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The Population Health Template: A Roadmap for Successful Health Improvement Initiatives

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Learning Objectives

- Describe the population health template as a tool to achieve and report on Quintuple Aim objectives of health improvement initiatives.
- Identify gaps in current health initiatives illustrating the needs for the template's more organized approach.
- Apply the template to health improvement opportunities in health improvement initiatives.
- Understand the role of social determinants of health in health improvement initiatives.

Population Health Management

The Population Health Template: A Road Map for Successful Health Improvement Initiatives

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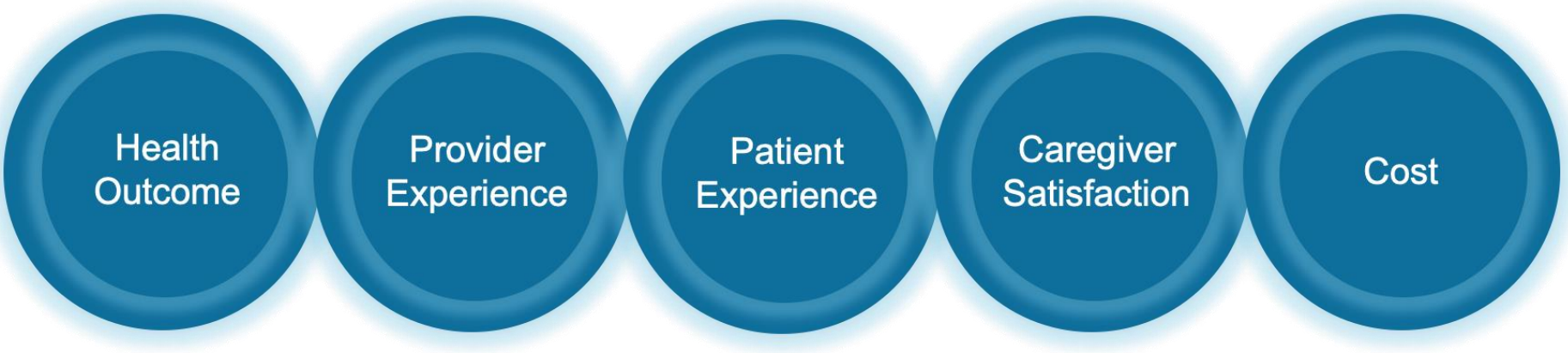
The population health template was designed to assist health systems and population health care organizations to achieve and report on the Quintuple Aim objectives:



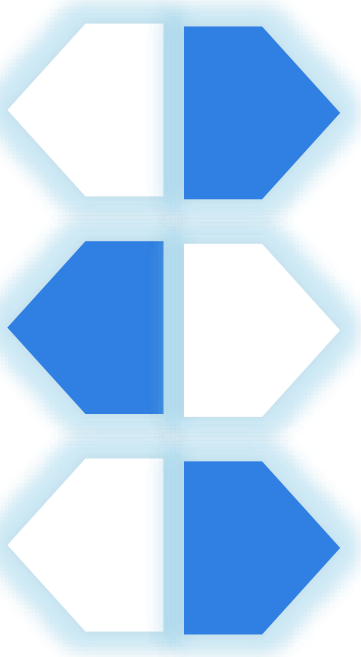
# of health-related activity…

Current Gaps in Population Health Programs

Population health initiatives do not often address social determinants of health.

Most often deal with broad populations.

Do not follow project planning methodology.

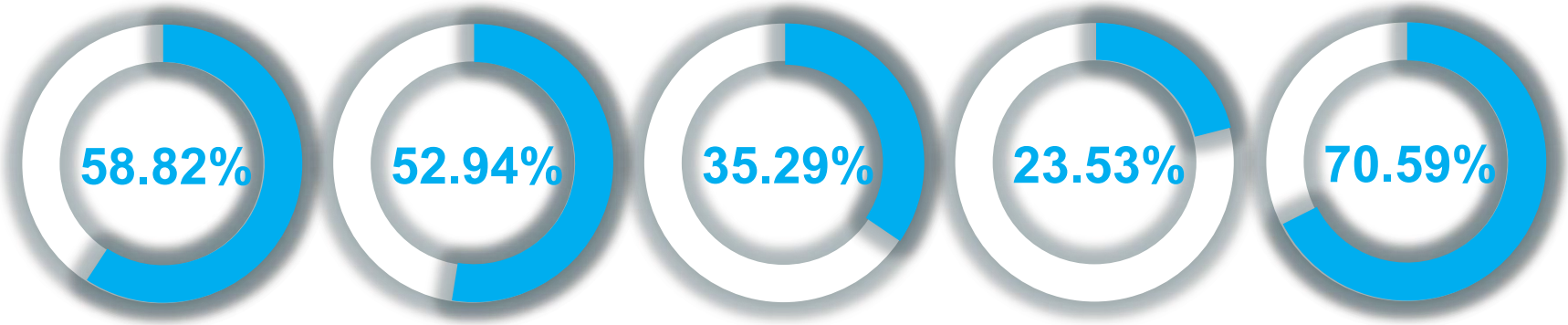


Health improvement issue is not clearly defined.

