



Integrating Consumer Strategies with Population Health and Patient Experience

Kathryn C. Peisert, Managing Editor, The Governance Institute

Population health management is the future direction in healthcare. Few healthcare organizations today would argue that this is not the case, and most are realizing that this future is happening now and will increase in speed. We are all in various stages along this journey and playing differing roles in the population health market. Improving the patient experience, another important aim for health systems, has some obvious overlap with population health efforts. But the primary process that systems implement to address patient experience is improving CAHPS surveys scores, which, on the surface, appears entirely isolated from population health strategies. Adding in a third leg (or another stool all together?) is the increasing focus on consumerism and the perceived (and likely real) need for health systems to become innovators in this space or be left behind. Are these three strategic initiatives at odds with each other? Or is there a way to find common ground among them to create a single, unified approach?

In my research for this article, I came across the following statement by Dennis Tribble: “Consumer-based healthcare essentially presumes the presence of a population heavily knowledgeable about, and involved in their healthcare. The natural consequence of such an orientation is that the direction healthcare will take will be largely based on the decisions that patients, as consumers, will take and that patient choice (consumer choice) will drive how healthcare is delivered....”

“Population health, on the other hand, presumes the ‘ownership’ of (or at least, responsibility for) a large number of

patient lives by a healthcare authority, and that the direction of healthcare will be driven by that authority based on their perception of the needs of the population. Presumably, this authority (be it a payer organization, a hospital, a community governing body, or a physician group practice) will know better than the individuals they manage what is good for them.

“What they appear to have in common is a need for big data. Beyond that, they couldn't be farther apart in orientation.”¹

This article aims to bring together these three key strategic goals, and provide the context for system leaders to consider these goals within one, complementary framework rather than three disparate efforts.

The “myth” to dispel is that population health addresses only populations as a whole, and that what is good for a “population” isn't necessarily addressing individual (consumer) preferences. I believe the intent of the Triple Aim framework is to balance both the needs of the population as well as that of individual patients (consumers)—the patient experience connection. Then, it doesn't seem to be a big leap to convert patient experience considerations into consumer strategies. Take the following population health strategies, for example:

- Patient-centered medical homes that provide team-based care and care coordination from diverse providers who can understand the needs and

¹ Dennis Tribble, “Consumer-Driven vs. Population Health,” *ASHP Connect*, January 16, 2016.

preferences of the patient and their authorized caregivers, including email access to provider teams

- Population health metrics/dashboards addressing the following: person-centered performance measures, CAHPS scores, patient-reported outcome measures, segmentation by demographics and type of illness; along with efforts to make those metrics transparent to consumers
- Acute care transition coordinators who work with patients and cross-continuum care settings, including post-acute and home health, to ensure patient needs are addressed when they leave the hospital
- Evidence-based clinical care models that:²
 - Support effective coordination of care across the patient's care network
 - Address the full continuum of care, including behavioral health
 - Address social determinants of health and non-clinical factors that contribute to health and well-being
 - Can be tailored to the needs of the patients being served

When we think of consumerism, often it's in the "Amazon" lens of access and convenience, which usually translates into mobile health, retail clinics, online appointments and records access, and health apps—essentially, "person-centered health IT." This seems to be a top-down or narrow approach, as these alone don't appear to address population health. But what about when combined with a larger organizational population health strategy? Patient-centered medical homes address the consumer's access preference (and improve patient experience), by providing a team of care providers, more availability, and care management. Looking at it from the other side, the access and convenience issues listed above increase patient engagement and consumer loyalty. Population health managers know that patient engagement in their care decisions is a key component of improving outcomes and maintaining health status

² Health Care Transformation Task Force, *Addressing Consumer Priorities in Value-Based Care: Guiding Principles and Key Questions*, 2016.

among those with chronic conditions that require ongoing management. And maintaining strong market share (e.g., via consumer loyalty) is another helpful factor in population health management.

Big data and analytics capabilities are creating many new opportunities to improve care for consumers, expanding the population health business model to person-centered, value-driven care that benefits both individual patients/consumers and populations as a whole. We know that data and analytics are essential to any population health effort. What would happen if consumer preference and demographic data were incorporated into the population health data? How might that affect decision making? Consider the following examples:

1. The patient data generated from mobile health apps could be converted into meaningful information to inform population health areas of focus and resources.
2. Consumer preference data by demographic group (or by health condition or another meaningful distinction in your local area) can provide insight into how consumers are using healthcare, where their concerns and confusion lie, and what expectations they have of their health system. This can help inform how a health system determines which patients can benefit from placement in a patient-centered medical home, where to place after-hours clinics, the need for online appointments, etc.

