

Programming Population Health

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Are you a group to be reckoned with?

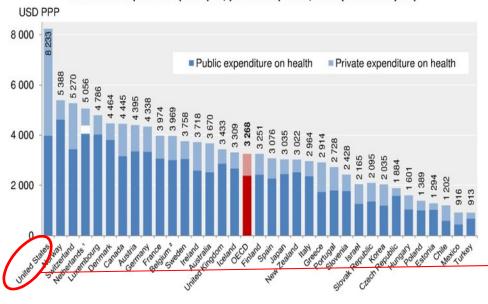


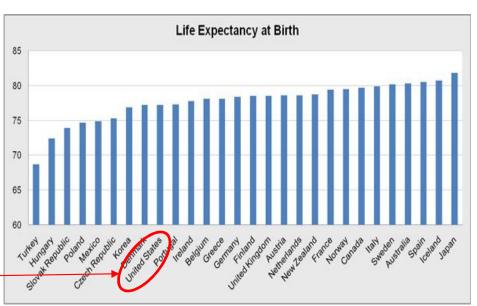


Highest spend – mediocre outcomes

US spends two-and-a-half times the OECD average







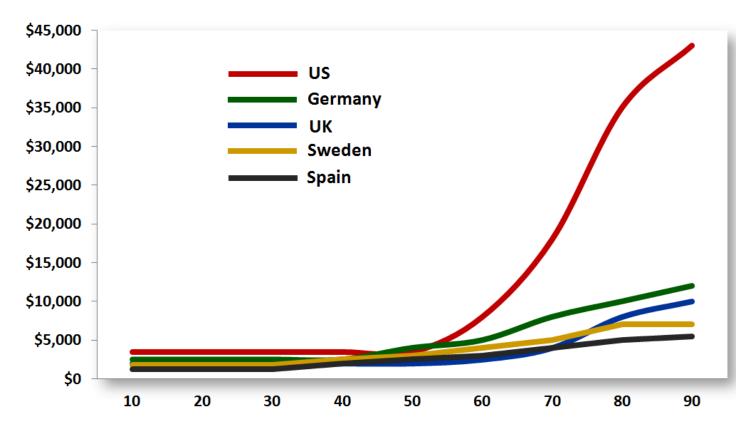
Information on data for Israel: http://dx.doi.org/10.1787/888932315602.

Source: OECD Health Data 2012.

^{1.} In the Netherlands, it is not possible to clearly distinguish the public and private share related to investments.

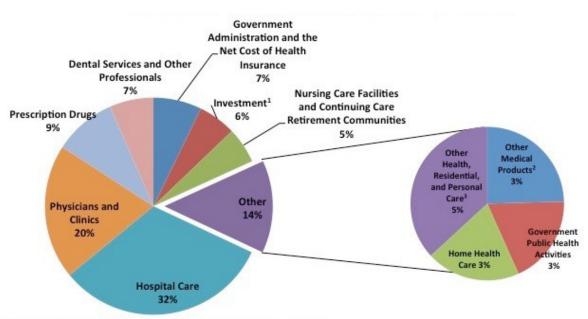
^{2.} Total expenditure excluding investments.

Annual per capita health care costs by age



Assembled by
Carnegie Mellon
University professor
Paul Fischbeck – and
reported by Mark
Roth of the
Pittsburgh PostGazette (December,
2009)

The nation's health dollars (\$2.9 trillion) - 2013: Where it went



- 52% on hospitals and clinics
- 5% Nursing and continuing care
- 5% Residential and personal care
- 3% Home Health
- 3% Public Health

Note: Sum of pieces may not equal 100% due to rounding.

