Population Health Management for an Aging Nation

Making Sense of Healthcare Reform

Since the passage of the Affordable Care Act, the term ***Population Health Management*** has been increasingly used by providers, academics, and policy leaders as a key component of healthcare delivery. While there is no one standard definition of the term, it essentially refers to **managing and improving the physical and psychosocial outcomes of select groups of individuals through targeted interventions.**

The purpose of this brief is to better understand population health, keys to success and the unique approaches necessary for an older patient population.

Population Health Management

Population Health Management is a comprehensive approach to addressing the full spectrum of health needs and well-being through cost-effective and evidence-based solutions. It takes into consideration that population health outcomes are the product of multiple determinants of health, including medical care, public health, genetics, behaviors, social factors and environmental factors.

The Population Health Alliance – a global association representing stakeholders from across the entire healthcare delivery system – identifies four key elements of successful population health management:

- **Assessment –** creates an understanding of the patient's health status and needs.
- **Stratification –** separates patient populations into high-risk, low-risk, and the ever-important rising-risk groups.
- **Person-Centered Interventions –** establish a variety of interventions tailored to the unique need of each patient.
- **Impact Evaluation –** measures the impact of interventions to evaluate their effect and to assess the improvement in the health of the population.

Population Health in Action

Accountable Care Organizations (ACOs), Medicare Advantage managed care programs, and care providers rely on a number of Population Health Management strategies to improve quality and better coordinate care for high-risk patients. For example, ACOs have found that electronic health records (EHRs) are critical in order to collect and track data needed to identify and follow high-risk patients. Once these patients are identified, the ACO is better positioned to apply appropriate disease management programs and resources.

Managed Care Organizations, by definition, are responsible for managing the health and outcomes of a defined group of beneficiaries. A 2010 survey published in *Health Affairs* showed that the population health strategies used by Medicare Advantage plans were focused on five categories.

Focus of Medicare Advantage Plans:
Wellness promotion
Focus on patients with multiple chronic conditions
Extra attention for frail older individuals
Reduce hospital admissions
Provide support, education and incentives for outcomes

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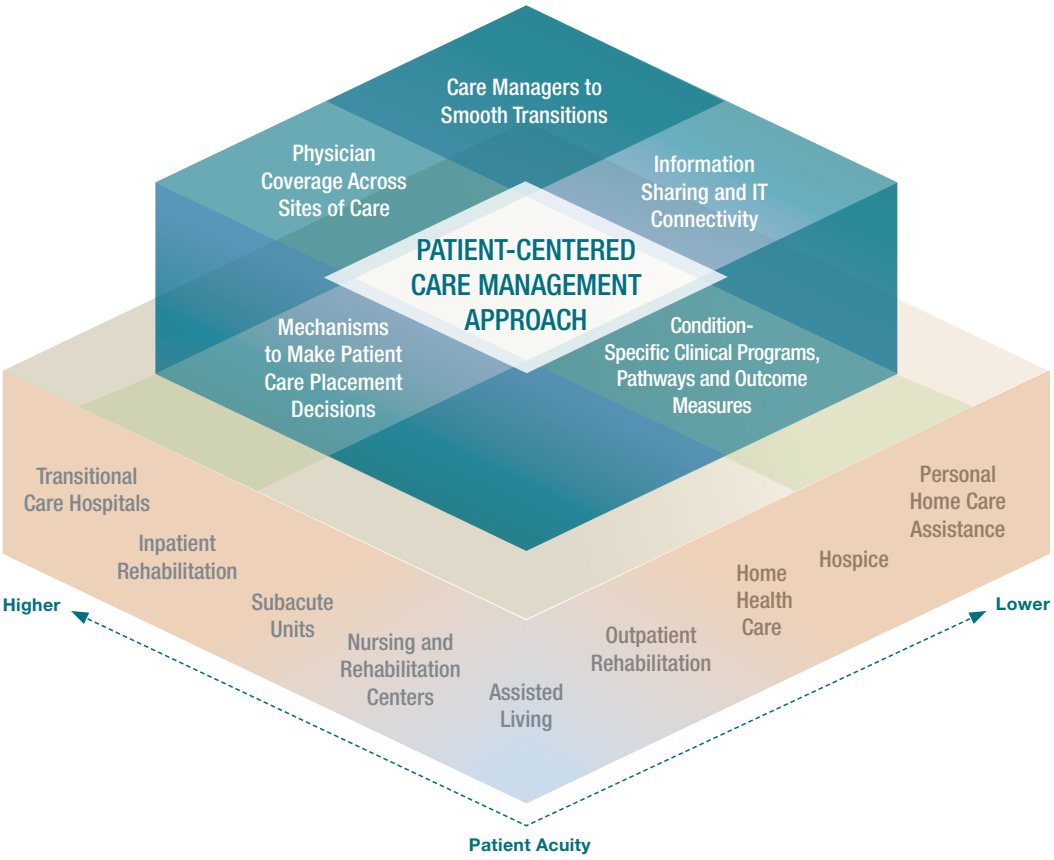
Challenges to Population Health in an Aging Nation

