

Health Care Transformation:

Business Requirements for Information In Population Health

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Today's Overview

The *Business* of Population Health Management

1. *My history.*
2. *What is Population Health?*
3. *Who is Propel Health?*
4. *How will Propel Health accomplish its purpose?*

(The key role of information in transformation)

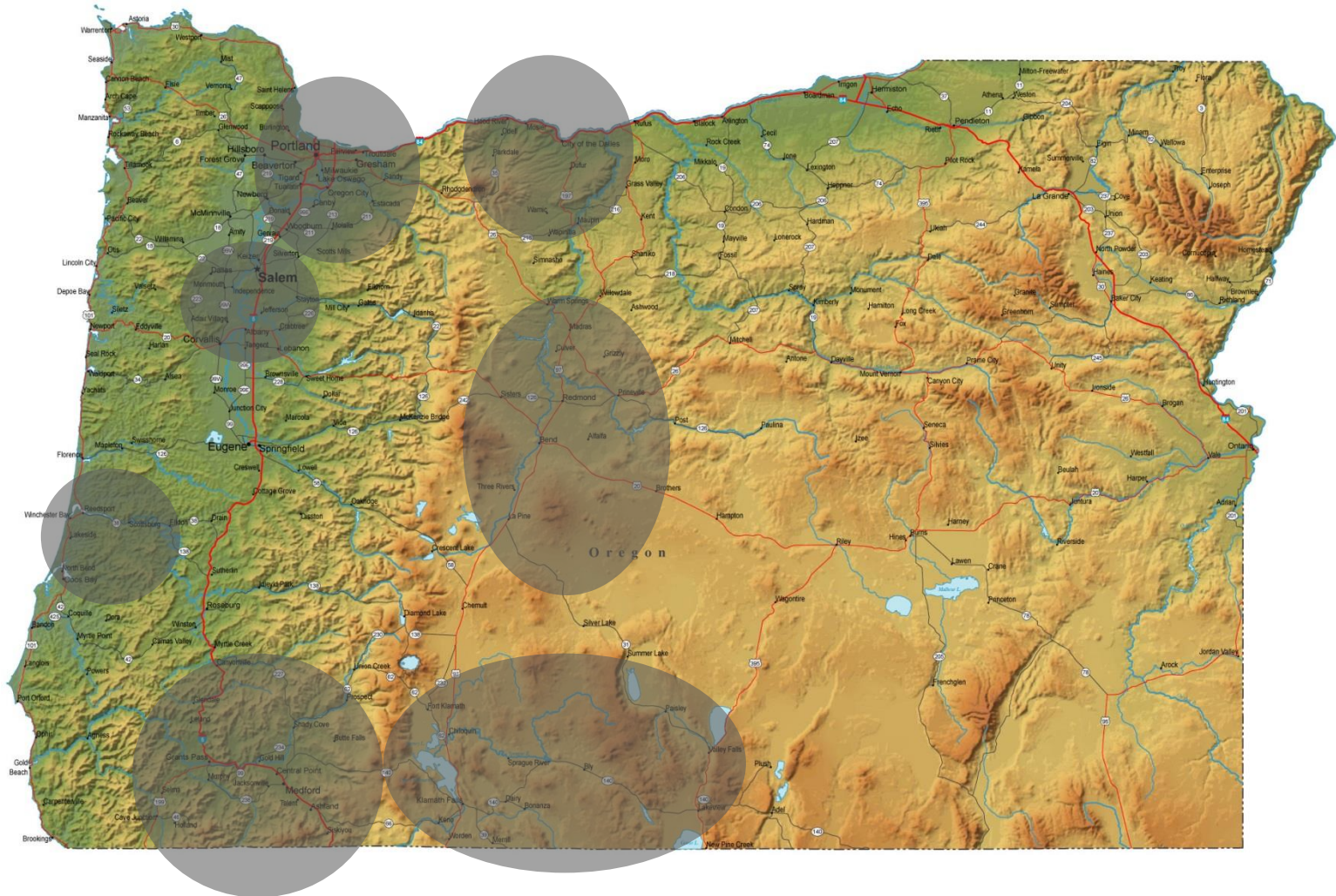


My History

- Family Medicine Physician
- President of St. Luke's Health Partners
 - Regional Clinically Integrated Network in Southwest Idaho
 - 1800 Providers
 - > 100,000 lives with almost \$1 Billion total revenue
- Board Chair of BrightPath
 - Idaho statewide collaboration
 - Three general regions of Idaho positioned into an entity
 - Anticipating further market consolidation
- Recruited to Propel Health in mid-2015



Who is Propel Health *currently*?



“Us managing Us”

