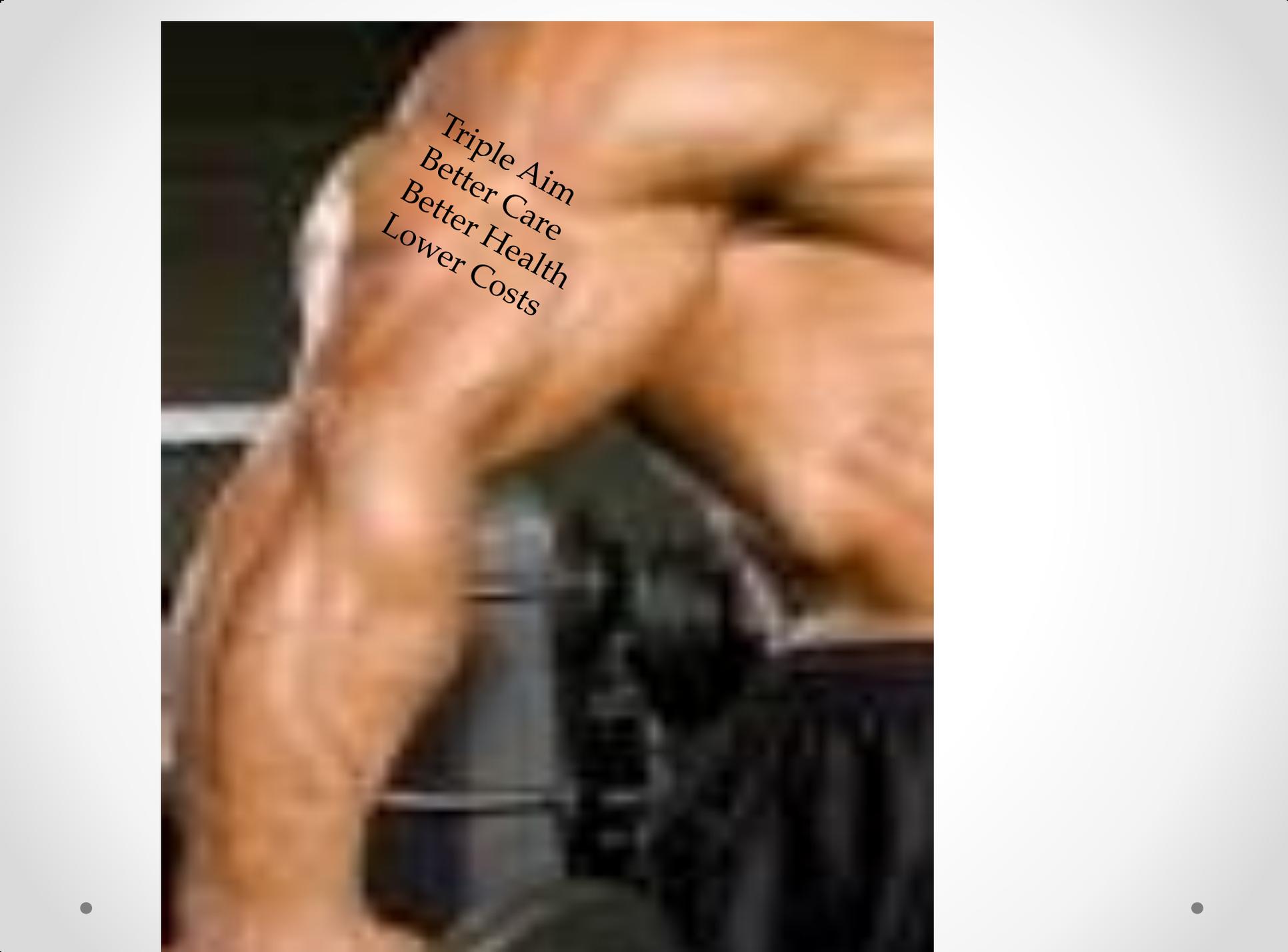# Population Health and IT

Bob Dannenhoffer, MD
Umpqua Health Alliance
12/4/14

The Triple Aim (from IHI)

- Improving the patient experience of care (including quality and satisfaction);

- Improving the health of populations; and

- Reducing the per capita cost of health care.

