WIHI Chat – June 19, 2014

**New Roles, New Routes for Managing Risk and Populations**

from WIHI admin to All Participants:

Here are today's slides for those looking to download: <http://app.ihi.org/marketing/program_documents/wihi/WIHISlides_NewRolesandRoutesforPopulations_June19.pdf>

from Madge Kaplan and Trissa Torres to All Participants:

We're here in Cambridge. Welcome from wherever you are today!

from Madge Kaplan and Trissa Torres to All Participants:

Tower Hill in Boylston, MA

from Tatiana Masyk to All Participants:

I am in Sylvania Ohio

from Beth Tobey to All Participants:

90 degrees in Memphis, TN

from Marietta Angelotti to All Participants:

Albany New York beautiful sunny breezy day

from Ron Potts to All Participants:

Beatiful day in Portland

from margaret thearle to All Participants:

I am in rainy Pittsburgh, PA

from Robert Johnson to All Participants:

San Antonio, TX

from Judith Howard to All Participants:

Hazy sunshine in Hartford CT

from Raphael McIntyre to All Participants:

Dallas, Texas

from Paul McFall to All Participants:

Sunny and 90 in Sacramento Ca

from Sandy Foster to All Participants:

St. Clair Shores, MI Cloudy Day

from Karen Endriss to All Participants:

From colorful Colorado!

from Teresa Cox to All Participants:

Cloudy and humid in Dallas

from Charlotte Cuevas to All Participants:

from Cleveland Ohio

from Alan Leathers to All Participants:

Panama City Beach, Florida

from Elizabeth Fowler to All Participants:

from Orlando, FL

from Debra Vincent to All Participants:

I am in Sunny Arizona 107 today

from Earl Cordero to All Participants:

qatar

from Debbie Slazyk to All Participants:

Beaufort, SC here!

from Linda Harkey to All Participants:

Baton Rouge, Louisiana - Hot and Humid!

from Nitheen Toom to All Participants:

from the sweetest place on earth......Hershey, PA ---- nice n drizzling

from Jill Wright to All Participants:

Seattle, WA - sunny and pleasant!

from Catherine Jackson to All Participants:

Hot and dry in No Cal, Redding

from Tracey Andersen to All Participants:

Sussex County NJ

from Stephanie Watkins to All Participants:

Humid and cloudy in Kalamazoo, MI

from Olivia Walker to All Participants:

Bethesda, MD-Hot and humid

from Paula Shimulunas to All Participants:

beautiful St Joseph, MI

from William Fuller to All Participants:

Anchorage, glorious Alaska

from Sherry Reynolds to All Participants:

Not tell but sunny in Seattle

from bill jagiello to All Participants:

cloudy and light rain in Des Moines

from Dumitru LAZIA to All Participants:

Bucharest ROMANIA

from Joy Naquin to All Participants:

Sunny and warm in New Orleans

from Andre Canezal to All Participants:

sunny afternoon from Toronto, Ontario

from Nancy Drews to All Participants:

warm and sunny in St. Louis, MO

from Ian Montgomery to All Participants:

Hot and sunny at the University of Iowa (Iowa City)

from Sherry Reynolds to Host & Presenter:

Can you repost link to slides so we can follow along?

from Crystal Zinsmeister to All Participants:

sunny day at Logansport, IN

from Olga Felton to All Participants:

Overcast and warming in Northwest Indiana!

from Ryan Jacobsen to All Participants:

Also humid at U. of Iowa (Iowa City)!!

from Elizabeth Reed to All Participants:

warm and muggy as usual in Houston, TX!

from heather heilmann to All Participants:

Sunny in Pasadena, CA

from Stephanie Frederick to All Participants:

Sunny and beautiful in Tucson, AZ!

from Valmira Sylejmani to All Participants:

Warm and humid in Chicago, IL

from Kathy Eaton to All Participants:

Cloudy and humid in DeKalb, IL

from Malinda Harrington to All Participants:

Greenville, NC sunny, hot, and humid

from Darwin Yohannan to All Participants:

Cloudy and warm in Glen Oaks, NY

from Manda Oien to All Participants:

Partly sunny in Seattle!

from Kimberly Lane to All Participants:

Sunny in Woodlannd Hills CA

from Jane Smith to All Participants:

Roseburg Oregon, in the 100 valleys of the Umpqua.

from vicky minden to All Participants:

thanks so much for colorful weather reports!!

from Lynn Perrine to All Participants:

Severe thunderstorms in central Iowa, but happy to have connectivity to be here :)

from Pamela Cairns (privately):

will this broadcast be available online after it is conclulded?

from WIHI admin to Pamela Cairns (privately):

Yes, on iTunes and IHI.org

from WIHI admin to All Participants:

Looking for today's slides?

