Managing the Health of Your Patient Population

Leveraging EHR Data Through Existing Tools

Benefits of Population Management

The goal of population health management (PHM) is to keep a patient population as healthy as possible, minimizing the need for expensive interventions such as emergency department visits, hospitalizations, imaging tests, and procedures.

This not only lowers costs, but also redefines healthcare as an activity that encompasses far more than sick care.

Data Needs for Population Management

- EMR data
  - Clinical observations
  - Lab results
  - Treatment plans
- Billing data
  - Diagnosis and Procedure codes
  - Charges and Revenue
- Cost Data (if available)
- Patient Satisfaction data
EHR LIMITATIONS

- EHRs alone cannot provide the functionality necessary to manage a specific population of patients
- Population Health Management (PHM) systems are being developed but are often costly
- How can we leverage the data available to help us compete in this rapidly changing industry?

STEPS FOR POPULATION MANAGEMENT

Identify Your Population

Patient-Centric (i.e. Diabetes)
  • Procedure code based
  • Chronic Conditions

Episode/Encounter-Centric (i.e. High Risk Discharge)
  • Claims or Appointment based

Insurance – Centric
  • Demographic based
Keys to Successfully Identifying Your Population

• Make population as specific as possible
• Be aware of overlapping populations
  • Have a means of identifying your population within your EHR

Risk Stratification

Identify Measures & Define Outcomes

• Set SMART goals to define success
  • Specific
  • Measurable
  • Achievable
  • Relevant
  • Time Bound
MEASURE OUTCOMES

- Develop reporting tools that integrate with workflows
- Publish Scorecards for consistent Monitoring of progress
- Ensure each member of clinical team has the necessary data for success

Examples of Tools & Reports

TO ASSIST IN MANAGING THE HEALTH OF YOUR PATIENT POPULATION

Group Scorecards
### Custom Report – Upcoming Appointments

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Provider</th>
<th>Patient Name</th>
<th>Diagnosis</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/16/14</td>
<td>9:00</td>
<td>Dr. Smith</td>
<td>John Doe</td>
<td>Hypertension</td>
<td>New patient</td>
</tr>
<tr>
<td>10/17/14</td>
<td>2:00</td>
<td>Dr. Johnson</td>
<td>Jane Smith</td>
<td>Diabetes</td>
<td>Follow-up</td>
</tr>
</tbody>
</table>

### Flow-Sheets (Daily Chart Prep)

<table>
<thead>
<tr>
<th>Time</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00</td>
<td>Chart Prep</td>
</tr>
<tr>
<td>10:00</td>
<td>Discharge Update Checklist</td>
</tr>
<tr>
<td>11:00</td>
<td>Medication Reconciliation</td>
</tr>
</tbody>
</table>

### Gaps in Care Reports

<table>
<thead>
<tr>
<th>Category</th>
<th>Patient Name</th>
<th>Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care</td>
<td>John Doe</td>
<td>10/16/14</td>
<td>None</td>
</tr>
<tr>
<td>follow-up</td>
<td>Jane Smith</td>
<td>10/17/14</td>
<td>Urgent</td>
</tr>
</tbody>
</table>

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**Note:** The images contain detailed charts and tables related to the aforementioned topics.
QUESTIONs