



# Population Health

Jeff Haas, Premier Health

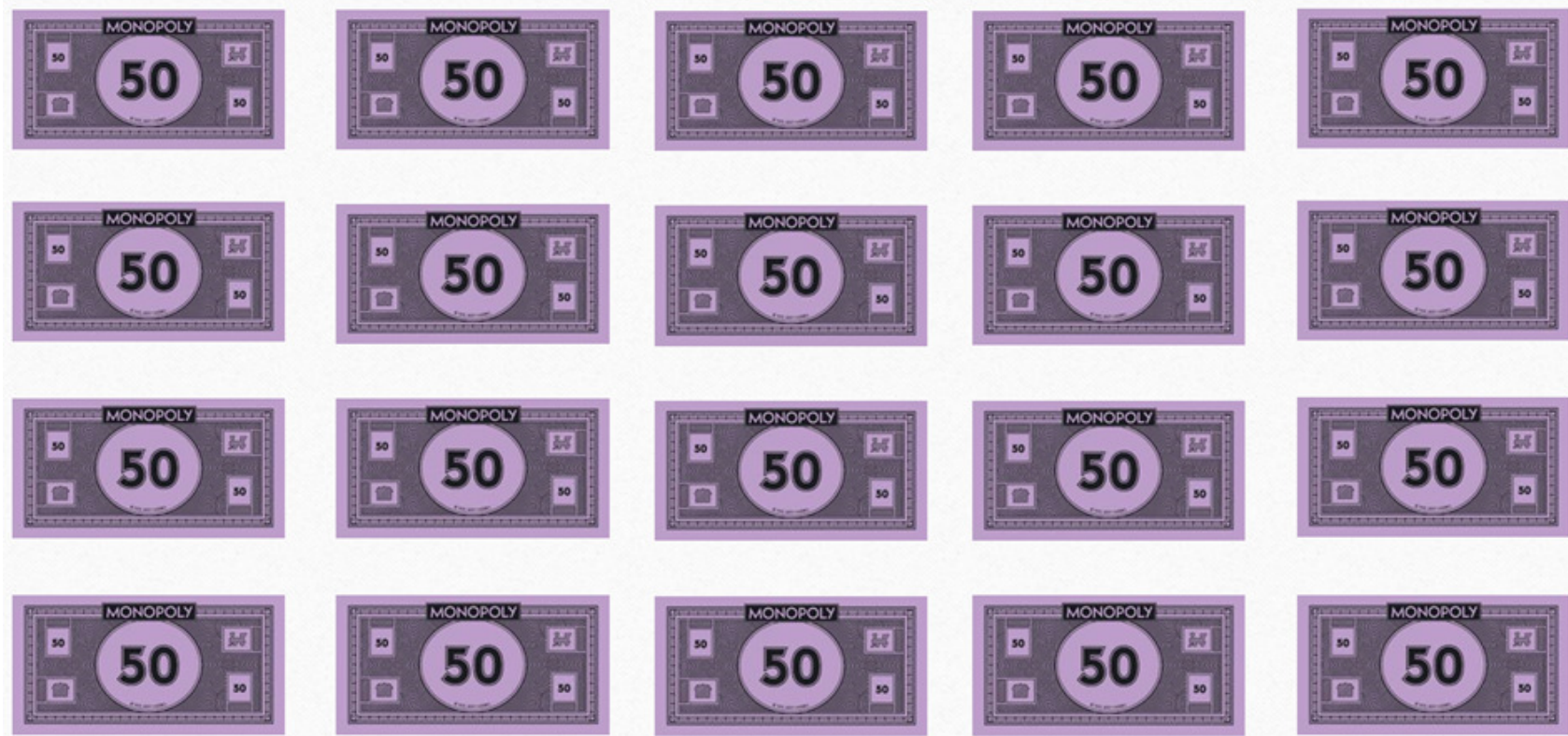
David Carpenter, Premier Health

**HIMSS**  
CENTRAL & SOUTHERN OHIO *Chapter*

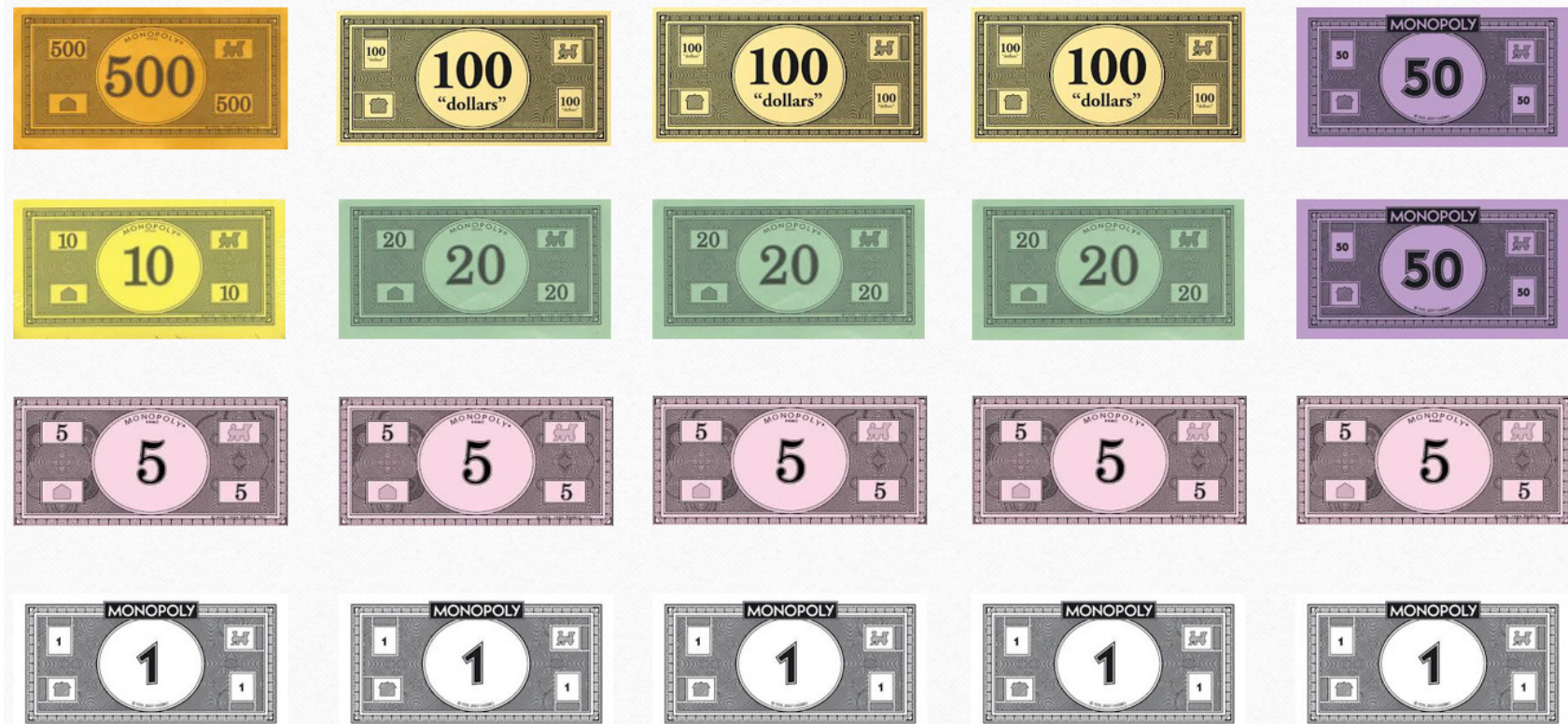
# Why should we do this?