This integration of data has the potential to allow health system leaders to make unified decisions that further efforts in population health, patient experience, and consumerism.

Effective use of health IT not only enhances provider-to-provider information sharing and communications, but also encourages two-way, provider-to-patient, consumer-to-consumer, and consumer-to-community interactions. For person-centered health IT to support consumerism, population health, and patient experience efforts, the technologies need to:

- Support data collection and analysis for population health, public reporting, and research purposes
- Support population health data and analytics functions, including helping systems and the public to understand how new payment and care delivery models are impacting utilization and health outcomes, stratified by sub-populations/demographics
- Support innovation including new ways to deliver care (i.e., online or through apps)
- Be used to improve coordination of care, increase accessibility of information for consumers, strengthen consumer engagement in managing their own health and healthcare, and strengthen communications with providers, among other functions³

Discussion Questions for the Board and Senior Leaders

At the system level:⁴

- What structures and mechanisms are in place to solicit consumer input into delivery system design?
- What structures and processes work best for engaging different population subsets? (Does the system support understanding of how needs differ based on population segments?)
- How can sufficiently detailed datasets and subsets of consumer data be identified and developed to support valid measurements of the effects of care delivery on specific sub-groups?
- Are quality performance and price data transparent and informed by consumer input?
- Are mechanisms in place for stratifying quality metric data by age, race, ethnicity, location, primary language, gender identity and sexual orientation, self-reported health, mental health, and clinical condition?

³ Health Care Transformation Task Force, *Addressing Consumer Priorities in Value-Based Care: Guiding Principles and Key Questions*, 2016.

⁴ *Ibid.*

- Does the effort offer providers and other participants appropriate access to both adjusted and non-adjusted data so they can use it for payment and population health purposes?

At the patient level:⁵

- What are the most efficient ways to capture patient goals, values, and preferences in the payment and delivery model measurements?
- How can providers respond effectively to patient goals, values, and preferences?
- What consumer protections are necessary to adequately inform consumers about their care and safeguard their access to high-quality and affordable care?
- Are quality performance and price data including retail charges, negotiated rates, out-of-pocket costs for consumers, and, where appropriate, provider costs, easily accessible by consumers and presented in a consumer-friendly manner?

Meaningful data that can drive decision making at the board and leadership level enables providers to improve an individual's experience, while at the same time teaching us how to make changes that benefit everyone.⁶ With a higher level of intensity in the consumer's ability to make decisions about his or her own care, plus the increased cost implications, there is a higher level of engagement required.⁷ In short, consumer strategies should be considered in the context of how they help the organization's population health and patient experience efforts. By looking at consumerism as a complementary or overlapping initiative with population health initiatives, healthcare leaders can create an integrated, unified strategy that helps further the organization towards all three goals, without overwhelming leaders and staff with tactics and objectives that seem unfocused or disparate.

⁵ *Ibid.*

⁶ Dartmouth-Hitchcock, "A Better Patient Experience for Better Population Health," June 28, 2016.

⁷ Laura Joszt, "Advancing the Concepts of Population Health and Consumerism," *American Journal of Managed Care*, October 1, 2015.

For more information on this topic, view the resources below:

- [The Healthcare Transformation Frontier: Insights from the 2016 Forum on Consumerism and Transparency](#) (Conference Proceedings, February 2017)
- [“The Population Health Secret”](#) (*BoardRoom Press* Special Section, April 2017)

- [“The Active Consumer: Delivering on Rising Expectations”](#) (*BoardRoom Press* Special Section, December 2016)
- [The New Payer: Why Consumers Will Save Healthcare—Or Destroy It](#) (Webinar, September 2016)
- [“Building Population Health Capacity: Issues and Opportunities for Board Consideration”](#) (*BoardRoom Press* Special Section, June 2015)

NRC Health’s Market Insights Solution provides local and regional consumer perception data to healthcare organizations. For more information, please visit www.NRCHealth.com or call (800) 388-4264.

