

POPULATION HEALTH MANAGEMENT

2018

MARKET TRENDS



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CORE BELIEFS AT CHILMARK

Our team is united by a core belief that effective deployment and use of IT is essential to modernizing care delivery and ultimately improving the patient journey. We monitor trends and developments in the industry with a focus on those technologies that will be transformational to healthcare delivery.

We provide comprehensive, objective, high quality research for busy executives. It our way to help create a more informed, future-ready market of products and customers.

Work with us today – be ready for tomorrow.



TODAY'S PRESENTERS



BRIAN MURPHY

Senior Analyst, Interoperability
2°: Analytics, PHM



MATT GULDIN

Senior Analyst, Care Management
2°: PHM, Convergence



BRIAN EASTWOOD

Analyst, Engagement
2°: Care Management

AGENDA

- What is Population Health Management (PHM) in 2018?
- Why is PHM important now?
- Who buys PHM solutions?
 - ▶ PHM Sub-market
- Technology domains for PHM
- Who makes PHM solutions in 2018?
 - ▶ PHM vendors by category
- Key takeaways

WHAT IS POPULATION HEALTH MANAGEMENT

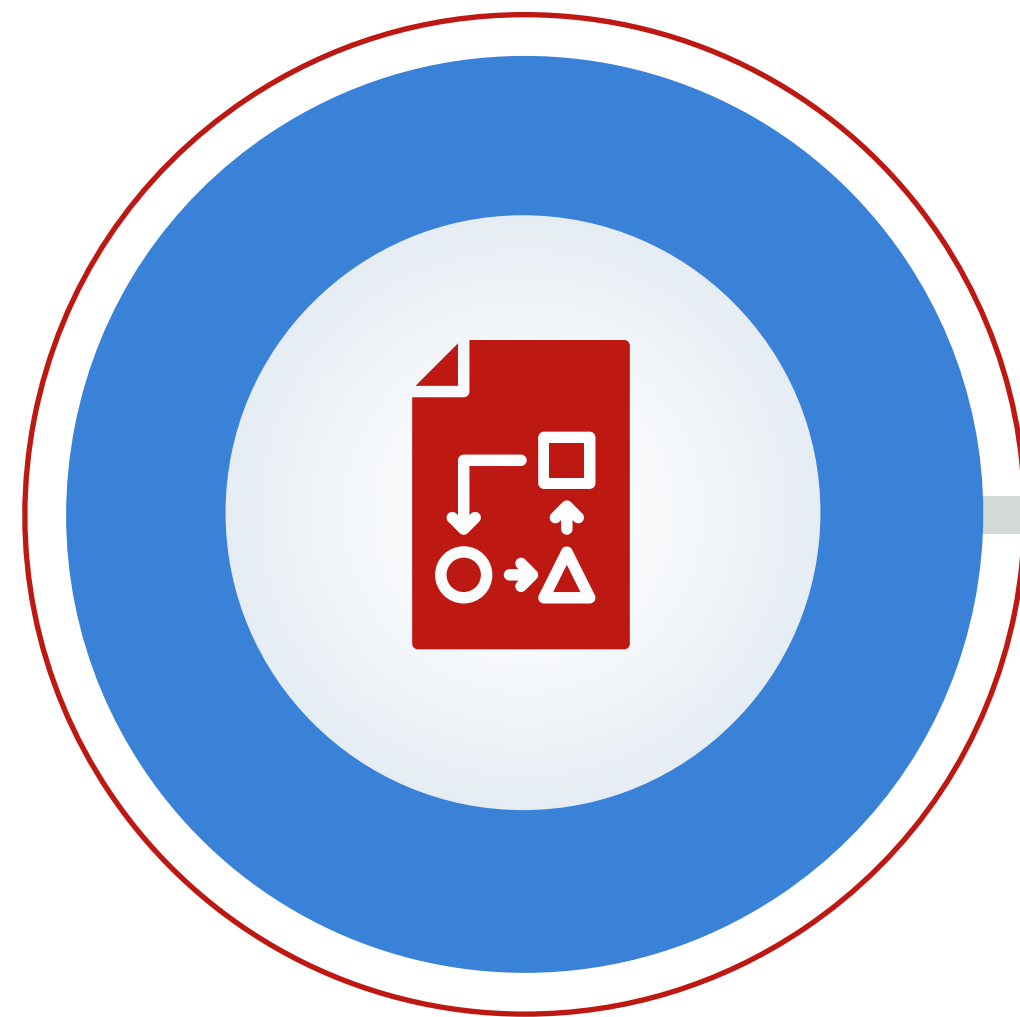
The proactive management of the health of a given population by a defined network of financially linked providers in partnership with community stakeholders (e.g., social workers, visiting nurses, hospice, patient, caregivers/family, etc.).

