Population Health Subcommittee

The Way Forward to the Next Decade June 17, 2010 Donald M. Steinwachs, Ph.D. William J. Scanlon, Ph.D.



With many thanks to the co-chairs from 2000 - 2010

- Lisa I. Iezzoni, M.D., M.S., Harvard Medical School, 2000
- Vickie M. Mays, Ph.D., M.S.P.H., University of California at Los Angeles, 2001 -2004
- Donald M. Steinwachs, Ph.D., Johns Hopkins University, 2004 to Present
 William Scanlon, Ph.D., 2008 to Present



Population Health

- Level and distribution of health in the population and factors that influence health
- Focus on "at risk" population groups and ways to mitigate health risks, promote physical and mental health, functional status, and the sense of well-being
- Requires information for accountability of our health care and public health systems



- Classifying and Reporting Functional Status (2001)
 - Articulates the importance of collecting functional status information in clinical care, public health practice, policy and administration
 - Identifies the International Classification of Functioning, Disability and Health (ICF) as "a promising approach to coding functional status information in computerized patient records and standardized data sets"

Progress

- In 2006, Consolidated Health Informatics Initiative, with support of NCVHS, endorsed ICF as vocabulary standard for functioning and disability data
- ICF incorporated into Unified Medical Language System

Vision for Health Statistics in the 21st Century (2002)

- First comprehensive attempt to define health statistics and present a broadly encompassing vision of the scope of information needed on the environment, community, social and economic factors, and their influences on health
- Recommended enhancing national capacity to provide population health information
- Progress
 - Core concepts were confirmed in 2009 to be "valuable and useful" as essential frameworks for improving health statistics
 - Progress reported on eight priority recommendations

- Eliminating Health Disparities: Strengthening Data on Race, Ethnicity, and Primary Language in the U.S Collection of Racial and Ethnic Data (2005)
 - Recognized diversity of the American population and significance of race, ethnicity, and primary language in health and health care
 - Recommended enhancing the collection of race, ethnicity and primary language data

Progress

Meaningful use criteria include collecting information on race, ethnicity, primary language and disability status

- Harnessing the Power of Federal Linked Data Sets to Improve the Nation's Health (2007)
 - Barriers and facilitators to linking Federal government data sets relevant to understanding population health
 - Barriers and facilitators to access existing linked data sets which cannot be made into public use files
 - Recommendations to facilitate ease of linking existing data sets and improve access to the data
- Progress
 - Department has expanded Data Centers and remote access to linked data

- Unprecedented opportunities to improve population health but many challenges to be overcome
 - Opportunities:
 - National implementation of electronic health records & meaningful uses
 - Expansion of health insurance coverage with emphasis on prevention
 - Challenges:
 - Provide information to decision-makers to target resources, monitor health reform implementation, and monitor the impact on the population's health
 - Build a public health information infrastructure

Challenges

- America is a big country with large disparities in health across its population groups
- Great diversity in ethnic and racial backgrounds and social-economic conditions
- Environmental exposures and health behaviors vary by community and geography
- Availability of health services uneven; imperative to avoid overuse, underuse, and misuse

- Population health information needed locally, not just nationally
- Linkage of information on population, environmental, social, and community characteristics with health indicators needed to understand risks and opportunities
- Health improvement interventions need to target at-risk population groups and individuals
- Need to evaluate effectiveness and equity of initiatives

Opportunities:

- Linking EHR-surveys-administrative data (vital statistics, health care utilization, environmental monitoring, law enforcement, availability of health services)
- Meaningful use criteria promoting population-oriented EHR use

Challenges:

- EHR not designed for collecting standardized information on all patients, and people not receiving medical services are absent
- Linked data require special attention to privacy and confidentiality protections

Population Health Future Agenda

- Identify policies and resources needed to develop and disseminate useful population health information at national, state, and community levels
- Examine national and state data resources and the capacity for linkage of data to provide enhanced information on health risks and population health
- Examine opportunities created by the Patient Protection and Affordable Care Act of 2010 to improve population health through better use of health information, including research on new data collection strategies, reliability of EHR data, and examination of the impact of reform on variations in access to services and population health status