

# Population Health Management: The Essentials

The healthcare industry is rapidly evolving amidst government regulations and market forces. While there are many important developments in healthcare right now, perhaps the most significant to take note of is the transition from a volume-based, utilization model of delivering care to a value-based one. This healthcare model aims to satisfy the requirements of the Triple Aim. This is a bundle of three simultaneous goals for healthcare practitioners to achieve under a value-based model: deliver excellent quality healthcare services, deliver excellent healthcare at a lower cost and improve health of the overall patient population. These are the three goals of population health management (PHM).

## **WHAT IS POPULATION HEALTH MANAGEMENT?**

Population Health Management (PHM) is an important concept in modern healthcare. Broadly, PHM is a functioning system specifically designed to satisfy the Triple Aim. PHM is the proactive use of strategies, measures, and tools to improve the health outcomes of a given patient population. The main component of the PHM is the aggregation of multi-source healthcare data that is analyzed into a single, actionable patient record. Those records are used together to enable practitioners to identify care gaps within their patient populations and, subsequently, improve health outcomes in a safe, effective, and economical way. The ultimate goal of a PHM system is to use preventative care measures to improve population health, therefore empowering patients to better manage their own health.

By accessing streamlined data, such as clinical, financial, and operational data on patient populations, providers can better coordinate the delivery of their care. Access to the right information will allow healthcare organizations to use disease, case, and demand management to enhance the care of patients with chronic conditions. This bolsters efficiency, workflow, and cost-effectiveness, in turn allowing practitioners the flexibility to focus more energy and resources towards providing high-quality care.

Patients benefit the most from comprehensive population health management. For example, practitioners can use PHM to aid their patients in breaking the costly and dangerous cycle of readmission to hospitals. The aggregated healthcare data allows for practitioners to efficiently address lapses in care or identify other population health trends efficiently. Practitioners can quickly coordinate care across their patient population and deliver preventative measures that either reduce the likeliness of requiring medical care at a hospital or the length of their stay. This systematic care delivery system is very efficient and cost-effective.

### POPULATION HEALTH MANAGEMENT AS A SOLUTION

Healthcare practitioners who want to manage patient populations' health successfully must implement a PHM system. All of the information and data necessary for managing population health is found in such a system. It is a single, streamlined platform with the exclusive purpose of managing patient population health through actionable data. A PHM is the solution to current management challenges common in healthcare practices today.

However, there are still plenty of questions to be answered. How does a PHM system work? What should I look for in a PHM system in terms of features and data management? What is required to implement a PHM and how do I know if that system is right for my practice? For answers to these questions and more, please contact Keena.



If you are interested in learning more about better Population Health Management (PHM) through technology, we urge you to contact **Jamie Steck** of Keena at [jamie.steck@keenahealth.com](mailto:jamie.steck@keenahealth.com).