



Medical Economics Population Health Special Report

Population health to survive a Trump administration

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While President Donald Trump's promise to repeal and replace Obamacare has set many healthcare stakeholders thinking about the ways a new law may affect each segment of the healthcare market, one healthcare expert predicts that the march toward a better population health management model of care can't be turned back.

David Nash, MD, MBA, and dean of Jefferson College of Population Health at Thomas Jefferson University in Philadelphia, Pennsylvania, told Medical Economics that the Affordable Care Act (ACA) has shifted the healthcare cost structure, increased the demand for greater accountability and requires primary care physicians to focus on groups of chronically ill patients that cost more to the healthcare system.

"The horse is so far out of the barn you can't see its tail," Nash said. "The most important issue in healthcare is how we reduce costs in the system, and the move to value-based care is inexorable."

He noted that since the ACA became the law, fundamental changes to care delivery have occurred, especially at the primary care level to support population health. For a start, the push from fee-for-service to value-based care has arrived. Most small practices have outfitted their offices with electronic health records (EHRs) and many received incentive payments under the Obama administration's Meaningful Use program.

In conjunction with EHRs, the creation of practice-based registries, especially at the small practice level, further deepens a provider's ability to practice population health because registries give providers a sense of how they are doing and the level of care they are giving to a patient relative to a peer group or a regional or national standard.

"Being able to compare your practice to a regional or national norm is the very beginning of population based care," Nash said. "The registry also demonstrates how the population of patients with whatever illness they have – diabetes, heart failure, hypertension – are doing as a group, as a population."

From ACA to MACRA

Further facilitating the creation of the population health model of care is the focus on teambased care, outlined in the ACA, which has created initiatives like accountable care organizations and bundled payment

programs. Nash noted that these care coordination initiatives support The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), reforming Medicare payments toward quality and value through alternative payment models.

Technology has also spurred on population health during the Obama administration. The growth of telehealth which uses telecommunications technology to connect doctors and patients has created different platforms to promote long distance clinical healthcare among both urban and rural populations.

Patient portals, the use of mobile devices and mobile health apps and wearables are also tools that broaden opportunities for patients to access their medical care teams without relying on doctor appointments at an office site.

As for the expansion of health insurance coverage, Nash said the fact that more than 20 million people have gained healthcare insurance under Obamacare means that more people have a higher expectation of the care they want to receive, the amount they want to pay for that care and the results they want to see in a national healthcare system. It remains to be seen whether a law replacing Obamacare will reduce the number of people covered by health insurance, Nash says.

Nash added, however, that the growing pool of patients covered by Obamacare will force providers and their health insurance partners to look beyond individual patients. Part of that process will involve developing innovative population health initiatives that provide reimbursements to providers when they achieve better outcomes across larger groups of chronically ill patients. This trend will continue, Nash said.

"The market forces that Obamacare has unleashed is creating consolidation and has refocused the emphasis on primary care and on care coordination which are fantastic byproducts of the law," Nash said. "Whatever the Trump administration does to Obamacare is irrelevant because building a value-based model of care is synonymous with practicing population health management."