- USA spends almost 2x's as much as other industrialized nations
- Our USA population is no healthier than those nations

# Health Care Premiums are (relatively) Proportionate...



# Individual Expenses are Disproportionate...

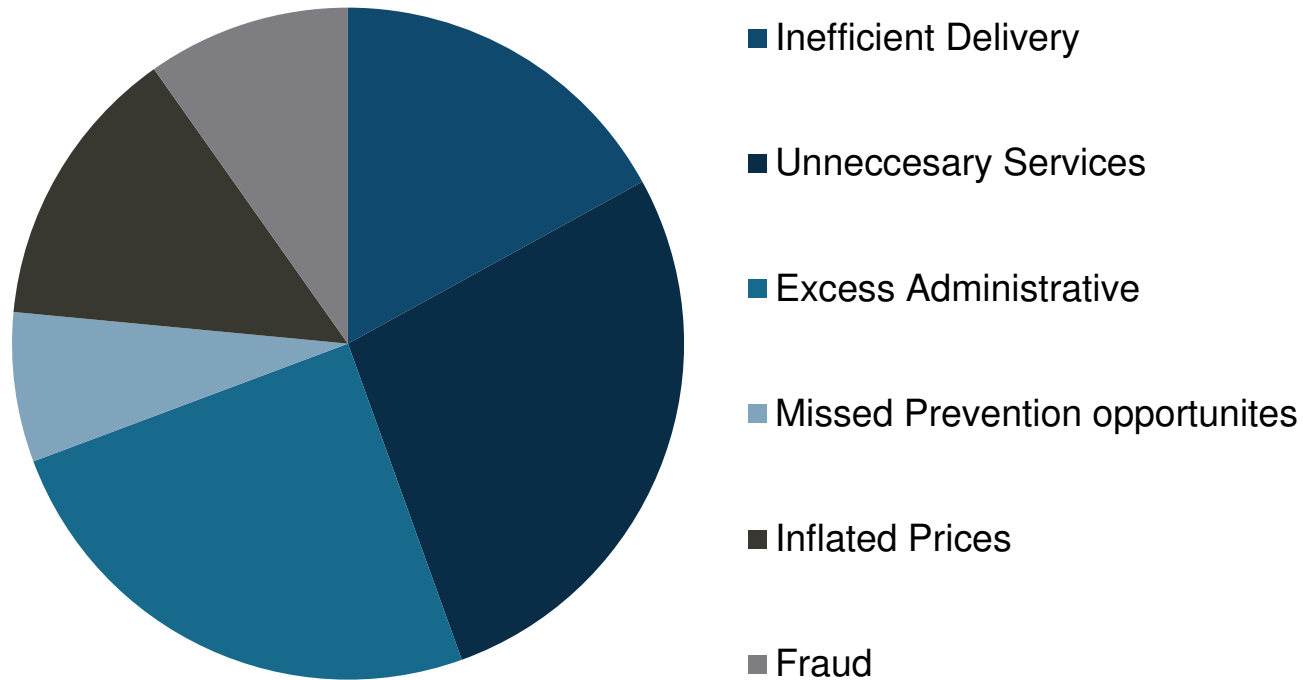


## Individual Expenses are Disproportionate...

- Top 1% people make up 23% of healthcare costs (critical care and dying)
- Top 5% people make up 49% of healthcare costs (multiple chronic diseases)
- Top 10% people make up 64% of healthcare costs (chronic diseases)
- Bottom 50% people make up 3% of healthcare costs (healthy population)

