A Universal Operating Model
For Population Health Management

Session #301, February 20, 2017

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Speaker Introduction

Steven Merahn, MD
Chief Medical Officer
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Conflict of Interest

Steven Merahn, MD

Has no real or apparent conflicts of interest to report.
Agenda

• Define “Population Health Management”
• Discuss the “Path to Value”
• Consider the basic principles of systems-design
  – Functional Requirements
  – Operating Capabilities
  – Interaction Design
• Review the “Essential Triad” of value-creation
Learning Objectives

• List the six functional requirements for designing, implementing and managing at population health infrastructure and association systems-of-practice
• Evaluate organizational capacity to succeed in value-based care in terms of the seven fundamental operating capabilities
• Design interactions both within-system and with the environment to support system-level and organizational goals for population health management
• Recognize the three levels of performance for any systems-based practice
The Model Realizes Value Across **All** S.T.E.P.S.
What is Population Health Management?

…a transformational approach to healthcare delivery that shifts the focus from caring for patients who self-select for care based on their own assessment of their condition to taking transcendent responsibility for the health status of a cohort or population of patients.
What are the Goals for Population Management?

- To manage variables in order to deliver or add “value”, where value is the maximum benefit for least “cost”

- Value is audience specific:
  - **Patient**
    - Improved quality of care and quality of health
  - **Provider**
    - Revitalized professional identity and compensation
  - **Payer**
    - Efficiency and appropriate resource utilization

\[
V(x) = (a + b) \left\{ \sum_{i=0}^{a+b-1} \left( \frac{1-p}{p} \right)^i \right\}
\]
Is this the path to value?
Implementing Population Health Management...

...requires mastering a separate and distinct operating model from traditional care delivery, including a specialized infrastructure with its own functional requirements and an associated set of operating capabilities.
Successful Systems Operate in Three Tiers

<table>
<thead>
<tr>
<th>Tier One</th>
<th>FUNCTIONAL REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier Two</td>
<td>OPERATING CAPABILITIES</td>
</tr>
<tr>
<td>Tier Three</td>
<td>INTERACTION DESIGN</td>
</tr>
</tbody>
</table>
**Tier One**

**FUNCTIONAL REQUIREMENTS**

*Power train*
- Acceleration (fuel control and transmission)
- Deceleration (braking and transmission)
- Steering (directional management)

**Tier Two**

**OPERATING CAPABILITIES**

- **Car**: Use of the gas and brake pedals and steering wheel; gear shift/clutch
- **Motorcycle**: Use of the twist grip, hand and foot brake and foot gear shift
- **Bicycle**: Foot pedals, hand brakes, derailleur

**Tier Three**

**INTERACTION DESIGN**

Integrating the operational capabilities and following the rules of the road while driving with other vehicles
## Systems-Based Practice for Population Health

<table>
<thead>
<tr>
<th>Tier One</th>
<th>UNDERSTAND AND ACCOUNT FOR THE FUNCTIONAL REQUIREMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier Two</td>
<td>ACQUIRE THE OPERATING CAPABILITIES</td>
</tr>
<tr>
<td>Tier Three</td>
<td>ORCHESTRATE THE INTERACTION DESIGN</td>
</tr>
</tbody>
</table>
All functional requirements must be fulfilled; however, different organizations may fulfill them differently with various configurations of programs, platforms, partners and personnel.
## Operating Capabilities and Competencies

<table>
<thead>
<tr>
<th>Area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organizational Capacity</strong></td>
<td>Organizational structure, governance, and culture to support a population health management infrastructure.</td>
</tr>
<tr>
<td><strong>Workforce Readiness</strong></td>
<td>Staffing, roles and responsibilities, training needs, and alignment.</td>
</tr>
<tr>
<td><strong>Clinical Processes &amp; Operations</strong></td>
<td>Clinical workflows, protocols, programs, and services. Quality and outcome measures.</td>
</tr>
<tr>
<td><strong>Patient Experience Management</strong></td>
<td>Communication, engagement and activation, shared decision making, tactile and emotive experience.</td>
</tr>
<tr>
<td><strong>Clinical Technology Systems</strong></td>
<td>Health IT systems, capabilities, IT infrastructure.</td>
</tr>
<tr>
<td><strong>Data, Analytics, and Reporting</strong></td>
<td>Data sources and quality, storage, management. Analytic and reporting models for clinical, operational, and financial purposes</td>
</tr>
<tr>
<td><strong>Finance / Business Models</strong></td>
<td>Financial expectations, cost tracking, contracting for value-based goals.</td>
</tr>
</tbody>
</table>
Interaction Design for Population Management