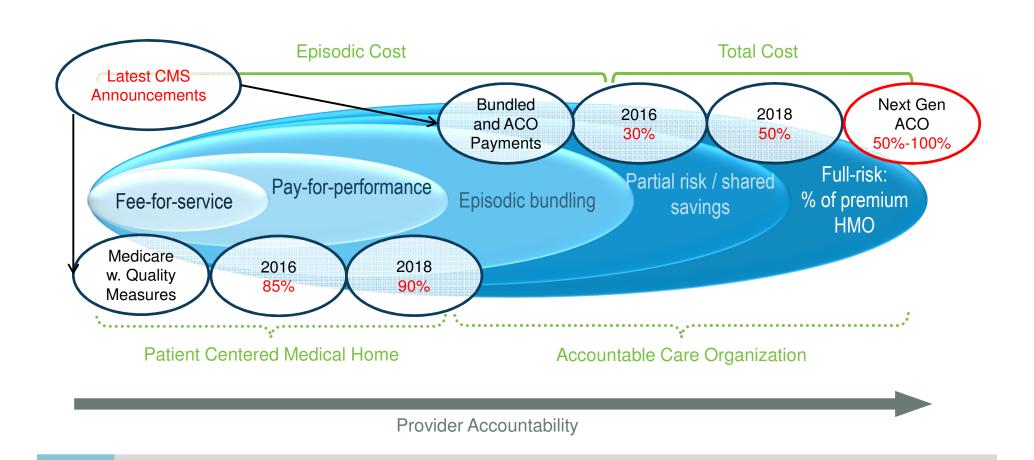
SOURCE: Centers for Medicare & Medicaid Services, Office of the Actuary, National Health Statistics Group.

¹ Includes Research (2%) and Structures and Equipment (4%).

² Includes Durable (1%) and Non-durable (2%) goods.

³ Includes expenditures for residential care facilities, ambulance providers, medical care delivered in non-traditional settings (such as community centers, senior citizens centers, schools, and military field stations), and expenditures for Home and Community-based Waiver programs under Medicaid.

From volume to value - continuum of payment models



Population Health Strategies

TRIPLE AIM





What is Needed?



Connect the continuum

Empower people, care teams and organizations

Facilitate knowledge-driven care and continuous learning

... to move from reactive care to proactive health.

Technology Challenges

Device connectivity & data

Data Blocking

No single identifier

Lack of standards

Openness & Interoperability

Aggregation & Normalization of all types of data

Usability

Affordability

Anywhere, Anytime Availability

Conversion of documents & textual to discrete

Rapidly create new knowledge

Real /Near Real time capabilities

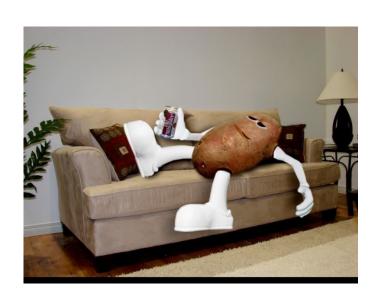
Rapidly have new knowledge adopted

Scalability

Configurability



Human Behavior Challenges







Is there hope?







HZINSS'
CENTRAL & SOUTHERN OHIO Chapter

Technology Advancements

New Age eco-systems for population health are emerging

Cloud-based

System/Solution Agnostic

Big Data Capable

Real / Near Real time (decision support, analytic, etc.)

Ability to Discover new Knowledge (research, machine learning, etc.)



Any data, Any format, Any frequency (ideally real time)

Aggregate & Normalize data (create meaningful concept)

Ability to Innovate (software development toolkits, data syndication)



Technology Advancements - Platforms



distributed, fault tolerant queuing



lightning fast cluster computing





Technology Advancements – Usability & the Person







Technology Advancements - Rapidly evolving







Genomics



Longitudinal Plan







Emerging Technologies



Walmart









Innovators

Human Behavior – Learnings from others



Big Data Analytics / Predictive Models / Behavior Change



Can we change habits related to health?