Propel Health



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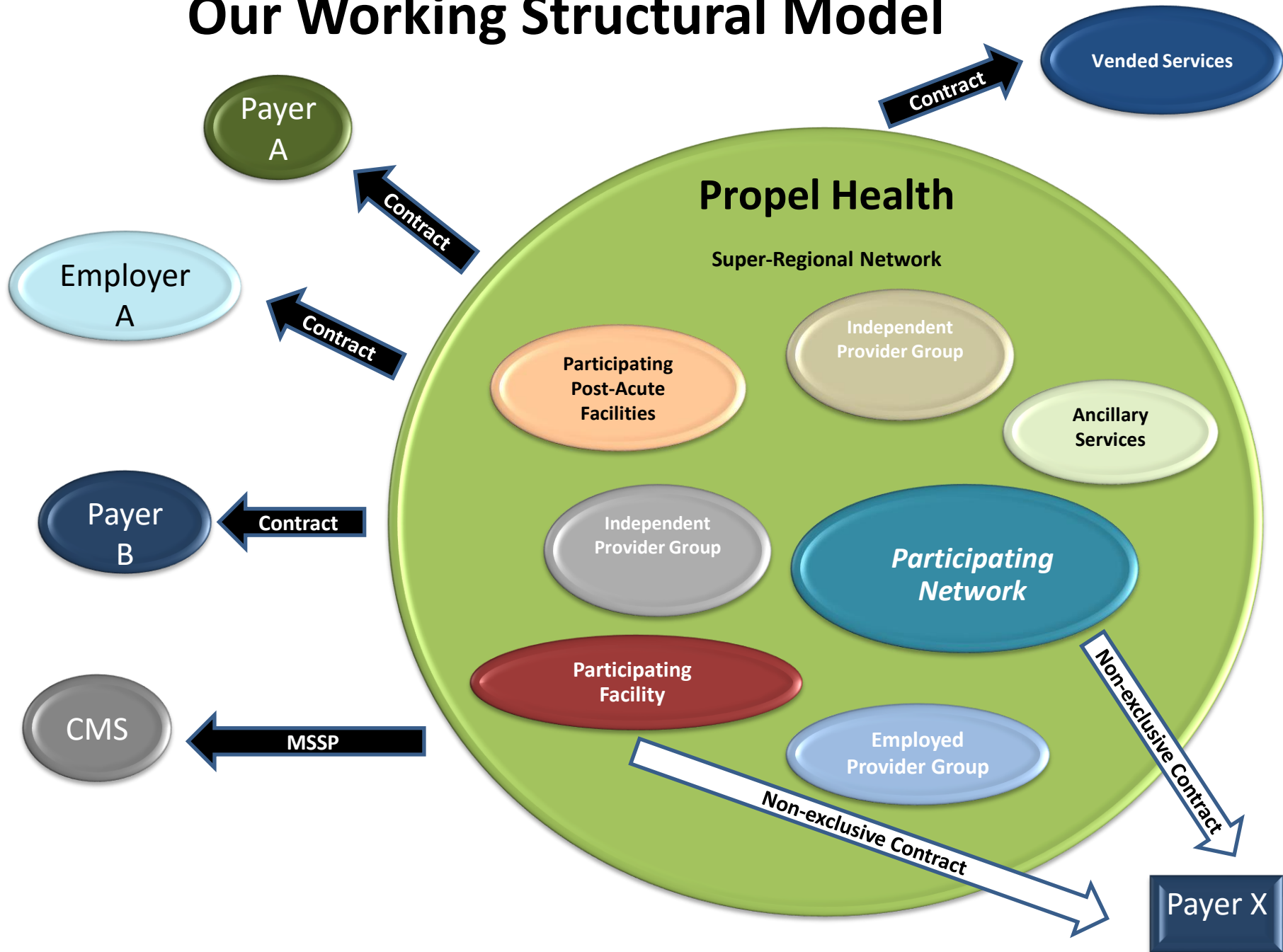
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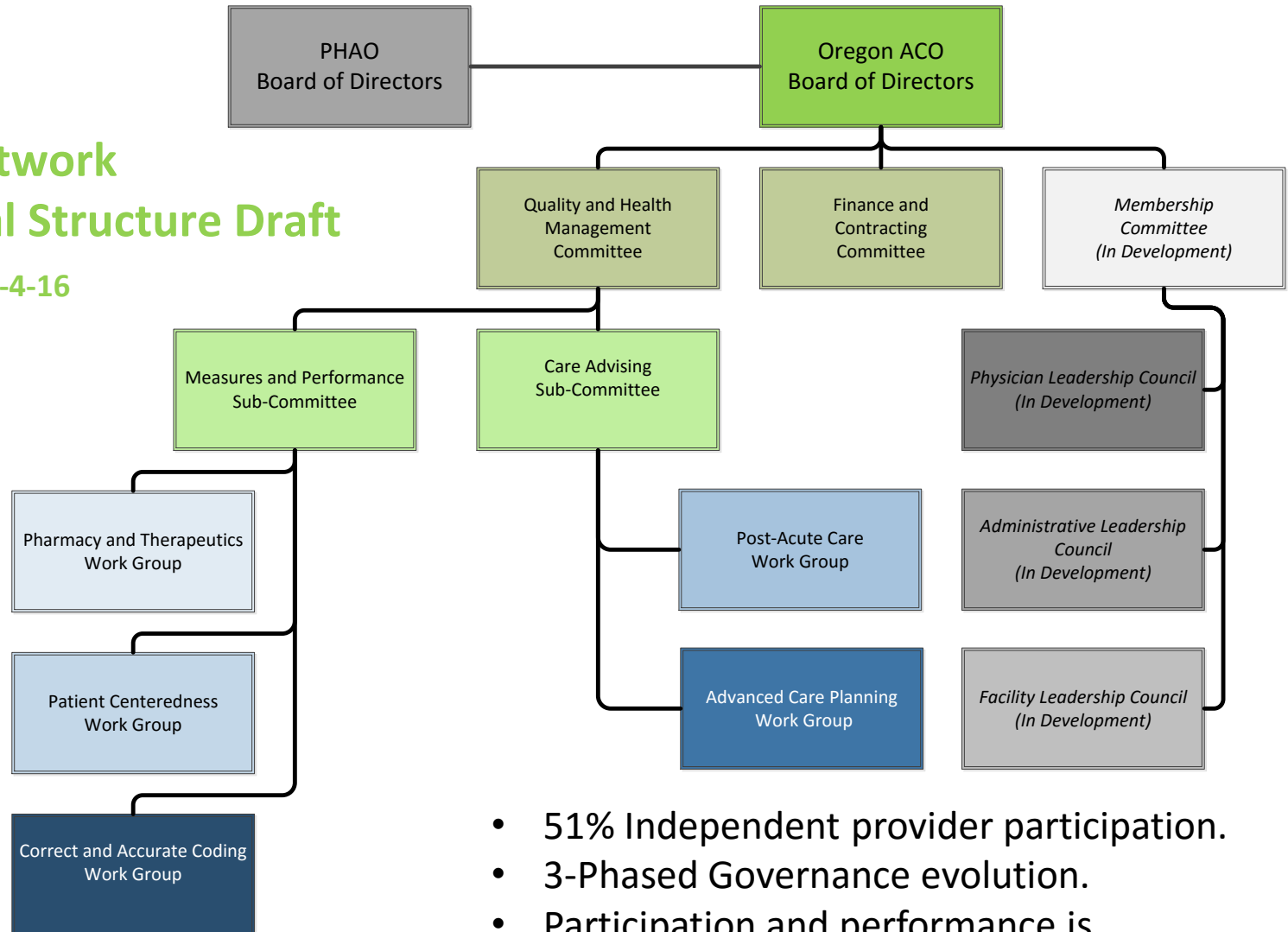
Our Working Structural Model



