



**IT'S
TIME!**

POPULATION HEALTH MANAGEMENT: TAKING CONTROL OF YOUR ENTIRE PATIENT COMMUNITY

Today much of the spotlight in the healthcare community is on managing people with chronic diseases. That makes sense, since many of these individuals are among the 20 percent of patients who account for about 80 percent of healthcare costs and efforts.

Next on the schedule, however, will be the task of getting total population health management under better

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control. That means that providers will need not only to strategically advance their plans and processes for managing patients with chronic diseases, so that they don't lapse into acute conditions, but also do the same for their healthy patients. That includes the children who must be kept up to date on their vaccinations; the pregnant women who need to have their blood glucose levels checked to screen for gestational diabetes; and any other individual who, though not chronically ill, may require periodic servicing of one kind or another, such as annual checkups.

The Centers for Medicare & Medicaid Services (CMS), which accounts for a significant portion of the U.S. healthcare economy, is getting the ball rolling. CMS is set to focus payment to doctors based on the quality of care they deliver to all their patients. This will require physicians to satisfy performance requirements across various quality parameters for their entire constituent base and show statistically that they've made progress over that large population, too. And make no mistake – that population can be quite extensive: In a typical internal medicine practice, for example, likely at least half of the 3,000 to 5,000 charts belong to Medicare patients.

By 2018, in fact, it's been estimated that 90 percent of dollars received from Medicare by doctors will be influenced by the quality performance scores they earn. That's powerful motivation in and of itself – and that motivation is further intensified by the fact that private payers tend to follow in the government's footsteps.

Another motivator is that the quality-of-care data that CMS is collecting will become available to the public on its Physician Compare website. That will include individual physicians and other healthcare professionals currently enrolled in Medicare – not just group practices. Joining that performance data will be Medicare publishing patient satisfaction data about their doctors. This is all poised to draw the attention of the media, much as similar data has around hospital performance and patient satisfaction. Clearly, doctors want that data to reflect well on them and their practices, so that neither their reputation nor their ability to draw in new patients suffers.

Improving Things for Everyone, Doctor Included

Just as physicians have begun to take greater charge when it comes to managing chronic conditions, so too can they improve their approach to overall patient management to ensure that both their income and their standing in the profession and the community remain up to snuff.

Consider putting some of the following thoughts into practice at your own practice:

1. Prepare data for use in managing your business.

One-to-one interactions always will be the foundation of doctor-patient relationships. But now it's time to build upon that foundation, making sure first that it's strong enough to support what you want to architect.

While you've likely been entering data into your electronic health records (EHR) system for some period of time already, it's useful to revisit what you've been doing to ensure that the quality of your records is bedrock-solid. You'll want to make sure you've optimized for circumstances around where and how specific data elements are being recorded and have established the best workflows to allow efficient and consistent data capture. Simply put, you must keep the data manageable.

Indeed, an intelligent systems management approach that streamlines and speeds routine tasks like filling out charts, and does so with quality assurance in mind, is the only way to begin to let doctors get a handle on their own schedule. That way, they can enjoy better quality of life rather than spending even more hours at the office working through chart entries.

2. Make data actionable for managing your business.

As the march to meaningful use gains steam, your data grows in importance. It's there to leverage in conjunction with your EHR to run reports on quality measurements status and get reminders about what a patient needs and when he or she needs it.

That's important for those with chronic conditions, of course, but also a help for advising the healthy among the overall patient population that it's time for certain steps to be taken. It's a lot easier to rely on an electronic system that can prompt doctors and staff to action -- such as

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advising the parents of one set of children that it's time for one type of immunization and another set of parents that their children are due for a different shot -- than it is to manually chase that data down and sort through it all.

The truth of the matter is that doctors will have to become even more aggressive about keeping Medicare and Medicaid patients up-to-date with compliance requirements, even for general health matters. There's no win for governmental payers in putting responsibility on the beneficiary to follow through on medical advice, and there's no financial penalties against patients for non-compliance. On the other hand, governmental payers can do so for healthcare professionals if patient quality of care performance suffers as a result of non-compliance.

3. Know what your patients think about you. Most doctors spend their time recording and understanding things like patients' blood pressure readings, heart rates and lab tests. But they probably don't spend a lot of energy thinking about what their patients think about them.

That's something that has to change, and the sooner the better. Over the next few years the weight given by CMS to patient satisfaction scores, which will impact reimbursement, will increase. Medicare is viewing patient perception as a valuable component of clinical quality, and that means you should be, too.

4. Actively engage in a care coordination program. This is obviously an important aspect of dealing with patients with chronic conditions. The doctor, after all, is the central decision maker around patient care plans. He or she must serve as the center of collaboration with hospitals, nursing homes, home health companies, medical equipment suppliers, pharmacies and others to ensure the patient receives the highest care for his or her condition – and avoids winding up in a state poor enough to require hospitalization. Indeed, doctors treating Medicare patients now can leverage new billing codes to be paid for specific coordinated chronic care management services and transitional care management services previously not represented in billing platforms.

But engaging in a care coordination program matters even

when it comes to supporting the healthier individuals in a patient population. A perfectly healthy senior citizen Medicare beneficiary, for example, could take a fall that leads to a broken hip, a hospital stay, a surgical hip replacement, a stay in a rehab center and finally home health care during a recovery period.

The physician must be the activator when it comes to managing all this, for the best care and the highest cost savings. For instance, he or she must be able to weigh in if a patient who suffered such circumstances is ready to be discharged from a skilled nursing facility. Otherwise the facility – which operates under a business model where the incentive is to keep patients as long as possible, due to being compensated for care on a daily basis – may stretch a stay out.

In some respects, the move towards total population health management isn't so different from the practices embraced for decades by traditional HMOs, which pursued that objective to meet goals of providing high quality care on a more or less fixed dollar basis. It's a good idea whose time is coming again...and doing so at high speed and with great force.



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