# Unsustainable Costs...

Institute Of Medicine estimates: \$765 B in waste

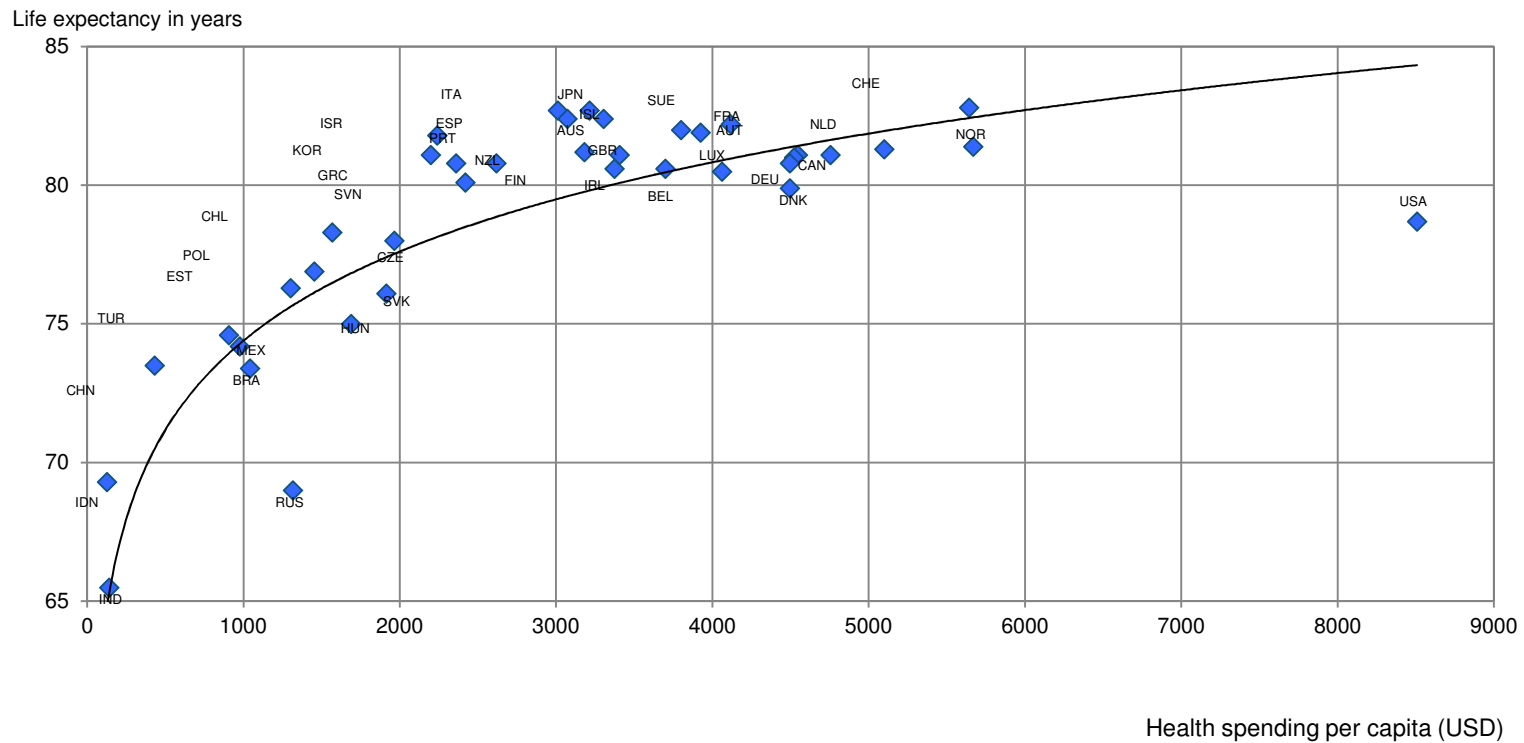


<http://www.theatlantic.com/health/archive/2012/09/how-the-us-health-care-system-wastes-750-billion-annually/262106/>

# Unsustainable for business and families

- Health care costs are up 28% over past five years for large employers
- >25% of family income will go to healthcare (2015)
- >75% of healthcare spending from chronic diseases based upon :
  - Behavioral issues
  - Exercise
  - Eating
  - Smoking
  - Drinking
  - Compliance with Evidenced based practices

# Life expectancy at birth and health spending per capita, 2011





## How Did We Get Here?

- High Cost Services and the Lack of Actionable Effectiveness Metrics- lack of meaningful data for providers to make informed decisions about treatment plans
- **Lack of Care Coordination** for the sickest, highest cost populations
- And others ...

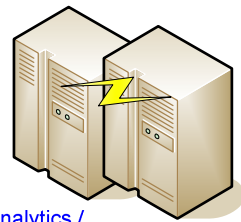
# Affordable Care Act- Solution? Or Catalyst for Change?

- Took effect on January 1, 2014
- Increased Access to Care
  - Provides mechanism for individuals / families to purchase insurance coverage
  - Premiums based upon gender & medical history
  - Guaranteed coverage even with pre-existing conditions
  - Created access to subsidies for low income individuals/families

# Affordable Care Act (cont'd)

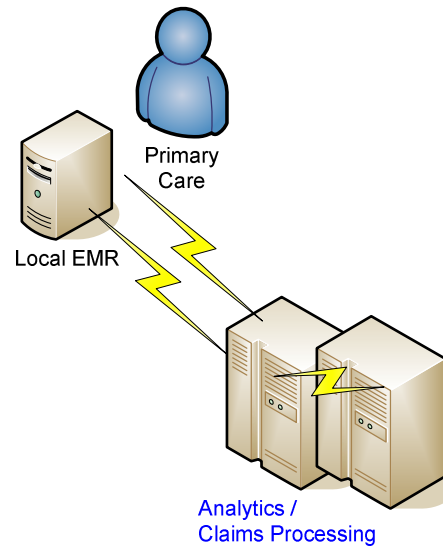
- Some provisions **add** to the cost of healthcare
  - Health insurance tax
  - Requirement of minimum essential benefits
  - Restrictions placed on age ratings
- Reforming the Delivery System
  - Patient Centered Medical Homes
  - Global payments
  - Medicare Advantage Plans
  - Accountable Care Organizations