Governance and Structure

Network Organizational Structure Draft

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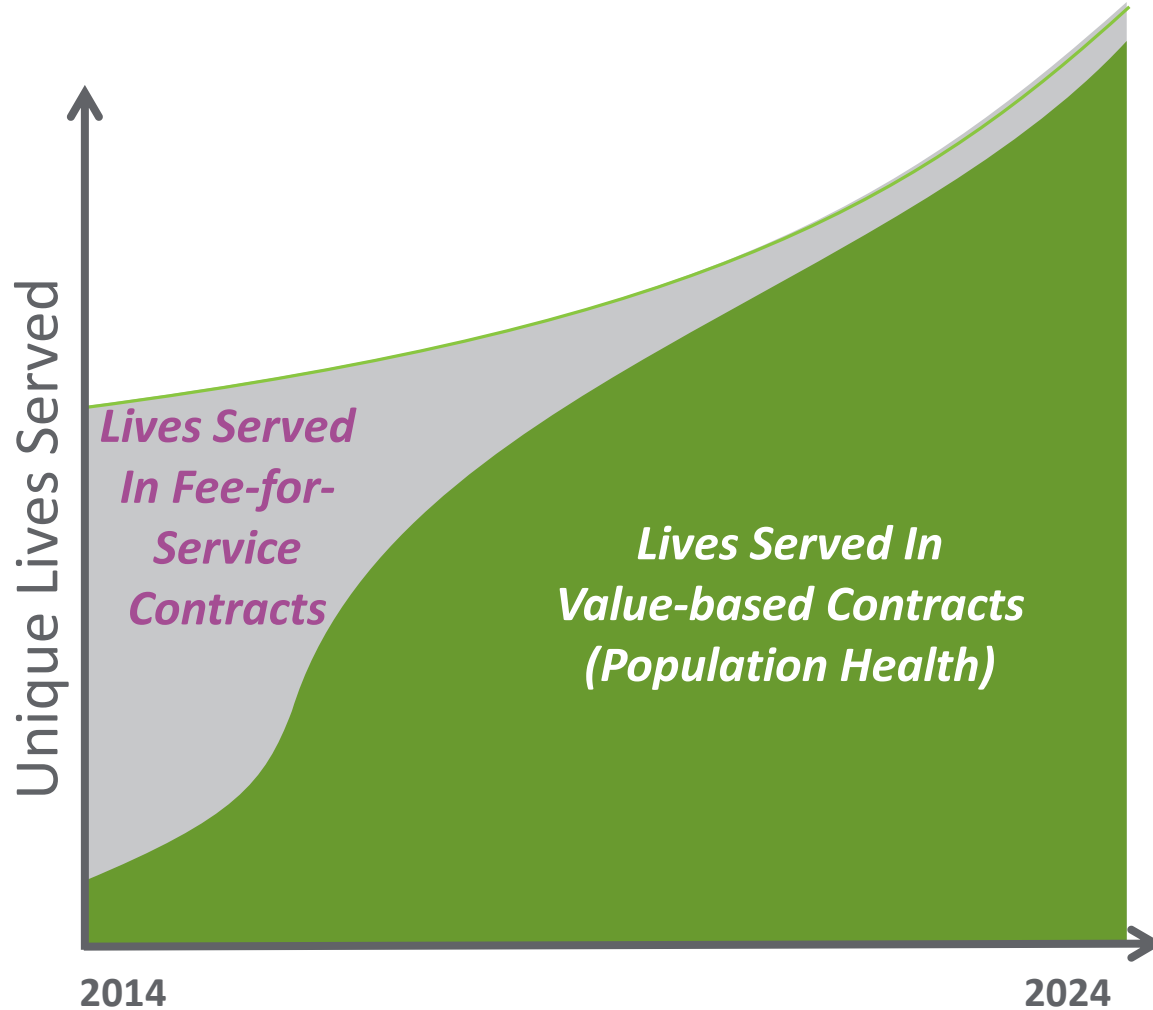


- 51% Independent provider participation.
- 3-Phased Governance evolution.
- Participation and performance is separated from ownership.

Population Health Management (*to me*) is:

“The programs, services, tactics, and initiatives that a business entity uses to differentiate its clinical and financial accountability for the outcomes and cost of care for a defined population, only some of whom may currently be patients.”

The Collision of Two Business Models



Current Value-based populations:

1. Medicare 50% and rising
2. Medicaid 100%
3. Commercial ?% and rising

KEY QUESTIONS

1. Do we have information that helps us transition this payment model?
2. Do we understand our opportunities?
3. How do you provide the information and action to survive and sustain in a value-based model?



Why does a population health business need information?

Strategy: *Transform to a model of population health*

Objectives:

1. Create insights into opportunities
2. Form a sustainable business model
3. Change stakeholder behavior
4. Reduce irrational variance
5. Reward performance (value v. volume/alternative payment)
6. Provide consumer value

