

WHAT IS POPULATION HEALTH?

Learn more about population health by following our patient Joe on his health care journey in our **What is Population Health?** video. Joe's experience should feel familiar as he faces the same barriers many patients encounter in New York City and across the United States. This video tells the story of Joe's experience in the current health care system and provides insight into how a population health approach can improve his experience and outcomes.

The way our system currently operates is not only challenging for Joe's experience and health outcomes, but is also reflective of issues faced by many of our patients and of increasing health care costs around the country.^[1] At Mount Sinai, Population Health means we take responsibility for

the health outcomes of our patients and use resources wisely by investing in new care models and technologies and embracing a patient-centered approach to care. Mount Sinai and our regional partners are working together to adopt a patient-centered and value-based approach focused on addressing major health issues facing our patients and communities.

Improving the lives of our patients requires collaboration. Please help us engage and empower each other as we move towards a population health model. Please feel free to share this video with others, and for additional information you can request a copy of an accompanying **FAQ Document** and **Video Discussion Guide** by emailing CILC@mountsinai.org.



POPULATION HEALTH VIDEO DISCUSSION GUIDE

Below are suggested questions for a leader or facilitator to use after sharing the “What is Population Health?” video with staff. The purpose of these discussions should be to help staff think about and talk together about what population health means for their patients, their departments, and their jobs. Feel free to expand on these questions or use others as is relevant for your department or area. You can also refer to the accompanying FAQ document for more information.

Discussion Questions:

1

What are some words our patients would use to describe their experience with our current healthcare system?

2

Why do we need to make changes within our industry?

(Answers will likely include many different things, but make sure that there is always a connection to improving the health outcomes of our patients, including the ones we treat here as well as family and community members. This is an industry-wide change, and just as everyone is a patient at one time or other, everyone can benefit from an industry shift to population health.)

3

Were any of you surprised by the ranking of United States healthcare system compared to other countries?

4

How are things more complicated when a patient has multiple chronic conditions? What are some examples of patients from our department?

5

How can it help us and our patients for health plans to pay for the value (quality and efficiency) of services instead of how many we do?

6

What kind of patients do we see in our department/area? Are there ways we can pay more attention to their cultural background when providing care?

7

What other health professionals do our patients see and interact with when they are not with us? Are there ways we can partner with those professionals so we can provide a better overall experience?

8

What are some things we experience in our department/area that make a population health approach challenging? How can we work together to improve these things?

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FAQ

Changes

Why is the industry changing?

The United States currently pays more for poor outcomes than any other nation. Additionally, our patient care is uncoordinated and often provides for a frustrating experience. These current trends are unsustainable and unhealthy for our patients and for our country overall. By adopting value-based care models through a population health approach, the industry will be able to provide better care to patients and reduce healthcare costs – improving the entire system.

What is it changing to?

Our industry and Mount Sinai are transitioning from a fee-for-service system to a value-based care model that includes best practices in a population health approach. The fee-for-service model rewards health care professionals for treating as many patients as possible. This, among other factors, results in less than ideal patient outcomes at a high cost. A value-based model pays health care organizations for work towards improving health outcomes rather than for how much care is provided. This way we are able to focus more on the major issues facing our local communities and those patients with the most need. This change will help us improve the lives and outcomes of our patients.

What is a network?

A network is an extended group of organizations and care providers including specialists, primary care physicians, nurses, social workers, etc. These organizations work together to improve health outcomes and provide coordinated care for patients.

What is a care team?

A care team is a group of health care professionals who work with a particular patient. Care teams can be within an organization or department, or may work across organizational boundaries. Think about all of the different people your patient has to tell their story to across the city's health care system. Wouldn't it be great if we all talked to each other?



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FAQ

Changes

...continued

When will this happen?

The groundwork for this change is underway. Our health system and network partners are working hard to establish a strong foundation and develop robust tools to support the transition. In many cases, new value-based contracts with insurers have already been put in place.