Measures of success are not carefully planned.

Program evaluation is not well organized.

Common Failure Points for Population Health Improvement Programs According to Population Health Experts:



Effecting organizational change.

Engaging in collaborative leadership.

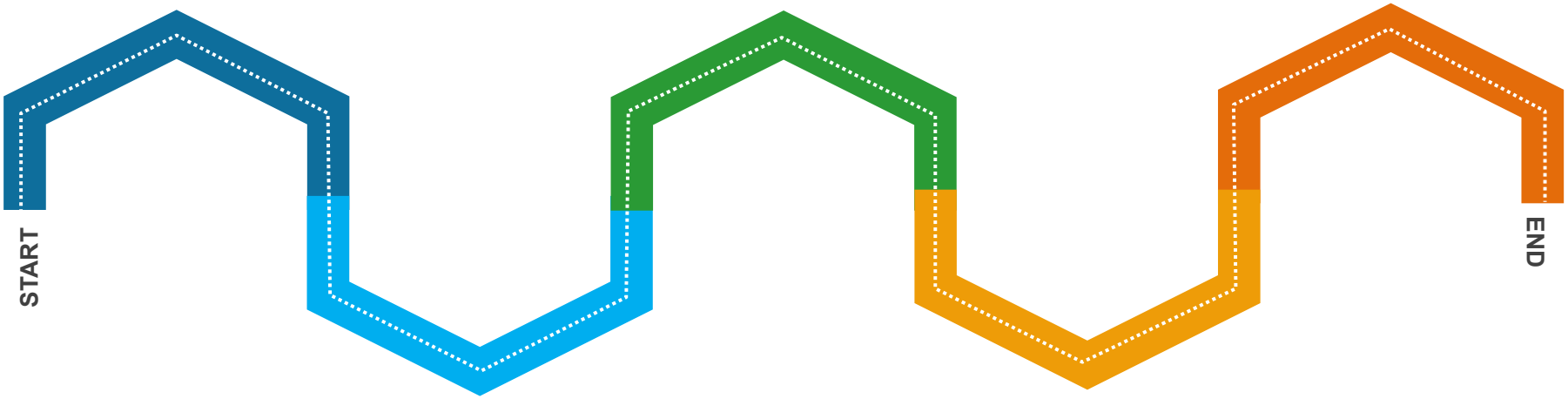
Client participation or program affinity.

Meeting user requirements.

Sustainable behavioral change.

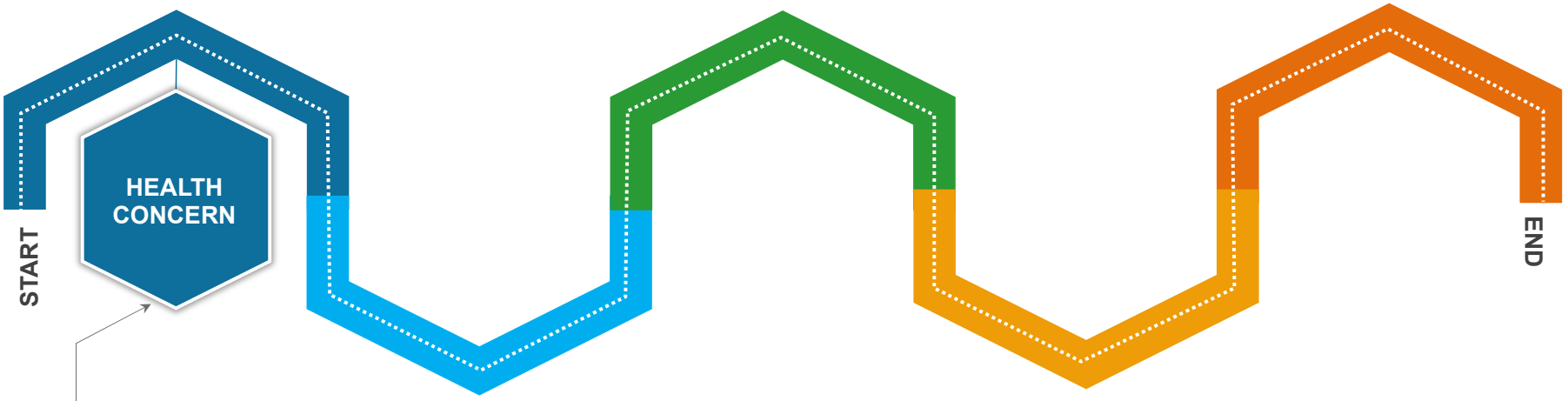
A Tool to Help Close the Gaps and Failure Points: The Population Health Template

This roadmap creates a standardized population health approach to project planning and execution that may be applied to all types of health improvement initiatives for a variety of populations.



