

# HEALTHCARE INDUSTRY PROFESSIONALS DISCUSS POPULATION HEALTH

UTAH BUSINESS MAGAZINE

by Adva Biton

October 8, 2015

Link: [http://www.utahbusiness.com/articles/view/healthcare\\_industry\\_professionals\\_discuss\\_populati](http://www.utahbusiness.com/articles/view/healthcare_industry_professionals_discuss_populati)

Chronic health conditions account for almost 75 percent of health care costs, according to the CDC. For the healthcare community, this presents a problem from almost every angle—from employers needing to figure out how to pay the sums, to physicians who are in sometimes overwhelming demand. It brings up a question of population health: how can the healthcare industry educate the public to keep track of and prioritize their health and wellness?

More than 15 healthcare professionals met Wednesday morning at the annual *Utah Business* roundtable to discuss topics such as population health and others ongoing in the industry. The proposed medical provider tax, the future of health insurance, consumer-driven healthcare and personalized medicine were all also covered.

“[Population health] is one way to control costs and help people be healthier,” said Dave Gessel, vice president of government relations and legal affairs at the Utah Hospital Association. “Are we educating the public enough? Are they engaging enough?”

Gary Bell, chief strategy officer at GBS Benefits, said that population health data could be the key to eliminating waste in the healthcare system.

“Maybe there’s an under-supply of physicians, but maybe we have over-demand for physicians. Maybe we can find ways to be more efficient,” said Bell, who continued by saying that he has heard that almost 45 percent of healthcare delivery today is waste. The only way to improve, he said, is to strengthen the knowledge of what’s going on in the community at large. “...With data and with really good analytics, we can help employers improve health, reduce risk and lower costs. That’s where it starts: health improvement. And how can you improve health if you don’t understand what’s occurring with the population, how to feel for the chronic conditions, and if people are compliant with their medications, avoiding any gaps in care?”

Understanding population health is also necessary for the state to see what members of the community are falling through the cracks. According to Dr. Marc E. Babitz, division director for the Utah Department of Health, Utah is the fifth-healthiest state in the nation—but that’s just not good enough.

“Why aren’t we the healthiest? Because we have about 20 percent of the population that’s left out of [mainstream healthcare] systems, and their health is horrible! Their infant mortality, their mortality, their death from cancer, their chronic disease—[they] are in your hospitals with high costs and uninsured care,” he said. “One of the challenges for Utah is: What can we do to impact the health of our whole population?”

The lack of knowledge about prioritizing total wellbeing and confusion regarding how to use or even access insurance keeps inefficiency as part of the system, according to other attendees. For Matt Slonaker, executive director at the Utah Health Policy Project, the healthcare industry needs to “equip consumers with empowerment, so they know what questions to ask their doctors.”

Part of the problem, according to Jim Sheets, CEO/administrator of LDS Hospital, is that there's a disconnect between all parts of the healthcare industry regarding how to utilize the data regarding population health.

"The key about population health is that we talk about it a lot. It's very ethereal. There are a lot of good concepts, but it's the practical application of how you apply the incentives. That's the challenge," he said, likening the disconnect to a "world where we have one foot in two canoes."

"We have the fee for service world, where it's completely different incentives: you want volume, you want high utilization; it's per-click," he said. "Then you get to more of the risk-sharing. That's where we're moving, but we're not there yet. The sooner we can align those incentives, with the community physicians...as well as with employers and providers and benefit managers, and everyone's aligned so we're all focused on the same thing—until we can get there and really do that well, we're just going to continue to talk about population health."

As Gessel put it, the only way to move forward is "getting everyone in that same canoe."

Gessel moderated the discussion. The Healthcare Roundtable will appear in the December issue of *Utah Business* magazine.