# Care in a Clinically Integrated Network



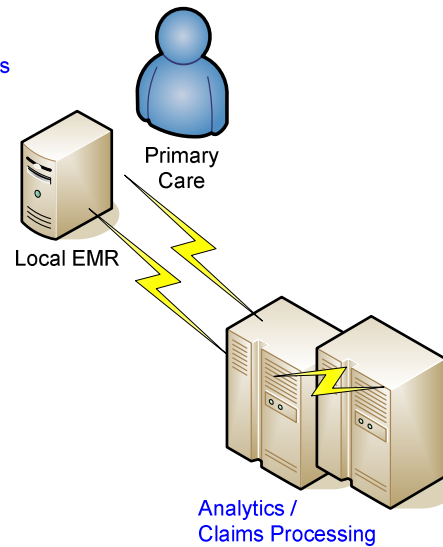
Analytics /  
Claims Processing

# Care in a Clinically Integrated Network

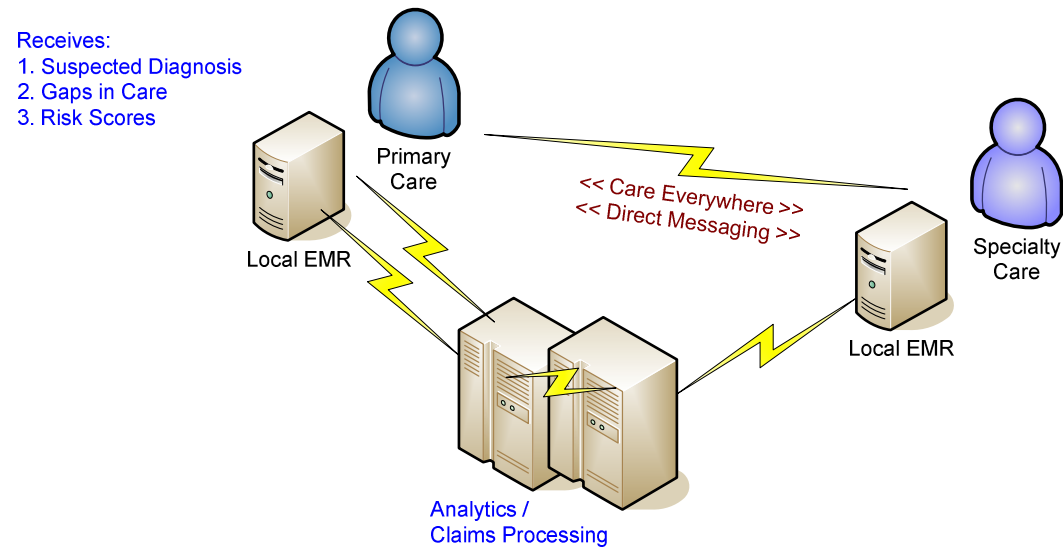


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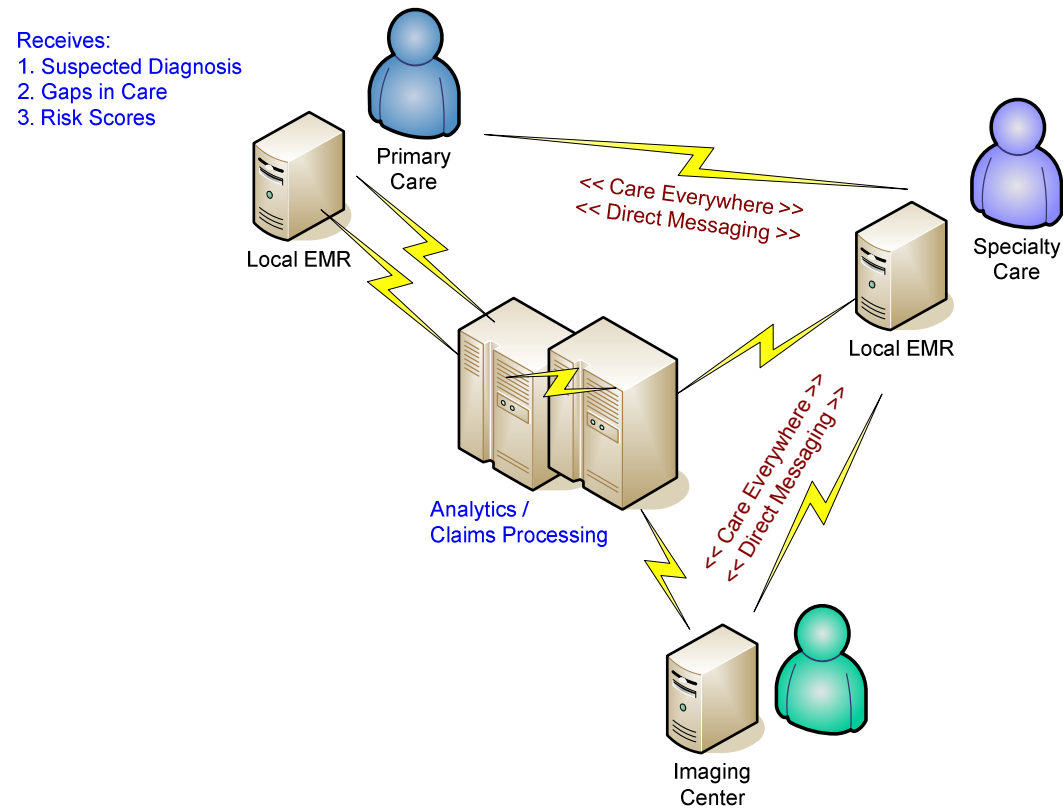
- Receives:
1. Suspected Diagnosis
  2. Gaps in Care
  3. Risk Scores



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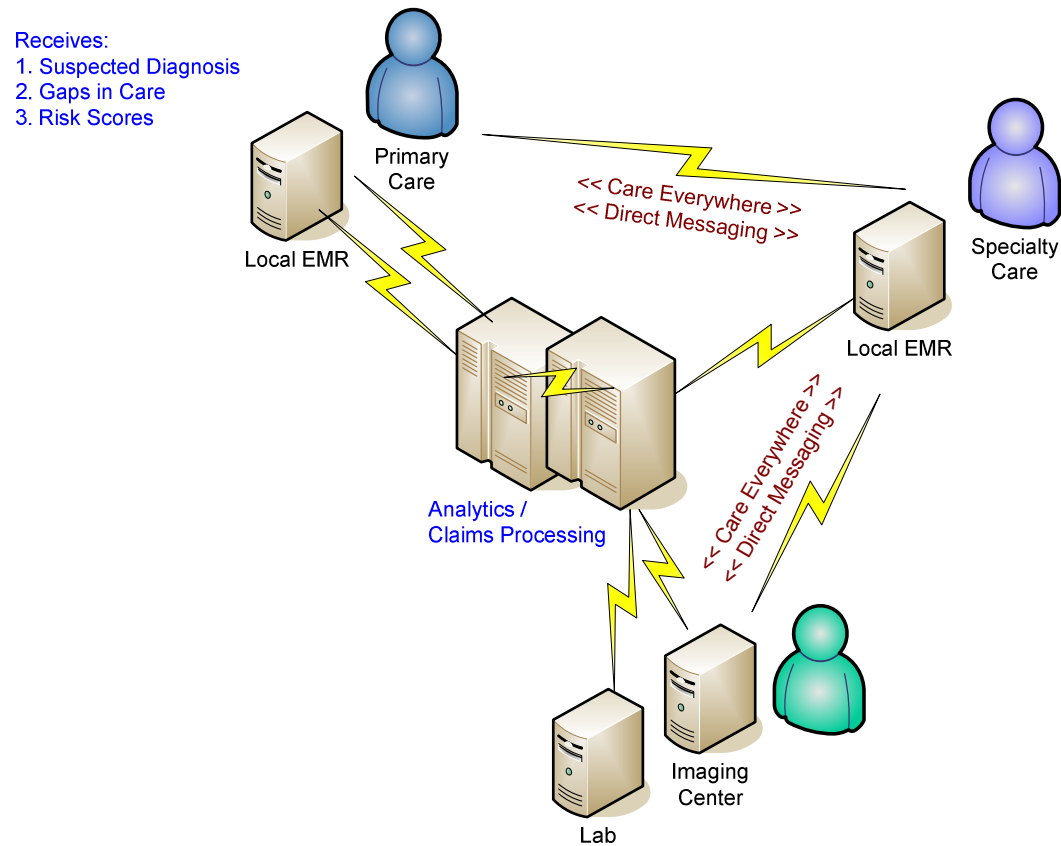