Population Health Roadmap

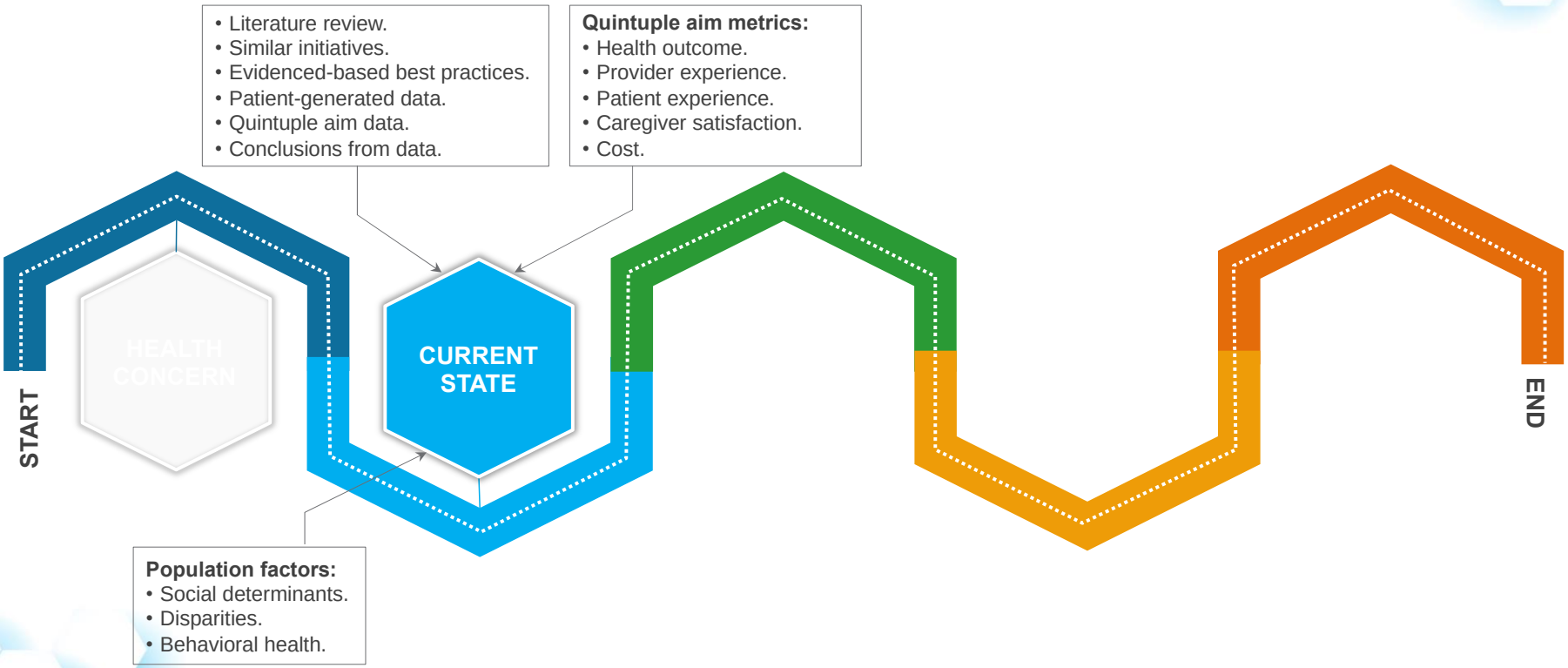
Health Improvement Statement



- Problem statement.
- Iterative.

