



# 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



## 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**



# THE ROLE OF TECHNOLOGY AND INFORMATION IN PHM

**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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