According to the U.S. Center for Disease Control and Prevention (CDC), "more than a quarter of all Americans and two out of every three older Americans have multiple chronic conditions, and treatment for this population accounts for 66% of the country's healthcare budget." These chronic diseases include heart disease, respiratory disorders, stroke, cancer, and diabetes, and they can complicate the health management and treatment for acute illness or injury. Additionally, they negatively impact an older patient's quality of life, and contribute to functional and cognitive decline.

Approaches to a population's health are more complicated than the "single disease" method that is often applied to younger populations.

Individuals who are eligible for both Medicare and Medicaid coverage for their healthcare are commonly referred to as "dual eligibles" by policy makers. According to the U.S. Department of Health and Human Services, this population suffers from significantly higher rates of cognitive impairment, diabetes, hypertension, and heart failure/disease than Medicare-only beneficiaries. This population requires much more in terms of social support services in addition to their health interventions.



Kindred's Experience in Population Health Management

In order to prepare for future payment and delivery systems that link reimbursements to quality outcomes and effective care coordination, Kindred has followed a three-step approach to incorporate population health strategies into its patient-centered care management model.

STEP ONE	Develop the full continuum of post-acute services in local integrated care markets
STEP TWO	Provide care management services to support population health management for patients throughout an entire episode of care – from hospital to home
STEP THREE	Test and implement new models of reimbursement, including "pay for value" and risk-based payment models

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– U.S. Center for Disease Control and Prevention (CDC)

At the bedside, Kindred is taking a three-tiered approach:

- For the most fragile and vulnerable patients, through the advent of home based primary care teams.
- For the next tier of patients with heart failure, COPD, pneumonia, acute MI and other major risk factors, through our care transitions program, assigning a **Care Transitions Manager** to follow the patient through their episode of care, including into their home, with a 'high touch' approach.
- For the patients who need more active interventions but fall short of the highest tiers, we are developing and implementing a **'Complex Care' model,** where our home health services evaluate and intervene quickly when a patient arrives home, with more intensive services early in his/her episode of care.

Additionally, we have developed and implemented a **Health Information Exchange,** facilitating the seamless transfer of needed information across Kindred settings. Another core component of our care management is the active involvement of restorative therapies, PT, OT and speech, across the continuum.

Through our Care Management program, we partner with hospitals, primary care providers and others to truly 'manage populations' for the best outcomes for our patients. In our New England market we have placed emphasis on education through our Care Transition Managers, making a significant impact on population health in the patients we care for, as evidenced by our under 10% return to acute rate in 2014 on the highest acuity patients.

KINDRED'S NEW ENGLAND INTEGRATED CARE MARKET SERVICES

MASSACHUSETTS

TRANSITIONAL CARE HOSPITALS

Kindred Hospital

Boston, *Boston, MA*
617.254.1100 • 617.783.1813 fax

Boston North Shore, *Peabody, MA*
978.531.2900 • 978.531.8161 fax

Northeast – Natick, *Natick, MA*
508.650.7630 • 508.650.7636 fax

Northeast – Stoughton, *Stoughton, MA*
781.297.8200 • 781.297.8262 fax

NURSING AND REHABILITATION CENTERS

Kindred Transitional Care and Rehabilitation

Avery, *Needham, MA*
781.234.6300 • 781.234.6832 fax

Country Estates, *Agawam, MA*
413.789.2200 • 413.789.2269 fax

Eagle Pond, *South Dennis, MA*
508.385.6034 • 508.385.7064 fax

Forestview, *Wareham, MA*
508.295.6264 • 508.295.3484 fax

Harrington, *Walpole, MA*
508.660.3080 • 508.660.1634 fax

Highgate, *Dedham, MA*
781.461.9663 • 781.461.9680 fax

Highlander, *Fall River, MA*
508.730.1070 • 508.730.2033 fax

Westborough, *Westborough, MA*
508.366.9131 • 508.836.3869 fax

Kindred Nursing and Rehabilitation

Braintree, *Braintree, MA*
781.848.3100 • 781.794.5322 fax

Great Barrington, *Great Barrington, MA*
413.528.3320 • 413.528.2302 fax

Hallmark, *New Bedford, MA*
508.997.7448 • 508.992.3006 fax

Harborlights, *South Boston, MA*
617.268.8968 • 617.268.4616 fax

Laurel Lake, *Lee, MA*
413.243.2010 • 413.243.4288 fax

Tower Hill, *Canton, MA*
781.961.5600 • 781.961.5688 fax

Clark House Nursing Center at Fox Hill Village, *Westwood, MA*
781.326.5652 • 781.326.4034 fax