Tactics: *(Addressed as actionable information flows)*



Navigating the Vision



Aspiration

- *Fee for Outcome*
- *Population Health*
- *Compete at Premium*

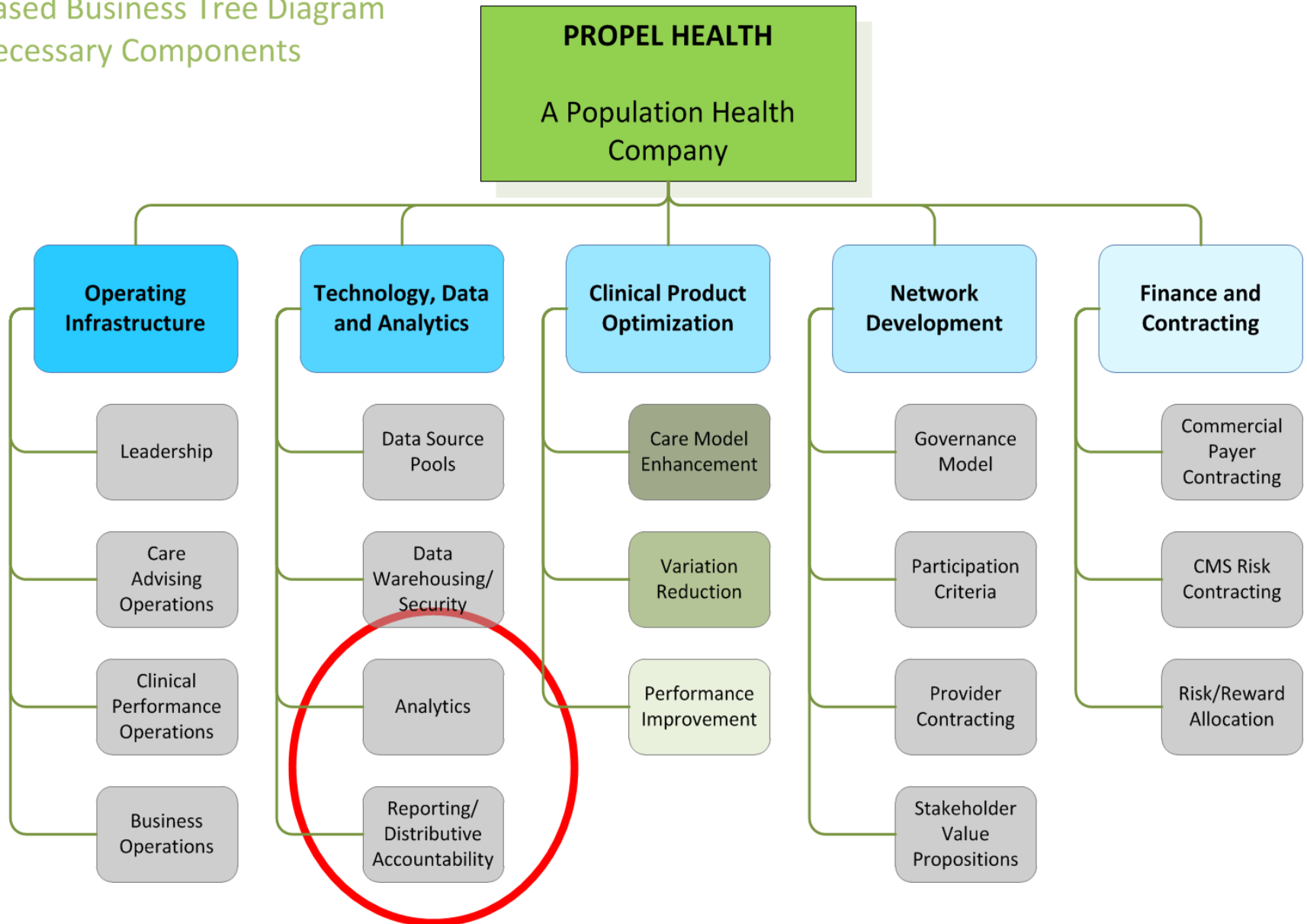
Reality

- *Fee for Service*
- *Volume*
- *Singular Success*
