Population Health Management

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As a nation, our health and social care needs are changing; people are living longer with multiple comorbidities. Health care providers have a responsibility to react to these changes and create healthcare strategies and models that are responsive to these new challenges.

In the 'Long Term Plan' the NHS recognised the need to:

- Give people more control over their own health and the care that they receive
- Encourage more collaboration between GPs, their teams and community services through primary care networks (PCNs).

Creating a platform for actionable population health management (PHM) will support the NHS in achieving both of these goals. As healthcare professionals, we hear a lot about PHM, so what does it mean in practice?

PHM is all about maximising health and wellbeing outcomes and reducing healthcare inequalities. To do this, patients must be empowered to become more involved and jointly lead the management of their health conditions and clinicians must be provided with the tools and information they need to provide first class, modern healthcare.

There are three workstreams that are key to creating actionable PHM plans that will that will maximise health and wellbeing outcomes and reduce healthcare inequalities:

1. Data-driven provision of care
2. Technology that empowers patients
3. Innovative models of care.

<u>Data</u>

In order to deliver services to the changing demand of our populations, healthcare providers need to know exactly what their population looks like in (close to) real-time, through accurate, effective data input, collection and analysis. Without this, we cannot create models of care that are sustainable solutions for the long term management of populations from the individual GP Practice level right through to PCNs and across system partners, including those across local authorities and the third sector.

Healthcare providers are already able to identify which population groups access the most appointments, those most likely to DNA an appointment and those who do not attend primary care at all. Further development of data analysis tools will produce intelligent information that can then be used to forecast patient demand and predict healthcare outcomes of the future. This information is essential in the design of new, integrated models of care that are wrapped around the individual; adding most value to the NHS.

<u>Models of Care</u>

Effective integration between all levels of healthcare providers as well as social care and third sector providers is essential to the success of any new, modern model of care. Where we talk about PHM and integration it is important to not solely focus on the integration capabilities of a whole system change when smaller scale models of care at a local level are vital in improving the health and wellbeing of patients and reducing healthcare inequalities.

Using accurate, effective data analysis, new models of care will have a much broader focus than simply one particular organ or condition. Looking at a patient's health and wellbeing allows providers to create solutions for their healthcare needs that expand beyond the realms of healthcare.

For example, within one CCG, data analysis identified a high percentage of young adults with mental health conditions. A further analysis of this cohort revealed that there were a number of social

determinants in play that affected this group of patients, such as housing and employment status. Health and social groups collaborated to create a sports club for those patients at risk of developing a mental health condition to address social isolation that played a part in the patient's condition with the added benefit of increasing the amount of physical exercise the patients undertook.

Through applying such an approach to other patient populations, such as those with or at risk of developing long term conditions (LTCs), we will be able to transform the health and wellbeing of patients through integration and collaboration.

Technology

Technology to support and enhance new models of care and integration is essential to the success of PHM. Piloting these new technologies across primary care will determine what tools work best for patients with different physical and mental health needs which can then be incorporated into risk stratification for consideration of future care plans and models.

Technology can be harnessed to empower patients to take more control of the management of their healthcare conditions and to provide clinicians with tools and information to deliver first class, modern healthcare. For example, apps that are integrated with clinical systems and designed to do the following things will provide patients with the range of information they need to improve their own health and wellbeing, at any time of the day or night.

- Increase patient and clinician engagement and proactive patient outreach reminding patients to have their blood pressure checked or to attend their diabetic review.
- Provide patients with personalised and cultivated medical education.
- Track and trend biomeasures built into customisable care plans.

On 6 and 27 April 2020, my colleagues will be hosting two webinars that will further detail how data, technology and new models of care are vital to PHM. Keep an eye out for updates on the IHM Events page to register for these webinars.

Through leveraging technology, expertise and intelligent data, we all can work with patients to enhance their lives and the healthcare system. We can reduce inequalities in health, improve patient experience and the quality of care they receive. With so many advancements in the pipeline, I for one, am looking forward to the future of population health management.