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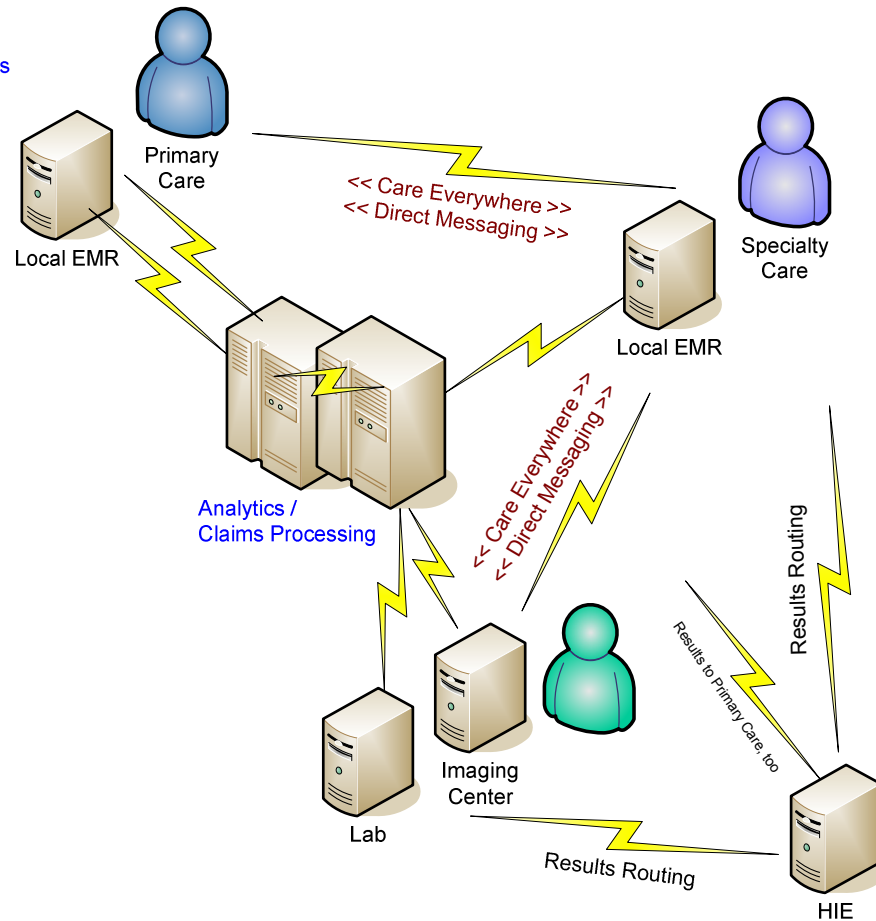


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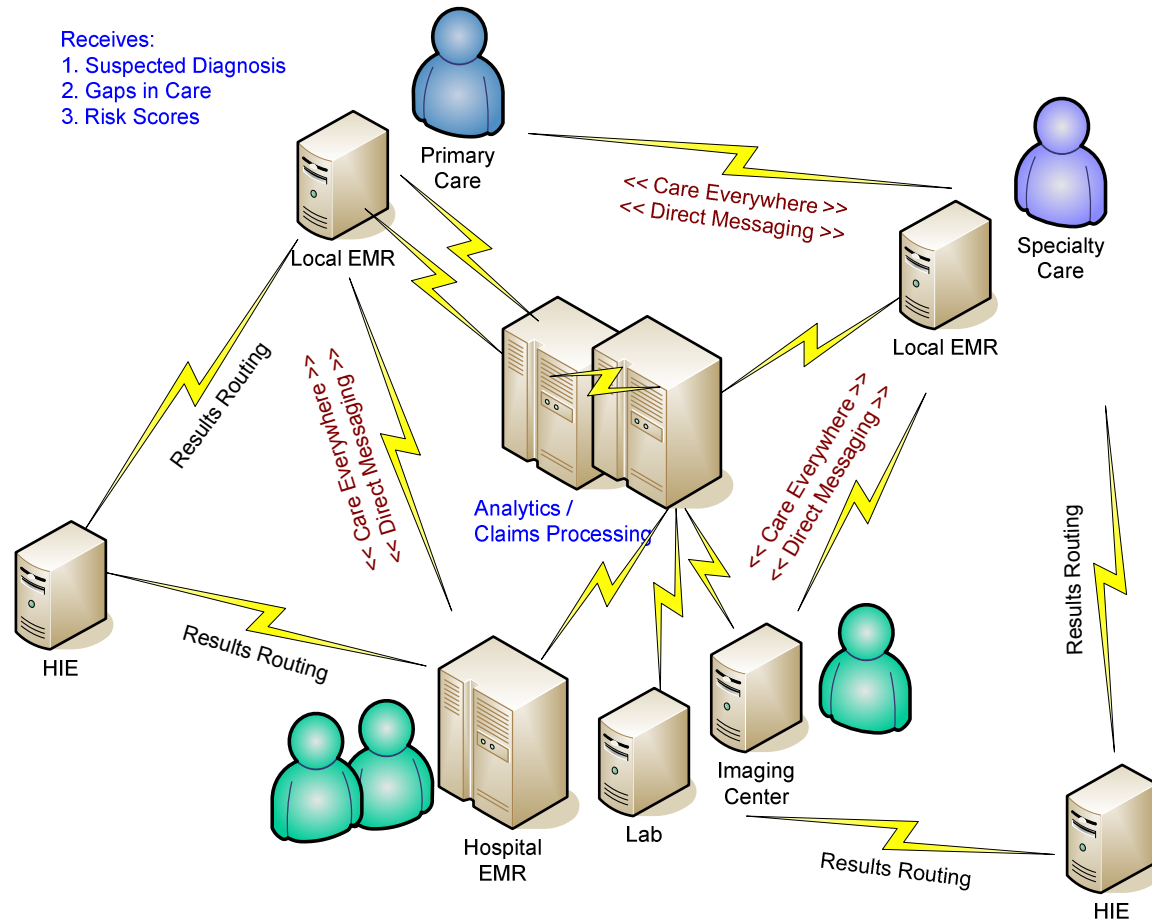


