

Population Health: Fact or Fiction?

written by Theresa Hush | May 20, 2015



For the past couple of years, “population health” has become a popular catchphrase. Everyone is talking about it, adopting it or selling it. But if you ask anyone what it means, you’ll get very different answers. That’s because there seems to be only one point of consensus—we need to focus health care

efforts on specific populations.

Should you care? I think so, and here’s why: Providers and ACOs are beginning to spend a lot of money on population health, yet no one is measuring the effects of those efforts and whether they actually achieve positive outcomes.

Fuzzy Definitions Can Lead to Ineffectual Strategies

If you press for details and ask which populations and what efforts, you’ll get a slew of contradictions. For some, population health is the new “disease management,” a program which had its roots in 1980s case management programs. The new term, “population health,” seems so much more optimistic and promising, but the target is, nevertheless, patients with chronic disease. And, the old standby technique is case management.

With the advent of PQRS, ACOs and Meaningful Use, other population health approaches have incorporated programs to fill gaps in care identified through quality measurement. In this context, population health is almost synonymous with patient outreach. Patients receive letters or call reminders to keep scheduled visits and to follow up with lab tests or screenings.

Yet another variation on population health focuses on coordination of care between primary care, specialties, and across settings of care. Coordination of care requires technology that connects these various settings to make it work. Sometimes the relationship between coordinated care and population health is a bit fuzzy, but how the definition gets stretched is never really challenged.

Investments in Population Health Must Draw on Effectiveness Research

While all of these variations exist simultaneously, none of them address the essential issue: How effectively do these population health efforts improve patients' health? At best, providers are measuring increases in services or decreases in utilization. But are patients themselves improving? What interventions work for specific groups of patients?

At the very least, population health needs to be broader rather than narrower in scope. We need to compare the results of different tactics and interventions on patients to see where they work—or don't. Population health should not be cookbook medicine, but a place for curiosity and analysis of how to produce better results for patients.

Given the huge investments that organizations are making in population health, it's crucial that this kind of effectiveness research and measurement be an integral part of any program. Especially since populations are diverse and made up of unique individuals with very different attributes and clinical conditions, it pays to make sure that we apply good science to health care efforts. Any other approach may sound like a good story, but it might as well be fiction.

For a more detailed, effective and actionable way to define population health, see [Population Health: What Should It Really Mean?](#)

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