THE PRINCIPLES OF POPULATION HEALTH MANAGEMENT

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DEFINING POPULATION HEALTH MANAGEMENT (PHM)

- A network of providers who take quality, clinical care and financial risk on a set population, defined by contracts and geography.

- A PHM system aligns clinical outcomes, care experience and financial incentives for patients, providers and payors.
PHM GUIDING PRINCIPLES

- Treat every patient as family
- Spend each dollar as if it’s your own
- Team Approach
THE INTEGRATED CARE TEAM

- Nurse Practitioner/Physician's Assistant
- Medical Doctor
- Dietician
- Pharmacist
- Medical Assistant
- Nurse Navigator/Care Manager
- Behavioral Health
- Social Worker
- Receptionist

IMPROVED HEALTH OUTCOMES
PERSONALIZED CARE MODELS
EXCEPTIONAL PATIENT AND FAMILY EXPERIENCE
FUNDAMENTALS OF PHM

- Access
- Provider/Physician Ownership
- Population Engagement
- Adopt Best Clinical Practice
- Data Reporting
- Health Promotion and Disease Prevention, Rather Than Disease Management Alone
- Risk Stratification Through Understanding Your Population’s Disease Burden
- Integration and Coordination Throughout the Continuum of Care
INDISPENSABLE COMPONENTS OF PHM

Engaged Providers
Empowered Patients
Coherent, Easy to Use, Trusted Data Analytics
You must have coherent, comprehensive data to engage in PHM; including:

- Ability to Define the Population
- Documentation of the Starting Point for Cost, Utilization and Quality
- Data Mining Ability for Providers and Patients
- Consistent Metrics Reporting

**Sources of Data**
- EHR
- Claims
- Other Providers/Referrals
- Analytics and Reporting
BUILDING A SUCCESSFUL PHM SYSTEM

- Start with a Contract or Commitment for a Defined Population
- Build the Culture Based on the Guiding Principles and the Fundamentals
- Build the Tools and Vehicle for Communication and Integration
- Build the Team and Infrastructure Necessary for the Population
SECRET SAUCE

- Patient Centered
- Provider/Clinician Led
- Population Focused
- Operating Within the Construct of a Patient Centered Medical Home
- Coherent, Easy to Use, Trusted Information System
OBSTACLES AND BENEFITS TO BUILDING PHM

OBSTACLES OF PHM

- Culture Change
- Appears to be Overwhelming
- Financial Risk of Moving from Fee-for-Service to Fee-for-Value
- Lack of Clarity/Lack of Comfort with a Value Based Model

BENEFITS OF PHM

- Aligned Social, Moral and Economic Incentives Between Patients, Providers and Systems
- Manages/Reduces Physician Burnout
- Improves Patient and Provider Experience
- Decreases Medical Errors
- Improves Clinical Outcomes
- Control Health Care Expenditures
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