Triple Aim
Better care
Better Health
Lower cost

Triple Aim
Better Care
Better Health
Lower Costs

Population Health

- The aggregate or statistical measures of health, made up from individual patient data

- Population health has never been a focus of traditional Medicaid or the insurance system

- Traditional doctor patient relationship is:
  - Personal
  - One on one
  - Problem focused

- Does not address the patient that doesn't show up

Population Health Examples

- The patient in front of you who smokes is individual health

- The smoking rate for the population is population health

- The immunization status of a patient is an individual health measure

- The immunization rate is population health.

- The person who isn't seen is just as important as the patient who is seen.

- Without sophisticated IT systems, population health very difficult to address

CCO Metrics

- To address population health, we have developed a set of 17 measures, including measures for:

- Developmental screening

- Timely prenatal care

- Well visits for adolescents

- And for next year, contraceptive care

- Significant dollars attached to attainment of these measures

- Encouragement, exhortations to do better or scoldings not enough

IT to the Rescue!

- Our system allows every patient to have an assigned PCP. Thus, every patient has a provider who is responsible for their care.

- Using claims data, our system knows what services have been done

- Almost all of our doctors are on one of two EMR's and we can access the data

- We have recreated the CCO measures and can tell which patients have met the measures and which have not.

2014 Metrics Report Card

Metric Measurement Period: Jan 1 2014 - Nov 28 2014

Measure	Numerator/ Denominator	2014 Score	2014 Goal	Goal Achieved
Amb Care: ED	198/3.80	52.09	71.60	YES
Dev. Screen. 1st 3yrs.	7/74	9.5%	29.5%	NO
F/U ADHD Rx: Initiation	3/4	75.0%	51.0%	YES
SBIRT	0/10	0.0%	6.0%	NO
Well-Care Visits [12-21yo]	21/84	25.0%	31.6%	NO
Screening for Depression and F/U Plan	4/31	12.9%	25.0%	NO

ARCHITRAVE
Family of Companies

Data Transformation Powered By **inteligenz**

Navigate ▾

DANNENHOFFER, ROBERT (1306873393) ▾

Show [50 ▾] entries

Well-Care Visits [12-21yo] Gaps ▾	**CCO Metrics Gaps**		Export ⟳	◀◀ 2014 ▶▶

	Member # ▲	Active ⬍	Member Name ⬍	DOB ⬍
⊕		Yes		
⊕		Yes		
⊕		Yes		
⊕		Yes		
⊕		No		
⊕		Yes		
⊕		Yes		
⊕		Yes		
⊕		Yes		
⊕		Yes		
⊕		Yes		
⊕		Yes		
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⊕		Yes		
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⊕		Yes		
⊕		Yes		
⊕		Yes		
⊕		No		
⊕		No		
⊕		No		
⊕		No		
⊕		Yes		

🔍 100% ▾

2014 Member Count 409

2014 Metrics Report Card
Metric Measurement Period: Jan 1 2014 - Nov 28 2014

Measure	Numerator/ Denominator	2014 Score	2014 Goal	Goal Achieved
Amb Care: ED	198/3.80	52.09	71.60	YES
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| Vital Signs | Additional Testing | Functional Status | Pediatric Development | Resources |

Chief Complaint: | **Wellness Exam:** ☐   **Last Wellness Exam:**   **Patient Portal:** ○ Active   **FlowSheet**

Primary Care Physician: Laurence Sharp DO ▼   **Accompanied By:**   **Nickname:** Brad

Patient Vitals

Height:	inches
Weight:	pounds
Weight comment:	
Body Mass Index:	
Temp: ▼	deg. F
Temp site: ▼	
Pulse rate:	
Pulse rhythm: ▼	
Respirations:	
Pulse Ox: on ▼	L
LMP: ▦ ←─	

Previous Observations

99 (10/10/2014 11:39:42 AM)
145 (10/10/2014 11:39:42 AM)

10.44 (10/10/2014 11:39:42 AM)

98.6 (10/10/2014 11:39:42 AM)
tympanic (10/10/2014 11:39:42 AM)
45 (12/12/2013 11:01:38 AM)
irregular (12/12/2013 11:01:38 AM)
34 (11/27/2012 7:21:18 AM)
98 (12/02/2010 11:29:00 AM)   Room Air (12/02.