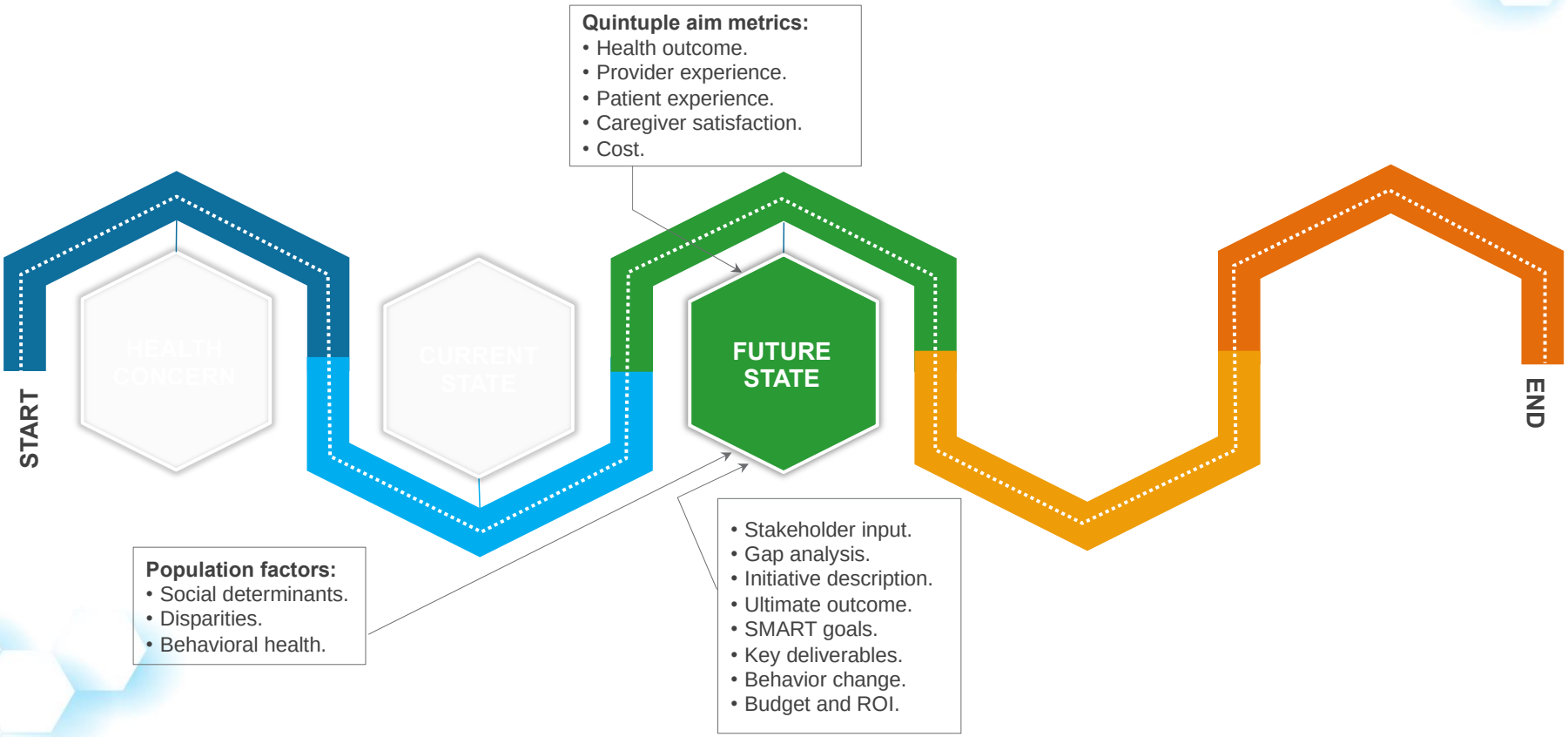
Population Health Roadmap

Current State



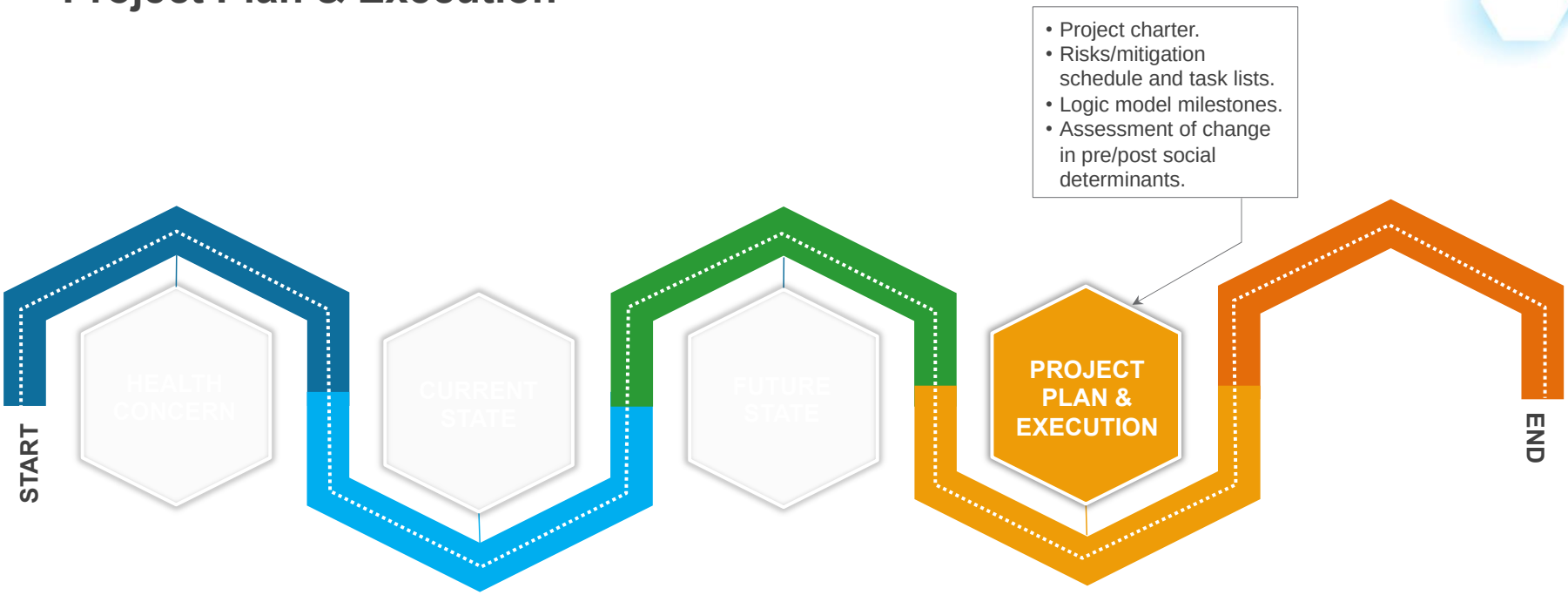
Population Health Roadmap

Future State



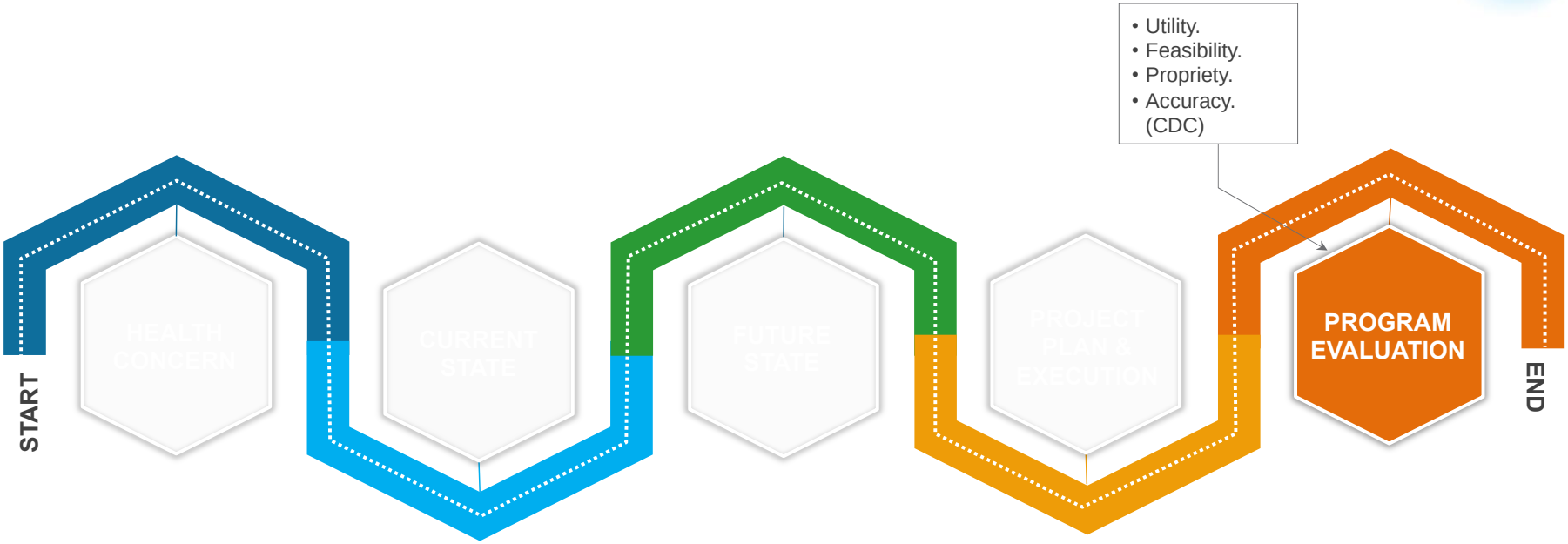
Population Health Roadmap

Project Plan & Execution



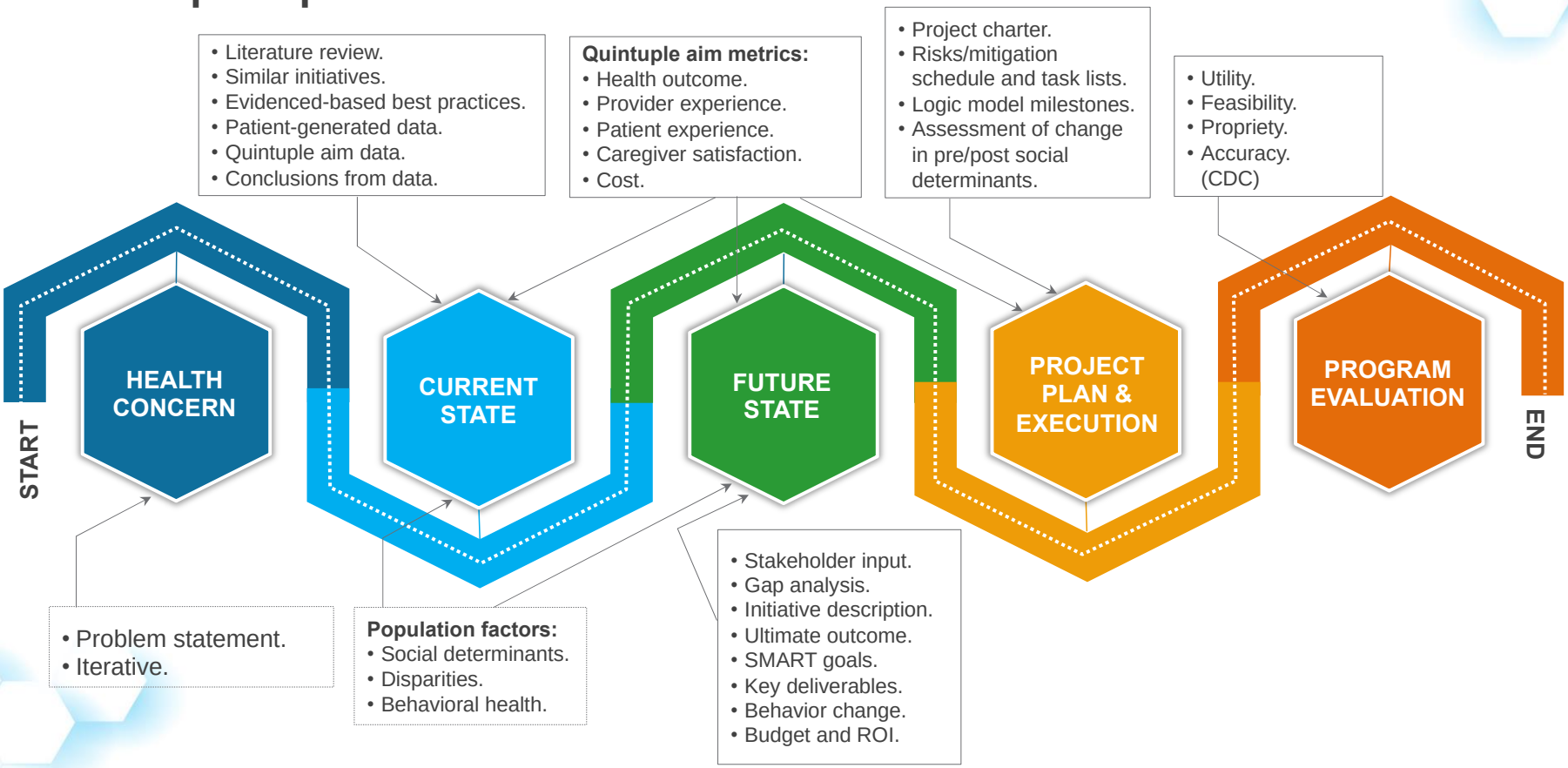
Population Health Roadmap

Program Evaluation



Population Health Roadmap

Concept Map



Gap Example – Health Coaching

Vendor was asked to provide specific examples of how they would demonstrate value from coaching. They were given the template we will discuss to complete.

- **Year 1:** Identify a baseline using the Health Assessment (HA) Score for all HA completers. Also, identify coaching goal areas for future outcome improvements.
- **Year 2:** Collect data to compare with year 1 benchmark data (coaching participant vs. non-coaching participant).

Discussion:
No clear statement of health issue being addressed through coaching, the population being coached, and metrics of value.

Chronic Back Pain – Health Issue & Current State

- **Health Issue**
  - Patients with chronic back pain will benefit from an evidence-based, protocol-driven treatment program.
  - Elimination of out-of-pocket expenses will increase participation the program.
- **Current State**
  - Musculoskeletal disorders account for 9.5% or annual employee health care expense.
  - Social determinants – high out-of-pocket expenses create an economic disparity that limits an individual's willingness to enroll in a long term program

Current State– Musculoskeletal - Back

- Includes 4 diagnoses in the Top 10 Diagnostic Group list
  - Musculoskeletal Disorders
  - Osteoarthritis
  - Joint Derangement
  - Back Pain
- Accounts for 12% of total claims spend
- Accounts for 40% of the Top 10 Diagnostic Groups

Top 10 Diagnostic Groups Analysis

Table 9.1 : Top 10 Diagnostic Groups Analysis

Diagnostic Group	Mar 2013 - Feb 2014		Mar 2014 - Feb 2015	
	Plan Paid	% of Total Plan Paid	Plan Paid	% of Total Plan Paid
Musculoskeletal Disorders	$13,644,824	4%	$11,174,531	4%
Osteoarthritis	$12,545,617	4%	$9,667,197	3%
Pregnancy Complications	$8,426,704	2%	$7,860,933	3%
Abdominal Pain	$7,664,114	2%	$7,425,723	3%
Screening	$8,268,582	2%	$7,389,376	3%
ENT and Upper Resp Disorders	$9,473,114	3%	$7,233,628	3%
Gynecological Disorders	$9,717,937	3%	$7,119,409	3%
Joint Derangement	$8,144,000	2%	$6,513,983	2%
Back Pain	$7,206,563	2%	$6,152,465	2%
Chest Pain	$6,430,647	2%	$5,291,062	2%
Subtotal	**$91,522,101**	**26%**	**$75,828,307**	**27%**
All Others	**$257,312,161**	**74%**	**$206,392,151**	**73%**
Total	**$348,834,262**	**100%**	**$282,220,458**	**100%**

