COPE HEALTH SOLUTIONS

Population Health 360
A COMPREHENSIVE LOOK

Key Conference Takeaways

On October 18, 2018, COPE Health Solutions and Montefiore Health System hosted the West Coast regional Population Health 360 Conference in Los Angeles, California. More than 50 health care leaders from provider and payor organizations gathered for this invite-only event to discuss current trends, challenges and the future vision of the value-based payment landscape. Attendees engaged in a series of panels and roundtable discussions throughout the day to learn best practices and share experiences in the journey through all levels of risk arrangements.

The day was filled with insightful discussions highlighting key themes for the future of risk arrangements:

1. **Payment policy reform is crucial for the future of health care.** It is clear that the current payment policies will not support a sustainable environment for the future of risk arrangements. Payment reform must support innovative efforts across health care organizations and providers, including those outside the traditional realm of health care, such as community-based organizations (CBOs), in order to sustain the progression towards whole person, patient-centered care. The full transition from "sick care" to "well care" must include payment policies that align with the efforts. Organizations rely on financial support from federal and state innovation programs such as BPCI Advanced and MSSP ACOs for Medicare and State 1115 Waivers for Medicaid to help fund the investments required to succeed in value-based payment. It is crucial to continue working with reform advocates and informing policy makers on the importance of aligning payment policy, and funding opportunities, with advancing of the value-based payment model.

2. **Shared savings arrangements should be leveraged to practice success and readiness for full risk models.** As organizations transition to risk arrangements, entering a shared savings arrangement is a logical first step, whether it be upside only or upside/downside. However, it is important that organizations view shared savings arrangements as one point in a longer journey towards operating in a fully capitated model. Returns for stakeholders in a shared savings arrangement are limited as providers close care gaps and reduce variations in the near term. Instead, organizations must look to use initial shared savings arrangements as an opportunity to build the appropriate infrastructure and strategies to succeed in premium risk transfer, or global risk reconciliation payment models.

3. **Yesterday's competitors need to become today's collaborators.** Organizations will gain a competitive advantage for successful risk arrangements by forming key partnerships and collaborations. The health care environment continues moving towards holistic, whole person care, and it is crucial for organizations to understand the importance of managing the patient outside of the traditional health care environment. Successful transitions of care require services outside of acute and ambulatory care settings. Organizations must define what partner engagement means for a successful network and partner with non-traditional stakeholders who can help provide a more holistic view of the patient population and its community resource needs. Health care organizations must acknowledge areas outside of their expertise and build the relationships that will lead to success as federal and state payment reform policies progress. Organizational governance should align with the shift to community integration, leveraging data to identify and build the appropriate partnerships.

Margarita Gardea, Manager

Deepak Srinivasan, Manager

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4. **Maintain good data, but focus on big insights.** Information technology has come a long way in the recent decades, and the ability to capture data continues to improve across the health care sector. However, the focus must shift from "big data" to "big insights." Large datasets are of little use if they do not convey actionable insights. Organizations should continue building the appropriate data infrastructure, but look to secure meaningful opportunities in small segments of a target population and test strategies to manage the cost of care for that segment. Doing so allows the organization to add to its complement of actionable insights and helps formulate broader strategies primed for scaling towards addressing larger care gap challenges.

5. **Meaningful data and reporting drives physician alignment for risk arrangements.** Physician alignment with organizations and payors goes beyond financial incentives. It is important for payors and health care organizations to align on data and reporting with physicians for successful population management and risk arrangements. Payors must be able to translate data in a way that will help physicians truly understand the opportunities for improvement. Streamlined metrics and goals are key for physicians so that organizations can meet requirements of all risk arrangements; meanwhile, payors must support these streamlined efforts and collaborate with organizations. Ultimately, physicians must be shown how the data relates to their behavior as direct providers of care, detailing when and why a change in their workflow may be beneficial.

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Overall, attendees agreed that there is still a lot of work to keep advancing in value-based care. Organizations continue building the appropriate infrastructure as payment reform progresses and aligns with innovative approaches to population health management. Many great ideas were shared through comradery and networking in addition to the excellent panel and roundtable discussions. Today more than ever, health care continues to require partnerships and collaborations to successfully adopt risk arrangements focused on the patient via whole person care.

COPE Health Solutions and Montefiore Health System thank all the attendees, panelists, moderators, and round table facilitators for making the event a success. We are planning the next Population Health 360 conference in 2019. Stay tuned for the save-the-date!