

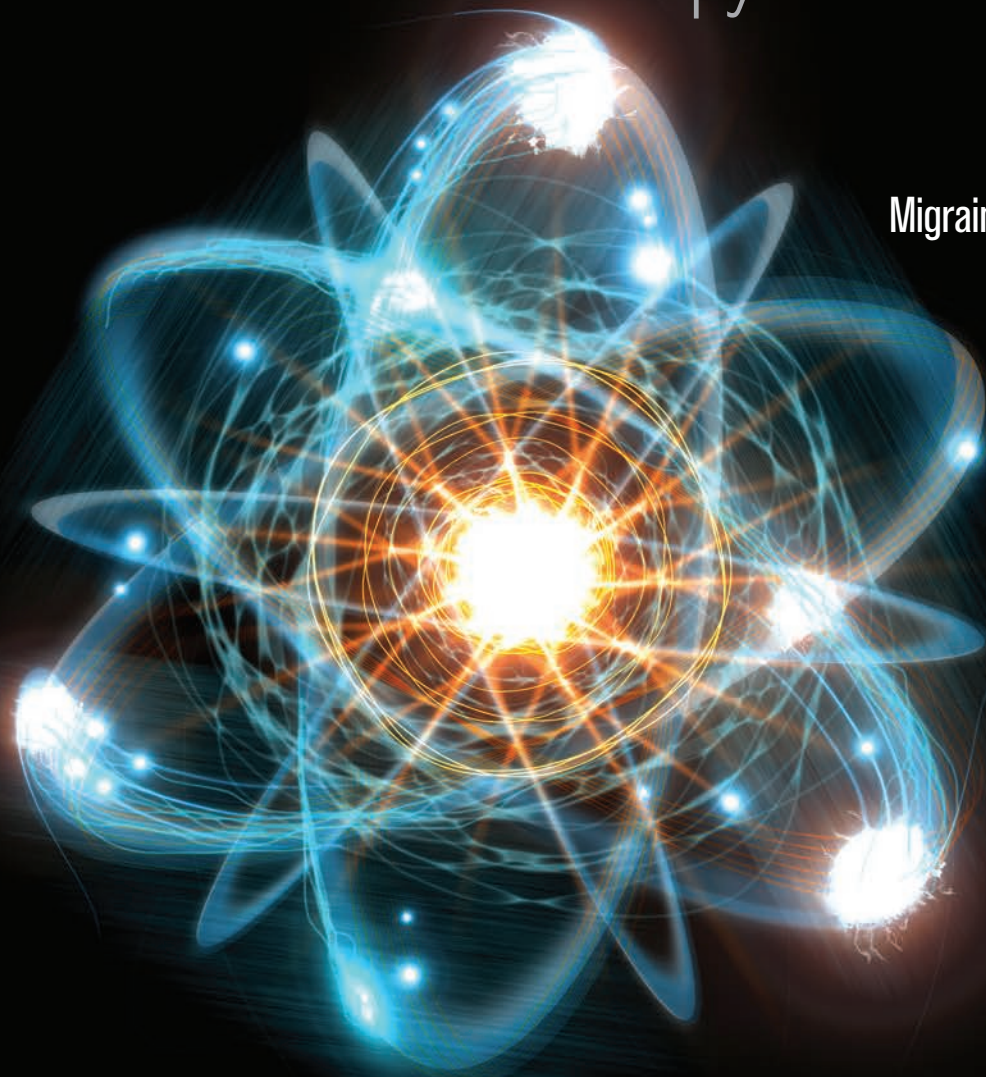
Managed Healthcare

The C-Suite Advisor

EXECUTIVE[®]

Proton Beam Radiation

3 decades after approval, the debate about this cancer therapy continues



Drugs in the Pipeline
Migraine medications

Industry Analysis
The future of ACOs

Chronic Disease
Eosinophilic asthma

Population Health
5 trends to watch

5 population health trends to watch

Some of the usual suspects are on the list. And population health itself is trending as a competitive business and an area of study. *by* **KAREN APPOLD**

The U.S. healthcare system spends far more per capita than the healthcare systems of other industrialized nations. Yet the U.S. is notorious for having some of the worst outcomes when measuring health on a population basis. Those outcomes are, in part, a reflection of the country's failure to address



KAMINSKI

a plethora of unmet social and economic needs — unmet needs that wind up having consequences for people's health, says Mitchell A. Kaminski, M.D., MBA, director of population health at the Jefferson College of Population Health in Philadelphia.

The out-of-whack ratio between high U.S. healthcare spending and bottom-rung health statistics hasn't gone unnoticed. All the current attention on addressing the social determinants of health (SDOH) — food pantries, housing programs, transportation vouchers — is a response. Kaminski says the much-talked-about shift from fee-for-service to value-based payment is another adjustment that U.S. healthcare is making. The track record of value-based care is mixed,

but Kaminski says the Patient Protection and Affordable Care Act accelerated the shift to it with accountable care organizations and other value-based models.

Partly because of the COVID-19 pandemic, interest in population health has surged. What follows are four trends to keep an eye on.