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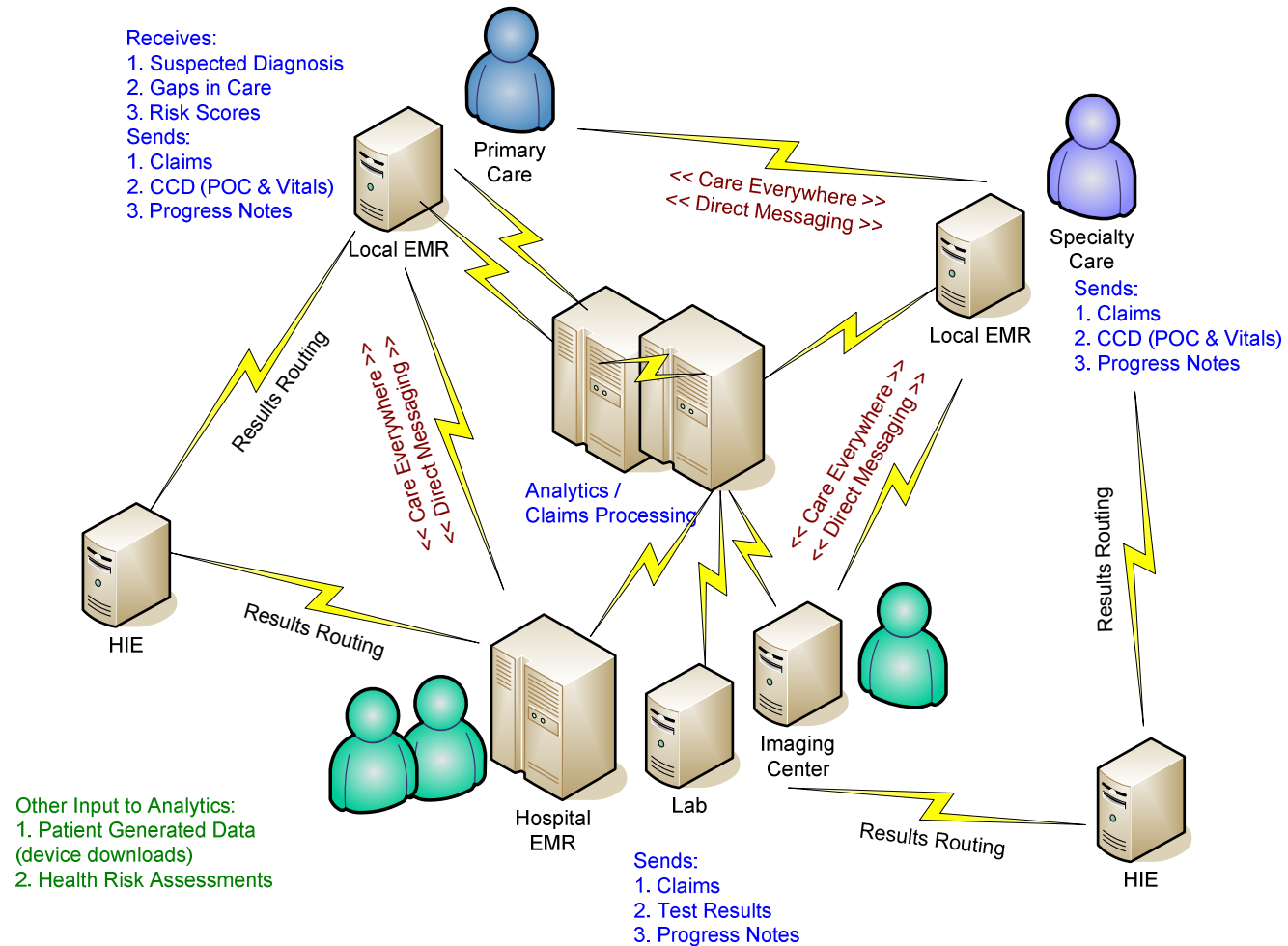
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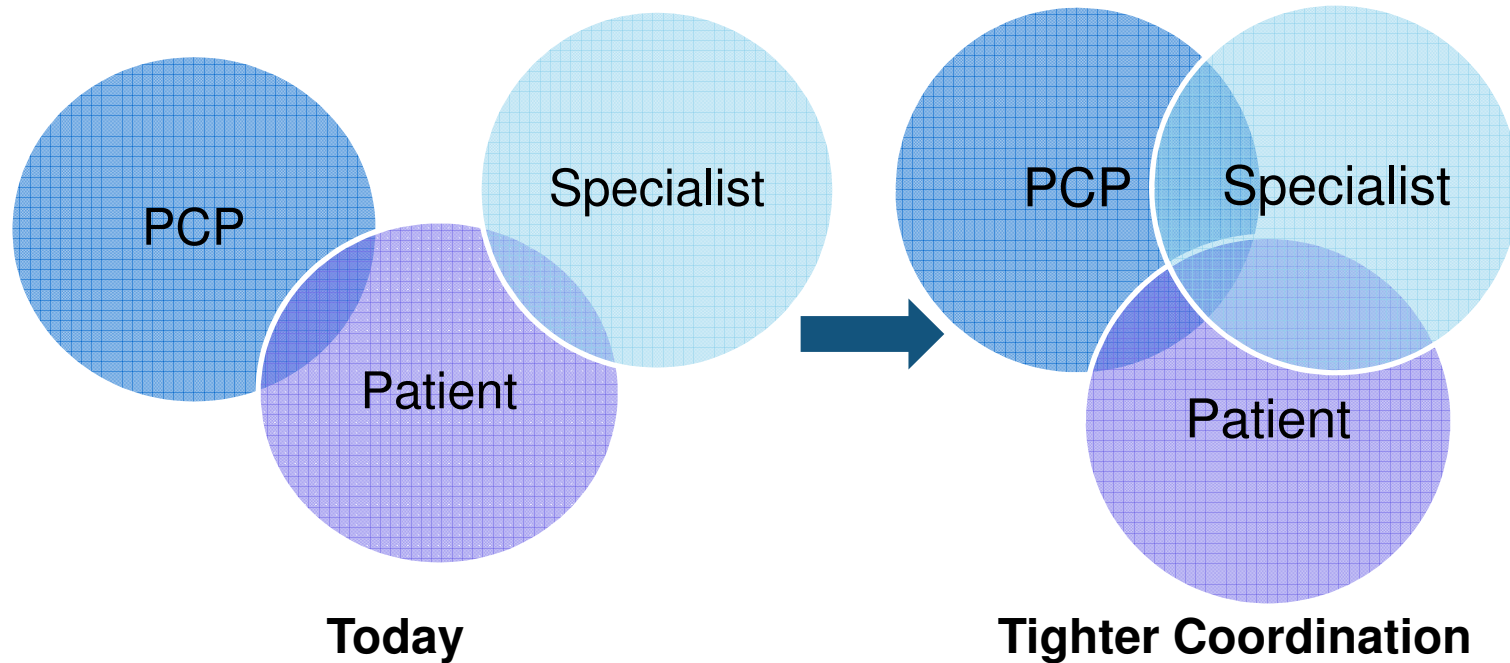
# Care in a Clinically Integrated Network



# Care in a Clinically Integrated Network



# Value Proposition



# Barriers to Information Exchange for Population Health

- Differing technological adoption stages
  - Providers and organizations are in different places
- Lack of Standards
  - Direct messaging/Continuity of Care Document
  - Slightly different implementations between organizations
- Cost associated to acquiring technology
  - ROI for independent providers
- Limited participation – some send only
  - No requirements to share as well as receive

# Barriers to Information Exchange for Population Health (cont'd)

- Insufficient Analytics
  - Unable to utilize decision support
- Ownership of data received from other organizations
  - How do providers assimilate all of the information?
- Dynamic query
  - Pulling patient data as needed from other organizations
- Vendor boundaries and regional differences
  - Some regions are heavily focused on one vendor – not the case for providers

# Barriers to Information Exchange for Population Health – What is Premier doing?

- Sending data to two HIEs (Columbus and Cincinnati)
- Participation with GDAHA for hospital collaboration
- Member of the Midwest Health Collaborative
  - beginning stages, sharing data across the state, potential INS coverage
- eHealth Exchange project with OHIP & SSA/VA
  - Demographics and Clinical data for benefits determination/Clinical Care
- Exploring pulling data in from the HIEs (Lab, MI and General Transcription)
- Convergence with The Health Collaborative
  - Ionizing radiation levels

