

Population Health NEWS

AI Turns Key to Successful Population Health Management

by Prashanth Kini, Ph.D.

Population health has been an elusive goal in the transformation to value-based care. What, after all, does population health look like and how will the industry know when it has been achieved? The answer, of course, is that population health is not a destination; it's a moving target whose goals, once accomplished, will be quickly replaced with new ones, just out of reach. One just has to review the evolution from disease management programs to chronic condition management to wellness programs, each attempting to fill a gap in the quest for good outcomes across a population.

For this reason, technology initiatives aimed at improving population health must be dynamic, characterized by continuous learning and improvement. Effective population health solutions must be holistic, capturing many different types of data, from clinical to financial to socioeconomic.

If ever there was a problem tailor-made for artificial intelligence (AI), it is population health management. Artificial Intelligence is uniquely capable of deriving actionable insights from large, complex datasets required for population health management. It uncovers unseen patterns and reveals subtle predictive trends that traditional analytics platforms might miss.

Where Population Health Stands Now

Population health management is about identifying individual patients and groups of patients who are most likely to require interventions to stay healthy, and then targeting outreach to them at the optimal time to achieve long-term, favorable outcomes. An ideal approach would include a continuous, closed-loop process that gathers data from a vast number of disparate sources, assesses and updates care plans, records and reports outcomes and generates new goals.

However, current approaches to population health management are typically piecemeal, with significant breakpoints and silos between different initiatives that enable little transparency and visibility across patients' holistic journeys.

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Community Health Centers Support Move Toward Value

by Thomas Farmer

Community health centers (CHCs), also known as Federally Qualified Health Centers (FQHCs), are at the forefront of change, providing primary and specialty care to more than 25 million patients through a network of nearly 9,750 clinics with 26,000 providers.¹ These centers serve as primary medical care center for millions of Americans who are often impoverished and lacking consistent healthcare. And these centers are under siege.

Clinicians who serve these patients often struggle to keep up with the clinical and financial demands that accompany the shift from fee-for-service to value-based care. Costs are increasing, legislative policies and funding are changing and the demand for rapid service is pressuring physicians like never before. Understanding and advancing effective population health requires a review of payer mix and funding sources.

Medicaid is nearly half of a typical FQHC payer mix. Without legislative change, future funding is facing a fiscal cliff—a potential cut of up to 70%.² The program will slowly run down as payments move to a month-to-month authorization beginning with FQHCs, whose fiscal year begins on January 1, 2018.³

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