

The Academy Population Health Collaborative

Population Health's Role in the LHS | October 2022

Rebecca Akabas, Director, Member Insights

Melissa Mekhail, Senior Analyst, Member Insights

The following is a summary of key initiatives and questions raised during The Academy's Population Health Collaborative discussions, held in October 2022 with leading health system (LHS) members. Please share your questions or comments with The Academy Member Insights team at insights@hmacademy.com.

strategic goals. In this Population Health Collaborative, leaders discuss the pain points they encountered and processes they developed to define their organizational role, ensure accurate risk adjustment, and address behavioral health access.

Population health's role in the LHS largely depends on where the organization is in their value-based journey.

"I think we are all struggling to find where we fit but getting into value-based care contracts is how we integrate into the system." - Chief Population Health Officer, Leading Health System

- Population health leaders are still figuring out where they fit in their organization, and many still feel their work is siloed from the broader system.
- LHS farther down the path to value are better able to integrate their population health arms into the broader system because the financial incentives and goals are more tightly aligned. This is reflected in their org structure, for example:
 - One LHS has their population health department incorporated in the system and medical group to provide external quality reporting, support primary care, promote positive health outcomes, lower total cost of care, and provide care outside clinic walls.
 - Several LHS have their VPs of population health reporting directly to the CEO, which has helped put the pop health agenda front and center.
- Population health leaders are finding that provider sponsored health plans and/or growing their footprint in Medicare Advantage are one path towards better integration.

Ensuring financial longevity in value-based care requires infrastructure to support reimbursement processes.

"wRVUs and CPT coding are to fee-for-service as risk adjustment is to VBC." - VP of Quality and Risk Adjustment, Leading Health System

- Risk adjustment is a payment mechanism designed to account for the differences in expected costs across patient populations.
- Similar to fee-for-service coding and documentation, risk adjustment coding plays a big role in how LHS get paid in VBC (value-based care) and can easily be done incorrectly.
- Incorrect coding poses a host of issues from LHS not getting properly reimbursed to legal issues with the DOJ. Therefore, successful VBC contracts require a multi-team infrastructure to minimize coding errors and ensure care teams have a primary focus on improving health outcomes.
 - One LHS achieved this by designing a multi-pronged approach where revenue cycle, physician leadership, legal, and others collaborated with the risk adjustment team on documentation integrity and patient engagement across the system.
 - This involved streamlining the pre-visit planning process, educating providers on accurate coding, and establishing coding review processes and compliance monitoring to ensure accurate coding and identify coding challenges.
 - Implementing these processes allowed the LHS to capture payments that would have been lost to coding errors, ensured legal compliance, and fostered an environment that supported providers' role in risk adjustment coding.

Population health leaders have made progress on integrating behavioral health, but maintaining patient engagement requires a customized approach.

“How many are engaging and what are the barriers to engagement? That’s what population health leaders want to see in an effective tool.” - Professor of Psychiatry and Human Behavior, Leading Health System

- Higher demands for behavioral health services have LHS increasingly focused on how they can expand their capacity and offerings.
- Many LHS have pursued partnerships and JVs with digital platforms that provide clinicians the tools and data they need to foster patient engagement during and in-between visits.
- But because LHS are still grappling with a shortage of mental health providers, getting the broader patient population on board, and consistently interacting with their care is still a challenge.
- Digital platforms are fostering long term patient engagement by customizing their user experiences based on what motivates patients to keep coming back.
 - For instance, platforms can curate different in-app experiences for someone who wants rewards for activities or someone who likes to track progress over time to keep them engaged long term.
- Population health leaders are also going to increase patient engagement through outreach activities and by incorporating other technologies in their behavioral health (e.g., RPM, texting programs).
- Ultimately, there’s no one-size fits all approach to behavioral health and LHS will likely need differentiated strategies or their target populations with segmentation based on conditions and motivators.

Additional resources are available at [The Academy’s Member Insights homepage](#).

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