Is this at the city, state, or national level?

This is an industry wide change supported at every level of government. For example, in 2015, congress passed the Medicare and CHIP Reauthorization Act (MACRA) with overwhelming bi-partisan support, which codified a timeline and structure by which CMS would switch payments from volume-based to value-based. In New York, the state launched DSRIP (Delivery System Reform Incentive Payment) Program to help promote and support these changes on the ground. With these changes in the industry and support from government, we will be able to deliver higher quality care at lower costs to both the providers and the patients.

How will these changes be paid for?

We have moved towards value-based contracts with all of our major health plans. This provides extra funding to support work that is not reimbursed under the fee-for-service system as well as additional incentives for performance against quality and efficiency metrics. Additionally, through certain state and federal programs such as DSRIP (Delivery System Reform Incentive Payment), we are able to build some of the shared infrastructure and support the cost of training and other developmental opportunities at no cost to you!

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FAQ

Improvements

How will population health help provide better quality care?

A population health approach looks at the health needs of our communities and aligns health care resources to meet those needs in a targeted way. We will be able to provide better quality care by using new clinical best practices and workflows, financial models, technology, emerging job titles, and ways of working together in a seamless and culturally competent way for our patients.

How will my role be impacted?

As changes continue, we anticipate changes for some of our teams and roles including improved workflows and better support resources. Individual roles and teams will be impacted differently as we look to make work easier and improve the lives of our patients.

Will I have tools or resources to help?

Yes, you will have access to a collection of tools, technology, and training to help you succeed. For example, primary care practices overwhelmed with increasing patient volume may receive additional staff focused on patient outreach to ensure patients are brought into care and progress on care plans in between appointments. Your area may be supported by different resources depending on your setting and the needs of your patient population.

Is the work going to be easier?

The transition to population health will help clarify responsibilities and optimize processes. In doing so, your workflow should be more efficient and you'll have more support in your work.

How will we use technology?

Each team and role will incorporate new technology in different ways. Paperwork, referrals and appointment making processes may get streamlined to reduce repetitive work. To better understand how technology will affect your team, please contact your direct supervisor.

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FAQ

Future

What will happen to hospitals/clinics?

Hospitals and clinics will continue to be important infrastructure for both our patients and organization. Population health will help to coordinate the critical work of these institutions and connect the right people with the right places at the right time so all our patients can get the best possible care.

What new jobs will emerge due to new population health responsibilities?

We've identified care management roles and related capabilities as being critical to the success of interdisciplinary care teams and supporting patients as they interact with the health care system. As a result, we expect to see growth in the need for jobs focused on helping patients with health care navigation, coordination, care planning, and follow up – empowering and helping patients to manage their conditions. This can mean changes to existing job descriptions or new positions such as Care Coordinator, Social Work Care Manager, Nurse Care Manager, Peer Support Worker, Community Health Worker, and Health Coach. We also expect an increased need for staff skilled at data analytics to help identify patient needs and gaps in care to support clinical professionals in their work.

How can I grow my career?

There are a number of training offerings that Mount Sinai is facilitating around care management capabilities. These skills can prepare you for a transition to a care management role or generally improve your ability to work with patients in the new population health model.

For more information about training, reach out to CILC@mountsinai.org.

What will happen to the size of our workforce?

Our leadership teams are evaluating any additional anticipated needs and changes for our various teams. While we expect changes in staffing levels in different clinical settings, reorganizing and reallocating our resources will allow us to improve efficiency for positive change without reducing our total workforce.



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FAQ

Future

...continued

Who will I be working with and how?

Care teams will be expanded to include all health professionals that work with a particular patient across all of that patient's health care needs. Who you are working with may change and expand as a result of the formation of health care networks and care teams.

Will I be prepared for the new model of care?

Yes! We're excited about this transition and what it means for our future. We are working to prepare training, tools and other resources to ensure you're prepared and understand how this transition impacts your work and role.