

A Conversation About Population Health with David B. Nash, MD, MBA, Founding Dean of the Jefferson College of Population Health (JCPH)



David Nash, MD, MBA

In 2015, Jordan Search Consultants interviewed David Nash, the Founding Dean and the Dr. Raymond C. and Doris N. Grandon Professor of Health Policy at the Jefferson College of Population Health (JCPH) and an innovator in defining the term physician leader and training methodologies for these professionals. Three years later, the healthcare industry is still evolving. As we move away from the traditional fee for service model, from volume to value-based payment systems, and the health of populations becomes a central focus, physician leadership becomes even more salient.

Population health is broadly defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group. Population Health Management is defined as the aggregation of patient data across multiple health information technology resources, the analysis of that data into a single, actionable patient record, and the actions through which care providers can improve both clinical and financial outcomes.

A quick Internet search reveals that today approximately 12 universities across the nation offer graduate degrees in population health, although Jefferson College of Population Health at Thomas Jefferson University was the first. As a physician leader at the forefront of this population health evolution, Dr. Nash has some unique perspectives to share.

Q: How has the focus on population health shifted in the three years since we last spoke?

A: Population health is much bigger today than it was three years ago. The journey from volume to value is well underway and the navigators on this journey are those who have been trained in the science of population health management. My friend and colleague, Dr. Rita Numerof, founder of Numerof & Associates, a healthcare strategy consultancy based in St. Louis, and her team release the results of their State of Population Health Survey each year. Four hundred C-suite healthcare executives responded; 95% of these respondents rated population health moderately, very, or critically important.

Q: How are healthcare organizations addressing population health?

A: The tenor and tone of population health is more harried and higher pitched as we start 2019. Those at or below the poverty line are not healthy, and the U.S. is the only western nation where this is the case. The income disparity is wider than at any point in American history and so this conversation becomes increasingly important. Volume-based healthcare is not sustainable and value-based is; we can no longer mop up the floor, we must shut off the faucet. The population health management construct provides a way to deliver better care at lower costs and requires transparency and accountability for outcomes across the continuum of care. Healthcare organizations are shifting to this way of thinking and they are hiring healthcare consultants and physician leaders trained in population health management to help them. This includes a paradigm shift for data collection, capacity building, and innovative partnerships. Numerof's third annual study (conducted in collaboration with our organization) finds that while nearly all healthcare providers see population health as an important next step, the shift in the business model has proven difficult to achieve due to institutional hurdles and concerns over financial losses.

Q: What type of physician leadership is needed to achieve this shift?

A: In addition to flexibility, a willingness to learn and to listen, a deep understanding of organizational culture, and an interest in, and ambition for, healthcare improvement is needed. Physicians who will lead us into this population health era need to be change agents and well trained in change management. More frequently, we are seeing organizations appoint a Chief Population Health Officer who has specific data and analytics training and who can interpret and close the feedback loop with other physician leaders across departments. These leaders know that they must incorporate social determinant data into their approach to healthcare and gain clarity around what healthcare problems we are solving and for whom. Lack of clarity, lack of action, and lack of leaders trained in population health management are the reasons many initiatives fail.

Q: How can we best train the physician leaders so necessary to the future of healthcare?

A: Leaders at all levels must be flexible, courageous, and resilient. They must develop an understanding of diplomacy and behavioral economics to work with colleagues to improve efficiency and healthcare outcomes. Population health is not a new concept; in an era where healthcare costs are skyrocketing it is no surprise that there is a resurgence of interest to deliver better care at lower costs. The leaders who will make this possible will help rethink the business model to keep populations healthy and costs contained. Achieving lower costs and better health outcomes requires ensuring patients are getting the right care at the right time and at the right place in the care continuum.

Q: Are you seeing an increase in enrollment since well-trained leaders in population health are so essential to taking healthcare organizations to this value-based model?

A: It is the 10th anniversary of the Jefferson College of Population Health (JCPH) and enrollment has continued to increase each year. We now offer two degrees in population health: a Masters in Population Health Management and a Masters in Population Health Intelligence. The latter requires a more in-depth mastery of population health analytics, predictive analytics, and augmented intelligence. These analytics have become increasingly important as population health leaders need to know exactly how and what to extract from a tsunami of data.

Q: How can we best recruit and retain these physician leaders?

A: Leaders are attracted to innovation, action, and commitment. Millennial physicians have a deeper understanding of social determinants of healthcare and want employers to be aware, educated, and provide resources to address and tackle these issues. In a 2018 Millennial Survey conducted by Deloitte, millennials and those in generation Z wanted to drive societal and economic change. The companies and leadership teams most aligned with them in terms of purpose, culture, and professional development are likely to attract and retain the best young talent. This is true in the physician space as well.

Q: We are seeing more and more healthcare organizations providing “wraparound care.” Do you believe this will continue?

A: Wraparound care is the future of primary care. Eventually, all healthcare organizations will practice under the wraparound care model—and it will be for everyone, not just the severely or chronically ill, high-utilization patient population.



Q: How do you think physician education will change in the coming years?

A: We must start training physician leaders in medical school. Population health management needs to be integrated into the medical school curriculum. The pushback health education reformers always get is that to add something we must also take something away. My argument is that you don't need to take something away; instead, you need to revise the format of the education. Do away with lectures and utilize more online tools. By changing the format, you can add in topics essential to today's physician leader. The question is not whether population health is the future but rather, when will population health be the guiding principle at every healthcare institution and at what pace will this change occur?

David B. Nash is the Founding Dean and the Dr. Raymond C. and Doris N. Grandon Professor of Health Policy at the Jefferson College of Population Health (JCPH). JCPH is dedicated to developing healthcare leaders for the future. A board-certified internist, Dr. Nash is internationally recognized for his work in public accountability for outcomes, physician leadership development, and quality-of-care improvement. Repeatedly named to Modern Healthcare's list of Most Powerful Persons in Healthcare, his national activities cover a wide scope. Dr. Nash is a principal faculty member for quality of care programming for the American Association for Physician Leadership (AAPL) in Tampa, FL. He serves on the NQF Task Force on Improving Population Health and the John M. Eisenberg Award Committee for The Joint Commission. He also is a founding member of the AAMC-IQ Steering Committee, the group charged with infusing the tenets of quality and safety into medical education. Dr. Nash was recently appointed to the Board of the Pharmaceutical Quality Alliance (PQA) in Washington, DC.

Dr. Nash's work is well known through his many publications, public appearances, and online column on MedPage Today. He has authored more than 100 peer-reviewed articles and edited 23 books, including Connecting with the New Healthcare Consumer, The Quality Solution, Demand Better, and most recently Population Health: Creating a Culture of Wellness (2nd edition). He was the inaugural Deputy Editor of Annals of Internal Medicine (1984-1989). Currently, he is Editor-in-Chief of American Journal of Medical Quality, Population Health Management, P&T, and American Health and Drug Benefits.



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