- *Conventional Competition*

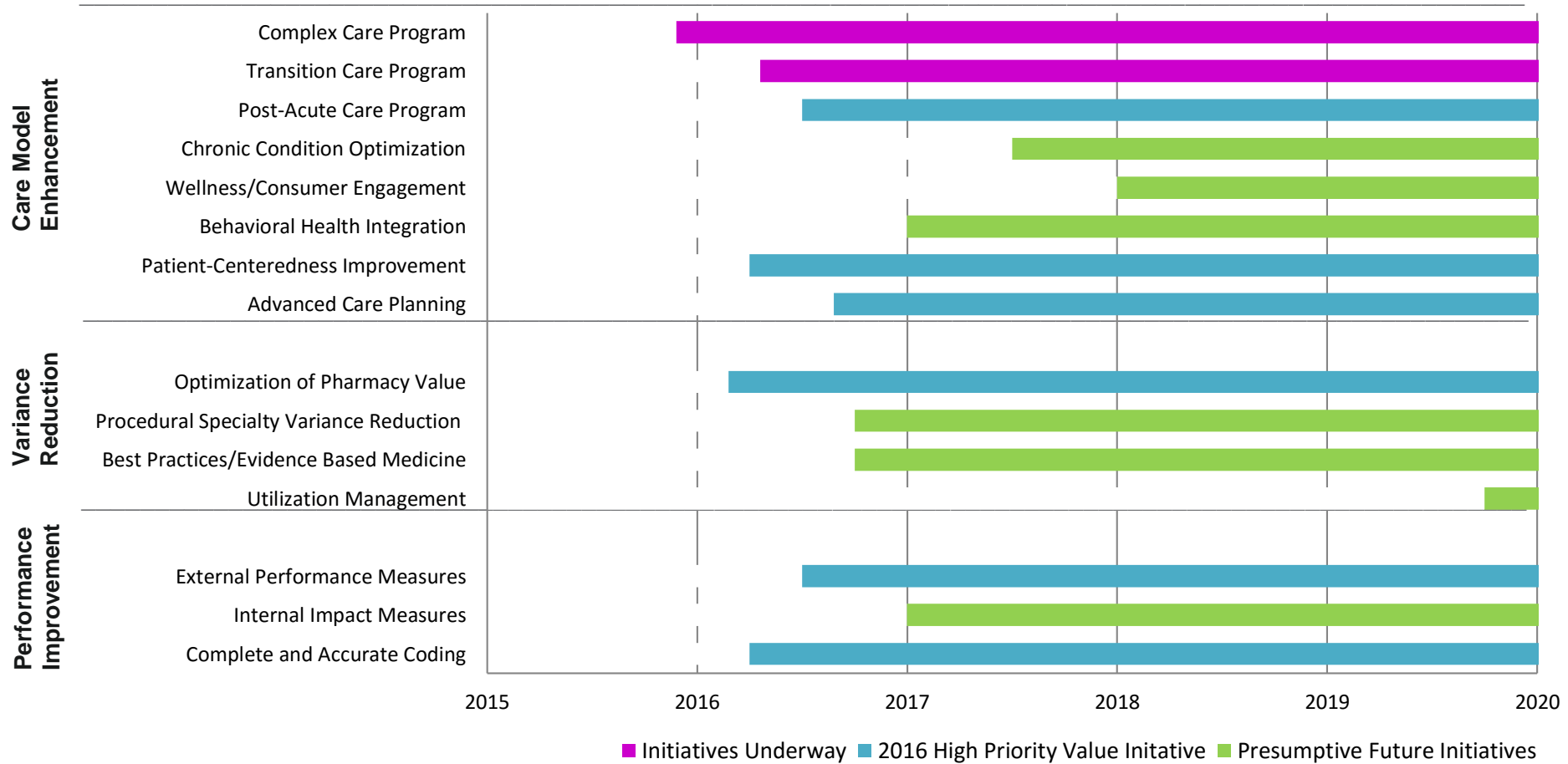


Value Based Business Tree Diagram

Necessary Components



Working Clinical Product Optimization Timeline



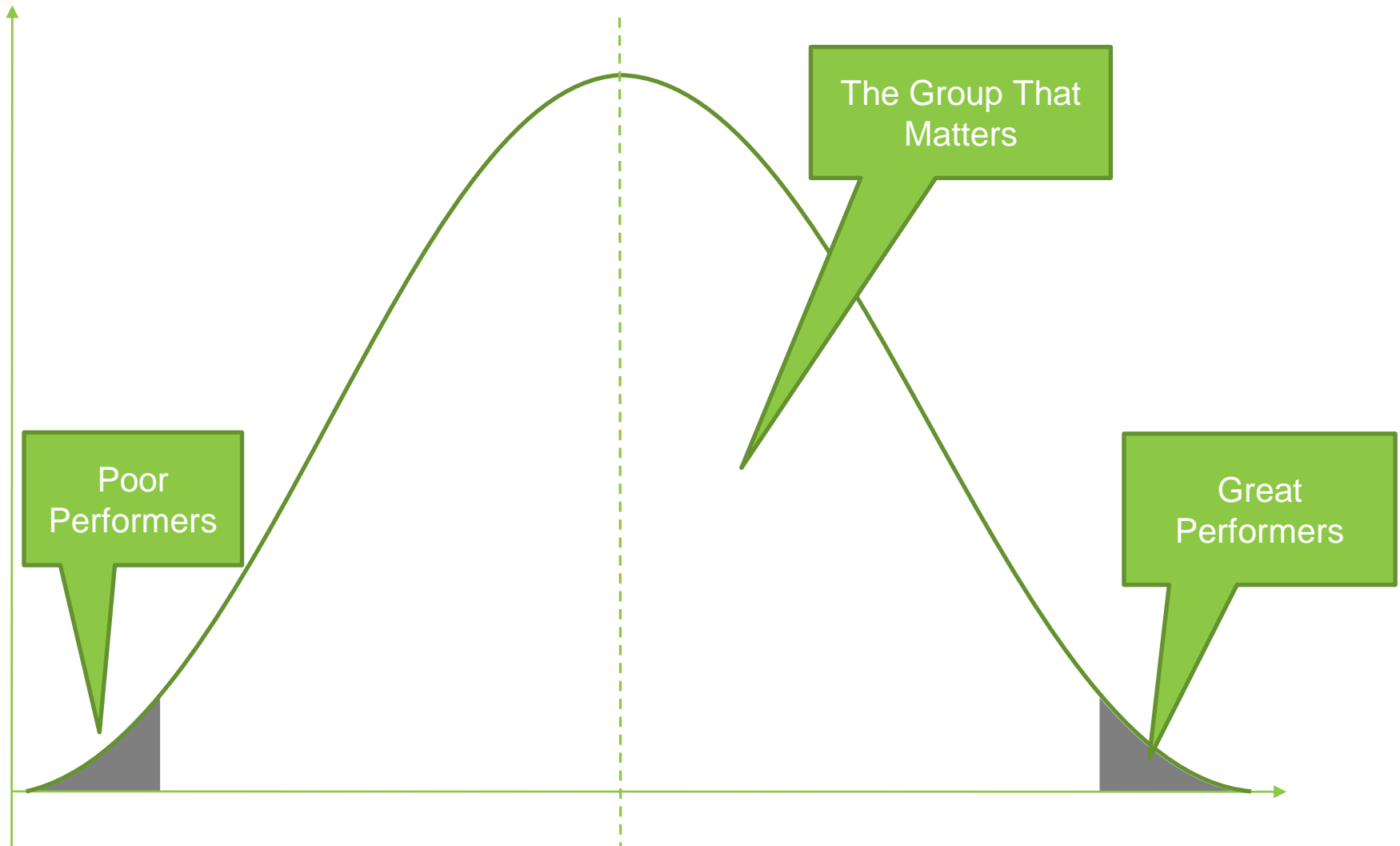
Actionable Information

(How to manage performance)