BEDROCK ELEMENTS OF PHM PROGRAMS



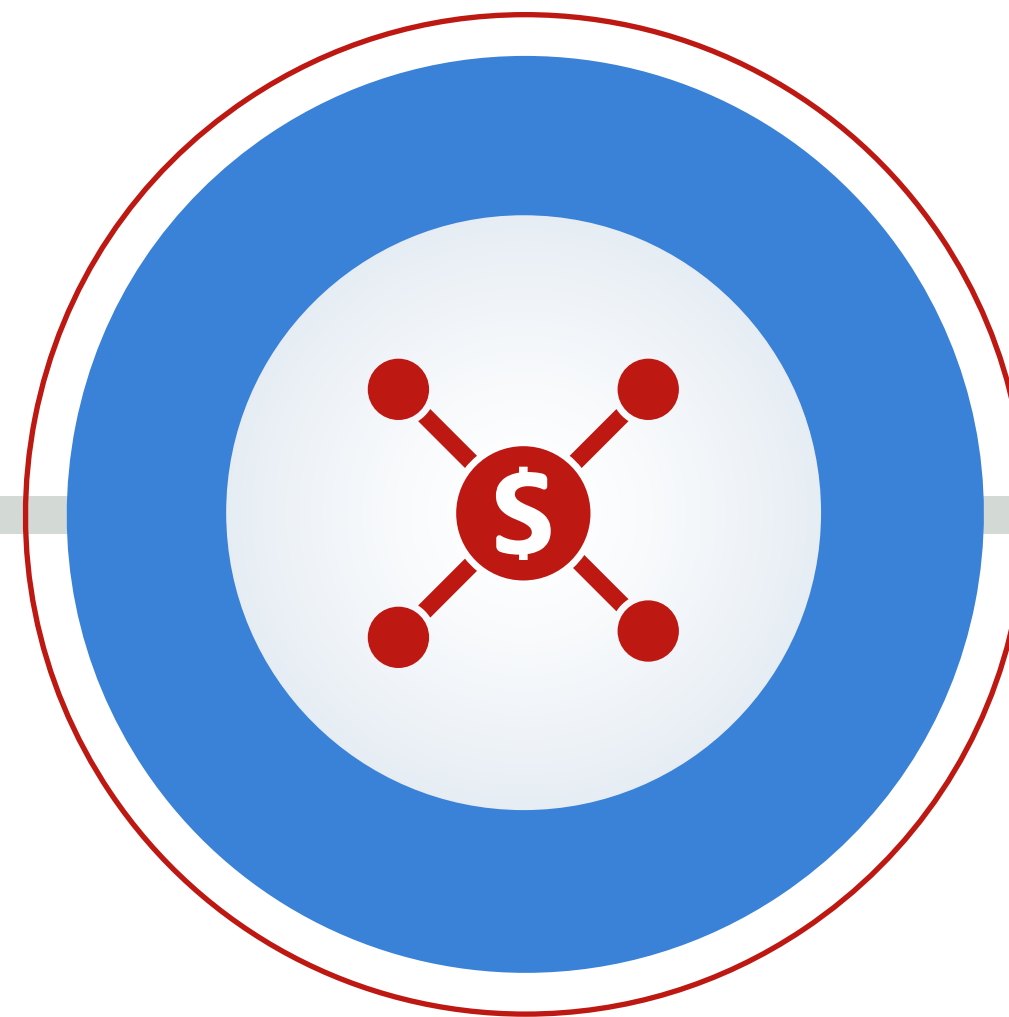
POPULATION HEALTH MANAGEMENT IS A PROACTIVE TEAM EFFORT

COMPONENTS OF A PHM PROGRAM



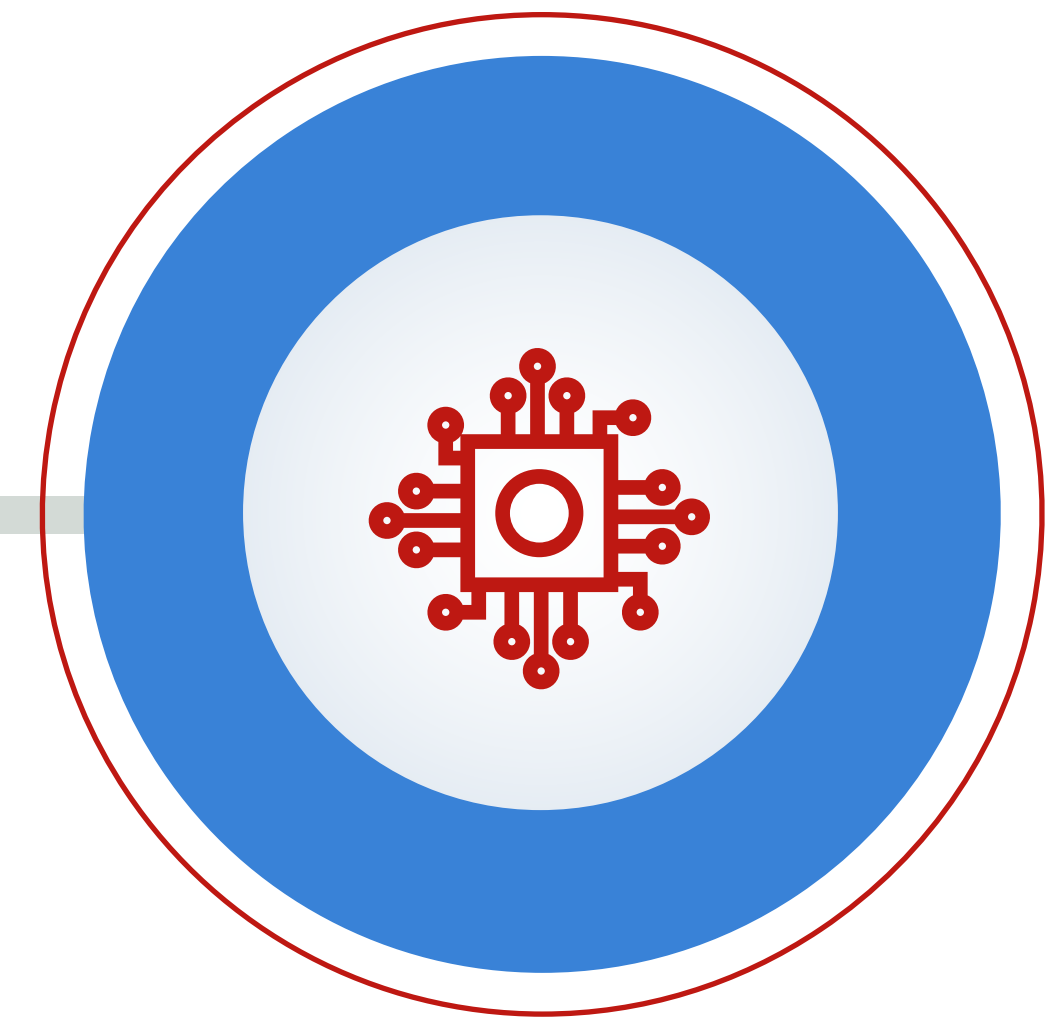
STRATEGY AND BUSINESS PLAN

- Provider Network Design and Build