Ledgewood Rehabilitation and Skilled Nursing Center
Beverly, MA
978.921.1392 • 978.927.8627 fax

Seacoast Nursing and Rehabilitation Center
Gloucester, MA
978.283.0300 • 978.281.6774 fax

HOME HEALTH, HOSPICE, PALLIATIVE CARE AND HOME CARE ASSISTANCE

Kindred at Home

Boston, *Auburndale, MA*
HOSPICE:
617.332.0813 • 617.332.0815 fax

Marlborough, *Marlborough, MA*
HOME HEALTH:
508.481.4930 • 508.481.5148 fax

Stoughton, *Stoughton, MA*
HOME CARE ASSISTANCE:
781.297.8686 • 888.572.3652 fax

Weymouth, *Weymouth, MA*
HOME HEALTH:
781.331.4930 • 781.331.4939 fax

BridgePoint Palliative Care
An Affiliate of Kindred at Home
Auburndale, MA
PALLIATIVE CARE:
617.332.0813 • 617.332.0815 fax

Gentiva
An Affiliate of Kindred at Home

Boston, *Marlborough, MA*
HOSPICE:
508.229.0912 • 508.229.2376 fax

Fall River, *Fall River, MA*
HOME HEALTH:
508.672.0675 • 508.672.9174 fax

Fall River, *Fall River, MA*
HOSPICE:
508.672.0580 • 508.672.0581 fax

Pittsfield, *Pittsfield, MA*
HOME HEALTH:
413.443.3525 • 413.443.3579 fax

Sandwich, *Sandwich, MA*
HOME HEALTH:
508.888.2932 • 508.888.3051 fax

Springfield, *Springfield, MA*
HOME HEALTH:
413.733.1132 • 413.733.0863 fax

ASSISTED LIVING

Kindred Assisted Living

Avery Crossings, *Needham, MA*
781.444.6655 • 781.433.2794 fax

Laurel Lake, *Lee, MA*
413.243.4747 • 413.243.4604 fax

CONNECTICUT

NURSING AND REHABILITATION CENTERS

Kindred Transitional Care and Rehabilitation – Windsor
Windsor, CT
860.688.7211 • 860.688.6715 fax

HOME HEALTH

Gentiva
An Affiliate of Kindred at Home

Farmington, *Farmington, CT*
HOME HEALTH:
860.674.1302 • 860.674.9526 fax

Hamden, *Hamden, CT*
HOME HEALTH:
203.287.3174 • 203.287.0256 fax

Old Saybrook, *Old Saybrook, CT*
HOME HEALTH:
860.510.0210 • 860.510.0508 fax

Trumbull, *Stratford, CT*
HOME HEALTH:
203.377.5117 • 203.377.5187 fax

NEW HAMPSHIRE

NURSING AND REHABILITATION CENTERS

Kindred Transitional Care and Rehabilitation – Greenbriar
Nashua, NH
603.888.1573 • 603.888.5089 fax

RHODE ISLAND

HOSPICE

Gentiva, *Warwick, RI*
An Affiliate of Kindred at Home
HOSPICE:
401.738.1492 • 401.738.4029 fax

MAINE

HOME HEALTH

Gentiva
An Affiliate of Kindred at Home

Bangor, *Bangor, ME*
HOME HEALTH:
207.990.9000 • 207.941.8645 fax

Portland, *Portland, ME*
HOME HEALTH:
207.772.0954 • 207.775.4705 fax

Sanford, *Sanford, ME*
HOME HEALTH:
207.324.8790 • 207.324.8904 fax

ASSISTED LIVING

Kindred Assisted Living

Monarch Center, *Saco, ME*
207.284.0900 • 207.284.0909 fax

Village Crossings, *Cape Elizabeth, ME*
207.799.7332 • 207.799.7334 fax

VERMONT

NURSING AND REHABILITATION CENTERS

Kindred Transitional Care and Rehabilitation – Birchwood Terrace, *Burlington, VT*
802.863.6384 • 802.865.4516 fax

Starr Farm Nursing Center
Burlington, VT
802.658.6717 • 802.658.6432 fax

CT TDD/TTY# 800.833.8134
MA TDD/TTY# 800.439.2370
ME TDD/TTY# 800.457.1220
NH TDD/TTY# 800.735.2964
RI TDD/TTY# 800.745.6575
VT TDD/TTY# 800.253.0195

For Hospital admissions, please call ***1.855.2.DISCHARGE****.*

For Nursing Center admissions, please call ***1.888.836.8877****.*

For Home Care admissions, please call ***1.888.796.3741****.*

For more information, visit
www.kindrednewengland.com.

Kindred Healthcare

Dedicated to Hope, Healing and Recovery