1. Virtual care: Up, up and not going away

Telehealth, telemedicine and remote patient monitoring have transformed access to care and how care is delivered, particularly since the COVID-19 pandemic began, says Allen Miller, M.P.H., principal and CEO of COPE Health Solutions, a healthcare consulting firm in Los Angeles. These trends are here to stay as foundational components of the care model and will continue to disrupt payment models, according to Miller.

Michael Gleeson, chief innovation and strategy officer at Arcadia, a healthcare data and software company in Burlington, Massachusetts, expects telehealth to continue to positively impact healthcare outcomes as it accelerates the shift toward value-based care. This will happen in three stages, he says. First, a combination of technologies and remote monitoring will be used to reduce hospital stays. This will

make inpatient hospital stays more effective and improve care coordination between inpatients, outpa-



GLEESON

tients and primary care providers. It will also make patients happier and decrease the cost of care through reduced length of stays, in Gleeson's view. Second, telehealth visits will catch on, although Gleeson says their popularity will hinge on long-term reimbursement changes, increased levels of patient acceptance and widespread access to technology and internet bandwidth. Gleeson notes that telehealth visits offer a opportunity to engage patients for whom transportation, limited time off or mobility may impede access to care. Finally, wearable technology will be used for health monitoring. That will require equipment, but Gleeson says wearables will also require a change in workflows if physicians and other healthcare professionals are to make use of data they produce and for appropriate interventions to be triggered — all while addressing concerns from patients about privacy, surveillance and data use.

As the use of telehealth has grown, so has concern about its overuse. But as larger contracts and

more forces in the healthcare system move to value-based models, con-



SCHNEIDER

cerns about overuse are minimized, says Doron Schneider, M.D., FACP, vice president of population health services at Tandigm Health, a value-based population health company in suburban Philadelphia. Schneider says the incentive structure of value-based care has the effect of curtailing overuse.

2. Spotlight is trained on SDOH

It has become a somewhat tired truism of the COVID-19 pandemic that it has laid bare U.S. healthcare disparities. The pandemic has disproportionately affected Black Americans, and Whites have been disproportionately vaccinated so far. Healthcare providers understand the need to identify social factors that threaten health and wellness and to partner with community agencies to help get patients' needs met, observes Kaminski.

Lesley Curtis, Ph.D., chair of the Department of Population Health Sciences at Duke University School of Medicine says that helping people emerge from poverty is a current focus of SDOH initiatives. "Poverty inhibits a person's access to



CURTIS

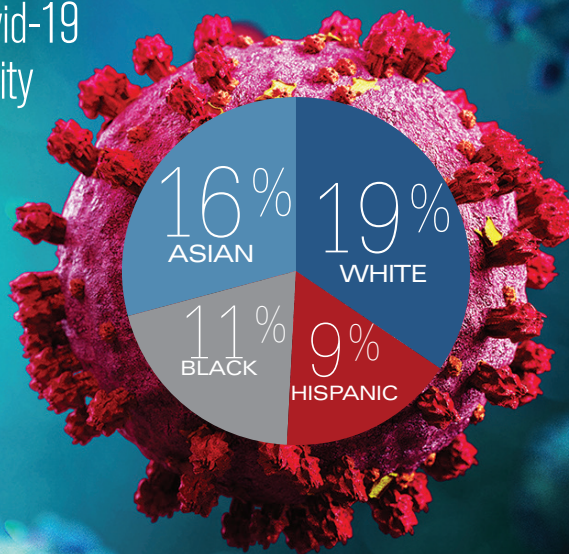
affordable housing, food, employment, education and other social factors that are all inextricably linked to health," Curtis says. "Poor health contributes to reduced income, perpetuating income-related health disparities. If we focus on addressing poverty through policy and practices that supplement income, (build) edu-

Percent of total population that has received a Covid-19 vaccine by race/ethnicity

White to Asian ratio 1:1

White to Black ratio 2:1

White to Hispanic ratio 2:1



Source: Kaiser Family Foundation. Data are for 39 states as of March 15.

cational opportunities, (increase) access to housing and more, there is good evidence that we'll see big improvements in population health."

For payers and providers working to create value-based care models and align financial incentives, the highest value is achieved when SDOH data and initiatives are integrated with medical care and premium dollar budgeting, says Miller of COPE Health Solutions.