Chronic Back Pain – Future State – Initiative Description

Population – Patients with chronic neck and back pain identified though claims analysis

10-Week Intensive Treatment

- Clinical protocols and PHB proprietary medical strengthening technology and rehabilitation equipment
- Twice a week visits
- Periodic isometric evaluations to measure nd document member's progress
- Education and health coaching
- Experience survey at the end of 10 weeks

42 Weeks of Integrative Wellness

- Clinical protocols including fitness, nutrition, stress reduction, flexibility, and strength training
- Once a week visits
- Education and health coaching
- **POTENTIAL ENGAGEMENT OF PUBLIC HEALTH AND/OR COMMUNITY AGENCIES IN EDUCATION AND COACHING**

Chronic Back Pain – Future State – SMART Metrics

Soft Measure	Unit	Expected Benefit
Pain Level	Visual Analog Scale	Decline
Back Function	Oswestry Disability Index	Improve
Neck Function	Neck Disability Index	Improve
Daily Functioning	Patient Centered Outcome	Improve
Quality of Life	Assessment of Quality of Life	Improve
Satisfaction	Survey	Satisfied

Chronic Back Pain – Future State – SMART Metrics

Hard Measure	Unit	Expected Benefit
Cost of Care	Dollars	Decline
Fees for Program	Dollars	Will assist in decreasing cost of care
Return on Investment	Dollars	Positive

Chronic Back Pain – Project Plan and Execution

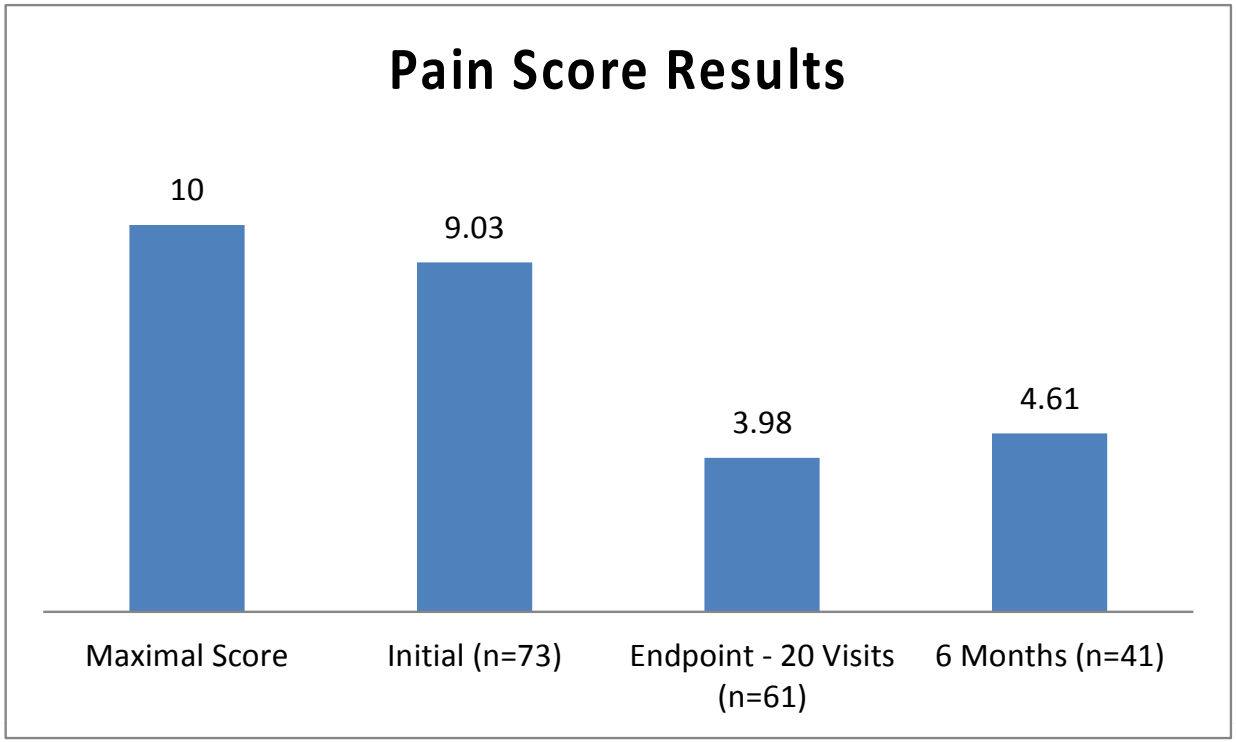
Project Status

- Kick off complete
- Resources engaged
- SFTP server accounts set up
- ABS data extract in process
- Communications team engaged
- TPA claims data extract completed