Orchestrating and optimizing goal-directed collaboration, operating relationships and knowledge management between the programs, platforms, partners and personnel that comprise a patients health-resource community.

Tactile Performance (e.g., Efficiency, Consistency, Reliability, Responsiveness)
Emotive Performance (e.g., Dignity, Authenticity, Integrity, Sincerity, Urgency)
Communications, Knowledge Sharing
Collaboration and Cooperation
Dignity
Authenticity
Integrity
Empathy
Sincerity
Urgency

Emotive Performance
Tactical Performance
Efficiency
Consistency
Availability
Reliability
Responsiveness
Convenience

Products and Services
• Primary Care
• Specialists
• Surgical Care
• Imaging
• Lab
• Medical Home
• Ambulatory
• Inpatient
• Home care
• Websites/App

Right Brain
Eclipses Left Brain In Relationships
Motivation
Connection
Values
Value Is Created Through the "Essential Triad"

<table>
<thead>
<tr>
<th>Care Planning</th>
<th>Care Delivery</th>
<th>Collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the goals for this patient?</td>
<td>What tools and resources are required to meet those goals?</td>
<td>Are achieving progress towards goals?</td>
</tr>
</tbody>
</table>
# Managed Care Delivery

<table>
<thead>
<tr>
<th>CARE PLAN OPERATIONAL CATEGORIES</th>
<th>Wellness/Lifestyle Management</th>
<th>Universal Prevention</th>
<th>Selected Prevention</th>
<th>Indicated Prevention</th>
<th>Condition Management</th>
<th>Compassionate Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Individual Focus</td>
<td>Community-based</td>
<td>Characteristic-based</td>
<td>Condition or result-based</td>
<td>Diagnosis or event based</td>
<td>Prognosis-based</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CARE DELIVERY RESOURCES</th>
<th></th>
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</thead>
</table>
Collaboration As A Healthcare Discipline

• Collaboration is a mutually beneficial relationship between individuals or organizations who work toward common goals by sharing responsibility, authority and accountability for achieving results.
Questions

• Thank YOU!

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  • TWITTER: @modernMD
  • LINKEDIN: linkedin.com/in/stevenmerahn

• PLEASE complete online session evaluation
Optional
Extra Slide for Discussion Period
### Population Health Mastery Model

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Core Components</th>
</tr>
</thead>
</table>
| Level 6 | Performance-driven compensation | • Cost efficiency models  
• Cost-based ROI  
• Negotiating power |
| Level 5 | Performance Management | • Clinical, operational, financial  
• Improvement cycles  
• Cost tracking |
| Level 4 | Resource-Managed Care Delivery/Clinical Mgmt | • Lowest effective levels of care  
• Directional performance against Care Plan goals  
• Escalation/de-escalation strategies |
| Level 3 | Population Surveillance | • Stratification and targeting  
• Health status tracking/progress against goals  
• Information management: workflow-integrated and enterprise reporting |
| Level 2 | Patient Experience Management | • Communications strategies; message/vehicle segmentation  
• Outreach/engagement/activation assessment and planning  
• Tactile and emotive experience management |
| Level 1 | Coordinated Care Planning | • Single “source of truth” across patients health resource-community  
• Incorporates all person-level and system-level data  
• Drive patient experience and care delivery strategies |
| Level 0 | Collaboration Model and Interaction Design | • Socialize collaboration model; align workforce and professional resource-communities  
• Integrate into individual performance evaluation, compensation models  
• Design framework for shared responsibility, authority and accountability |