- Enterprise Design
- Legal and Compliance
- Vendor Management
- Network Operations



FINANCIAL MANAGEMENT

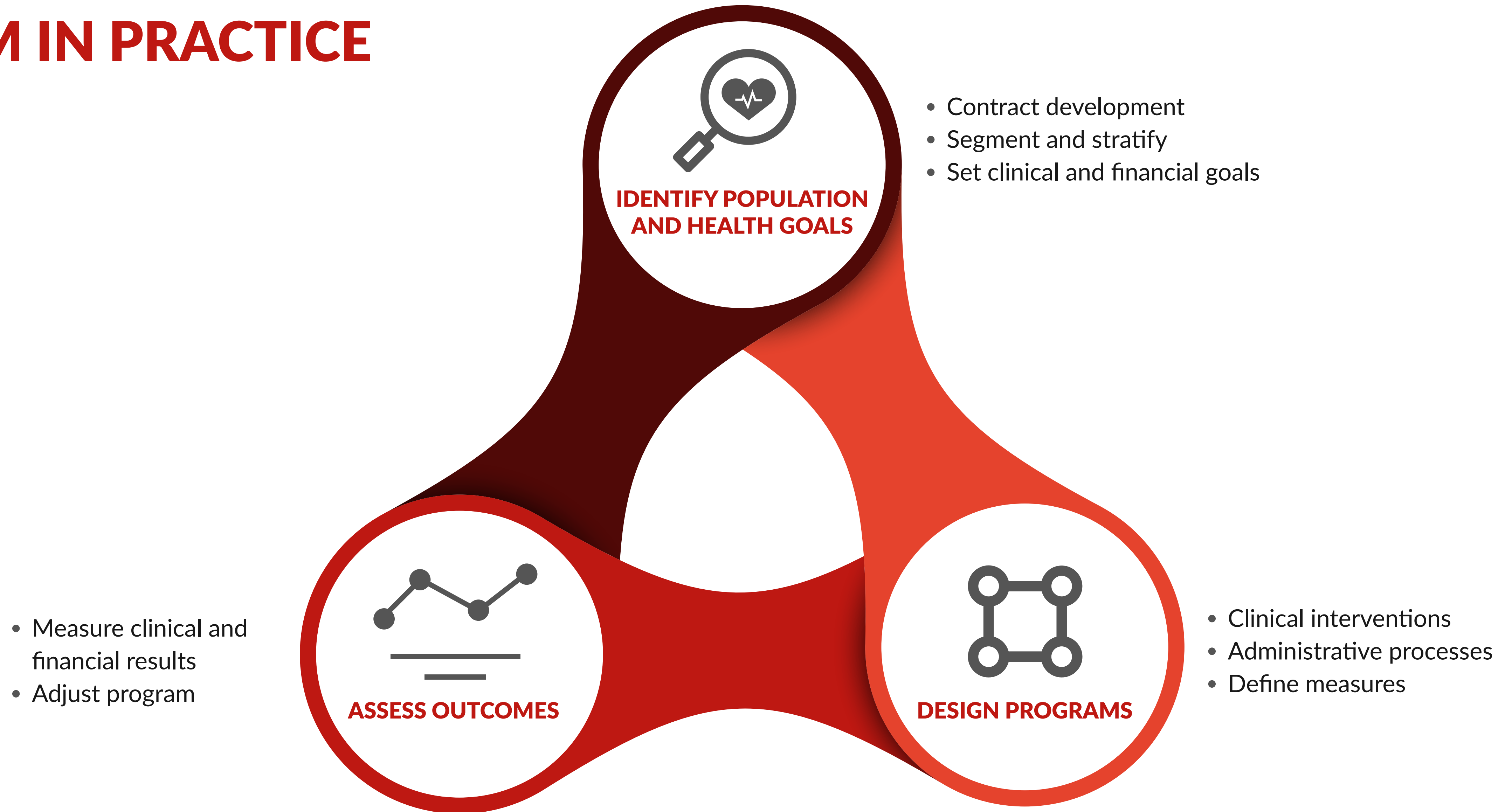
- Network and Contract Modeling
- Incentive Modeling and Execution
- Performance Management
- Cost Management
- Reimbursement Management



TECHNOLOGY

- Collaborative Health Record
- Clinical and Financial Analytics
- Care Management
- Patient Engagement
- Developer Support and Integration
- PHM Operational Tools

PHM IN PRACTICE



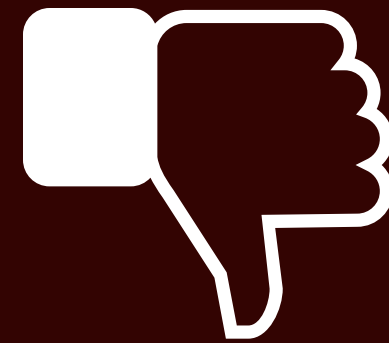
Why Is PHM Important Now?



PHM DRIVERS AND INHIBITORS



- VBR is the plan for bending the cost curve
- Increasing clarity from Washington about VBR
- Private payer and employer commitment solidifying
- PHM taught in some med schools as standard of care



- FFS certainty
- Pressure on HCO CapEx and OpEx
- Demand for short term ROI from PHM
- Integrated data and functionality is hard
- Other priorities for IT
- New entrants from outside healthcare cause uncertainty

Who Buys PHM Solutions Today?



PHM SUB-MARKETS

CAPTIVE AMBULATORY

INDEPENDENT AMBULATORY

PAYER-PROVIDER

OWNERSHIP AND GOVERNANCE

HOSPITAL OR HEALTH
SYSTEM OWNED AND
CONTROLLED

PHYSICIAN OWNED

INDEPENDENT WITH
PAYER "OWNERSHIP"

MOTIVATION

PHM AS SERVICE
PORTFOLIO ELEMENT

SEEKING POSITIVE
ROI FROM PHM

PHM IS THE DESIRED
FUTURE STATE

SCALE OF EFFORT

MEDIUM TO LARGE SCALE

SMALL TO
MEDIUM SCALE

SMALL TO LARGE SCALE

AVAILABLE IT EXPERTISE

MODERATE

MINIMAL

MIXED

IT INFRASTRUCTURE COMPLEXITY

MODERATE

HIGH

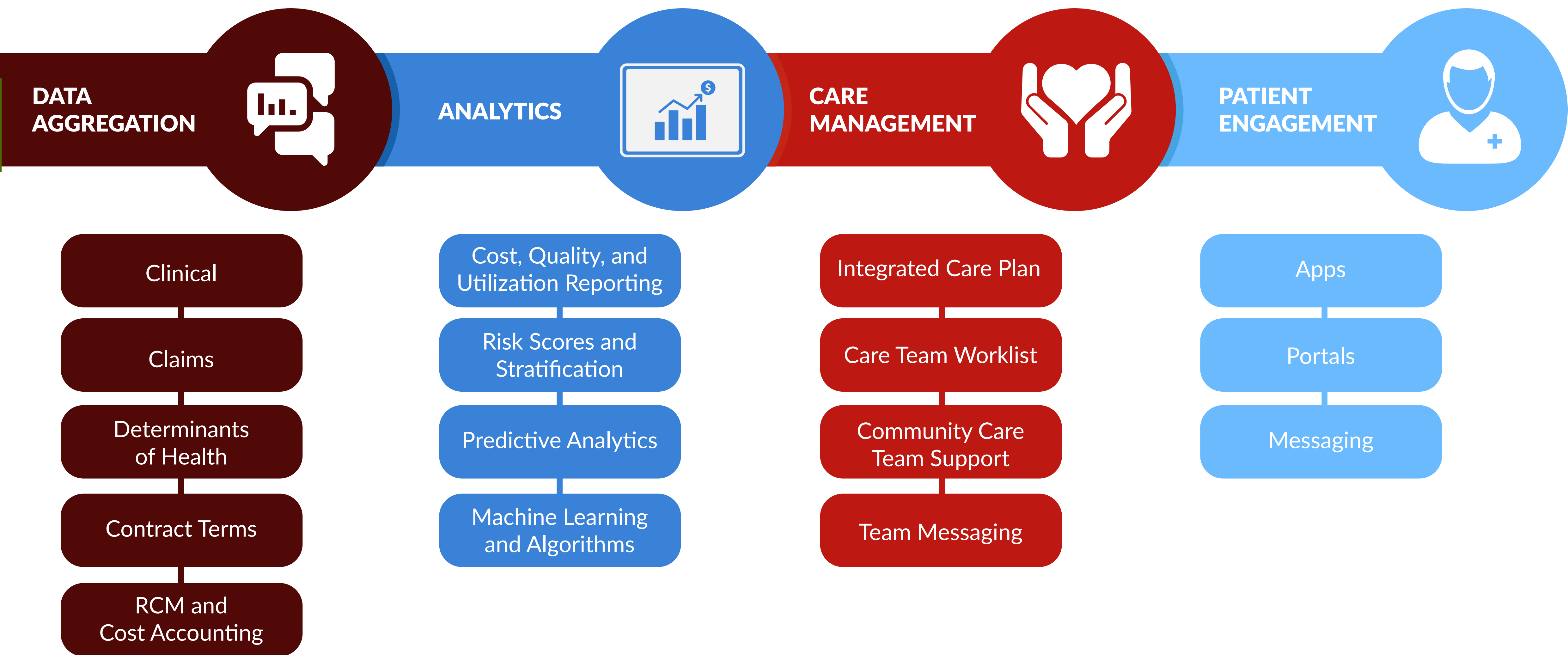
HIGH



PHM Technology Domains



TECHNOLOGY DOMAINS FOR PHM PROGRAMS



PHM TECHNOLOGY MATURITY

TECH DOMAIN		CATEGORY	MATURITY LEVEL
DATA AGGREGATION		Data Sources	<div><div></div><div></div><div></div><div></div><div></div></div> 2
		Data Management and Operations	<div><div></div><div></div><div></div><div></div><div></div></div> 2
		Record Association and Linking	<div><div></div><div></div><div></div><div></div><div></div></div> 2
		Network Scope	<div><div></div><div></div><div></div><div></div><div></div></div> 1
ANALYTICS		Population Discovery and Definition	<div><div></div><div></div><div></div><div></div><div></div></div> 2
		Benchmarking	<div><div></div><div></div><div></div><div></div><div></div></div> 1
		Quality and Gaps	<div><div></div><div></div><div></div><div></div><div></div></div> 2
		Cost and Utilization	<div><div></div><div></div><div></div><div></div><div></div></div> 3
		Risk	<div><div></div><div></div><div></div><div></div><div></div></div> 2
CARE MANAGEMENT		Care Plan Elements	<div><div></div><div></div><div></div><div></div><div></div></div> 1
		Care Team Work List	<div><div></div><div></div><div></div><div></div><div></div></div> 1
		Caregiver and Patient Communication	<div><div></div><div></div><div></div><div></div><div></div></div> 2
		Provider Communication	<div><div></div><div></div><div></div><div></div><div></div></div> 2
		Notifications and Alerts	<div><div></div><div></div><div></div><div></div><div></div></div> 1
		Cross-organizational Transactions and Transition Support	<div><div></div><div></div><div></div><div></div><div></div></div> 1
PATIENT ENGAGEMENT		Analyst and Developer Support	<div><div></div><div></div><div></div><div></div><div></div></div> 1
		Caregiver and Patient Communication	<div><div></div><div></div><div></div><div></div><div></div></div> 2
		User Access	<div><div></div><div></div><div></div><div></div><div></div></div> 2