Maria

9 year old girl who lives with asthma



HEALTH TEAM



Maria Cortez PATIENT



Cristina & Julio MOTHER AND FATHER



Lisa SCHOOL NURSE



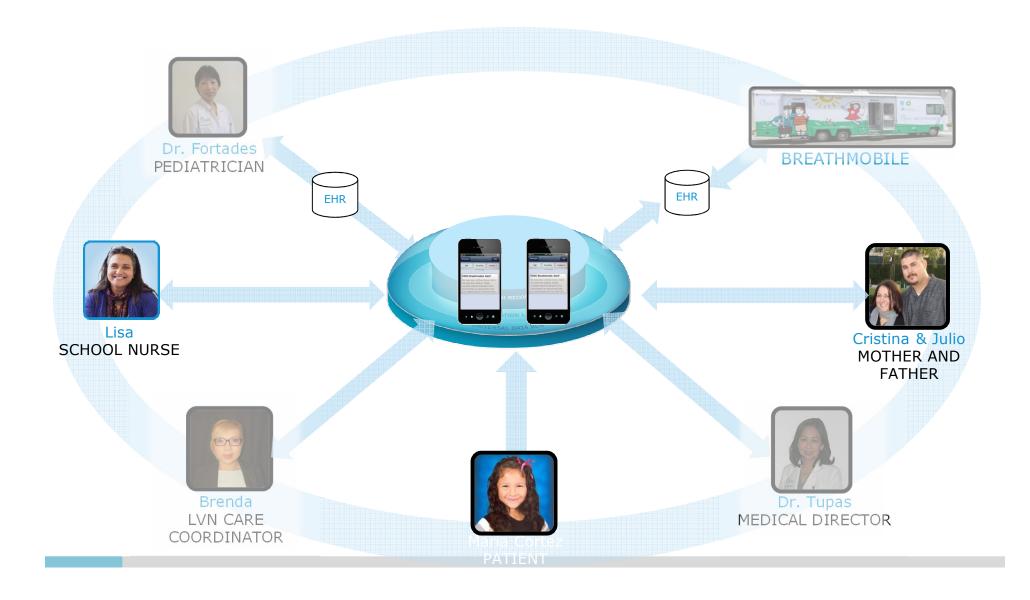
Dr. Tupas
POPULATION
HEALTH MEDICAL
DIRECTOR