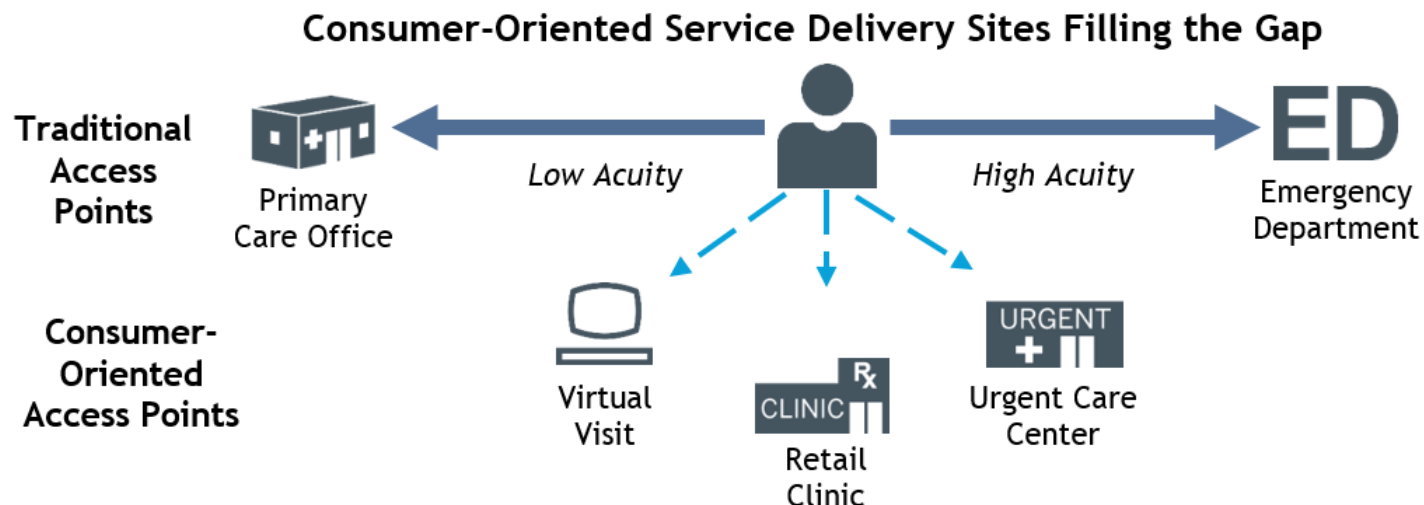


# Barriers to Information Exchange for Population Health – What is Premier doing?

- HEDIS Measures from the Health Collaborative
  - Quality measures associated to health plan performance, measures how well we are caring for patients in the plan population
- Partnering with regional physician groups and HIEs to receive orders from them directly into EMR
- Extending patient data to non-primary providers through the HIE
  - in development
    - Sending results to extended care teams outside of Premier (SNFs and Care Advisors)
- Feedback on legal review of external organization data/results
  - Receiving discrete data from other organizations into Premier EMR

# A Growing Network of Immediate Access Choices

## Markets Responding to Unmet Needs



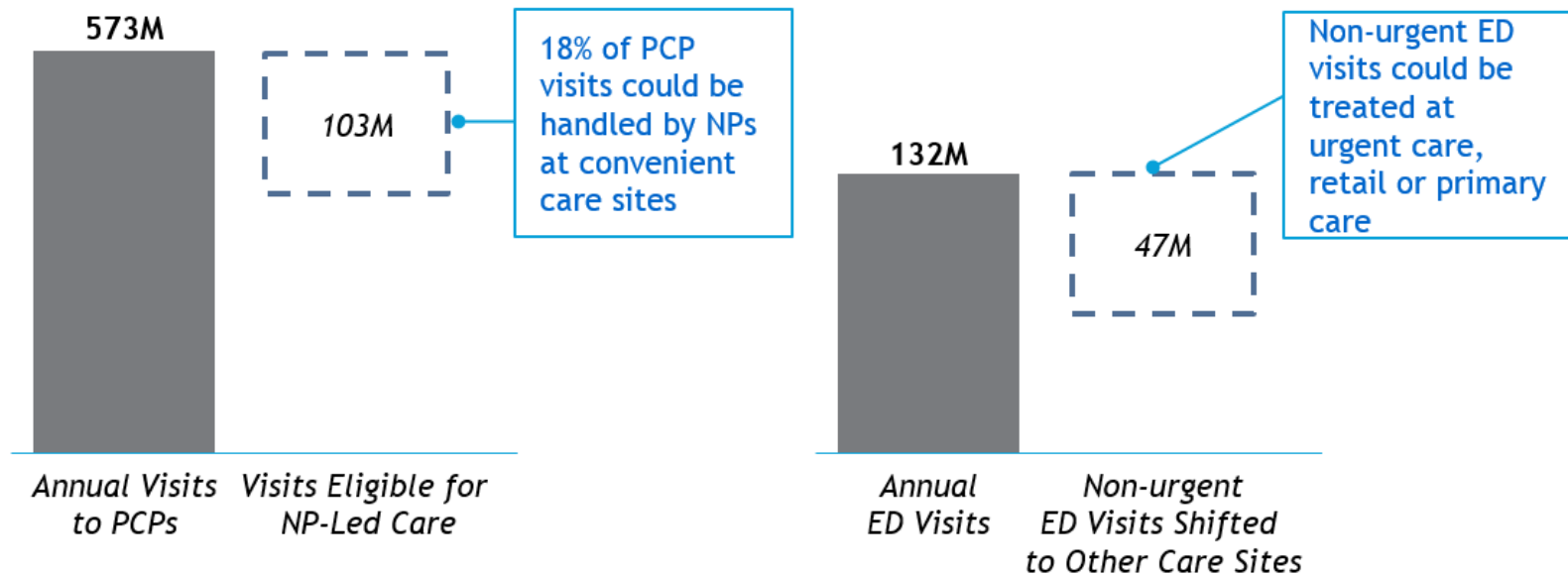
### Driving Provider Questions:

- *Should we partner to establish retail clinics?*
- *Should we build or expand our **urgent care** footprint?*
- *Is **virtual care** something that we should provide?*
- *When should we enter into **partnerships** to meet patient demands?*

