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Population Health NEWS

Population Health: Moving from "why" and "what" to "how"

by Don W Bradley, MD, MHS-CL and Lloyd Michener, MD

Most subscribers to *Population Health News* have already "drunk the Kool-Aid", or at least sipped it. Working collaboratively with a broad spectrum of stakeholders, focused on upstream or social determinants of health, is the best hope for accomplishing a tangible improvement in health of a population.

The term "population health" has rapidly evolved from a term unique to public health to a care management strategy for healthcare, to a ubiquitous term in the lay press. Googling "population health" today produced 585 million results.

Certainly, our work at the Practical Playbook (www.practicalplaybook.org) [and many others], improving population health through robust collaboration, has moved from an aspirational target to a full-blown movement.

That said, it is time to move from "why" and "what" of population health to "how". Many experts focus on tools for population health, such as data acquisition, sharing, and analytic tools, or care management software.

Beyond tools and software, our experience over the last five years is that health systems [hospitals] should consider four key, but often neglected implementation issues that will improve the likelihood of attaining better population health results. They are 1) language, 2) relationships, 3) alignment, and 4) sustainability.

Language

When working with multi-stakeholder collaboratives, one often finds a given term used commonly, but with different meanings and connotations for each partner. Most notably, the term "population health" may describe a health system's high risk, high care patient program while a community-based organization and/or public health department views "population health" as the health and well-being of the residents of a geographic area

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In This Issue

The Independent Primary Care Physician: A Vital Link for Better Population Health And Greater Health Care Access in Rural and Underserved Areas

by L. Allen Dobson, Jr. M.D., FAAFP

With membership projected to hit 2,300 by July 2019, North Carolina's Community Care Physician Network is one of the nation's largest state-wide independent, primary care clinically integrated networks. It is a promising model for states that want to recruit, support and retain physicians in rural and underserved communities.

In 2015, the North Carolina Legislature voted to shift its Medicaid program to commercial managed care. Community Care of North Carolina, which had developed and helped North Carolina manage the Medicaid program for nearly two decades, prepared for change. CCNC's goal was to help North Carolina succeed in the transition and to ready itself and primary care providers for a continued role in improving the health of all North Carolinians.

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