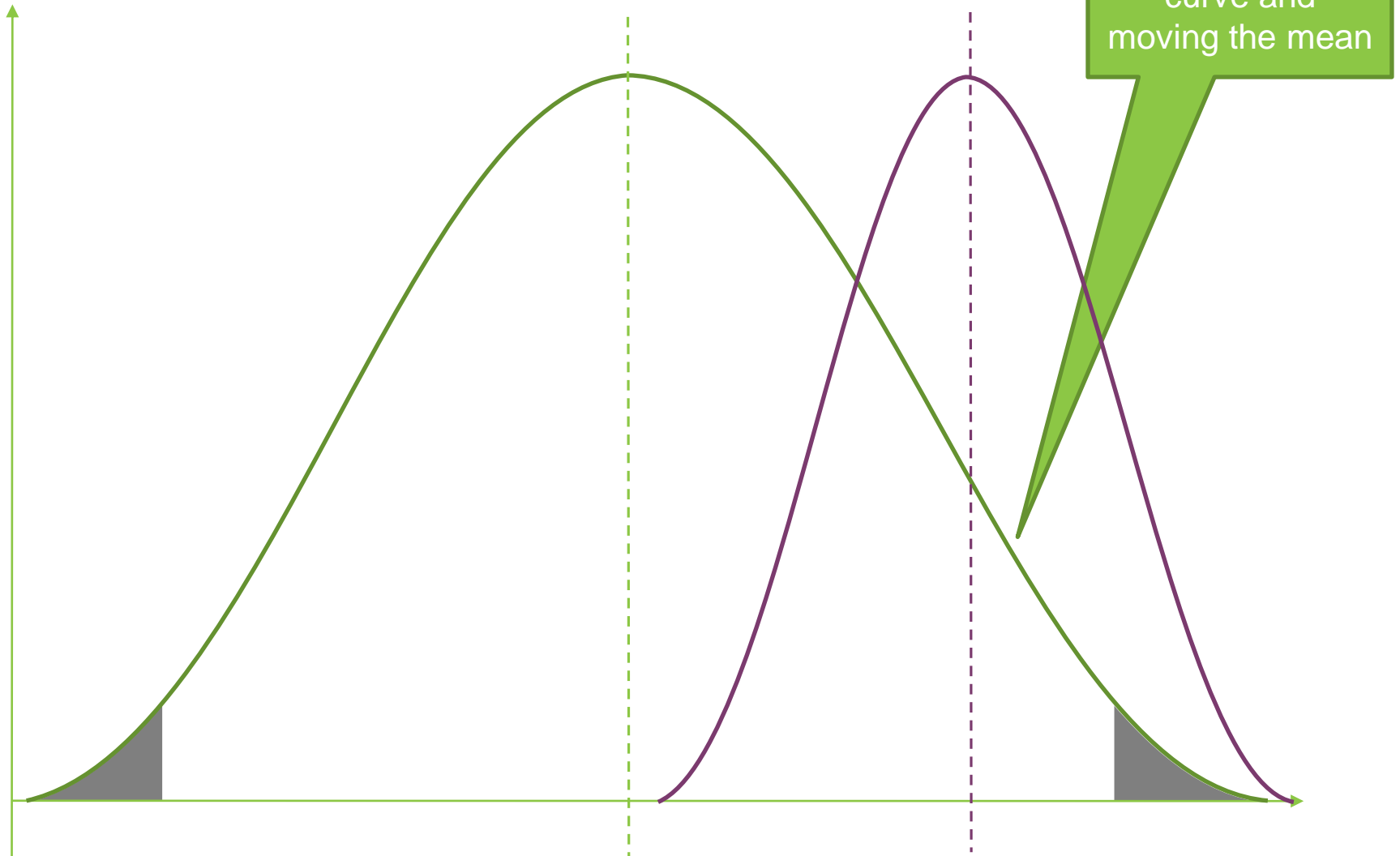
We aren't quite
where we need to be...