Advanced Care Plan   **Last Updated POLST** 04/22/2014

☐ Advanced Directive
☐ Living Will
☑ POLST
☐ Surrogate decision maker
☐ Discussed with patient

04/09/2009 POLST - 4-9-09
07/12/2012 DO NOT RESUSCITATE

Update Directives
Update POLST

Pain Assessment

Are you in pain now?	○ Yes	○ No
Do you experience chronic pain?	○ Yes	○ No

Print Pain Assessment   **Open Pain Assessment Form**

Oz. to Lb.: 1=.06, 2=.13, 3=.19, 4=.25, 5=.31, 6=.38, 7=.44, 8=.50, 9=.56, 10=.63, 11=.69, 12=.75, 13=.81, 14=.88, 15=.94   **MELD Score:**   **MELD Calculator**

Blood Pressure	Last Reported BP:	120 / 81 (10/10/2014)	Position	Pulse	Site	Time	
BP #1: / mm Hg		120/81 (10/10/2014 11:39:42 AM)	▼		▼		<<< Time Stamp
BP #2: / mm Hg		150/88 (01/10/2013 7:27:18 AM)	▼		▼		<<< Time Stamp
BP #3: / mm Hg		120/80 (01/10/2013 7:27:18 AM)	▼		▼		<<< Time Stamp
BP #4: / mm Hg			▼		▼		<<< Time Stamp

Please select (Reportable BP) ○ BP #1   ○ BP #2   ○ BP #3   ○ BP #4

Vitals Entered By   **Vitals Updated By**

Health Risk Screening (Required Annually)   **Previous Health Screening:** 11/21/2014

1. Do you now or have you ever used tobacco?	○ Current ○ Previous ○ Never	Current
2. How many times in the past year have you had 5 or more drinks in a day?	○ None ○ 1 or more	1 or more

One Drink =   12 oz. beer   5 oz. wine   1.5 oz. liquor (1 shot)

3. Do you sometimes use illegal drugs, including marijuana without a Medical Marijuana Card, or prescription drugs more than they are prescribed for or just for the way they make you feel?	○ None ○ 1 or more	1 or more
4. In the last two weeks have you been bothered by: A). Little interest or pleasure in doing things?	○ No ○ Yes	Yes
B). Feeling down, depressed or hopeless?	○ No ○ Yes	Yes

Print Health Risk Screening Questionnaire

View:	Update:			
Problems	Problems	Impression-Plan UOC	Surgical-Hx UOC	PE-PrimaryCare UOC
Medications	Medications	Meaningful Use UOC	Family-HX UOC	Office Labs UOC
Allergies	Allergies	HPI Acute UOC	Social-Hx UOC	Lab Results Review UOC
Protocols	Orders	HPI Chronic UOC	ROS-PrimaryCare UOC	Prescriptions
Directives	Directives	Hx-Overview UOC	Risk Factors UOC	Annual Wellness Visit
		Medical-Hx UOC	Nurse Intake UOC	Immunizations UOC

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Prev Form (Ctrl+PgUp)   **Next Form (Ctrl+PgDn)**   **Close**

Population Health Team

- Our population health team can insert flags in the medical records

- Our population health team can schedule needed services

- With specific and actionable data, providers have tremendously improved performance, with a minimum of disruption

Take Aways

- Population health is a sometimes new and difficult concept
- For population health, health information technology is critical
- Provide information that is timely, specific and actionable
- Provide tools that make it very easy to do the right thing