

## PRESIDENT'S COLUMN

## Generalists Engaged in Population Health

Marshall H. Chin, MD, MPH

**Caring for a community—not just the patients who walk through our clinic doors or who are enrolled in specific health plans—is the new frontier.**



One of my patients is an older African-American woman with hypertension and diabetes who will occasionally leave voicemails just to tell me how she's doing. She walks and talks slowly and has a grace about her that shines during her visits and interactions with our medical students. In one of her recent voicemails, she said, "Dr. Chin, thank you for that coupon to the farmers' market. I really enjoyed going to the market and appreciated the coupon for the vegetables." With the assistance of many terrific colleagues, Monica Peek, MD, and I direct a program to improve diabetes outcomes on the South Side of Chicago that establishes partnerships with community organizations to help our patients live healthily in their communities. Food deserts are a problem in Chicago, and so one of our partnerships is with a local farmers' market. Our program introduces patients to the market and the farmers, provides health education and cooking demonstrations, and offers coupons to help with the cost of the produce. It's one small example of trying to nurture healthy patients and create healthy communities by focusing on population health.

The theme of the 2016 SGIM Annual Meeting is "Generalists Engaged in Population Health: Improving Outcomes and Equity Through Research, Education, and Patient Care." On one hand, population health is old news. Health maintenance organizations and integrated health care delivery systems have long considered how they can improve health outcomes

and reduce costs for the persons who have enrolled in their health plans. Public health officials take a population view when they are designing clean air regulations and mounting anti-smoking campaigns. Generalist physicians recognize that social factors greatly impact health and that health care contributes a relatively small amount to overall population health outcomes compared to a thriving economy and basic public health measures such as sanitation.

Today population health is a major buzzword in academic health centers and policy circles and represents a major opportunity for us to improve the health of our patients and communities. Caring for a community—not just the patients who walk through our clinic doors or who are enrolled in specific health plans—is the new frontier. The progressive shift from fee-for-service payment to various forms of global payment, including accountable care organizations, bundled payments, and Medicaid managed care contracts, have given medical center executives a new interest and respect for population health. Keeping people healthy in the community is the right thing to do and increasingly is good business. Moreover, non-profit medical centers must demonstrate community benefit to maintain their tax-free status.

SGIM is well positioned to be a leader in population health. This field draws upon many of the principles and innovations that academic generalist physicians have led, including the patient-centered medical home

(or what some have termed more broadly the patient-centered medical neighborhood), chronic care management, community-oriented primary care, and community-based participatory research approaches to caring for some of our most vulnerable patients. Generalists have developed analytic models to identify patients at high risk for poor outcomes, such as repeated hospital admissions, and then have tailored innovative care for these patients. Novel programs are geomapping communities on a block-by-block basis. Such mapping identifies populations with poor outcomes and corresponding community strengths and assets that can be part of the solution for improving health.

Population health is moving rapidly, both locally and nationally. You are probably hearing about population health from your home institution's leaders, and a variety of national efforts are also examining population health. For example, the Institute of Medicine has a continuing Roundtable on Population Health Improvement and recently published a report on how primary care and public health can improve population health.

Primary care should play a central role in population health, and we need a strong voice at the table so that population health management systems are established in ways that best utilize our talents as clinicians, care innovators, and leaders. I noted in last month's *Forum* that Russ Phillips and Leora Horwitz are co-leading and representing SGIM in a

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collaborative effort to create an annual conference series examining primary care and population health in conjunction with leaders from the American Academy of Pediatrics, the American Pediatrics Association, the Society of Teachers of Family Medicine, and the Institute for Healthcare Improvement. SGIM's Research, Education, and Clinical Practice committees are also involved. The proposed conferences aim to identify best practices for primary care and population health, determine effective ways for us to teach population health management to our trainees, and establish a research agenda for primary care and population health. The conferences would serve as springboards to collaborative work across these different organizations on this issue. We are seeking funding from multiple sources, and the first conference grant application was submitted at the beginning of May.

Successfully addressing population health will require the broad and deep expertise of SGIM's members. Here are a few examples from Russ and Leora's conference grant application of the types of questions we and our partnering societies might address:

- What elements of medical home transformation need to be in place before practices are able to take on population health needs? How can primary care most effectively be connected to community health? What are the best metrics for population health that can be used to assess primary care engagement?
- Which primary care population health approaches have the greatest impact on reducing racial and ethnic disparities? What specific approaches might have the greatest impact on reducing such disparities? Is the impact similar across different age groups or patients with different chronic conditions?
- What strategies are effective for educating health professions trainees about population health to improve their capacity to improve population health (e.g. interprofessional education, cultural competence training)?
- What types of financial incentives best promote the provision of an integrated approach to population health for patients with multiple comorbid conditions or who face psychosocial disadvantages?
- What is the impact of involving

patients and families in the design of practices, community services, and practice transformation efforts?

If designed appropriately, population health approaches will give us the opportunity to care for patients with the holistic philosophy that is core to our identities as generalist physicians. We are well trained to care for the most complex patients with multiple medical problems and social comorbidities. We understand that individual patients do not exist in a vacuum but instead are surrounded by wider circles of family, friends, neighborhoods, and communities that impact their health. However, the vast majority of us practice in a fragmented health care system. The rise of population health presents us an opportunity to re-envision how we structure the care we provide to patients and communities to maximize health. The expertise of SGIM and its members in clinical care, education, and research—and its mission to further high-quality care and equitable outcomes for our patients—are great strengths in this mission. I look forward to working with you as SGIM pushes the field forward and improves population health. *SGIM*