Brenda LVN CARE COORDINATOR

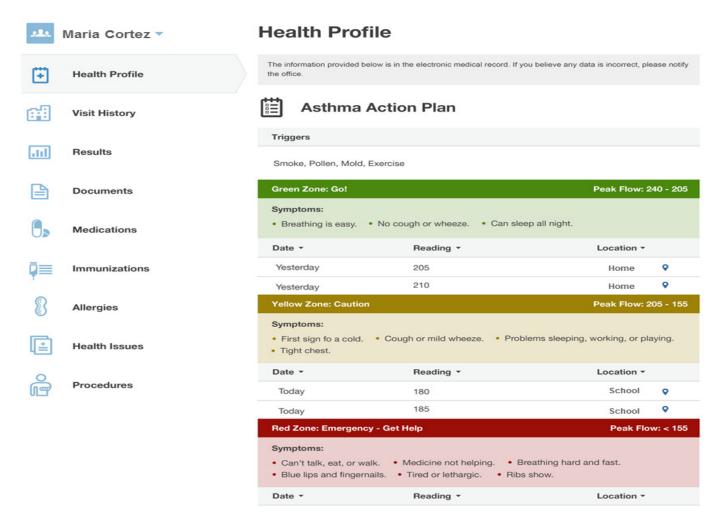


Dr. Fortades
PEDIATRICIAN

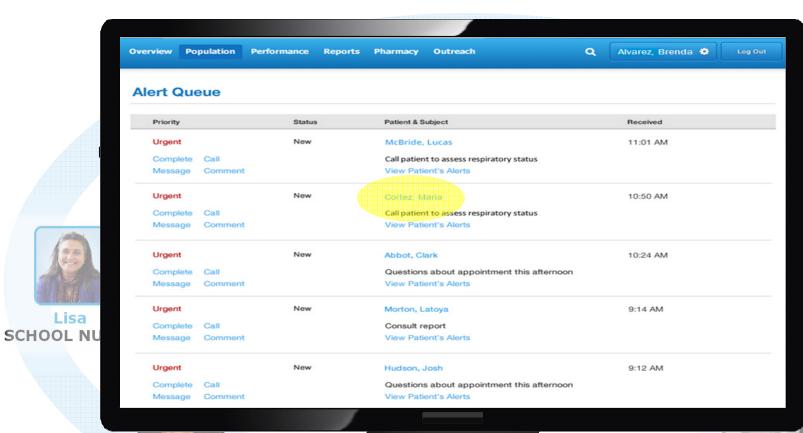




Maria uses her spirometer at school



Christina (Mom) logs into Maria's member portal and see her daughter's peak flow readings





FATHER

OBILE

Lisa

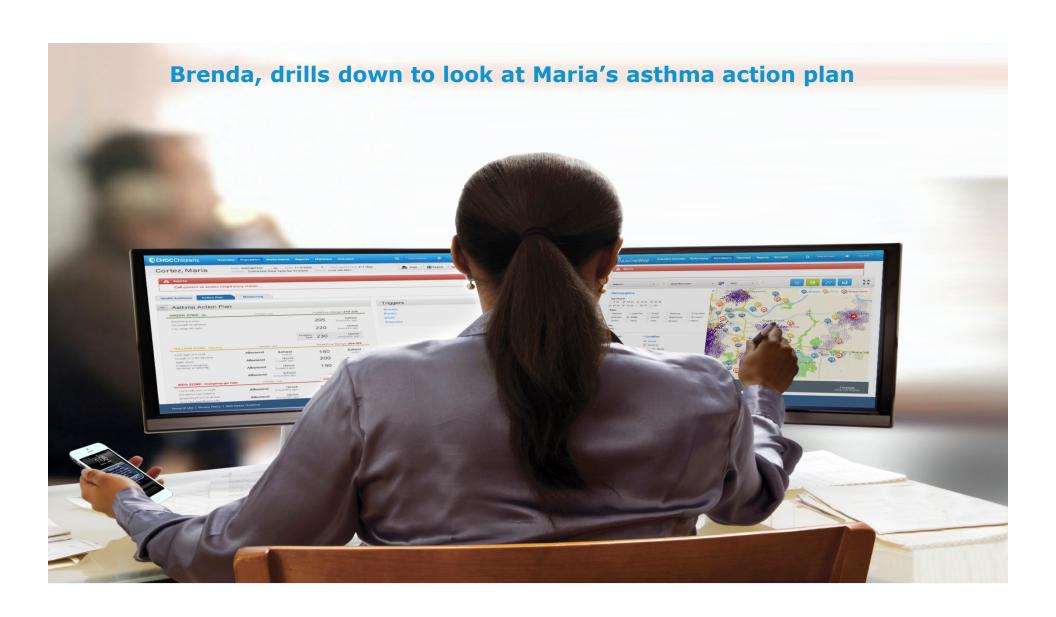
Brenda

Brenda (care man

Dr. Tupas

l that Maria is at risk

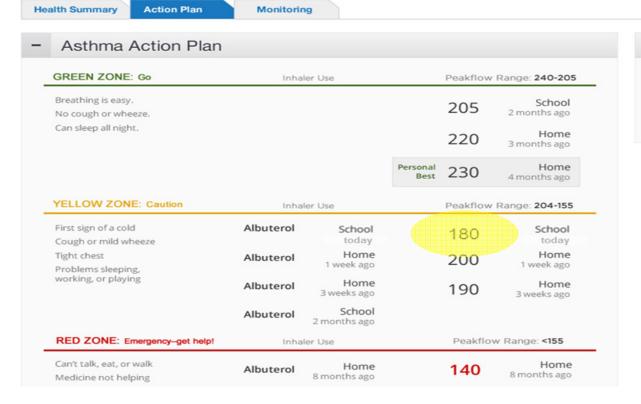
PATIENT







Patient in yellow zone. Please have an evaluation completed and appointment within the next 24 hours.



