POPULATION HEALTH: Achieving It Takes Strategy, Investment and Patience

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What is Cerner's definition of population health?

JW: In order to address their future sustainability, care systems, which are currently focused on improving the patient experience of care, need additionally to focus on improving the health of populations and being a good steward of the per capita cost of care – this is the IHI Triple Aim of healthcare. To improve the health of a population requires us to 'Know' where to focus attention, to find and 'Engage' citizens, and actively 'Manage' each individual to improve their health and wellbeing. It requires citizens to take an active role as part of the care team, and it requires health and care providers to come together in integrated networks to take on the responsibility, and often the financial risk, to deliver the health outcomes for the populations they are serving.

Share three solutions Cerner is offering for population health management.

JW: Cerner has invested in developing a fit-for-purpose population health management platform, called HealtheIntent, that is now in use for over 100 million citizens and operational in the USA and the UK. Layered over any and all existing information systems in a care network, it normalises data into single-source-of-truth population records for a patient in near real time, and provides the new tools that are required to manage the health and wellbeing of the population.

SOLUTION 1 **Taking on joint responsibility for delivering outcomes will be an early focus of health and care providers working together on population health management.** *HealtheRegistries* enables clinically-integrated networks to take on capitated budgets and track progress of citizens against disease or wellness programmes ensuring that quality metrics are achieved early. The solution enables clinicians and other care professionals to see the same gaps in care against the standards they all agreed to operate to, and provides them near-real time to take action and drive out variation in care across a whole population.

SOLUTION 2 **Some citizens are more impactable than others and need additional proactive support from a care manager or care coordinator.** *HealtheCare* enables care managers or coordinators to optimise the impact of their role, proactively driving out gaps in care, managing to a single enterprise-wide care plan with regular assessments of patients. The intelligence capability of *HealtheIntent* is helping to identify the right patients for care managers, and ensuring they are working to the top of their abilities with the alerts and information of what is happening with the patients across the care system and through self-monitoring.

SOLUTION 3 **Understanding where to start, which cohorts to focus on, and what the network is trying to move the needle on is all-important and will evolve over time.** *HealtheAnalytics* leverages the normalised data and any other data added in the *HealtheEDW* with fully integrated leading analytics tools such as Tableau, in such a way that our clients are able to ask complex questions and generate data insights and visualisations in minutes, enabling them to become rapid adaptive learning systems and refining where they focus on improving the population's health.

How can healthcare leaders achieve population health?

JW: Making progress with population health management is challenging as it requires whole-system change in the delivery of health and care. System leaders need to underpin and champion a complex and difficult change programme over many years. They will need to build new working relationships, establish new governance arrangements, contract to outcomes-based purchasing models away from fee for service models, experiment and establish new care models with associated organisational design across organisations and changes to roles and add new roles, establish new incentive models to reinforce and underpin the change with health professionals, and establish new citizen engagement strategies. The transition is not immediate and this transformation to the next will need to be conducted whilst still maintaining existing ways of contracting and delivering health services, creating the challenge of double running and regulatory flux.

Three starting points would be:

1. Establish a capability maturity model and methodology you can track progress against to ensure a systematic approach to the required transformation, else risk making progress in limited areas and getting stuck.
2. Invest early in the informatics and analytics required to help you know your populations well and set out common agreement on the things you can and need to move the needle on – cannot improve everything at once and each geography will have key population challenges.
3. Seek out and work with the partners that can help you on this journey – there is much untapped asset including activating citizens themselves for self-management, integrating social care into the approach, and engaging the third sector and voluntary organisations.

On a scale of 1-10, how far along is Asia Pacific to achieving population health?

JW: It is challenging in every country, and no country has all the attributes perfectly in place to accelerate progress in a population health management approach. If the best countries are at the 6-7 level, then many countries in Asia Pacific are more like at 3-4 level. There is still some way to go in establishing national strategies and policies that give permission and support, changing funding models for shared accountable budgets is a particular challenge in countries such as Australia, ensuring the right information governance regulation and guidance is in place, completing the digitising of care to be able to take advantage of new population health informatics, and other critical pre-requisites.

What is the one thing that must be done to move countries up this scale?

JW: A permissive strategy with underpinned investment and regulatory change.

Cerner is a HIMSS Asia Pacific Opal Corporate Member.