

Population Health: How it Affects the Industry, Providers, and Recruitment

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There are many questions regarding population health and how it affects the industry, providers, and recruitment of physicians and other providers. The healthcare industry is rapidly changing; the unsustainable costs, when combined with the disparity in healthcare quality being delivered to some populations, are bringing forth a healthcare revolution. Provisions in the Affordable Care Act of 2010 ensure that millions of Americans will now have health insurance—and that the healthcare paradigm will shift from volume to value.

With significant government funding at stake, more than 700 healthcare organizations have classified themselves as Accountable Care Organizations (ACOs) and others are developing ACO-like healthcare delivery systems. A recent study conducted by Oliver Wyman, a management consulting firm, estimates that 25 to 31 million Americans are currently receiving health care services from an ACO and more than 40% of Americans live in areas with at least one ACO. And this shift is more than a classification change. In order to be eligible for the incentivized government funding, organizations must prove their commitment to—and implementation of—population health. They will be required to improve the patient care experience, the overall health of populations, and lower per capita costs of care. As a more comprehensively integrated system focused on population health begins to dominate, the healthcare industry, the healthcare experience, and provider recruitment initiatives must also evolve.

What is Population Health?

Population health has been defined as the health outcomes of a group of individuals making up a specific demographic population. Population health management is a business model centered on delivery of comprehensive care and management of total risk. Foundational elements include:

- information-powered clinical decision making;
- primary care-led clinical workforces;
- patient engagement; and
- community integration.

It is a foundational shift in the healthcare experience, from an industry driven by reactivity (“I’m sick, it is time to go see my doctor”) to an industry driven by proactive measures (“Because I have increased access and healthcare is integrated into my day-to-day life, I get sick and have to see my doctor less frequently”).

The goal of population health is to keep a patient population as healthy as possible and minimize the need for costly interventions, procedures, emergency room visits, and hospitalizations. It



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redefines healthcare to include preventative care and to address the necessity to modify factors that will make people sick or intensify existing illnesses. From identifying patients most in need of proactive care management to accessing real-time data to adjust care plans; from coordinating clinically-integrated networks of regional providers and hospitals to making healthcare part of an individual’s daily routine, population health is fundamental to the transformation of healthcare delivery—and will, ultimately, improve the health of populations nationwide.

How is the implementation of population health management affecting the healthcare industry?

This transformation comes down to data, personnel, and the changing nature of the overall healthcare experience.

> Data

Implementing population health management requires information-powered clinical decision making. This means real time access to comprehensive and segmented data for all care team members. The organizations that are able to most effectively aggregate and distribute data—to collaborators, team members, and even patients themselves—will succeed.

And data means more than Electronic Medical Records (EMRs); healthcare systems are now implementing robust software systems and population health management programs that help automate data integration, analysis, reporting, and communications so that real time evaluations—and adjustments in patient care plans—can be made. Having the right IT systems (and IT personnel) in place is critical in order to advance clinical outcomes, improve care, and lower costs. Organizations with the ability to master data control and predictive analytics to generate decision-driving insights will succeed in population health management.

> Personnel

In the population health management scenario, primary care physicians (PCPs) will direct care management teams to manage patient populations. Teams will span industries and resources and may include advanced practice providers, nurses, social workers, pharmacists and other non-clinical workers who will offer ongoing coaching and support. Team members could also include outside resources; for example, some organizations are implementing transportation systems or signing contracts with transportation companies if transportation is a barrier to healthcare in a specific population. An entire collaborative team of varied professionals will be led by PCPs in this new healthcare world.

> Healthcare experience

Population health will change the healthcare experience as we know it. Healthcare will be more seamlessly integrated into patients’ daily lives and routines. To make an impact, providers must:

- understand a patient’s values in order to develop personal care plans;
- bridge gaps in care by communicating continuously; and
- work with other community advocates and systems to identify cost-effective resources for patients that will impact overall population health (transportation resources, diabetic programs, fitness programs, Alzheimer’s programs, and other ancillary services).

In addition, healthcare systems will need to reach patients who are not already in the system. This means door-to-door grassroots efforts and access to care outside the hospital walls. Innovations that help make

proactively managing one's health easier will be highly sought after. Examples may include one-stop healthcare "shops"—facilities that offer dental care, fitness and educational programs, health screenings, and physical therapy services. Automated outreach to patients between visits will increase, as will interaction with care managers via phone calls, texts, and emails.

How will population health management affect physicians?

Monumentally! The primary care practice of the future will look much different than it does today. Instead of one-on-one encounters between the patient and their provider, the patient interaction process will include phone visits, email consultations, group visits, educational programs, and encounters with a variety of care team members. Out-of-office contact will become the new norm as patient health improves. Additionally, PCPs will be the leaders of the care teams, managing multiple providers and resources. Thus, PCPs of the future must exhibit leadership and interpersonal skills, as well as a passion for top-tier service delivery. How well they manage the team will directly translate to how well the health of their patient population is being managed, which will directly impact future compensation models.

How will population health management affect recruitment?

The current shortage of PCPs will continue to increase; as population health management becomes the dominant healthcare model, demand for care team leaders—the PCPs—will be at unprecedented levels. The expanding role of the clinical care team may reduce the need for some physician specialties. Demand will change based on care team utilization, payer coverage, current and anticipated market share, and population demographic profile including aging and ethnicity.

PCP recruitment techniques will shift, as well. As physicians continue to leave the private practice model in favor of employed physician models, cultural fit within an organization will become a key recruitment parameter. In addition, PCPs will be recruited based on their ability to build consensus and lead a diverse care team to better manage patient health. Organizations must understand what physicians are looking for clinically, financially, and administratively to ensure they are a fit with their organization. Physicians who embrace the care team model, understand how to utilize advanced practice providers, and enjoy leadership opportunities, will be in high demand. In addition, recruits must understand new incentive and reimbursement structures. Physicians will be rewarded for meeting care management needs of patients; reimbursement will be tied to quality as opposed to quantity.



Final Thoughts

The healthcare landscape is shifting more dramatically right now than it has since its inception. As an increasing number of healthcare organizations move to models of accountable care, the overall healthcare experience will transform. Within this transformation, we will see an altered patient and physician experience, not to mention new recruitment benchmarks and standards. With an emphasis on proactive preventative care, evidence-based protocols, managed care teams, care coordination, and multidisciplinary teams, population health management will reward value in care, versus volume of patients seen. Although the results of these initiatives will not manifest for a decade or more, population health management will almost certainly improve the quality of lives for millions of individuals throughout the country.



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