# Major Opportunity to Shift Primary Care Volumes

Redistributing Non-emergent Care to Appropriate Lowest-Acuity Sites

## Visits At Risk of Shifting to Other Sites of Care

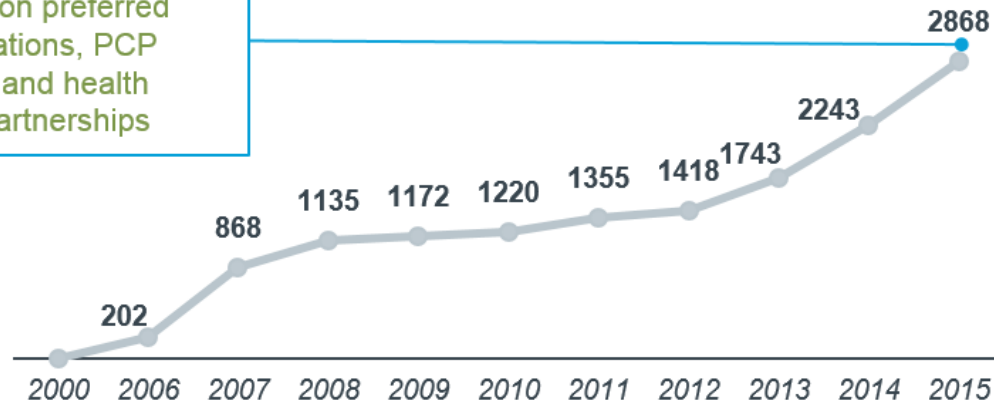


# Retail Clinics Expected to Continue Growing

## Primary Care Network

Growth trajectory depends on preferred payer relations, PCP capacity, and health system partnerships

Estimated Total Number of Retail Clinics in the US 2000-2015<sup>1</sup>



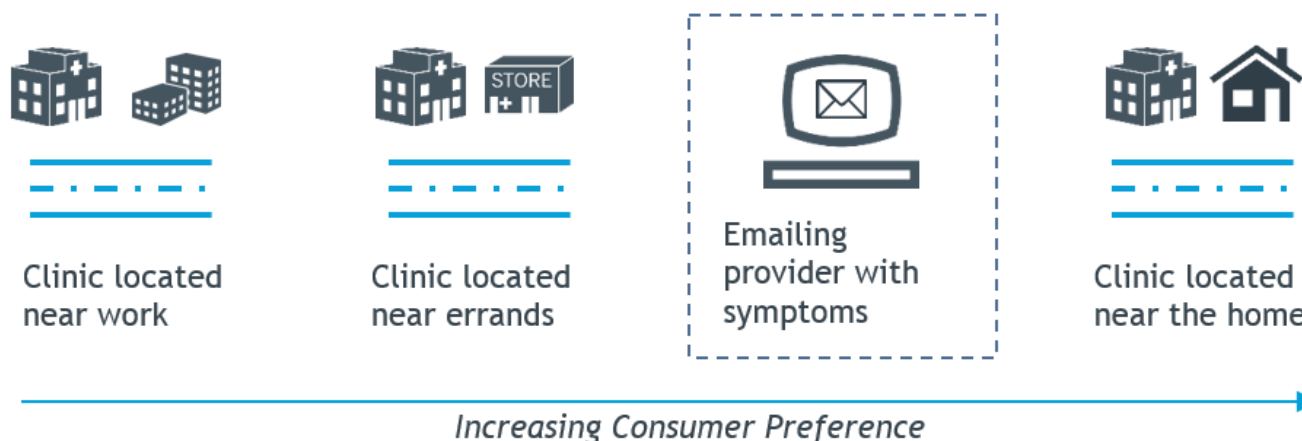
Retailer	Operational Retail Clinics <sup>1</sup>
 minute clinic	900+
 Walgreens healthcare clinic	400+
 The Little Clinic	135
 Walmart Save money. Live better.	14
 TARGET	75+

Source: Accenture, "Retail medical clinics: From Foe to Friend?," 2013; Ritchie J, "After a stall, Kroger could add clinics," Cincinnati Business Courier, July 5, 2013; Robeznieks A, "Retail clinics at tipping point," Modern Healthcare, May 4, 2013; Health Care Advisory Board interviews and analysis.

# Patient Preferences for Online Care Growing

## Survey Finds Email Visits Preferred to Clinic Near Errands or Work

### Preference for Location of Services



Young, Wealthy, Busy- Strongest Potential Telehealth Targets <sup>1</sup>

**54%**

Of 18-29 yrs. olds

**49%**

Of those making >\$71K per year

**53%**

Of those working >35 hours per week

<sup>1</sup>)Based on proportions of respondents interested in telehealth.

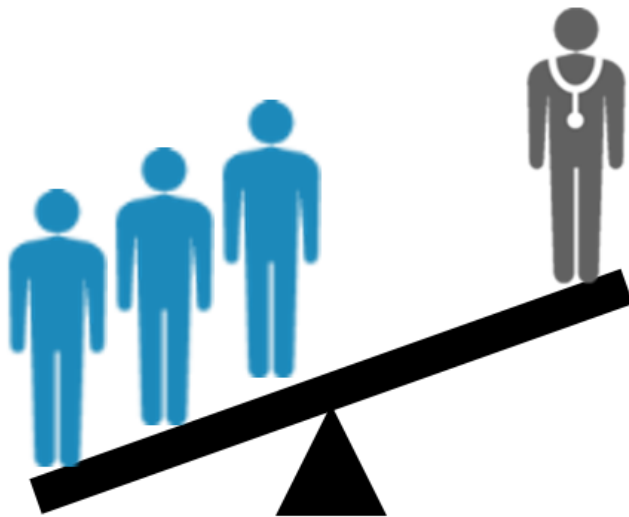
Source: 2014 Primary Care Consumer Choice Survey, Marketing and Planning Leadership Council interviews and analysis.



CENTRAL & SOUTHERN OHIO Chapter

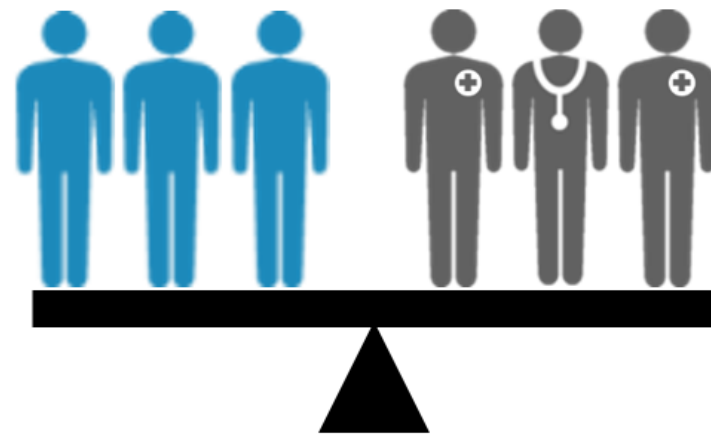
# Improving How Healthcare Works

Current State



Primary care  
physicians overloaded

Future  
State



Care team enables PCP to  
focus on highest-risk

**Questions?**

**Thank you!**