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Workshop

THE CHALLENGES & USE OF DATA FOR POPULATION HEALTH MANAGEMENT

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Moderators

- **David Hartzband, D.Sc.**
  - Director, Technology Research, RCHN Community Health Foundation, &
  - Research Scholar, Sociotechnical Systems Research Center, Massachusetts Institute of Technology
- **David Stevens, MD, FAAFP**
  - Research Professor, Milken Institute School of Public Health, George Washington University

RCHN Community Health Foundation

Private, not-for-profit foundation

Mission: ***To support and benefit the work of community health centers nationally***

Primary Goal: ***To help CHCs address key challenges and drive positive, sustainable change for the community health center market***

RCHN CHF Population Health Initiative Aims

- To support health center-level progress toward improving population health management capacity and outcomes
  - Strengthen capacity to identify, engage and manage health in a defined population
  - Deepen features of patient- and community centered health home
  - Influence social determinants of health
- To encourage local and regional collaborations and broader opportunities for sharing best practices.

What is population health?

- **Builds on The Triple Aim, first proposed by the Institute for Healthcare Improvement (IHI) with focus on three dimensions**
  - improving the health of the population;
  - enhancing the patient experience of care; and,
  - reducing per capita cost of care.

  Adapted by the National Strategy for Quality Improvement in Health Care to include:
  - Better care that is patient-centered, reliable, accessible, and safe.
  - Affordable care for all stakeholders, including individuals, families, employers, and governments; and
  - Healthy people/healthy communities - supporting proven interventions in addition to delivering higher quality care.

Supported projects

- **Health outcomes in defined areas:**
  - African American Infant Mortality (Erie County, Ohio)
  - Smoking reduction in New York City's Chinatown (New York, N.Y.)
- Patients identified with defined health center or system of care
  - High-risk, chronically ill homeless individuals (Santa Rosa, Ca)
  - Patients with uncontrolled diabetes (Joplin, Missouri)
  - Colorectal cancer (Phoenix, Arizona) and cervical cancer screening (Colorado)
  - Pediatric emergency room utilization (Queensbury, New York)

Common data-related themes across grantees

- Managing care coordination and transitions of care with available applications, registries and "dashboards"
- Managing and using free-text input to EHRs
- Obtaining timely and actionable patient information from external care settings
- Collecting and utilizing data at total population level
- Strengthening staff skills in data collection & analysis.

Workshop Discussion Topics

- **Care coordination including:**
  - Care transitions
  - Care/case management
  - Translating data/information into effective care & interventions
  - Role of EHRs
  - Software for care management

Workshop discussion topics, cont.

- What are the key work processes associated with care management
- What HIT applications, including EHRs, are in use?
- What are the most prominent issues, impediments?
- How have these been addressed in your organization?

Workshop Format

- **Introduction (5 minutes)**
- **Summary of participant pre-workshop survey (See Appendix) (5 minutes)**
- **Participant highlights of care management challenges (10 minutes)**
- **Discussion groups (30 minutes)**
  - intra & inter group discussions
- **Presentation of issues & questions from discussion groups (5 minutes per group - total 25 min)**
- **Group discussion with participation of moderators (40 minutes)**
- **Summary (5 minutes)**

Summary & Last Thoughts

- Input from participants
- Moderators' last thoughts

Appendix - Pre-Workshop Survey*

- **What are your primary population management information needs and challenges? Consider:**
  - Identifying population/sub-populations, their characteristics & risks
  - Enhanced access and engagement of patients/families in team based care
  - Care Coordination & Care Transitions among different settings
  - Clinical Decision Support for providers and teams
  - Quality Improvement
- **What have been your big wins during the past year?**
- **What tools, including the EHR and other software, do you use to collect & analyze data & track metrics for population health management?**
- **What clinical decision support tools are in use?**
- **Do you use a data warehouse or data extract for data analysis? If so, can you share one example of its impact on major population health management issues like care coordination or quality improvement?**

*** To be filled out on-line & returned after workshop registration**

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Thank You

Please feel free to contact us
for more information

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