Population Health Management: Justice, Access, and Financial Implications

Length: 1.5 hours

Target Audience: Healthcare executives, physicians, nurses, and other allied health and community providers, leaders from federal and state agencies, healthcare policy administrators, patient advocates, health insurance leaders, social justice advocates, and healthcare students.

Description: As reimbursements shift from volume based to value based, healthcare organizations are becoming more responsible for providing the resources necessary to meet the needs of a given population. Aligning quality of care with the appropriate level of care and services becomes pertinent to healthcare organizations’ bottom line. It is imperative for healthcare leaders to develop programs that offer underserved communities an opportunity for a healthier tomorrow.

Several pioneer organizations have developed population health improvement models such as Accountable Care Organizations that force them to take responsibility for the beneficiaries they are serving. As the acuity of care increases, healthcare leaders must coordinate equitable care and properly address social determinants of health. The focus is no longer treating patients, but proactively keeping patients out of the acute healthcare setting and providing care in the community.

Developing population health management into a tangible measure continues to be a challenge for all healthcare organizations across the country. How to properly reduce costs while improving the quality and access of care in communities that lack the resources and education to care for themselves and prevent acute health issues and substantive chronic disease continues to be a major hurdle in population health adoption.

Faculty: Moderator plus two or more panelists.

Moderator should be a current or former senior healthcare executive, healthcare consultant, or clinician, such as a nurse or physician with extensive knowledge of population health management.

Panelists should include senior healthcare leaders or providers, healthcare consultants, or public health leaders. One panelist must be a healthcare administrator actively involved in population health management.

Topics for Discussion:

- Effects of population health on all components and levels imbedded within the Triple Aim
• Identifying and addressing healthcare disparities and the related need for community health models
• Ensuring healthcare resources are responsive to the needs of beneficiaries.
• Linking payment to quality and proactively maintaining health in a value not volume based reimbursement system.

Questions for Discussion:

1. How will population health management reduce overall healthcare expenditures?
2. Underserved communities are now arguably suffering the most from our current healthcare model. That being said, how will shifting to a population health focus increase equality of access and care in these communities while controlling costs?
3. What new model(s) and/or organization(s) have taken the lead in addressing disparities through population health management in your community or market?
4. What costs are associated with adapting to a value-based payment model?
5. How is the community (employers, health departments, non-profit organizations, community groups, etc.) supporting population health management?
6. Providing resources for beneficiaries that are underserved is the first step of population health management. How can healthcare leaders successfully bring patients on board to manage their own health and ultimately maintain a healthier population?
7. Describe the importance and types of metrics used to measure population health management program effectiveness.

Material for Distribution:


Additional Resources:

