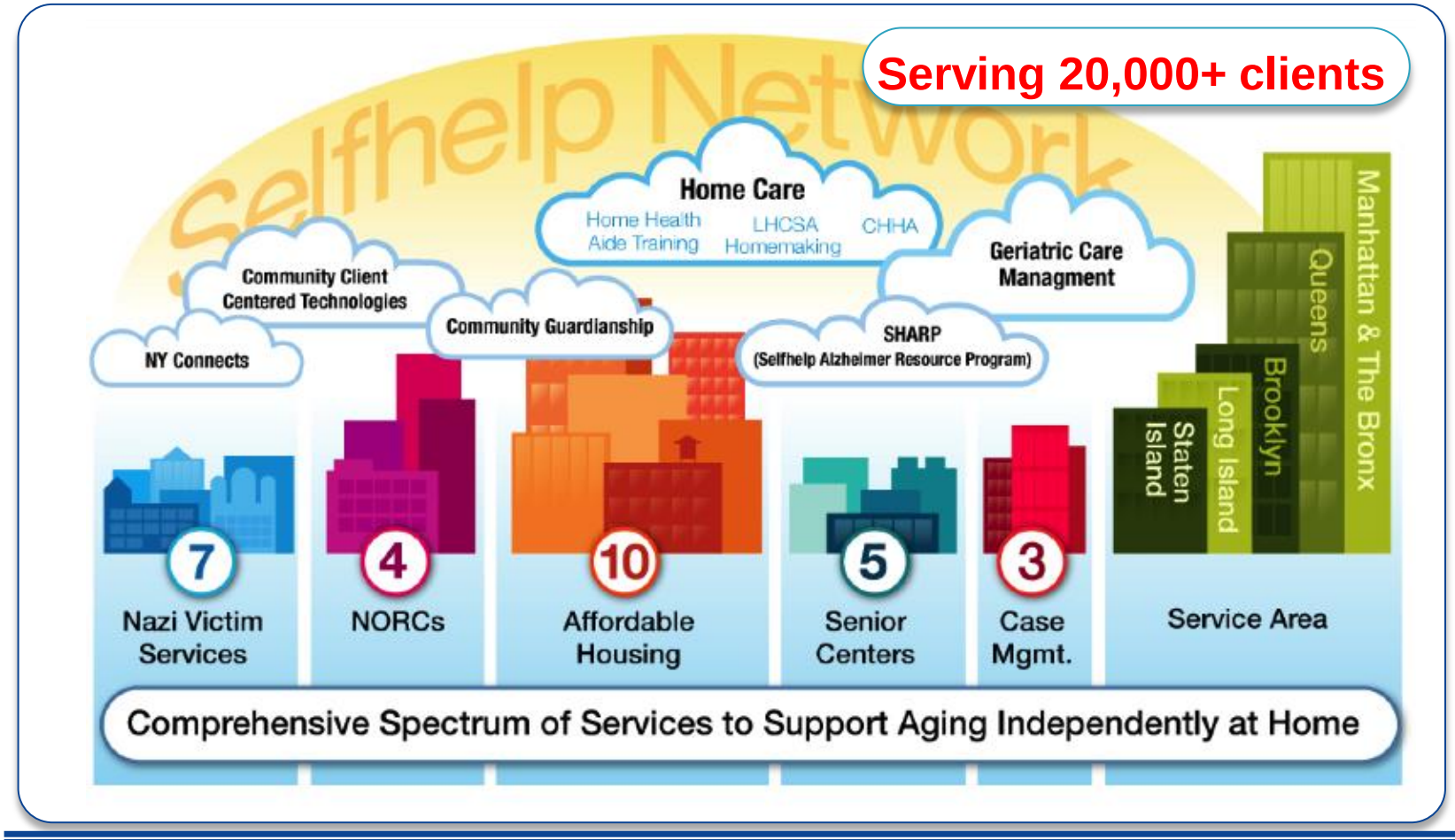
- Do you know your population?
  - Risk issues
    - Are you using evidence-based tools to evaluate and assess the risks?
    - What are the evidenced-based interventions you will employ to mediate these risks?
    - How will you prioritize the risks?
  - Client's ability to respond to the interventions
    - Health Literacy
    - Level of frailty vs independence with ADLs
    - Barriers to Activities of Daily Living

Selfhelp

Value Based Purchasing and Risk-Based Contracting- cont'd

- Do you know the cost of mediating the risks?
  - Which level of staff do you need to implement an intervention to reduce risk?
  - How long will it take to mediate the risk?
  - Are you looking at and evaluating the same things as your payor?
  - How will you measure success? Will you and the payor agree on the same measure of success?
  - Will your staff agree on taxonomy and standardization practices?

