The Impact of 2020 on Population Health Priorities

A Review From the Population Health Leaders Network

In 2020, the COVID-19 pandemic impacted the health of millions of Americans and affirmed the fragility of a fee-for-service-based model, highlighting the necessity of health systems to move to value-based care.[1] The pandemic further challenged this transformation by a rapid shift in population health priorities, mandating health systems develop new strategies to identify, engage, and educate high-risk patients.

With a dramatic decrease in procedures and in-person visits, population health stands to become increasingly vital in healthcare delivery to improve outcomes and reduce costs.[1,2]

Even before the COVID-19 pandemic, achieving value-based care presented key challenges for all involved in the delivery of healthcare. One strategy to achieving value in healthcare is creating a holistic understanding of health and wellness needs and implementing evidence-based population health management strategies to address them.

In an effort to achieve value-based care goals, the Population Health Leaders Network was established in 2020. This group brings together leaders from 12 innovative health systems, along with The Kinetix Group, a strategic and operational partner, to navigate population health priorities, including those driven by COVID-19.

The mission of the Population Health Leaders Network is to connect healthcare leaders to promote and accelerate the adoption of innovative population health models. Throughout 2020, this coalition of health systems identified priorities, shared new innovations and best practices to address care delivery transformation needs in a virtual environment, and brainstormed initiatives to address provider and care team burnout while addressing a host of other unique challenges COVID presented.

Goals for the Population Health Leaders Network

1. Identify tactical actions to move away from fee-for-service care
2. Collaborate to drive significant change
3. Create designs/products to support network integrity
4. Learn how to gather and apply social determinants of health at the point of care
5. Identify best practices in evidence-based care delivery and build affiliations with like-minded systems
6. Share insights

Population Health Leaders Network: Summary of Needs, Learnings, Strategies, and Initiatives

Key Population Health Priorities

While individual priorities vary based on the health system and its population, 4 dominant priorities appear to be relevant to all systems:

Balance Fee-for-Service Payment With Value

The shift from volume to value continues. Health systems grapple with how to support existing hospital structures while transitioning appropriate services to ambulatory and home care to ensure cost-effective care. Additionally, health systems are looking for alternative payment models for Medicare patients and others who may cost more for the systems.

Build Infrastructure for Population Health

Population health management spans multiple disease states and includes high-risk patients as well as those with emerging risk factors. These needs demand health systems increase their analytic capabilities, ensure technological capacity, and define and communicate new roles, such as pharmacists, care managers, and social workers, to support providers.

Address Social Determinants of Health

Social determinants of health (SDoH) have emerged as critical factors in delivering value-based care. Platforms, such as Unite Us and Aunt Bertha, enable health systems to connect patients with resources that promote health and access to much needed services within their community.

Manage At and High-Risk Patients Across Care and Life Continuum

Central to population health management is the principle of identifying and managing high risk patient populations. This often is evident for two populations - patients with chronic diseases and the aging population. The aging of the US population creates a need for improved coordination throughout the life continuum, focusing on healthy aging, cognitive and behavioral health, and palliative care, as well as effective chronic disease management. Improved standardized screening for cognitive impairments in older patients and assessment and management protocols are essential to support patients, caregivers, and the care teams.

Fundamentals of the Ideal Population Health Management Model

Members identified key factors of an ideal population health management model.

Population health approaches must:

- Be proactive
- Impact the full system
- Support risk stratification
- Transition from fee-for-service to value-based/ alternative payment models
- Deliver specific economic results

Collaborations are a critical part of innovation in population health management.

Collaborations must be:

- Feasible
- Impactful for targeted populations
- Scalable
- Include reproducible data
- Able to drive value

Impact of Covid-19 on Population Health Priorities

The COVID-19 pandemic created a need for new ways to deliver care and interact with patients. Detailed below are 4 ways that the pandemic changed those core focus areas.

Population Health Leaders Network Charter Members agree the pandemic has fueled innovation.

