

# The Promise of Population Health Management in England: From Theory to Implementation

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## Global healthcare trends<sup>1, 2</sup>



Ageing populations



Increasing chronic disease burden



Rising healthcare expenditures



System focus on acute care over prevention

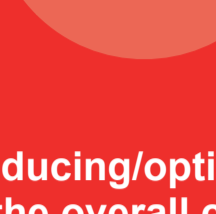
## Quintuple aim of healthcare<sup>3, 4</sup>



Improving the health of the population



Enhancing the experience of care



Reducing/optimising the overall costs of care



Reducing health and care inequalities



Ensuring staff and carer well-being

## Population health management aims to improve population health

### What is population health management (PHM)?<sup>4</sup>

Population health management is:

01011  
10110  
01101  
11010

Data-driven



Collaborative



Targeted to those who will benefit most



A continuous cycle of intelligence-led care design

### What is population health (PH)?<sup>5</sup>

Aims to:

- ➕ Improve the physical and mental health outcomes of the entire population
- ➕ Reduce health inequalities
- ➕ Focus on the social determinants of health as well as clinical care

PH-focused healthcare should prioritise:



Outcomes over volume of care

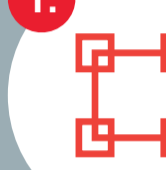


Proactive over reactive care



Patient-centred care over episodic care

## What is necessary for execution of PHM?



1. Infrastructure

The basic building block for population health management to succeed, including data infrastructure, funding and resource availability.



2. Insights

Data analytics to improve the quality, efficiency and equity of care.



3. Interventions

Introduction of new care models to reduce inequalities and improve the quality and efficiency of care through a movement towards more proactive, patient-centric care.



4. Impacts

Understanding the effects of PH-based interventions on health outcomes, quality of care and economic efficiency to continuously improve care.

## NHS priorities and reforms to support PHM implementation

### NHS England's 2014 5-year Forward View

Focus on improving:

- ➕ Prevention efforts
- ➕ Patient engagement and personalisation of care
- ➕ Collaboration between health and social care providers



### Sustainable transformation partnerships → integrated care systems<sup>6</sup>

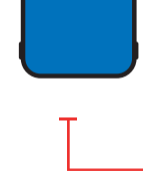
- ➕ Integrated care systems (ICSS) to allow greater collaboration between population health stakeholders, as well as increased local autonomy and responsibility for resources



### 2022/23 NHS priorities and operational planning guidance<sup>8</sup>

Goals:

- ➕ By June 2022: ICSS create plans for skills, systems and data safeguards for the safe and effective use of patient data
- ➕ By July 2022: ICSS to become statutory
- ➕ By March 2023: UK to reach 60% of adult registration for the NHS app.
- ➕ By April 2023: Every system to have the technical capabilities for PHM



### Sustainability and Transformation Partnerships<sup>6</sup>

Movement from the traditional siloed care model



Increased local collaboration between providers, commissioners, local authorities and other partners

### NHS Long Term Plan<sup>7</sup>

Goals:

- ➕ During 2019: PHM solutions to be deployed to understand areas of greatest health need
- ➕ By April 2021: England fully covered by ICS
- ➕ By 2021/22: Systems in place to support PHM in every ICS
- ➕ By 2024: Secondary providers entirely digitised



### Health and Care Act

- ➕ Clinical commissioning groups to be abolished
- ➕ ICSS now statutory bodies

#### INTEGRATED CARE SYSTEM

##### Integrated care board

Commissioning services and accountable to NHS England

##### Integrated care partnership

Bring together partners to care for the needs of the population

## Challenges of PHM implementation



### Technical

- ✘ Limited access to good quality, linked data
- ✘ System not set up to sufficiently measure inequalities
- ✘ Inadequate incentivisation for providers to focus on inequality reduction
- ✘ Difficulties with collaboration between the health system, social care & other key stakeholders



### Mindset

- ✘ Non proactive care, not proactive care
- ✘ Patient mistrust of data sharing
- ✘ Short-term political mindset
- ✘ Health care professional workload pressures



### Regulation

- ✘ Slow moving regulation and health technology assessment hindering the realisation of innovations within the health system
- ✘ Ethical issues and unplanned consequences of technologies, such as impacts on health system resource use

## Policy recommendations

The NHS is currently at the beginning of a long journey of transformation. Although COVID-19 has created many difficulties for the NHS, it has also acted as a catalyst for the introduction and uptake of new care models, driving the move towards population health management. Due to the size and nature of the NHS, transforming the unitary system, consisting of thousands of GP surgeries and hospitals, will take considerable time and effort. This cannot be completed overnight. The following are meaningful priorities to move PHM from theory to implementation.

### Investment in infrastructure



With continuous monitoring and adaptation, implement policies to regulate the minimum acceptable privacy and security standards for data collection, storage, and analysis



Invest in the future generation of data scientists as well as up-skilling those already working within the NHS



Generate peer-reviewed literature around the application of digital innovations for managing population health data



Increase investment into machine learning technologies and their potential impact

### Transparency and communication



Conduct workshops with key ICS teams from different ICS to discuss and analyse past and current challenges



Generate peer-reviewed literature showcasing the impact of population health interventions and new care models on economic efficiency, patient experience, population outcomes and reductions in health inequalities



Introduce regular communications to NHS workers, showing potential impact of PHM for their practice and workload



Focus on increasing public awareness and understanding of data-sharing policies, in terms of their risks and benefits to individual health and to the health of the nation

### Evidence generation, appropriate metrics and relevant skills



Link ICS datasets with key economic metrics to facilitate evidence creation of healthy populations' impact on the economy



Examine currently used performance metrics for their relevance to today's health system and replace with alternate system-wide options



Consider re-working or refining existing policies to suit key health system objectives and population health better



Enable health sector experience for data analysts working with ICS to be better equipped to query big datasets and understand health system and patient needs

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