Hitchhiker’s Guide to Population Health

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VP Accountable Care Strategy and Business Development
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Health Care Market Transformation - 2 Major Vectors of Change

Before 2014
Regulatory Reform/Private Sector Restructuring
- Federal/state regulations
- Interpretation and preparation
- Private exchange investments
- Rationalizing DB health coverage/self vs fully insured

Innovation, Proto-types and Proof of Concept
- Patient Centered Medical Homes
- Bundled Payment/(warranty)
- Accountable Care Organizations
- EMR, HIE and Analytics
- P4P, Shared savings, Shared risk

2014 - 2020
Implementation & Adaptation
- Public exchanges open
- Private exchange adoption
- Movement from B2B to B2C
- Benefit and network redesign
- Re-emergence of PSP models
- Consumer activation and agitation

Volume to Value
- Provider-driven health management
- Carve-in / re-aggregation of total costs
- Provider accountability/control
- Adaptation/maturity of care models
- Emergence of new enablers/intermediaries – data, analytics, services, devices

2020 and 2025
New Normal
- Localized choice
- Level playing field & competition
- Regulatory refinement

New Normal
- Broad range of collaborative care models
- Cost, quality and patient experience transparency
- Competition based on cost and quality
- Clinical data interoperability
- Radical improvement in quality & value

Insurance Coverage Transformation

Care Delivery & Reimbursement Transformation
Macro Context: Provider Consolidation

Delivery systems and providers continue to consolidate

- Access to capital
- Collective contracting power
- Improved access to information technology
- Economic viability and survival for community hospitals
- Acquisition of primary care foundational for population health and referral volume capture

With more scale, health systems are better positioned to succeed with value-based contracts

- Scale creates leverage against dominant incumbent payors
- Duopoly dynamics in many markets triggers advanced strategies for capturing market share, particularly with top 1 and 2 health systems

Figure 18. Impact of Mergers and Acquisitions on Hospital Market Concentration, 1990-2012
Macro Context: Shift of Network Definition

Provider Networks Have Evolved

- Promise of better value as a result of integration
- Alignment of incentives among in-network providers – value based payments
- Affiliations are still relevant, even with consolidation

Prevalence of Narrow Networks

- 47% of Medicare Advantage networks are narrow or small (<49% of hospitals in network)
- 51% of MA beneficiaries are in a small or narrow network (≈8.7MM lives)
- Tradeoff between cost and access from both members and plan sponsors
Control (C) vs. Scale (S): Control - the ability to manage performance, is inversely proportional to the scale, heterogeneity & complexity of the provider network being managed.
Credible Provider Performance Measures

Opportunities

- Increase high performer volume through-put
- Drive up lower performers
- Trim poor performers

Source: Mercer Analytics Milstein/Herschman 2005
## Provider Risk Continuum & Capabilities

Providers contend with a sliding scale of required capabilities based off Fee-For-Service / Fee-For-Value Mix

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<th>Capability</th>
<th>FFS</th>
<th>Value-based FFS</th>
<th>Episode/ Bundled Payments</th>
<th>Shared Savings</th>
<th>Shared Risk/ Global Capitation</th>
<th>Provider-sponsored Plan/ Full Risk</th>
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<tr>
<th>Sophistication Required</th>
<th>None</th>
<th>Basic</th>
<th>Intermediate</th>
<th>Advanced</th>
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Performing Risk

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<th>% Healthcare dollar at risk</th>
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<td>30%</td>
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<td>60%</td>
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<td>90%</td>
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<td>100%</td>
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The acute EMR market is saturated
From Point Solutions to Population Health Platforms

Aggregate and normalize

Create and apply intelligence

Act and measure
Parallel Technology Growth Paths – EHRs and CRM

Gartner Says CRM Became the Largest Software Market in 2017 and Will Be the Fastest Growing Software Market in 2018
Healthcare + CRM is a Greenfield Market
Profile Driven Health Care
Master Consumer Profile

Entitlements
- Carrier/Sponsor
- Insurance coverage type, programs and services
- Network(s)
- Rx Formulary
- Carve outs

Social Determinants
- Personal Characteristics: Ethnicity, Language, military service
- Family and Home
- Money and Resources
- Education status
- Family status/support
- Child care
- Food/Transportation/utilities
- Stressors/emotional safety

Interaction History (Emerging)
- Modalities
- Frequency
- Content/Nature/Type

Individual Demographics/Attributes
- Name
- Identifiers (eMPI, coverage ID, other)
- Gender
- Age
- Marital status
- Guardian/delegates
- Family/Affiliations
- Employer/sponsor
- Address
- Contact info
- Communication preference(s)
- Occupation(s)

Attributed Care Team
- Primary Care Provider
- Specialists
- Ancillary
- Family/Friends
- Social services
- Care Manager(s)

Clinical Longitudinal Record
- Disease (real & suspected)
- Episodes/treatments
- Risk scores & predictors
- Rx
- Preventive services
- Health status
- Protocol adherence

Health Behaviors
- Psychographic/Attitudes
- Activation (PAM)
- Readiness to Change
- Knowledge/Skills – self management
- Adherence/compliance

Other factors
- Patient Experience Surveys
- Care preferences
- Wellbeing
- Interests
Profile Driven Health Care
Master Physician Profile

Core Profile Attributes

Individual physician identifiers and descriptors:
- Name
- Identifiers (NPI, TIN, etc.)
- Gender
- Age, practice duration
- Specialty & Taxonomies
- Training & Education
- Board Certifications
- Geographic Location(s)
- Contact Information
- Language(s)
- Modalities of practice (F2F, Video, email etc.)

Payer Networks

Par status with payer defined networks:
- Payer specific network designations (PPO, HMO, EPO, HPN)
- Line of business (MA, Commercial, Medicaid)
- Product specific designations

Interaction History (Emerging)

- Modalities
- Frequency
- Content/Nature/Type

Clinical Quality

Structure, process, and outcomes measures correlated to clinical quality:
- CMS MIPS Quality Payment Program
- Physician Compare
- HEDIS & MA Stars
- MSSP ACO
- Malpractice history, sanctions

Cost Efficiency & Resource Utilization

Outcomes measures of associated resource utilization:
- Referral patterns
- Diagnostic and Rx resource use rates
- Peer-based: Risk-adjusted episodic cost efficiency by specialty

Affiliations

Formal legal entity relationship and affiliations:
- Practice(s)
- Group(s)
- Health System(s)
- Region(s)
- CIN(s)
- ACO(s)
- Facilities

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Patient Attribution

Direct and derived relationships:
- Panel size
- Panel density
- Panel profiles (age, risk, geo, payer mix)

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Misc.

Measurement of other performance attributes:
- Patient Experience (CAHPS)
- Patient Interaction and engagement profile
- EHR usage/adoptions
- Participation and leadership
Intelligent Data and Content Powering Precision Engagement
Next Wave of Innovation: Content

Clinical Knowledge Bases

Analytic Content

Journey Content