



Population Health

REPORT FROM POPULATION HEALTH

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Population Health

Group Leaders

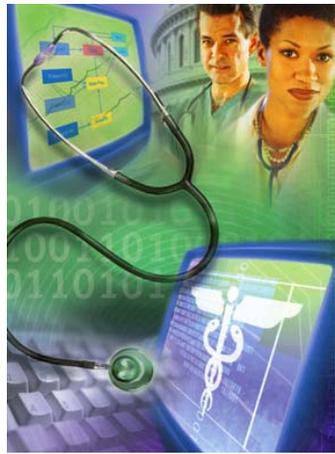
- Co-leaders
 - Scott D. Williams- Utah Department of Health
 - Rita Kukafka- Columbia University
- Reporters
 - Martin LaVenture- Minnesota Department of Health
 - Andrew Balas- St. Louis University
- Facilitator
 - Ronnie Loesser- Training Resources Group



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Topic Experts

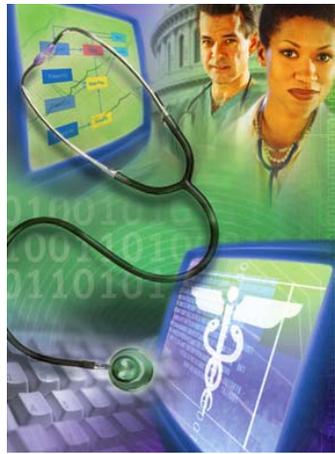
- William Hogan- University of Pittsburgh
- Robert Jones- Indianapolis/Marion County Health Department
- Thomas N. Ricciardi- GE Healthcare
- Mary Shaffran- ASTHO



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Context Statement

- We understand the 4 Goals and 12 strategies within the **Framework for Strategic Action** were not intended to address all **population health** data needs.