DATA AGGREGATION FOR PHM

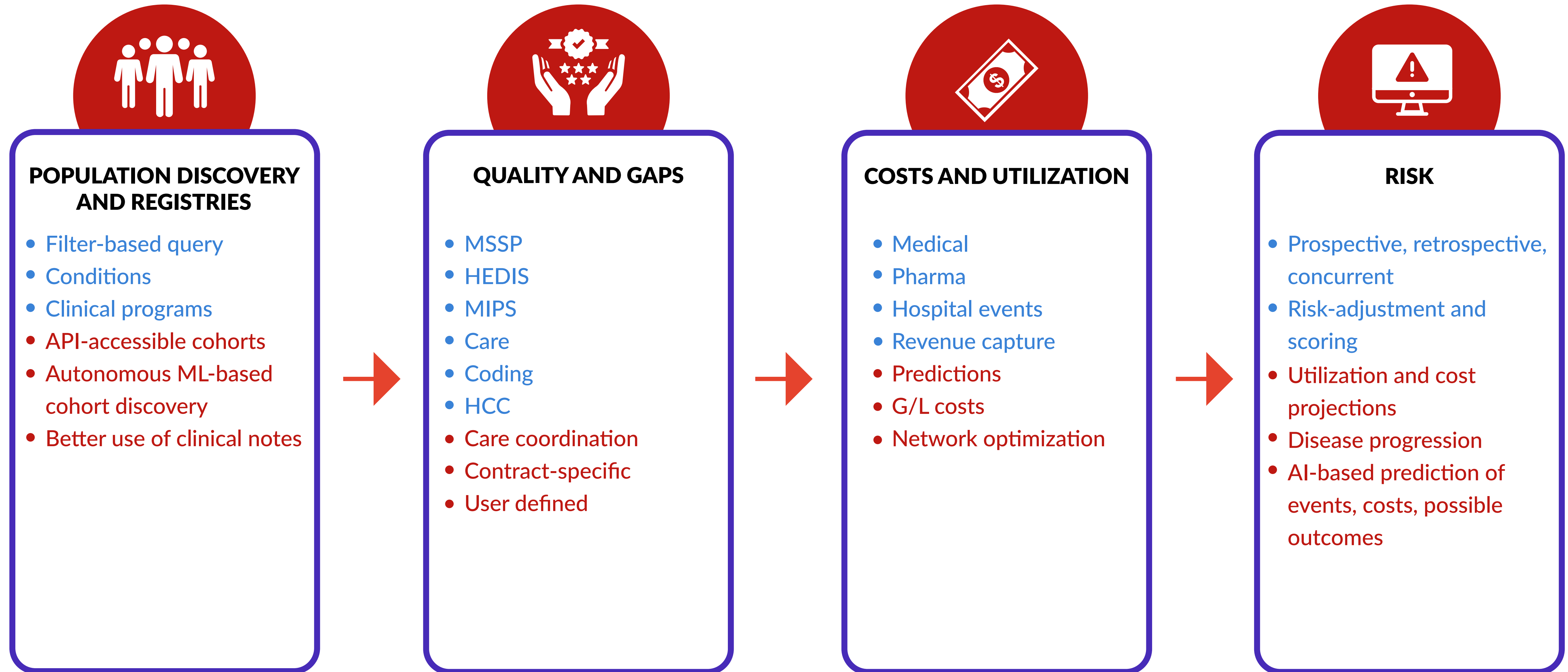
MORE OF EVERYTHING

- Aggregated EHR and claims is table stakes
- Increasing interest in determinants of health (social and otherwise)
- Increasing number and variety of producers and consumers
- ONC is pushing Flat FHIR for population-level query
 - ▶ Many industry and technology concerns
- Vendors are pushing the idea of “data platforms”
 - ▶ But many networks, data and transaction types are out-of-scope
- Consent, patient matching, and semantic uniformity continue to challenge



ANALYTICS FOR PHM

DESCRIPTIVE MOVING TO PREDICTIVE



WHERE VENDORS ALIGN AND DIFFERENTIATE ON CARE MANAGEMENT

ALIGNMENT

Identifying and assigning patients

Creating care plans with goals, tasks and interventions

Communicating care plan info to patient

Monitoring patient progress toward goals

Manual updates of care plans by care team

DIFFERENTIATE

How patients are identified and assigned

Care plan content and workflow

How care teams communicate with patients

Care plan administration automation

Self-management by patient and caregivers

FUTURE AREAS OF CARE MANAGEMENT DEVELOPMENT

DIFFERENTIATE	IMPORTANCE	ACTIVITY LEVEL	
Prior authorization integration	MEDIUM	MEDIUM	
Care transition modeling	LOW	MEDIUM	
Health coaching services	MEDIUM	HIGH	
Remote patient monitoring	MEDIUM	HIGH	
Rules-driven workflow			
Automated patient assignment	LOW	LOW	
Automated care plan task generation	LOW	MEDIUM	
Automated care plan task queuing	MEDIUM	MEDIUM	
Automated care plan task assignment	MEDIUM	HIGH	
Automated patient and caregiver communication	MEDIUM	MEDIUM	

HIGH

MEDIUM

LOW

THE IDEAL PATIENT JOURNEY

COMPLETE PATIENT VIEW

- Clinical data
- Claims data
- Social + community data

COLLABORATION + SUPPORT

- Patients
- Providers
- Caregivers / surrogates

ACROSS EVERY CHANNEL

- Video
- Messaging
- Email

ON ANY DEVICE

- Web
- Tablet
- Phone

CUSTOM CARE PLANS

- Evidence-based protocols
- SDoH
- Barriers to care

PATIENT ENGAGEMENT

- Surveys + assessments
- Care plan progress
- Device integration

MEASURE OUTCOMES

- Patient progress
- Care plan effectiveness
- New goals + interventions



THE REAL PATIENT JOURNEY

SHORTCOMINGS

- **Legacy portals:** Engagement tied to single care episodes
- **Point solutions:** Fragmented experience outside care continuum
- **Education:** Limited to single episode or condition; no “big picture”
- **Extensibility:** Use not tied to HCO engagement goals, business objectives