<http://app.ihi.org/marketing/program_documents/wihi/WIHISlides_NewRolesandRoutesforPopulations_June19.pdf>

from William Fuller to All Participants:

How do we reconcile "improved population health" with patient perspectives that they are being poorly served and receiving suboptimal outcomes in the current system? Reducing costs and increasing patient loads upon healthcare resources seems antithetical to improving "my" outcome(s).

from William Fuller to All Participants:

How do we overcome patient and community skepticism regarding the future of their own experiences of healthcare?

from L Gordon Moore to All Participants:

To William Fuller's question: I see the payment model as one barrier between the current and desired future system. New payment models make it possible to change care delivery and overcome some of the obstacles implicit in your question.

from L Gordon Moore to All Participants:

I think the skepticism is born of the gap between the promise and the delivery. We need to deliver better care, not make more unfulfilled promises.

from Ian Montgomery to All Participants:

Healthcare financing drives healthcare delivery. Healthcare financing is changing (a good thing). But there will be a period when both FFS and (say) capitation will be in place within most organizations. How best do providers deal with this switch hitting challenge?

from Rebecca Goldberg to All Participants:

What can we say to our behavioral health stakeholders and providers and how can we assist them and bring them along as we shift from FFS to value based systems delivery

from vicky minden to All Participants:

Here's the Congregational Health Network Jennie just mentioned: <http://www.methodisthealth.org/about-us/faith-and-health/community/>

from William Fuller to All Participants:

A large concern is that the current acute care focused model cannot be dismantled overnight; the Boomers are moving into the peak acute care need portion of their lives, and the generation following is not exactly a model of healthy habits. It seems that for some extended period we will be funding both the current and the future systems.

from Rebecca Goldberg to All Participants:

Especially when we are still working to assist behavioral health provides to adopt EMRs.

from Carlos V. Rodriguez to Host (privately):

Please repeat how we can download the slides of presentations. Thanks!

from Jack Sommers to All Participants:

would like availability of Gordon's slides...

from Kerri Peden to All Participants:

To Sherry Reynolds - Helen Osborne's book Health Literacy from A to Z addresses the burden of literacy/numeracy.

from Sandra Binder to All Participants:

all slides : <http://app.ihi.org/marketing/program_documents/wihi/WIHISlides_NewRolesandRoutesforPopulations_June19.pdf>

from vicky minden to All Participants:

Here are the slides:

<http://app.ihi.org/marketing/program_documents/wihi/WIHISlides_NewRolesandRoutesforPopulations_June19.pdf>

from Denise Houle to All Participants:

Thank you

from William Fuller to All Participants:

True, Carol, however the patient's experience is central to the patient's assessment of care quality. Most patients are oblivious to statistical inferences.

from Michael Rossi to All Participants:

Do you see a role in drug and appliance [device?] registries as determinants for population health quality assessment?

from Carlos V. Rodriguez to Host (privately):

Here in San Antonio, still celebrating that the SPURS won the NBA Championship. Go Spurs Go!!!

from afraser@arnpei.ca 1arnpei2 to All Participants:

Are RNs being used to full utilzation and scope of practice?

from sue nussbaum to All Participants:

How much is this in collaboration with work of David Nash and Camden Coalition?

from Jack Sommers to All Participants:

what do you feel ACO's are going to transition to?

from Ron Potts to All Participants:

Don't forget IOM definition of quality -- it's in the eyes of both the clinician AND the patient. Outcomes aren't necessarily viewed the same way by the participants in the care.

from Denise Houle to All Participants:

Very true, the population's health is the bottom line. The health disparities concern.

from Deborah Schramko to All Participants:

Patient engagement and compliance with behavior change, along with getting physicians to change how and what they order, are the biggest obstacles we see in our market.

from Sandra Binder to All Participants:

excellent question Sherry Reynolds

from Sharon Barclay to All Participants:

Clients taking accountability for changing habits that promote poor health is the biggest challenge.

from William Fuller to All Participants:

Creating and leveraging the extended team is one of the key challenges that we will need to address and overcome.

from Saranya Loehrer to All Participants:

How do we address the balance between improving the health of a population while ensuring a person-centered approach for the individual?

from vicky minden to All Participants:

Here’s a link to a timely article co-authored by guest, Trissa Torres, “ACO’s: A Step in the Right Direction: Accountable care may achieve better care at lower costs,” Healthcare Executive magazine, July/August 2014.