Selfhelp


Serving 20,000+ clients
Selfhelp Network
Home Care
Home Health Aide Training
LHCSA Homemaking
CHHA
Community Client Centered Technologies
NY Connects
Community Guardianship
SHARP
(Selfhelp Alzheimer Resource Program)
Geriatric Care Managment
Manhattan & The Bronx
Queens
Brooklyn
Long Island
Staten Island
7
Nazi Victim Services
4
NORCs
10
Affordable Housing
5
Senior Centers
3
Case Mgmt.
Service Area
Comprehensive Spectrum of Services to Support Aging Independently at Home

Selfhelp's Issue

Risk-based contracting not possible

- Need to understand client population
- Need to demonstrate value to payers

1. (4) information management systems
2. (10) databases
3. Data duplication
4. Taxonomy issue across platforms
5. Difficult to identify at-risk populations
6. Costly to coordinate care management
7. Inefficient Intake processes

Selfhelp

Our Technology Needs

- Increase WAN Capabilities
- Develop a data warehouse
- Develop an interface connecting SH's programs into a data warehouse
- Develop business analytics
- Develop evidence based programs and run predictive modeling
- Demonstrate healthcare outcomes
- Create a centralized information and referral call center
- Connect to SHIN-NY/RHIOs

Goal = Assume Risk; Participate in VBP

Selfhelp

Our Data Needs

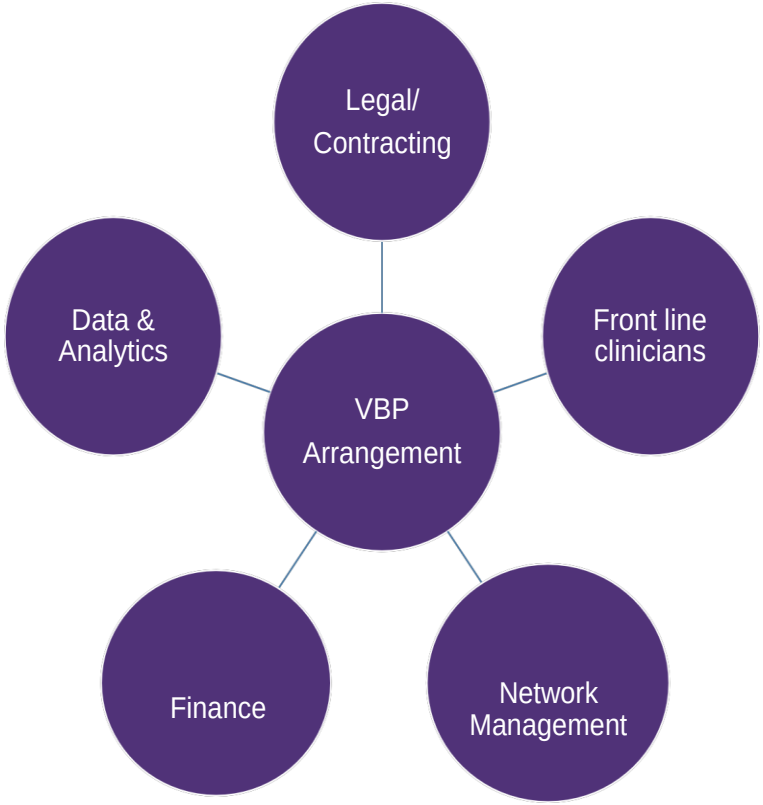
Key Performance Indicators

1. Staff Productivity
2. Staff Interventions
3. Total Cost of Client Care
4. Program Outcomes
5. Clinical and Social Determinants of Health
6. Health Care Savings within the Health System

Transition from reports to exception management

Selfhelp

Organizational Transformation



Key takeaway:

Assess your organizational structure and maximize integration to support your VBP arrangement.

CHALLENGES

1. Staff Development
2. Grant Approval Process
3. Partnerships
   - Software
   - Provider
   - Plan
4. Taxonomy
5. What data to share - SDH within Health Care
6. Consents
   - RHIO Consent

Selfhelp

ACCOMPLISHMENTS

1. Daily Software Feeds
2. Standardized Language - Assessments
3. Data Warehouse
4. Data Validation - On-going
5. Risk Scorecard Pilot
6. Time Study Pilot
7. VBP Contracts
8. MLTCP Quality Scorecard
9. HIPAA Security Assessment
10. Population Health and Business Integration Units
11. Connecting to RHIOs
12. Mobile Platform Pilot

Selfhelp

What will the Population Health Unit Do?

- Universal Intake to help direct clients and SH workers to the right program.
  - Complete a short Intake form for all new clients
  - Follow-up on entitlements and benefits that were started by SH social workers
  - Use Analytic Software to find the gaps in service and help refer the client to cover all the Determinants of Health
- Fill the gaps in services throughout receiving alerts from RHIOs (Regional Health Information Organization)
- Other alerts for Selfhelp defined gaps in our own KPIs
- View the client in a patient-centered way.

Selfhelp

Why are we doing all of this?

- We have to prove that our social service works.
- As the belt tightens around cost of healthcare; community based organizations (CBO) have to prove their worth in order to get a piece of the fiscal pie.
- Whether by grant or in contract with payors (insurance companies) we have to **prove** that investment in all the determinants of health services makes a difference.
- Many payors only want to Pay for Value, i.e. Quality kickers

Selfhelp