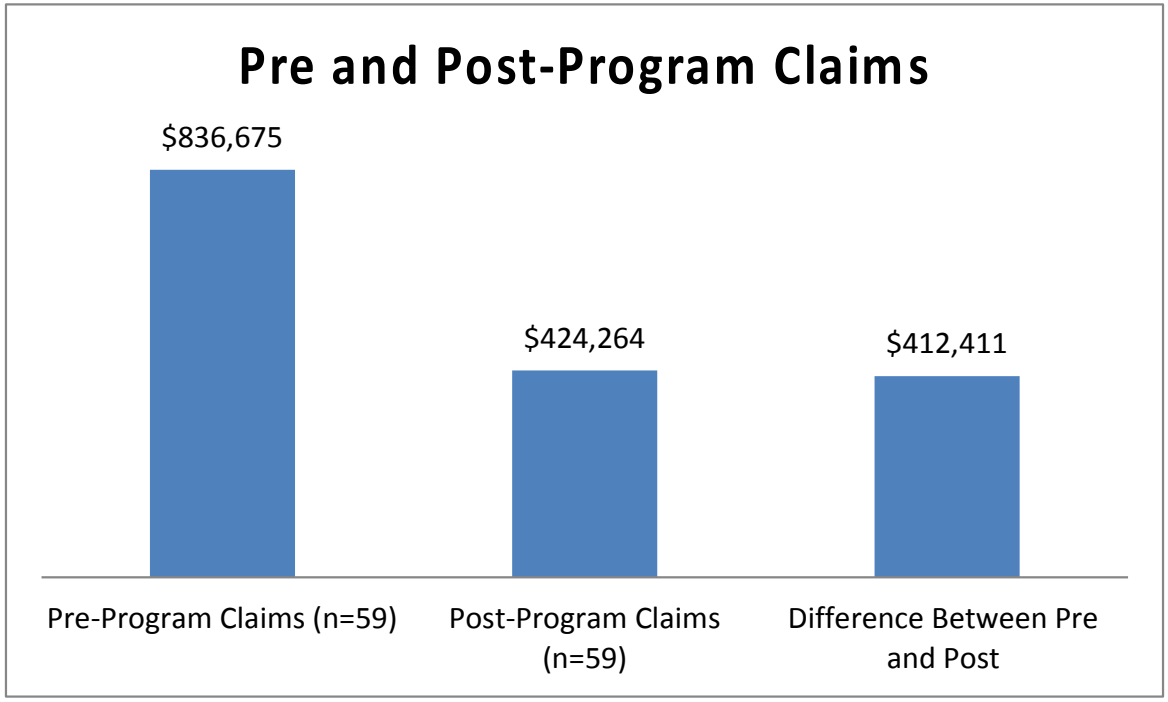
Next Steps

- Finalize the Pilot ROI
- Finalize the Pilot Measures and Reports
- Finalize Pilot Contract
- Program Leaders to Tour Facilities
- Complete analysis and initial pilot program identification
- Review the pilot populations
- Initiate communications review process

Chronic Back Pain – Program Evaluation



Chronic Back Pain – Project Plan and Execution



61 members completed 20 visits. Two members were omitted because they termed from and their post-program claims were not available.

Chronic Back Pain – Program Evaluation

Soft Measure	Unit	Expected Benefit	Actual Results
Pain Level	Visual Analog Scale	Decline	Declined, met goal of Pilot
Back Function	Oswestry Disability Index	Improve	Improved, met goal of Pilot
Neck Function	Neck Disability Index	Improve	Improved, met goal of Pilot
Daily Functioning	Patient Centered Outcome	Improve	Improved, met goal of Pilot
Quality of Life	Assessment of Quality of Life	Improve	Declined, however, results were high
Satisfaction	Survey	Satisfied	Satisfied, met goal of Pilot

Chronic Back Pain – Program Evaluation

Hard Measure	Unit	Expected Benefit	Actual Results
Cost of Care	Dollars	Decline	Declined
Fees for Program	Dollars	Will assist in decreasing cost of care	Cost of Care Declined
Return on Investment	Dollars	Positive	Positive (1.31:1)

Population Health Leadership Series & PopTalk Webinar Series

Date	Speaker	Topic
March 27, 2019	Mary Cooper, MD, JD	Population Health Quality & Safety
April 24, 2019	Harm Scherpbier, MD, MS	Population Health Analytics
May 29, 2019	Katherine Schneider, MD, MPhil, FAAFP	Patient Engagement is Not an App
June 26, 2019	Olivia Banyon, MPH	Connecting the Dots with Diabetes Management: From Analytics to Virtual Engagement

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