

ANNUAL MEETING UPDATE: PART I

SGIM Plenary Speakers Reflect on Population Health

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SGIM's 2016 Annual Meeting theme is "Generalists Engaged in Population Health: Improving Outcomes and Equity through Research, Education, and Patient Care." Population health focuses on the health outcomes of a group of individuals, including the distribution of outcomes within the group. General internal medicine sits uniquely at the nexus of caring for individuals and populations, demanding us to achieve innovation and excellence in the education, research, and patient care of populations—one patient at a time.

Our plenary speakers will highlight the meeting theme throughout their presentations. Marshall Chin, MD, MPH, SGIM president and the Richard Parrillo Family Professor of Healthcare Ethics in the Department of Medicine at the University of Chicago, will open the 2016 SGIM Annual Meeting with his presidential address titled "SGIM and the Developmental Life Course: Current Challenges and the Path Forward." The Friday plenary session keynote address and Malcolm L. Peterson Honor Lecture will be delivered by Timothy G. Ferris, MD, MPH, senior vice president of Population Health Management at Massachusetts General Hospital, Massachusetts General Provider Organization, and Partners HealthCare. His presentation is titled "Progress in Improving Healthcare Delivery."

SGIM recently asked the plenary speakers to reflect on the following questions as they prepare for the annual meeting. Their answers illustrate just how exciting this era is in our field and how engaging in population health will change the landscape of general internal medicine (GIM).

What is population health?

Dr. Ferris: I define population health in two different ways. It is both aspirational—"How should we deliver care that is both higher quality and lower cost?"—as well as practical—"What are the specific tactics and programs we should implement to be successful in alternative payment models?"

Dr. Chin: In its purest sense, population health represents the challenge and opportunity of optimizing the health of persons in a given geographic area. Thus, it is critical to examine and intervene on both community and health care system determinants of health and to reach out to persons who are not accessing care or who have been lost to follow-up. Currently, many health care organizations operationalize population health using narrower definitions; they focus on the patients who are part of their health plan, those who actually seek care at their sites, or patients who are attributed to them by the rules of the given payment system (e.g. accountable care organizations).

Why is population health the theme of the 2016 SGIM Annual Meeting?

Dr. Chin: SGIM must be at the cutting edge of health care delivery and policy issues if we are to provide the best possible care to our patients and make the greatest contributions with our unique skill sets as academic general internists. Population health has the attention of health care administrators and policymakers, and the field is rapidly evolving. We all need to gain expertise in population health if we are to help our local health care organiza-

tions and national policymakers make the best decisions to improve the care and outcomes of our patients. I am particularly excited that Tim Ferris is the 2016 Malcolm Peterson Lecturer. Tim is a distinguished leader and thinker who has extensive practical experience designing and implementing innovative population health programs.

What is your area of study, and how does it fit within the field/area of population health?

Dr. Ferris: Like many generalists, my areas of study have been wide ranging. I have mostly focused on improving care for patients with chronic illnesses, though I was less focused on the illnesses *per se* and more on the systems used to support physicians and patients in managing them. Four themes run through my research. First, a recurring theme has been the study of performance metrics because metrics that are sensitive to what matters to patients and physicians are essential for tracking the changes (hopefully improvements) that come when implementing new delivery systems. Second, once you have metrics, then you need to consider risk adjustment. Understanding the strengths and limitations of risk adjustment has been a theme in my research, though rarely explicit in my publications. Third, evaluating the impact of changes in the delivery of care—both barriers and facilitators of adoption and ultimate effectiveness—has consumed much of my time. Fourth, I have focused some attention on incentives to the adoption of new technology. This last theme connects the more

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practical systems' change work to the fields of policy research and economics.

Dr. Chin: I have focused my career on improving the care and outcomes of vulnerable patients with chronic disease, especially in safety-net settings, and reducing health care disparities. Adopting a population health perspective is crucial for achieving health equity because the community and social determinants of health are such important drivers of outcomes. It is critical to integrate payment and delivery system reform and address social determinants to achieve health equity. I have also collaborated with federally qualified health centers for years, and they have a holistic philosophy that incorporates many principles of population health.

How does your perspective as a general internist inform your approach to population health?

Dr. Ferris: Being a general internist means seeing the entire spectrum of illness—from upper respiratory infections to transplant rejection both in outpatient and inpatient settings. This breadth of human suffering and the diversity of care delivery options that have grown up to meet them reinforces my perception that meeting the health care needs of the baby boomers in an affordable way will not be simple—that heterogeneous problems (both health problems and care delivery problems) will require multiple solutions. The solutions therefore seem much more likely to come from teams of people working toward a clear set of goals rather than a “big design” engineering approach where a few really smart people draw the solution on graph paper and then ask the delivery system to implement. Just like a detailed and thorough examination of a patient, the key to our delivery system problems is un-

derstanding our objectives and then building the solutions that address the problems. For too long, US physicians have built solutions that the payment system encouraged rather than the ones that best meet patient needs.

Dr. Chin: General internists have a holistic patient-centered perspective that is invaluable when thinking about systems' challenges such as optimizing population health. Whether we are inpatient, outpatient, or home care general internists, we understand that patients are individuals and that it is essential to address the full spectrum of medical, social, economic, cultural, and neighborhood factors impacting health outcomes. We appreciate that it is important to address the system and that health care organizations need to support the clinician-patient relationship and community partnerships necessary for persons to lead healthy lives.

What are the tools used to study population health? What skills, training, and preparation do you recommend to GIM trainees who might be interested in this field of study?

Dr. Ferris: The core skills are the same as those used in clinical effectiveness—statistics (especially risk adjustment) and study design and epidemiology. I see young people rush to the sexier business school topics of change management, quality improvement, financial analytics, and behavioral economics. These are certainly an important part of population health research, but they are secondary.

Dr. Chin: The tools of the typical research-oriented GIM fellowship or similar training are a strong foundation: learning to think like a researcher, rigorous study design, epidemiology, statistics, and health

services research. These skills need to be complemented with training in individual and organizational behavior change, community-engaged research, sociology, and economics. Reading broadly about current events and policies (e.g. read both the *New York Times* and the *Wall Street Journal*) is extremely helpful. Population health is a great area for people who love to learn.

What are the big questions in population health yet to be answered?

Dr. Ferris: If the future of delivering care will depend on teams (and I think it will), how should those teams be organized? How will a group of people with different skills and training work together effectively to provide the trusted care that has traditionally been provided by an individual physician? And if computers are about to get a whole lot smarter as tools in health care delivery (and I think they are), what will the revised role of the physician look like?

Dr. Chin: How do we effectively integrate the strengths of the health care system and community? What types of interventions and payment reforms can successfully address the social determinants of health? How do we ensure that diverse patients, including those at highest risk for poor outcomes, thrive within population health systems? What are the best ways to transform the organization of health care and the culture of the healing professions as we integrate the traditional focus on the individual patient with the health of populations?

Join us at the 2016 SGIM Annual Meeting, “Generalists Engaged in Population Health: Improving Outcomes and Equity through Research, Education, and Patient Care,” May 11-14, 2016, in Hollywood, FL. For more information, visit <http://connect.sgim.org/sgim16>.

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