

Population Health NEWS

Which Care Is Right: Discussing On-Demand Healthcare Options With Patients

by Pamela Sullivan, M.D., MBA, FACP, P.T.

The shift to value-based care throughout the healthcare industry is changing the way providers deliver care and simultaneously fueling an explosion of affordable, convenient healthcare options for patients. These on-demand healthcare options—urgent care centers, retail clinics, telemedicine and onsite clinics—offer immediate services to patients for a fraction of the price of an emergency department (ED) visit and help alleviate overcrowding in strained emergency departments, making them a win-win for patients and providers.

The increasing number of choices and lack of education, however, is causing rampant patient confusion. Many are still unsure where to go for appropriate care, especially during stressful situations, which can lead to unnecessary and expensive trips to the ED for patients unaware of their options.

The key to taking full advantage of all on-demand healthcare services is for patients to understand what options are available and when it is best to go to each—saving everyone time and money. In a value-based healthcare industry, providers should encourage the use of cost-effective treatment options and discuss the different types of care with their patients.

The 3 C's to Consider

Although they may not realize it, patients no longer have only an ED to turn to when immediate, but not emergency, care is needed. A plethora of on-demand healthcare options continue to evolve, enabling cost-effective care for patients and providers. To simplify the decision-making process for patients, providers can introduce the three C's: care, convenience and cost.

- **Care.** Evaluate the severity of symptoms and identify what services might be needed. Life- or limb-threatening issues should always be treated at an ER. Anything else can likely be treated elsewhere.
- **Convenience.** Know what healthcare facilities are available nearby, as well as their hours of operation, to determine a best option.
- **Cost.** Understand which providers are covered by insurance or if there are any requirements such as preauthorization.

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HIT, Screening Programs Build Bridges to Improved Population Health Management

by Pete Desai

Health plans today continually struggle to find ways to provide optimal care in a broad, ever-changing and increasingly uncertain marketplace. Challenges faced by health insurers and their provider networks include managing diverse populations—often with multiple comorbidities—engaging those populations, identifying risk and, of course, intervening in a manner that improves outcomes and ultimately manages costs.

Health insurers can and should adopt a range of strategies. Not surprisingly in this day and age, those involve leveraging health information technology (HIT) solutions broadly and efficiently to connect and deliver cost-efficient, effective care.

As the nation rapidly moves to value-based payment models (VBP), health insurers recognize the need to closely manage the health of populations because of the growth of risk-based contracts. Under VBP, which is replacing fee for service (FFS), patients who require high-cost care could quickly erode insurers' profits.

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