Triggers

Smoke
Pollen
Mold
Exercise

Maria's asthma action plan that Brenda would have access to



At the mobile clinic, the nurses are using the EMR for scheduling



Dr. Fortades
PEDIATRICIAN



Lisa SCHOOL NURSE



Brenda LVN CARE COORDINATOR





BREATHMOBILE



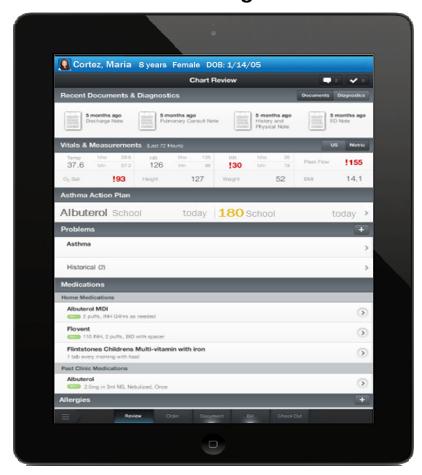
Cristina & Julio MOTHER AND FATHER



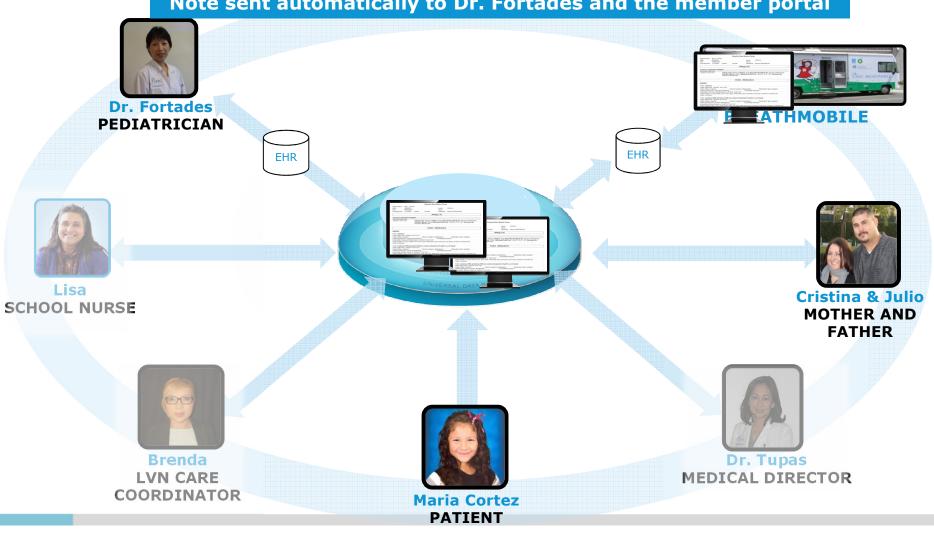
Dr. Tupas
MEDICAL DIRECTOR

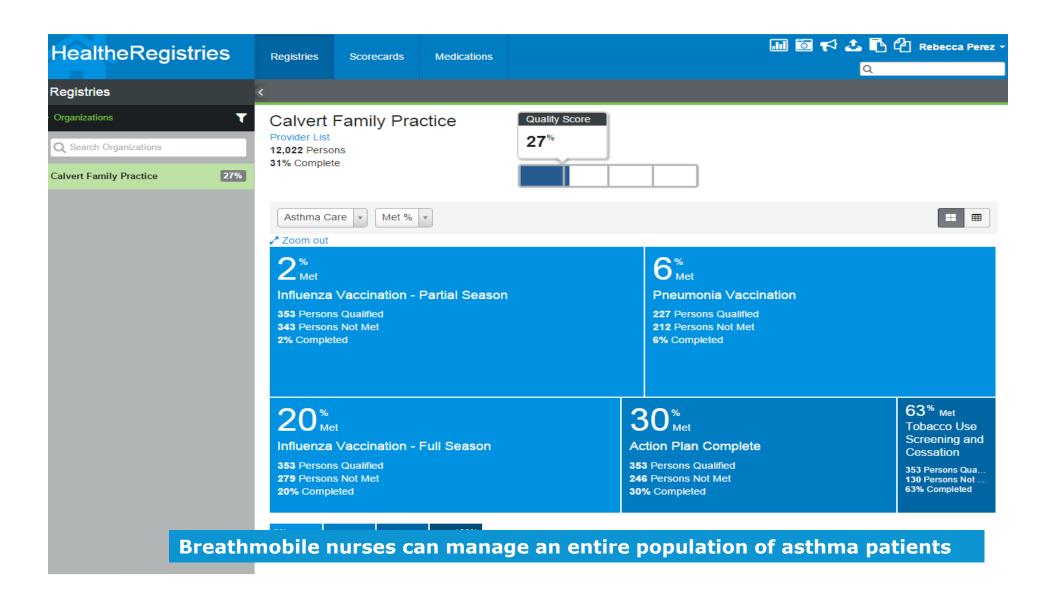
Marka (Conta

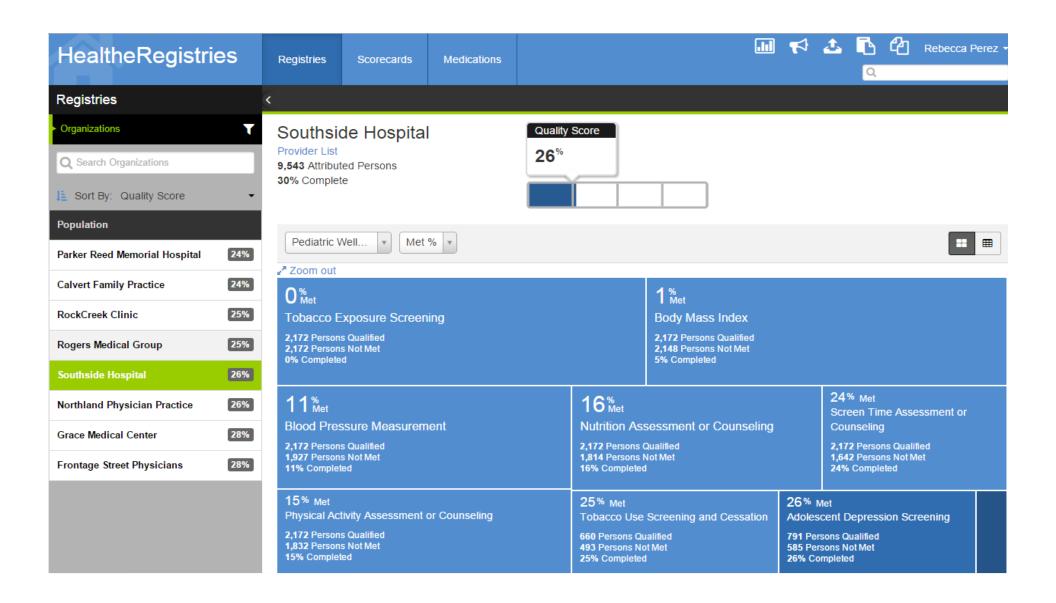
...and management



Note sent automatically to Dr. Fortades and the member portal







Scenarios



Cost of ED & hospitalizations



Traditional scenario

*only 35% of asthmatic children with medical have controlled asthma within a one year period

Cost of two mobile asthma clinics



Breathmobile scenario

*over 75% of medical patients reach asthma control after three visits on the van within a one year period

*Financial information based on 1,200 patients being seen per year

Thank you