<http://www.ihi.org/resources/Pages/Publications/ACOsStepinRightDirection.aspx>

from Rebecca Goldberg to All Participants:

Thank you for talking about establishing a broader care team that includes behavioral health. We struggle with making the business case for community mental health stakeholders to meaningfully participate in ACO and ACO like scenarios.

from Stephanie Frederick to All Participants:

An integrated health model is being supported by ACA. Coming out of the silos means collaborating with other practitioners that meet the individual's needs. Acupuncture, chiropractor, naturopathy, traditional Chinese medicine, direct entry midwifery, massage ... all credentialed, licensed practices that offer valuable services at low cost. Communication, Collaboration, Coordination. Holistic, integrative health that look at ALL dimensions of wellness.

from Pat McLaine to All Participants:

please comment on the question of using RNs to provide care, both in clinic and community settings. We have many nurses prepared in population health at the BSN and higher levels who could be used to improve health outcomes.

from Susan Arbor to All Participants:

Outside the US, less is spent on health care but more is spent on social services which is cheaper than health care

from Kevin Wheeler to All Participants:

Patient engagement in their care is critical to improved outcomes. What is the trend in patient engagement and are there measurable positive impacts?

from Kerri Peden to All Panelists:

Except for secondary gain, patients seldom choose to fail. Patient-centered care focuses on patient goals. We call it compliance when it doesn't align with the HCPs.

from Patricia Casey to All Participants:

Will you make this chat also available to all along with the presentation?

from Madge Kaplan and Trissa Torres to All Participants:

yes

from sue gough to All Participants:

I work for a CMH in Michigan and was hired as the Integrated Healthcare Administrator. The behavioral health side of the world in our area is looking at population health and the best ways that we can work with the physical health side to optimize care. I am having issues with physicians willing to look at prescribing behavioral health meds to stable mental health/substance abuse patients? Do you have any suggestions to get physicians more open to collaboration?

from Madge Kaplan and Trissa Torres to All Participants:

Chat will be posted to IHI.org -- WIHI archive page

from Jack Sommers to All Participants:

so what you are saying is the payment model may change, but does that mean the delivery model will change?

from Ron Potts to All Participants:

ACO: think the successful ones will do so through high levels of integration of services. Eventually will look more like the long-standing fully integrated prepaid, full risk health care systems

from Kathryn Maguire to All Participants:

Do you believe with better risk arrangements are improved upon the integration of medical and behavioral care will actually move forward?

from Sharon Barclay to All Participants:

We need to research and look very closely as to why people make the choice to avoid screenings and thus avoid changes in health habits. We need to look at optimum ages for promoting the best health habits. We can have the best models and the best clinicians but getting people to quit smoking or lose weight or walk 30 minutes a day is quite a challenge.

from Jack Sommers to All Participants:

i agree with all the concern about payment models...but the payment model may or may not affect the delivery system model...the ACO delivery model may persist as the payment model continues to evolve.

from vicky minden to All Participants:

As Madge mentioned, tomorrow all materials from today’s WIHI – the audio file, slides, resources mentioned, and links to resources guests and participants share <http://www.ihi.org/education/AudioVideo/WIHI/Pages/WIHIArchive.aspx>

from William Fuller to All Participants:

Redistribution of revenues among providers is a significant barrier to the change that we are proposing.

from Charlene Gaebler-Uhing to All Participants:

Since personnel is the largest expenditure of health care organizations -- and frequently they work to limit this expenditure -- do we have data on the optimal ratio of support staff to provider ratios for outpatient medical teams so we can create optimal care teams?

from Amy Funk to All Participants:

Could you restate the name of the organization in Alaska you mentioned?

from David Plocher to All Participants:

Nice BH integration story at icsi.org under DIAMOND.

from Jane Smith to All Participants:

Good question Charlene: how are the CFO's convinced to allow additional FTEs.

from William Fuller to All Participants:

South Central Foundation, I believe

from L Gordon Moore to All Participants:

SouthCentral Foundation in Anchorage AK

from Robert Johnson to All Participants:

What are some Population Health approaches rather than just payment models of insured groups?

from vicky minden to All Participants:

SouthCentral Foundation: <https://www.southcentralfoundation.com/>

from Amy Funk to All Participants:

Thank you very much for the name. Appreciated.

from Kathryn Maguire to All Participants:

I agree if you sew the head back onto the body it functions better however some of our insurance companies have separate lines for patients to call, keeping the behavioral health issues away from the PCP -- in order to Rx the patient we need the whole picture.

from Diana Maier to All Participants:

Integration of BH and primary care is sorely needed

from Rebecca Goldberg to All Participants:

In the Kansas City region the health home model (integrating primary care and behavioral health) is advancing but a significant number of providers are left out of that equation because they are safety net providers that treat the uninsured. Medicaid is not at the table. These programs are supported by private foundation $

from Sharon Barclay to All Participants:

The Daniel Plan for congregation based weight loss support is a successful program.

from Madge Kaplan and Trissa Torres to All Participants:

Pace

from vicky minden to All Participants:

here's the PACE site Jennie mentioned: <http://www.npaonline.org/website/article.asp?id=4&title=Homepage>

from Madge Kaplan and Trissa Torres to All Participants:

we're tracking down the link

from William Fuller to All Participants:

How big is the impact of "employed" vs. "contracted" or "independent" providers?

from Michael Jones to All Participants:

There is data which suggests that some terminally ill patients who receive end-of-life palliative care have actually began to return to better health, and in some cases have the diagnosis changed to non-terminal; does anyone in the panel have any comments on how this phenomenon might play into population-based approaches?

from Sharon Barclay to All Participants:

There is a huge population of people who do not seek out health care until a significant event occurs. Many people do not want to appear that they have any problems.

from jed weissberg to All Participants:

could the reference for the study being mentioned right now be circulated?

from Manda Oien to All Participants:

To Gordon: do you know the name of that study or where it was published? thx

from sue nussbaum to All Participants:

This is where the Camden Coalition is so strong- team approach and non-medical interventions

from L Gordon Moore to All Participants:

Kangovi S, Mitra N, Grande D, and et al. “Patient-Centered Community Health Worker Intervention to Improve Posthospital Outcomes: A Randomized Clinical Trial.” JAMA Internal Medicine, February 10, 2014. doi:10.1001/jamainternmed.2013.14327.

from afraser@arnpei.ca 1arnpei2 to All Participants:

Love the statement "do not medicalize the intervention" 5 stars!

from Manda Oien to All Participants:

thank you!

from vicky minden to All Participants:

Clay just mentioned the NCQA medical home standards: <http://www.ncqa.org/Programs/Recognition/Practices/PatientCenteredMedicalHomePCMH.aspx>

from Marina Kaasovic to All Participants:

Work that we do at Allina Health: <http://annals.org/article.aspx?articleid=1722498>

from William Fuller to All Participants:

Chronic medical conditions and chronic pain are nearly absent from discussion, presumably because of costs or addiction concerns. How are these patients to be served by our brave new system of healthcare.

from Jack Sommers to All Participants:

Agree with Dr. Hansen...we are working with the CPCI program with CMMI...we have risk adjusted prospective payments to the practices so that providers are adequately reimbursed for seeing complex patients. This is critical...shared savings is also risk adjusted.

from vicky minden to All Participants:

Here is study Clay just referred to: <http://archinte.jamanetwork.com/article.aspx?articleid=1828743&resultClick=3>

from L Gordon Moore to All Participants:

There are reasonable risk adjustment models in play now: CRGs, ACG, etc. This makes it less problematic (than in the bad old days) to create payment models that balance the illness burden of the inidividuals in attributed populations.

from David Plocher to All Participants:

Many in our industry do not agree with Clay's earlier assertion that PHM is not about bending the cost curve.

from Olivia Walker to All Participants:

This needs a lot more discussion for sure.

from William Fuller to All Participants:

How do we address the costs of technological advances? Bricks, mortar, and equipment are expensive, and we can't un-buy what is already a sunk cost.

from afraser@arnpei.ca 1arnpei2 to All Participants:

We have a great model here where we have the docs, NP, RN and LPNs all working together to manage the care of the patient. It is pt centered, don’t have to see the doc but see the most appropriate provider. one GP said they wished they could see the easier patients some days, but they need to follow their complex client more closely. RNs are well positioned to manage the top 5 % of the complex patient in the doc’s office. very very achievable and successful. great care and great outcomes. thank you

from Ian Montgomery to All Participants:

Thanks for shout out to Iowa.

from Sandra Binder to All Participants:

yes.. thank you for that suggestion !

from Nitheen Toom to All Participants:

Thank you for a wonderful chat

from vicky minden to All Participants:

For leaders and clinicians: the most important thing Trissa might suggest is:

1. Try to understand your population segments really well

2. Test one new idea w one patient next week

from Denise Houle to All Participants:

Thank you for the great information

from Teresa Cox to All Participants:

Thank you for the excellent information

from Kerri Peden to All Panelists:

Thanks for great discussion

from vicky minden to All Participants:

As Madge mentioned, tomorrow all materials from today’s WIHI – the audio file, slides, resources mentioned, and links to resources guests and participants share <http://www.ihi.org/education/AudioVideo/WIHI/Pages/WIHIArchive.aspx>

from Evelyn Patterson to All Participants:

Thank you, All!

from L Gordon Moore to All Participants:

Thanks all