UNMET NEEDS

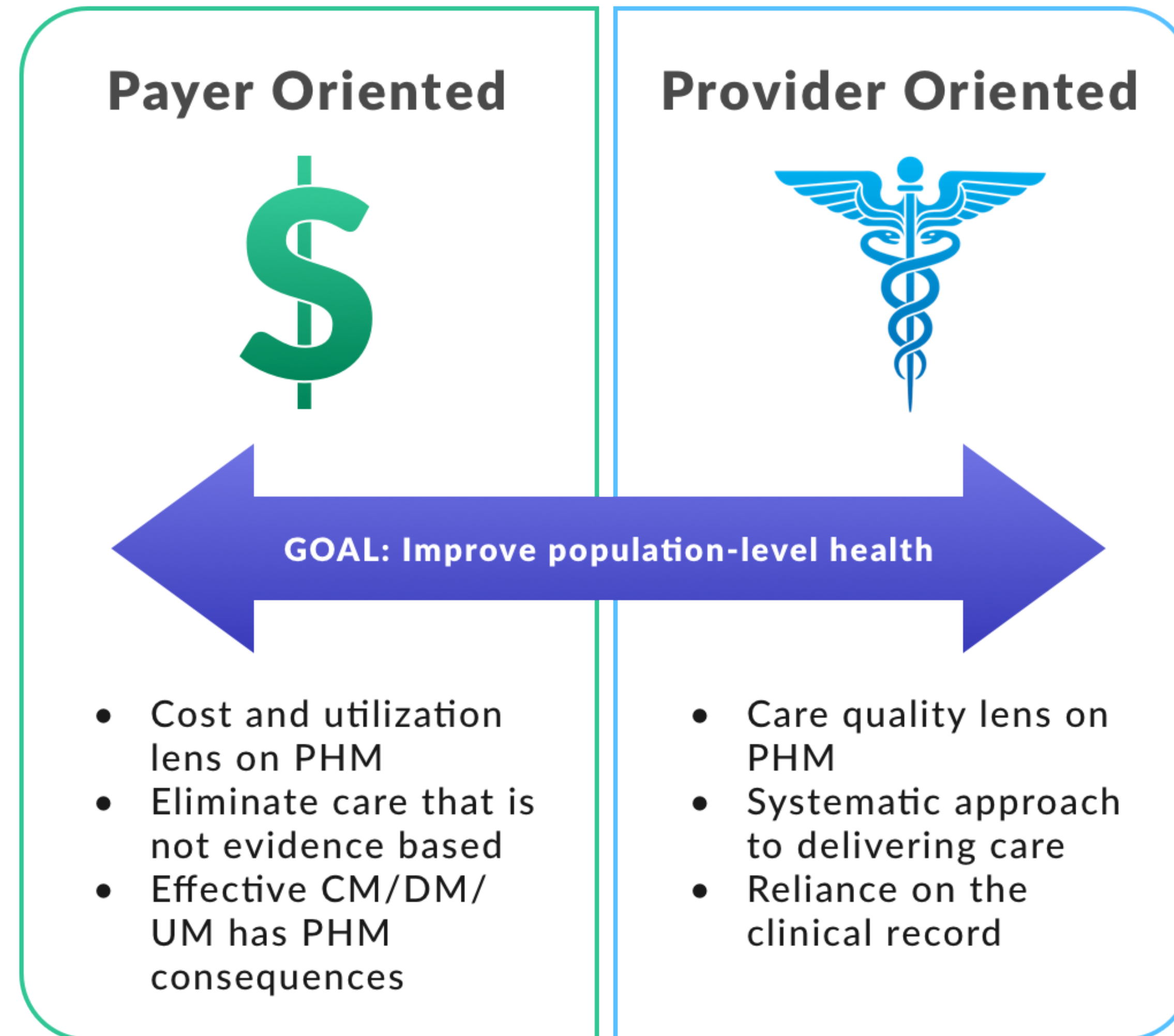
- **Post-acute engagement:** Can't connect to payers, employers, other providers
- **Convergence:** Better provider-payer data flow reduces friction
- **Insight:** Hard to see patient progress – but also unmet needs
- **Behavior change:** Must support short, frequent interventions



Who Makes PHM Solutions Today?



PHM VENDOR ORIENTATION



PHM VENDORS CATEGORIZED

EHR

- Allscripts
- Athenahealth
- Cerner
- eClinicalWorks
- Epic
- NextGen

DATA AGGREGATORS

- Arcadia.io
- Caradigm
- CareEvolution
- HealthEC
- Lightbeam
- Orion Health
- NextGen
- ZeOmega

ANALYTICS

- Arcadia.io
- Caradigm
- CareEvolution
- Evolent
- Forward Health
- Health Catalyst
- HealthEC
- IBM Watson Health
- Lightbeam
- Philips

CARE MANAGEMENT

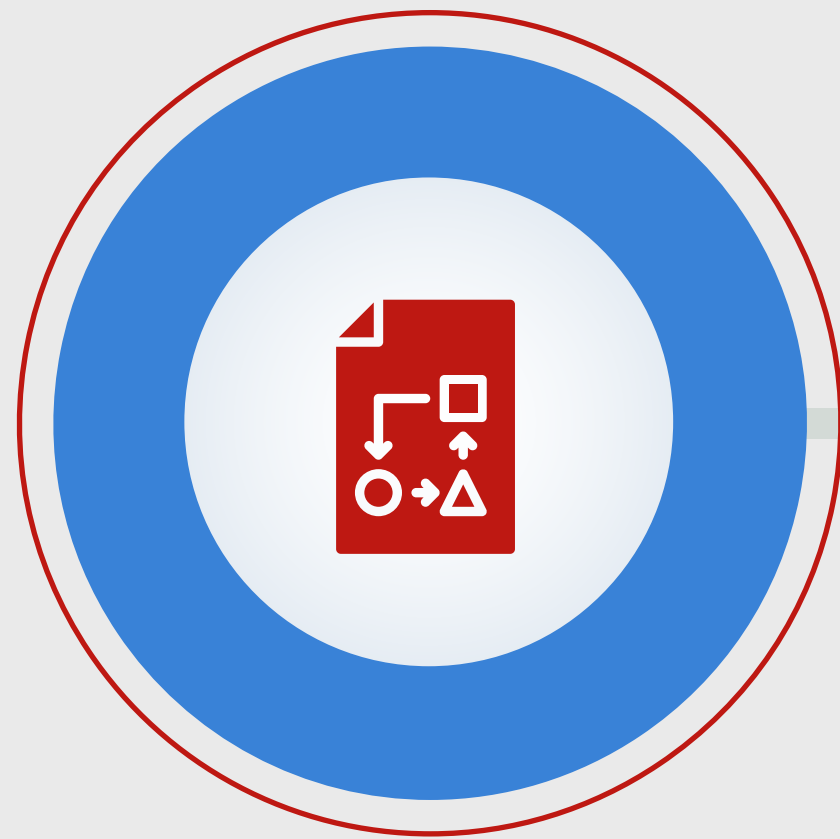
- Caradigm
- CareEvolution
- Enli
- Evolent
- HealthEC
- IBM Watson Health
- Lightbeam
- Philips
- ZeOmega