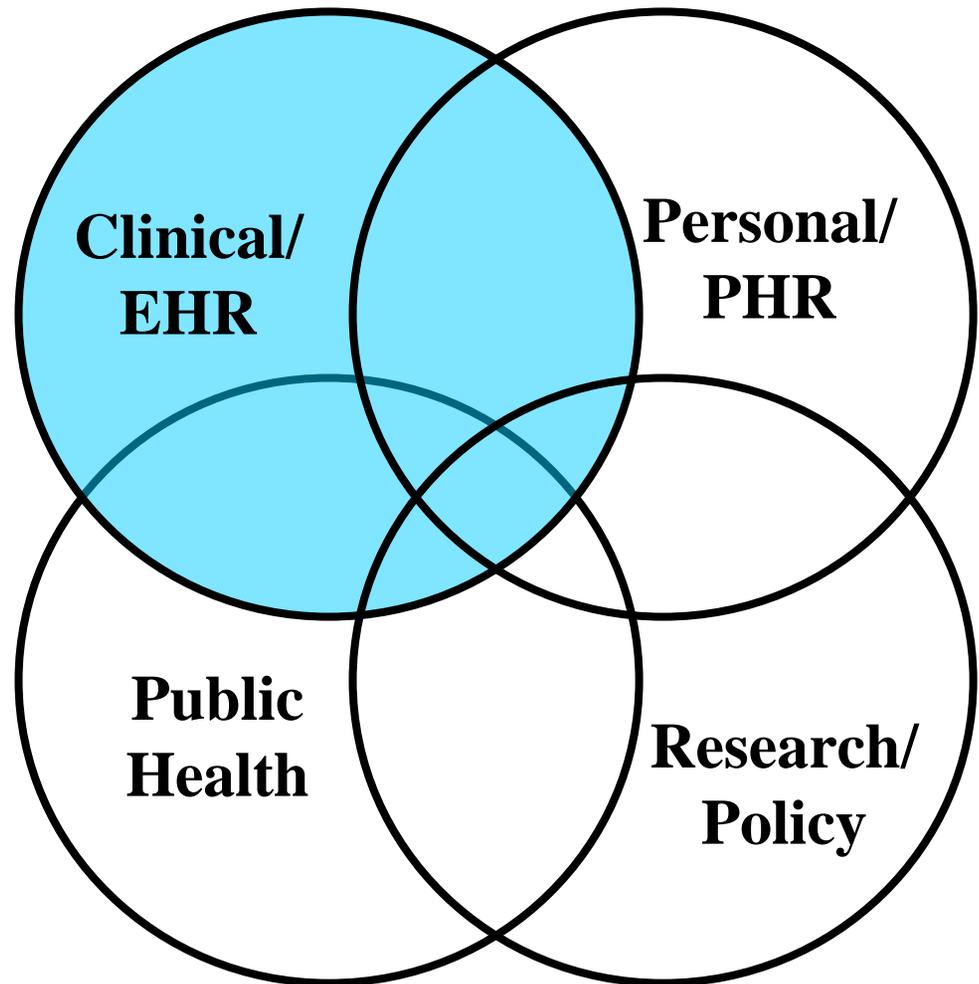


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Context

NHII

- **Focus of Strategic Plan is EHR & PHR**
- **Clearly Public Health Needs Extend Beyond**
- **Therefore...**





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KEY RECOMMENDATIONS

- HHS should identify Population Health needs reflected in the NHII model and assign an authority to take strategic action



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KEY RECOMMENDATIONS

- **Develop a taskforce to map population health strategies to Healthy People 2010 and present to HHS for action and APHA 2005 annual meeting for education**



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Scope in the Framework

- Our recommendations for Population Health have relevance across all 4 goals and 12 strategies
- Therefore recommendations are organized by goal and strategy



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KEY RECOMMENDATIONS

- **Need to infuse full Population Health functions into EHRs and PHRs broader than surveillance.**

[Goal 1 - Inform Clinical Practice

– Strategy 1 – Incentivize EHR Adoption]



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KEY RECOMMENDATIONS

- Increase broad participation by spectrum of Population Health stakeholders (e.g private and public) in standards development and implementation of LHII's which is critical for clinical care and prevention activities

[Goal 1 - Inform Clinical Practice

– Strategy 1 – Incentivize EHR Adoption]



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KEY RECOMMENDATIONS

- **Define process, policies (e.g privacy, HIPAA) and incentives for population health access to EHR**

[Goal 1 - Inform Clinical Practice

– Strategy 1 – Incentivize EHR Adoption]



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KEY RECOMMENDATIONS

- **Within three years, develop the ability to send population level alerts to 90% of rural and underserved populations and clinicians through the PHR / EHR**

[Goal 1 - Inform Clinical Practice

– Strategy 3 – Promote EHR diffusion in rural and under served areas]



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KEY RECOMMENDATIONS

- **Federal agencies should increase grants to rural/ frontier areas that accelerate adoption of LHII's that include population health strategies**

[Goal 1 - Inform Clinical Practice

– Strategy 3 – Promote EHR diffusion in rural and under served areas]



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KEY RECOMMENDATIONS

- **Identify and engage the broad population health stakeholders in the continued development of the framework for strategic action**

[Goal 2 – Interconnect Clinicians

– Strategy 1 – Foster regional collaboration]



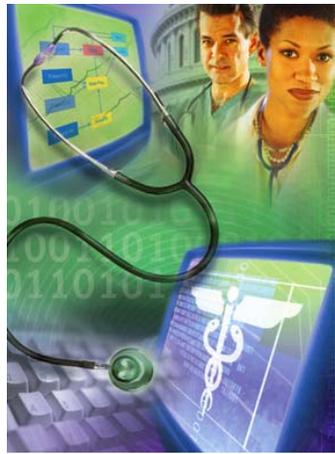
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KEY RECOMMENDATIONS

- HHS will establish goal that consumer choice will be enhanced by including provider information (including volume, outcomes, satisfaction data)

[Goal 3 – Personalize Care

– Strategy 2 – Enhance informed consumer choice]



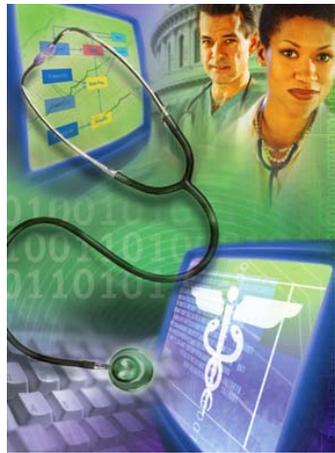
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KEY RECOMMENDATIONS