Balance Fee-for-Service Payment With Value

COVID-19 Impact: Close Evaluation of Value-Based Contracts

Due to the unprecedented nature of COVID-19, many value-based contracts were impacted. Members highlighted key areas such as the impact of changes in benchmarks, cash flow changes, fewer patients, and lag time to contract payouts.

How payment models evolve from 2020 and whether they will offer flexibility remains questionable. Some government models will use 2019 data as the threshold for the 2020 performance year. Of note, capitation and Medicare Advantage models were identified as the most viable payment models during the pandemic.

The pandemic has highlighted the need for alternative care models. Total cost of care has decreased; yet, ceilings and floors on financial incentives and quality gaps have capped many value-based payments.

Build Infrastructure for Population Health

COVID-19 Impact: Uncovered or Emphasized the Importance of New Structures

Some members of the Population Health Leaders Network report their systems are re-evaluating clinical protocols, assessing infrastructure and organizational needs, and/or examining lessons learned during the pandemic to engage their patients more effectively and deliver value-based care.

Some of the measures already underway include establishing telehealth platforms for long-term adoption, developing revenue diversification, and addressing SDoH to improve outcomes.

Health system leaders agree that their focus is shifting from managing today to managing the future.

Address Social Determinants of Health

COVID-19 Impact: Enhanced Community Engagement Through Remote Venues

Healthcare during the pandemic has gone beyond traditional well-being assessments, disease management, and preventive measures.

Health systems are partnering with community leaders to identify factors that might affect the heath of the population and to address pandemic-related complications, such as increased incidence of anxiety and depression, food insecurities, and lack of transportation, making it difficult to obtain essentials. Health systems have participated in community programs, including but not limited to, drive-by flu clinics and food delivery programs.

Manage At and High-Risk Patients Across Care and Life Continuum

COVID-19 Impact: Sparked the Use of Telehealth and Remote Monitoring

The question remains, however, whether telehealth and remote monitoring will be used once the pandemic slows/resolves as temporary waivers expire and reimbursement varies.

Use of telehealth and system technology has produced new means of engaging patients and improving care. For high and at-risk patients, telehealth has been implemented to provide systemic outreach to patients. Health systems have conducted virtual exercise and education classes. Some have also identified means of remotely tackling social isolation and evaluating behavioral and emotional health. Health systems have developed apps to assist patients, as well as providers, in monitoring for health needs and outcomes.

> "Telehealth is the only thing I've seen operationalized that fast."
>
> *- Eric Newman, MD*
> *Director of Quality and Innovation for the Medicine Institute. Geisinger Healthcare System*

What is Next: Population Health Leaders Network 2021

As evidenced through the Population Health Leaders Network discussions, the direct and collateral effects of the COVID-19 pandemic have altered population health priorities and goals and pathways to achieve them. Undoubtedly, the post-pandemic era will bring new — and some as not realized — challenges to designing and instituting population health protocols. Yet, lessons learned during the pandemic and many of the changes implemented can help build a sustainable value-based care platform.[3]

> The pandemic has illustrated how a mature population health infrastructure can promote public health, strengthen health system resiliency, and support financial recovery.[3]

As health systems begin to look at the future of care delivery, many of the Population Health Leaders Network priorities will be influenced by the impact and innovation that COVID-19 brought. Some of these will evolve from systems' experiences with COVID-19, such as increased emphasis on SDoH, efficient use of different approaches to patient care, such as telehealth, and integration of mental health into models. Charter Members highlighted how infrastructure may change to help achieve some of these goals, such as appointing a Director of Quality and Equity and integrating pharmacists into chronic disease management as integral team members.

In 2021, the Population Health Leaders Network will continue to discuss how members envision the future of population health and their role in driving care delivery re-design and implementation of innovative protocols and models to drive toward value-based care.

For more information about the **Population Health Leaders Network**, visit our website at https://www.phlnetwork.org/.

To learn more about **The Kinetix Group**, visit https://thekinetixgroup.com/.

References

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Thank you to our Population Health Leaders Network Charter Members for all of your participation and leadership!

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