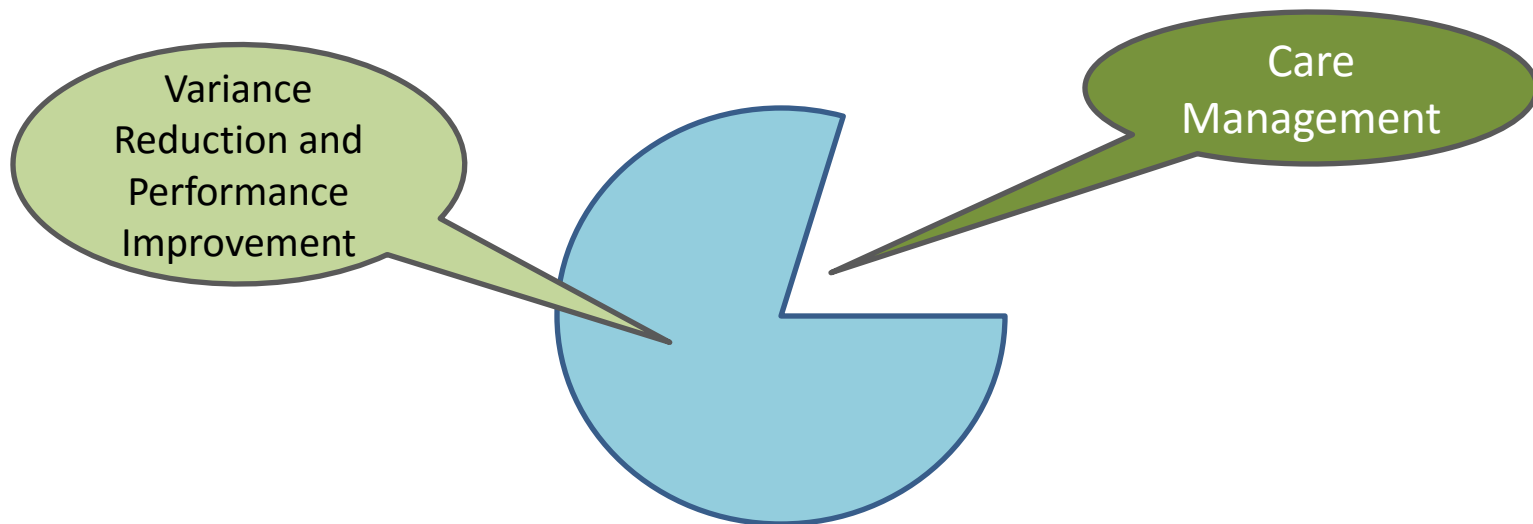
The “Good/Bad Guy” Model



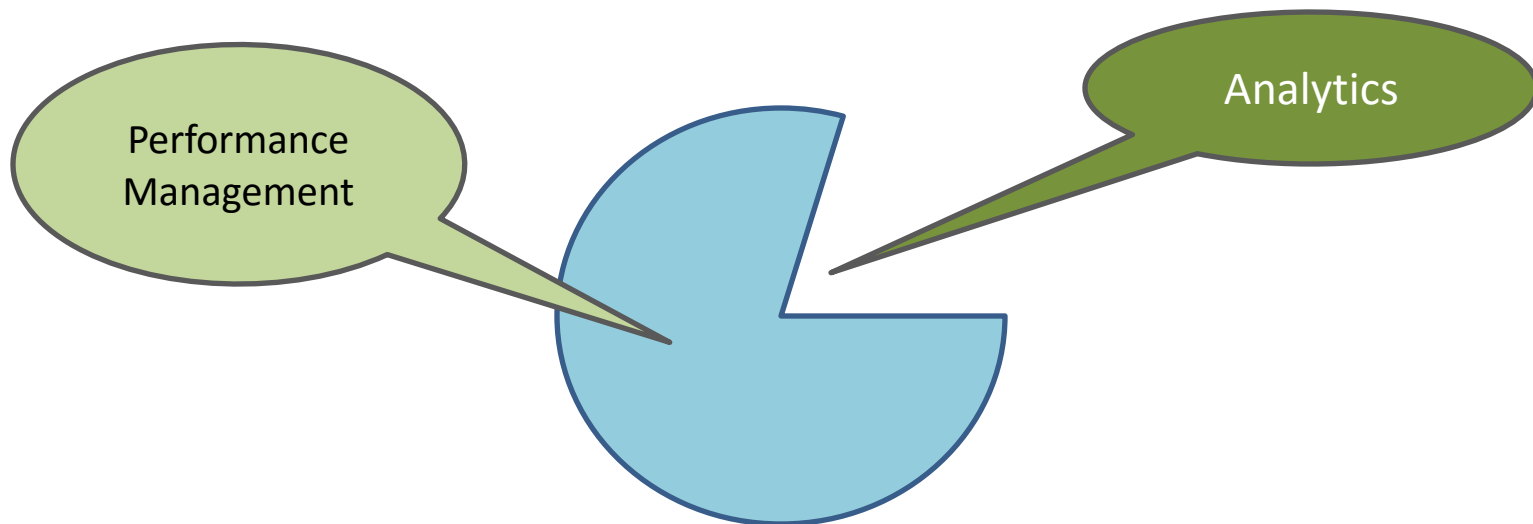
Harnessing the Power of Clinicians



Population Health is more than Care Management



Managing Performance is more than Analytics



Information Audiences/Customers

1. Network Business Entity
 - a. Leadership
 - b. Governance structures
 - c. Operations/Work groups
2. Providers
 - a. Employed
 - b. Independent
 - c. Ancillary
3. Facilities
 - a. Acute care hospitals
 - b. Post acute services
 - c. Ambulatory services
4. Payers
 - a. Employers
 - b. Insurers
 - c. Individuals
5. Consumers
 - a. Patients
 - b. People

Who needs to see what?

What do they need to see?

When do they need to see what?

Where do they need to see it?

How do they need to see it?

How do they align their incentives?

WHAT IS OUR TIMELINE TO VALUE?

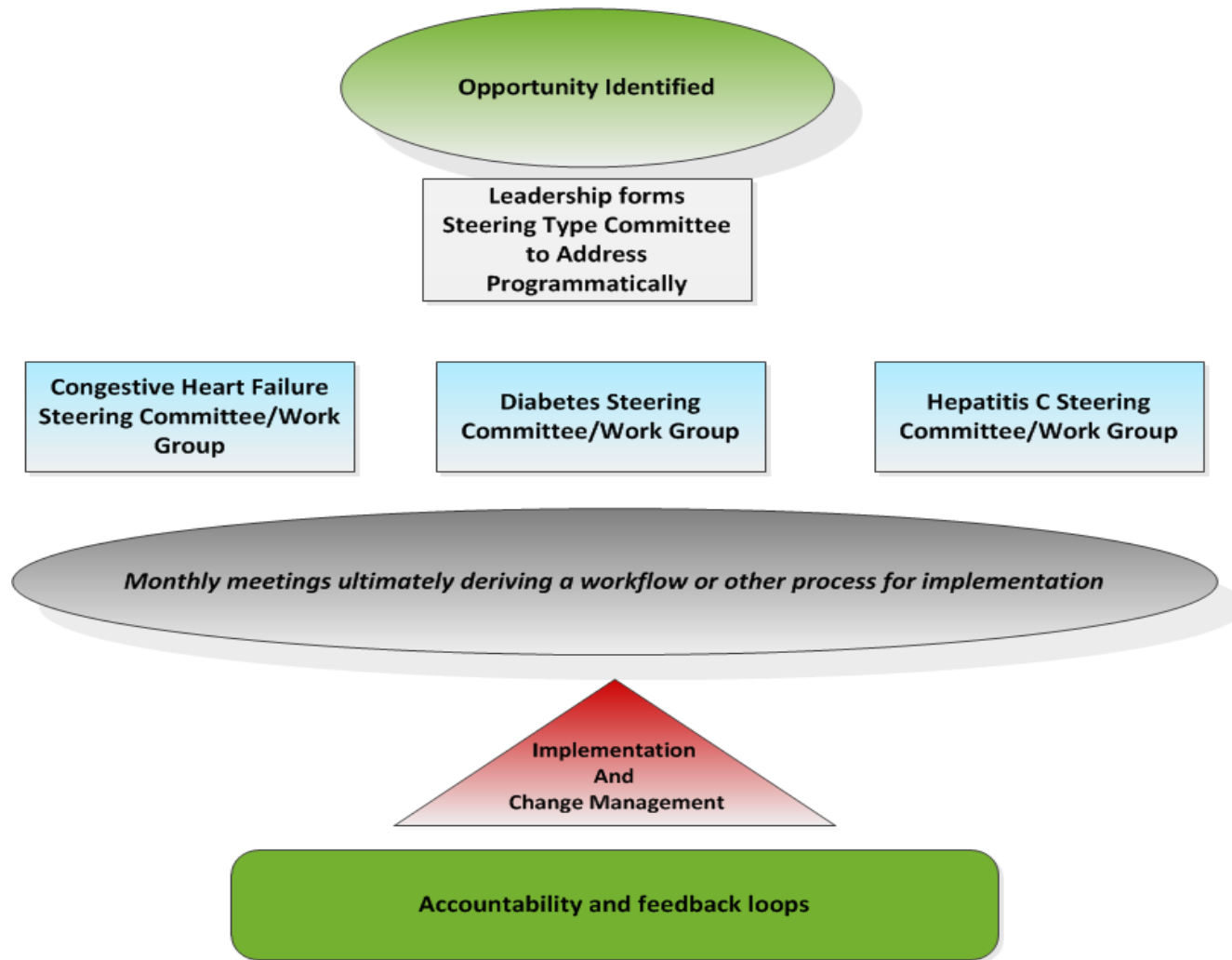


Our future...