PAYER

- Arcadia.io
- CareEvolution
- Conifer
- Geneia
- IBM Watson Health
- Optum

GROWING DEMAND FOR PHM-RELATED SERVICES

AFFORDABILITY IS KEY



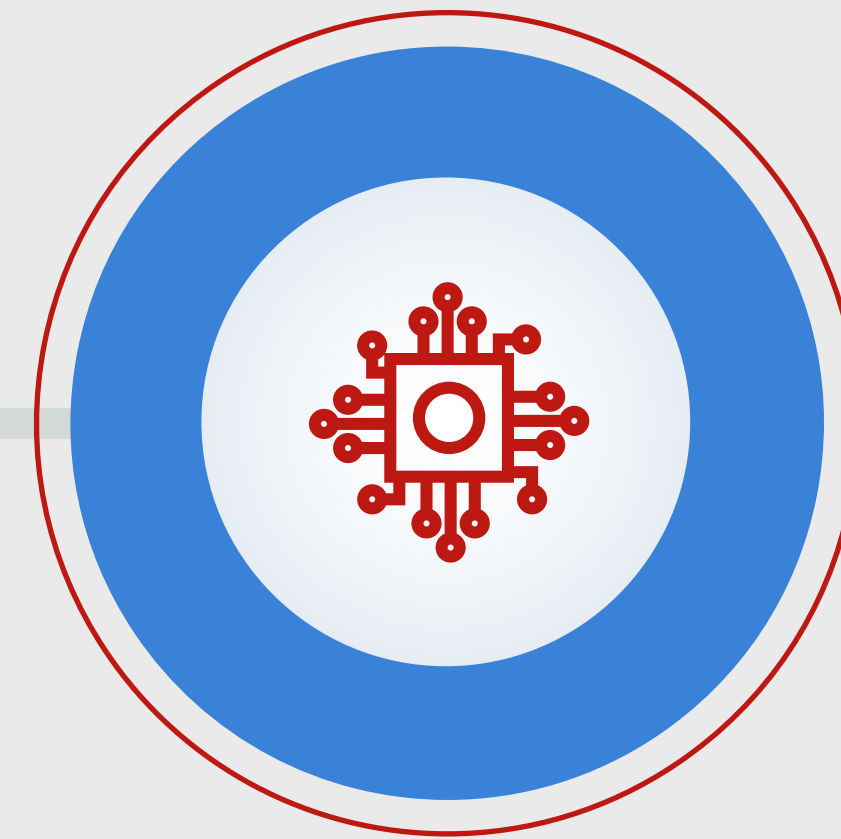
STRATEGY AND BUSINESS PLAN

- Patient enrollment and outreach communication strategies
- Program evaluation (best practices, operations and ROI analysis)
- PHM strategy
- Care team design, staffing, and composition



FINANCIAL MANAGEMENT

- Contract optimization
- Network optimization
- Profitability evaluation
- Opportunity analysis



TECHNOLOGY

- Data sourcing and management strategy
- Clinical workflow
- End-user training
- Report development
- Care plan content development and customization

CONCLUSIONS

- Basic inter-organizational processes lack automation
 - ▶ Meds reconciliation
 - ▶ Referrals and scheduling
- Metric proliferation and reporting burden is an issue on the ground
- Patients unfamiliar with terms like “PHM” or “Value-based”
- IT and process governance trumps technology considerations
- Contract modeling is rudimentary
- G/L Cost analytics and applications sorely needed

TAKEAWAYS

- Value-based care and payments expanding
 - ▶ Carrots and sticks being redesigned
- Integration is a major opportunity
 - ▶ More data, more participants, fewer applications
- PHM analytics moving beyond reports and dashboards
- Care plan content is in early days
- Meaningful inclusion of patients could help



Thank You for Attending

Additional Questions?

Please feel free to email Brian directly with any additional questions or inquiries: **brian@chilmarkresearch.com**

Purchase report here:
chilmark.co/phm2018