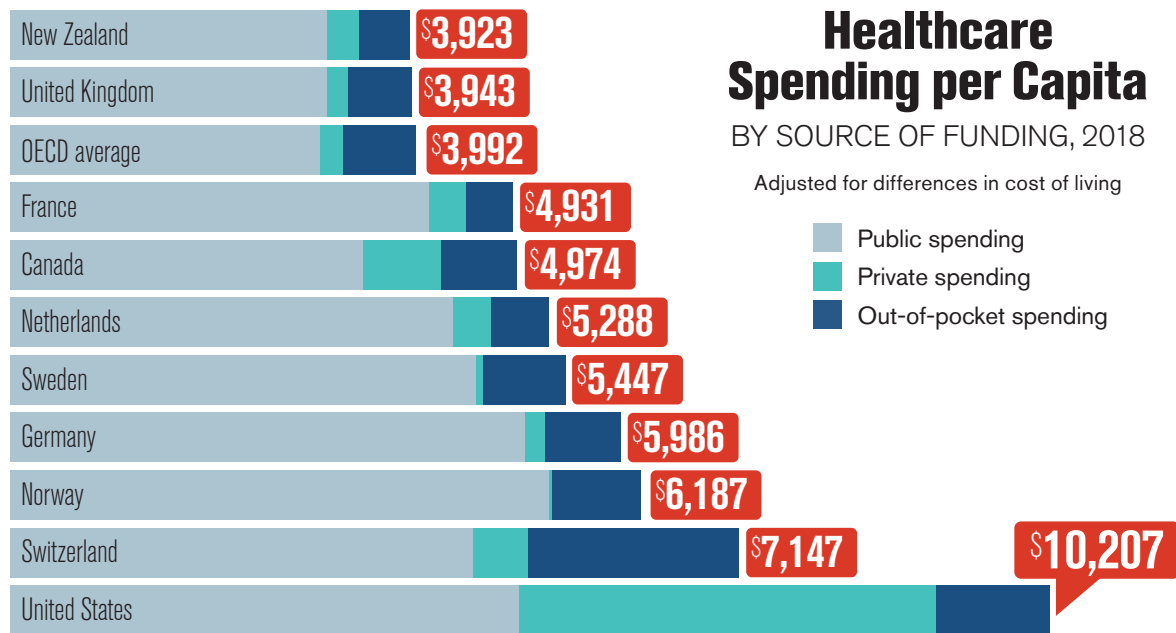
3. The awakening to racism

The deaths of George Floyd and Breonna Taylor last year led to protests, some rioting and a great deal of discussion about racial disparities and inequities in the U. S. Although racist-driven healthcare disparities have been known in public health and population health for years, Kaminski has recently seen a greater appreciation of how healthcare systems promote inequity through implicit bias and structural racism.

No one is expecting such problems to be remedied overnight, but

Kaminski says some changes have occurred. For example, billing codes have been created to capture SDOH issues such as hunger, homelessness and transportation barriers, and in some cases, those SDOH issues are more prevalent among Black and other discriminated groups. Some payers are beginning to provide additional support for those patients. This makes financial sense because by addressing these basic needs, patients can be healthier. In the long run, healthcare costs are reduced when prevention can decrease the amount and severity of chronic diseases in a population, Kaminski says.

Miller believes that one key aspect to closing racial and ethnic disparities and inequities is to ensure that providers for diverse populations reflect the linguistic, cultural and racial profile of the communities they serve. He says this requires education and support to help them achieve professional goals, such as experiential education, mentoring, professional development support and access to entry-level jobs in the



Source: OECD Health Data 2019.

field that provide both financial support and experience to support career aspirations.

4. Messaging is a cage match

The pandemic has also underscored the importance of healthcare and science messages, particularly because whatever messages healthcare officials care to emphasize may be in information combat with conspiracy theories and other misinformation circulating through social media. “During the pandemic, we have seen how misinformation, sometimes promoted for political purposes and capitalizing on public fears, travels at the speed of light and confuses the public,” Kaminski says.

As a result, masks and vaccines have become controversial. Media and social media habits can plant and propagate beliefs that are difficult to disabuse people of. Because of the overwhelming amount of information promoted in media and on social platforms, population health messages need to be conveyed quickly and effectively through the same channels, Kaminski says.

5. Population health itself is having a moment

Knowing where population health trends are headed, most of Miller’s customers are focused on ensuring that they are equipped to manage population health with value-based payment arrangements. This includes potential downside risks and capitation, particularly as CMS’ Direct Contracting Model begins the delayed 2021 performance year. Some industry observers see that program as being a bona fide break from fee-for-service payments.

With value-based payment arrangements becoming more common and the growth in Medicaid managed care and Medicare Advantage, population health has become a business — and a competitive one at that. “Private equity and venture capital money is flowing into the population health space while acquisitions of various key components of population health functionality and networks continue at a rapid pace,” Miller says. Meanwhile, a number of firms called verticals have emerged, focusing narrowly

on a particular disease or condition, such as diabetes or high blood pressure, to bring a set of tools to a defined population, Schneider says. Using tools that monitor patients over time, these verticals can help ensure treatment adherence and encourage positive patient progress against a disease.

Academic institutions are also getting on board as awareness in population health grows. “We’re seeing more interest in our masters and Ph.D. programs because students are seeking more rigorous data analytic skills than what a traditional school of public health might offer,” Curtis says. “Employers are looking for students with deep research analytics experience. More students are seeking out academic programs that work directly with health systems like Duke to get real-world experience. I anticipate the COVID-19 pandemic will have lasting effects in so many ways, including a new global focus on population health science.” ■

Karen Appold is a medical writer in the Lehigh Valley region of Pennsylvania.