1. We must have an information system that:
 - a) Accesses all of our EMR data, claims data, health risk assessments and other types of consumer data.
 - b) Is nimble, cost-effective and gives us the relevant information necessary to perform and intervene in impactful ways and supports acuity-adjusted alternative payment models.
 - c) Targets the financial and clinical opportunities to remove waste.
 - d) Shows relevant individual and small group performance to self-generated and impactful metrics in a relevant and meaningful context.
 - e) Shows information that comprehensively impacts the entire spectrum of health/wellness, ambulatory, acute, and post-acute metrics.
 - f) Minimizes provider abrasion and engages our clinical care teams in an organized way to harness their innovation.
 - g) Clearly demonstrates our value and differentiation to our various audiences.



Familiar Health Care Model

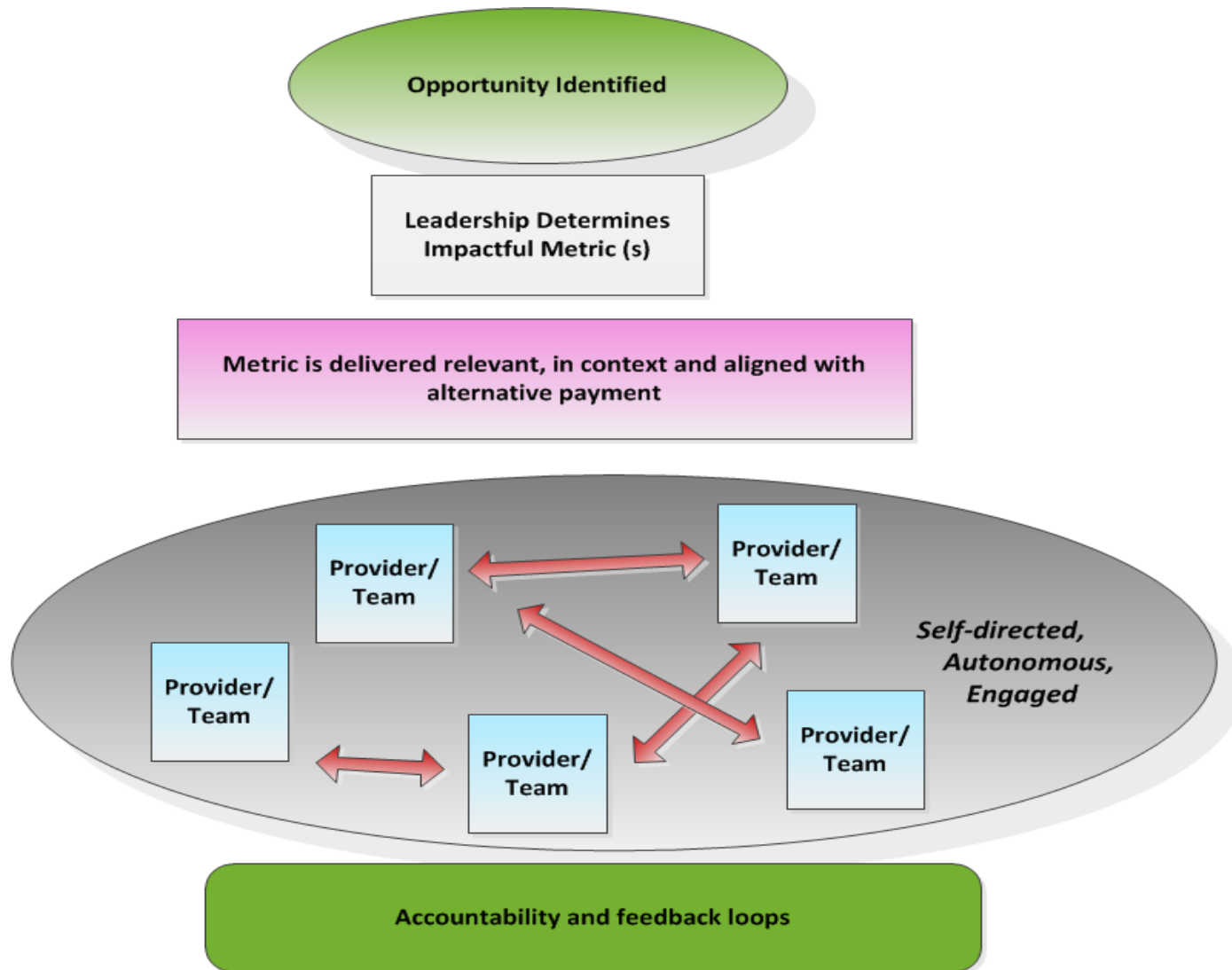


Observations with the *Familiar Model*

1. Centrally led and organized
2. Competes for resource and attention with other organizational priorities
3. Generally focuses on a few (3-5) efforts
4. Difficult change management
 - a) Steering Committee determines a solution
 - b) Dispenses the solution to others in the organization
 - c) Only those involved are generally part of the solution
5. Slow and deliberate
6. Works well for certain problems—mostly in the inpatient setting



Viral "Lean" Model



Observations of the *Viral Model*

1. Harnesses the problem-solving skills of the highly intelligent clinician work force
2. Utilizes a disseminated work force that is not generally dependent upon central resources
3. Can focus on a myriad of problems that are dynamic based on the relevance and context of the metrics
4. Easier change management as creates collaboration, competition and gamification
5. Flexible and quick
6. Works well for certain problems—mostly in the ambulatory and consumer settings



Questions and Discussion



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