

IT'S TIME!

POPULATION HEALTH MANAGEMENT: PRIMARIS TURNS VISION INTO REALITY

Most physician practices made a smart move when they took their first steps into population health management by taking greater control over a subset of their patient cases, focusing on those with chronic conditions. To that end, many already have begun to put in place some of the infrastructure and processes that will help them advance their practices to the next level – addressing total population health management.

While that's all to the good, there's still plenty of work to do. Government payers and some private payers are driving the charge to population health management in a big way, as they further tweak reimbursement structures to value-based and accountable care models that hinge on doctors' abilities to meet various quality performance requirements and lower costs for all their patients. There's no doubt that this is causing some upset in the industry, as any big change is bound to do. Costs, cultural adaptation, and data interoperability across providers involved in care coordination programs are all topics of concern.

According to a [KPMG LLP online survey](#) in late 2014, in fact, only 24 percent of 296 professionals in the healthcare sector see their population health management capabilities as mature. Close to 40 percent categorize their capabilities as being in the elementary stages, and about the same percentage claim that they are in their infancy or non-existent.

The positive news, though, is that most also see a silver lining to the work they're putting in. According to that survey, a good percentage of healthcare managers expect to recoup their investments in population health management programs in fairly short order. Just over 35 percent of respondents say investments in healthcare IT and data and analytic tools will pay off in three or four years, for example, and 20 percent expect it to happen even sooner – within one to two years. Only 14 percent don't expect to recoup their costs at all.

Additionally, more than one-third of respondents expect to derive the biggest clinical benefit from population health management in the form of preventive care. Close to 25 percent expect clinical value to accrue as a result of developing evidence-based clinical protocols to improve the efficiency of care.

The Road to Realizing Expectations

But given the current status of population health management initiatives as reflected in that survey, it seems clear that many providers could use a helping hand to actually realize their optimistic expectations. That helping hand is being extended by Primaris, which provides expertise in data management, data quality improvement and reporting requirements, and care coordination processes, among other capabilities.

It has helped many healthcare organizations realize successes in support of population health management. That includes its work at [Midwest Chest Consultants](#) in St. Charles, Missouri. There, Primaris helped drive data quality improvement related to the practice's Physician Quality Reporting System (PQRS) EHR-based initiative. The effort focused on rectifying data problems in the EHR system, such as missing documentation around which of its patients had received pneumonia immunizations there or at an affiliated hospital, or which of them would like to receive it. The initial result was that pneumonia immunizations improved from 38 percent to 58 percent. That's a notable pickup on the preventive care front that is so integral to population health management efforts.

Another example can be found in Primaris' leadership of an EHR-based program effort at a [multi-specialty group](#) comprised of 32 providers, aimed at moving participants beyond meeting standards on a patient-by-patient basis to meeting standards across broad patient populations. It did so by employing a framework that allowed for informed decisions and

continuous quality improvement processes. That framework consisted of quality measure reporting through real-time data access, auditing and reporting to achieve better care coordination and patient engagement. It enabled providers to have immediate access to relevant patient and performance data, including performance comparisons against national quality-of-care standards.

Your Partnership with Primaris

Primaris can take your practice to the next level of patient population management, too. With its help, your organization can grow its ability to manage EHR data, offering support on everything from conducting chart abstraction and analysis services to better understand how your patient population shakes out – and offering assistance about what to do with that information, too – to setting up automated actions and alerts for patients based on their status. It also is ready to help educate staff about new policies and practices, and aid in reporting of quality measurement requirements to Medicare.

The company also offers hospital chart abstraction services for registries to produce timely, accurate and meaningful registry reporting. These include the National Database of Nursing Quality Indicators (NDNQI), Society of Thoracic Surgeons (STS), and American College of Cardiology (ACC). This enables organizations to shift the priority of their quality improvement efforts from simple reporting to making a direct impact on quality.

“We have been pioneering quality improvement for more than three decades. We can help physicians turn data into actionable quality improvement activities in their business,” says Primaris CEO Richard A. Royer. “That directly assists providers in demonstrating value management.”

Furthermore, Primaris is a key partner when it comes to care coordination, which is such a critical factor when it comes to ensuring that quality care and cost savings are both well-represented in your patient population management strategy. Its solutions are aimed at connecting patients and

providers, transmitting all necessary information in its entirety across the continuum.

Enabling that seamless interoperability of data across systems means, for example, that needed medications aren't accidentally omitted or dosages aren't improperly understood when a primary care doctor sends a patient to a hospital for treatment.

Those are just the kinds of mistakes that can result in adverse events for the patient beyond the initial medical problem, and higher healthcare costs for payers.

Primaris also supports better care coordination by helping to ensure processes are in place to keep the primary care doctor involved in all aspects of a patient's potential transition between different healthcare settings, whether from home to hospital or hospital to rehabilitation facility. Sometimes, opting for home health care over a hospital stay may be a better move for the patient while simultaneously reducing payer costs, for example.

“We have actively worked to move to better care coordination systems and had achievable results in reducing unnecessary admissions to hospitals,” says Royer.

Last but not least, Primaris is active in patient satisfaction measurement, and it can help doctors gain insight into that and make any corrections necessary before it impacts their reimbursement fees. It can help practices gather and assess patient surveys, where individuals can rate and comment on everything from how long it took to get an appointment to the shape of the waiting room to the friendliness of the staff. A comprehensive population health management plan shouldn't, after all, neglect the health of the patients' overall experience.

Total population health management is the future for every healthcare practitioner. Contact Primaris today to help you bring your practice into this future.