- **HHS will establish strategies to meet the particular needs of underserved and vulnerable populations as LHII's and PHR's are implemented.**

[Goal 3 – Personalize Care

– Strategy 2 – Enhance informed consumer choice]



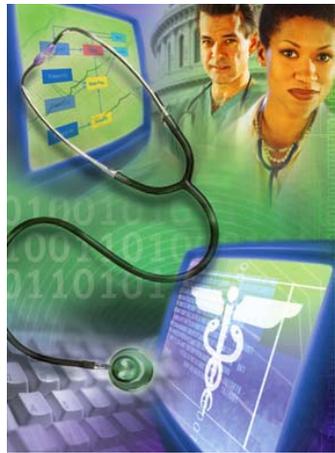
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KEY RECOMMENDATIONS

- **HHS should adopt a policy that requires all EHRs to be capable of community health surveillance including emerging and routine health surveillance.**
 - **Dr. Brailer should assemble a Public Health task force to identify the data set within 90 days.**

[Goal 4 – Improve Population Health

- *Strategy 1 – Unify public health surveillance architectures]*



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KEY RECOMMENDATIONS

- **Collaborate with other stakeholders, including consumer groups to achieve consensus on EHR/PHR data elements and functions that would be useful for population health**

[Goal 4 – Improve Population Health

– Strategy 1 – Unify public health surveillance architectures]



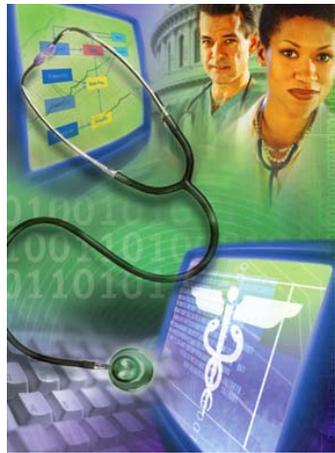
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KEY RECOMMENDATIONS

- **Within 5 years complement/migrate national information systems (e.g. BRFSS and NHANES) with an EHR/PHR based systems including a demonstration project in one year.**

[Goal 4 – Improve Population Health

– Strategy 2 – Streamline quality and health status monitoring]



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KEY RECOMMENDATIONS

- **Implement the public health informatics core competencies that were developed by the CDC taskforce in 50% of the public health workforce by 2005 and 85% by 2006**

[Goal 4 – Improve Population Health

– Strategy 2 – Streamline quality and health status monitoring]



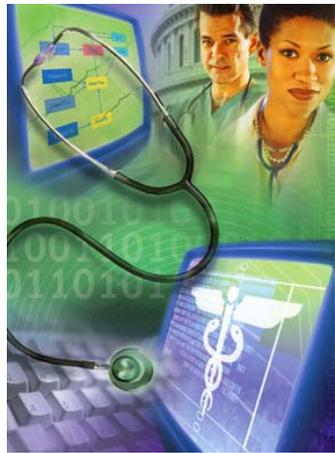
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KEY RECOMMENDATIONS

- **HSS should require feedback of value added information and knowledge based on the data collected by EHR's and LHII's to support community population health activities**

[Goal 4 – Improve Population Health

– Strategy 2 – Streamline quality and health status monitoring]



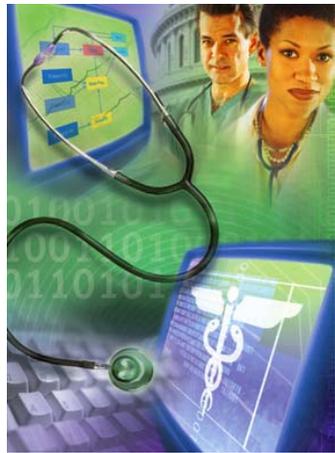
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KEY RECOMMENDATIONS

- **By FY 2005 all HHS - HIT demonstration projects should explicitly address population health needs**

[Goal 4 – Improve Population Health

– Strategy 2 – Streamline quality and health status monitoring]



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KEY RECOMMENDATIONS

- **Identify, mobilize, and task a group of Population Health experts to establish a comprehensive model (including normalization) for the data traditionally collected in population health records (e.g. cancer registries)**

[Goal 4 – Improve Population Health

– Strategy 2 – Streamline quality and health status monitoring]