Population Health Management

What is population health management?

Population health management means that a specific group of health care providers takes responsibility for delivering care to a predefined group of people. Successfully managing care for an entire population means providers must focus on improving quality of care while reducing costs. Current care delivery is relatively fragmented and expensive. To care for an entire population, providers must focus on coordinating care across settings and physicians, reducing unnecessary care, and ultimately keeping patient acuity low. In response to new priorities, innovative care delivery and payment models have emerged to help organizations achieve population health goals; however, providers do not have to formally be involved in new care delivery pilot programs or alternative payment models to contribute to population health management.

Population health goals

- Unnecessary imaging raises total cost of care: While most pronounced for high-acuity patients, unnecessary imaging increases total cost of care for all patients and limits providers ability to manage cost. Imaging is a common target for utilization management initiatives, and with population health management the target will only become larger.

- High quality, low cost care requires timely diagnostics, which imaging can provide: Prompt time to treatment is vital to provide higher quality care at lower cost. The more quickly a patient is diagnosed, commonly through imaging, the more quickly a patient can receive necessary treatment. On the front end, imaging must be accessible to patients and referring providers; on the back end, radiology must deliver timely reports and seamlessly transfer patient information to referring providers.

- Longitudinal patient care relies on ability to share clinical information such as past images: To care for an entire population efficiently, providers must have access to complete patient medical history, especially as success relies on grouping patients into populations based on acuity. Imaging has a unique opportunity to provide necessary data and information through cloud-based technology that stores and shares scans and radiology reports. This is particularly important for incidental findings, which may indicate changes in patient acuity or essential follow-up care.

- Population health places emphasis on preventive services and screening: Two main service offerings help providers achieve population health management: preventative care, which helps patients avoid developing more acute conditions, and screening services, which help identify asymptomatic patients with underlying conditions. Imaging is uniquely positioned to help with the latter, as imaging screening programs allow for earlier diagnoses, minimizing time to treatment that ultimately results in better quality outcomes and lower total cost of care.

Why is population health a key issue for imaging?

1) Primary care providers.
What are the drivers causing the shift to population health?

**Patients becoming increasingly complex:** As the population ages, patients become more acute and develop greater health needs. The number patients with chronic diseases like diabetes—which requires continuous management and highly coordinated care—is also increasing.

**Providers must do more with fewer resources:** At the same time as overall patient complexity increases, health care is experiencing resource shortages. We must prepare for looming workforce shortages as many physicians, advanced practitioners, and nurses prepare for retirement. Additionally, costs regularly outpace Medicare reimbursement updates across settings; fee-for-service reimbursement is increasingly tied to quality and outcomes.

**Reimbursement shifting toward risk:** Beyond enhanced FFS—which typically penalizes the lowest performing hospitals—alternative payment models like ACOs are becoming increasingly popular. Medicare will implement their first mandatory alternative payment model, bundled payments for comprehensive joint replacement, in April 2016.

How does population health management work?

To deliver high-quality and cost effective care to a large population, population health managers divide their patient population into three groups: low-risk, rising-risk, or high-risk. Providers will deliver the most care—and spend the most money—on high-risk patients. The chart below shows the typical breakdown of a patient population into the three groups, recommended strategy for caring for patients within each group, and imaging initiatives to support the care strategy.

### Population health risk stratification

- **High-risk patients**
  - 5% of patients; usually with complex disease(s), comorbidities
  - Trade high-cost services for low-cost management
  - • Utilization management
- **Rising-risk patients**
  - 15-35% of patients; may have conditions not under control
  - Prevent patients from becoming high-risk
  - • Incidental findings management
  - • Interventional radiology
  - • Lung cancer screening
  - • Clinical decision support
- **Low-risk patients**
  - 60-80% of patients; any minor conditions are easily managed
  - Keep patients healthy, loyal to the system
  - • Mammography
  - • CT colonoscopy
  - • Low-price site of care
  - • Clinical decision support

## Population health management action steps for imaging leaders

- **Leverage existing imaging initiatives that support population health management.**
  - There are several initiatives that imaging programs are already undertaking, such as utilization management, screening, and incidental findings management, that support the health system’s population health goals. Imaging can bolster these efforts by clearly linking them to the system’s goals and tracking data on their impact.

- **Track impacts of initiatives on cost and quality.** Two of the goals of population health management are reduced costs and increased quality outcomes. To demonstrate imaging’s value in this new health care economy, imaging programs should track the impact of their existing initiatives on both cost and quality.

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1) Fee-for-service.
2) Accountable Care Organizations.

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Source: Imaging Performance Partnership research and analysis.