



On  
*Living*  
Well



Revealing the Next Level  
of Population Health

# On *Living* Well:

By Les C Meyer, MBA

Revealing the Next Level of Population Health

**P**eople work for more than money. They work for a sense of accomplishment and pride in their contributions to a common goal. Some even define themselves by what they do. But money matters. Tremendously. It fuels lifestyle — or lack thereof. It's also an underlying stressor that affects everything from workplace performance to home-life stability and personal health. That's where employers enter the scene in developing benefits that address employees' needs and stressors — physical, financial, career, social, safety and community — to optimize workplace performance.

It's beyond fostering a population health promotion culture under the health as human capital umbrella — it's about how people achieve “what's important to me,” the mindful realization of one's talents, achievements and commitment to being personally responsible, self-reliant and accountable.

## **What's wrong with the industry**

The culture of wellness movement has, for the most part, failed to slow the pace of cost increases. Between the complexity of our medical delivery system, compounded by misaligned incentives and non-integrated medical and behavioral health payment methods, the sluggish pace of real-time information exchange at the point of care needs work. It doesn't help that broad provider network access is still preferred over centers of excellence and mind-body connections are ignored when advancing employee achievement programs.

In recent years, prevention, behavioral economics, cost avoidance, balanced scorecards and fully integrated health-care strategies, including cost-containment initiatives, have focused largely on consumerism. Transforming an employer's health benefits plan into one that puts economic purchasing power — and decision-making — in the hands of participants to buck the trend, nudging

individuals to be more responsible for navigating the market and providing tools intended to help them do so. These varying focal points are all relevant but when offered as silos, do little to move the dial on total cost of care.

“Health is a personal and national resource. It is what allows us to engage with life. Without physical, mental and spiritual wellness, we can't share in loving relationships with our families and friends, or contribute to our communities, or fully participate in our work, or compete on the global stage,” said Christy Mack, Co-Founder/Past President, The Bravewell Collaborative.

## **Differing definitions**

Population health has as many definitions as the industry sectors involved. Population health management, in general, is a process designed to improve the quality, safety, efficiency and transparency of health care delivery in the context of a purchasing environment,

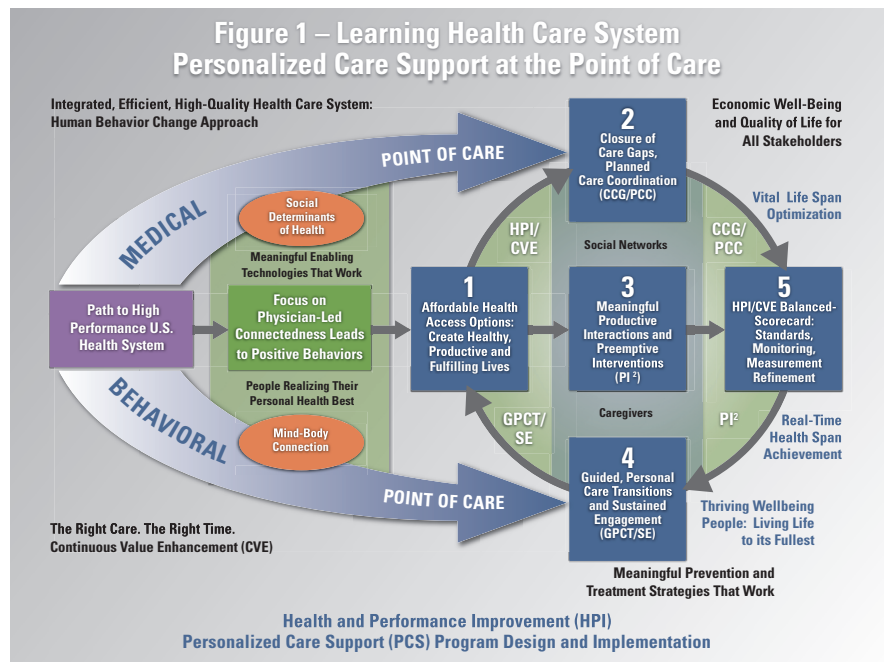


which incentivizes, measures and refines work-life achievement through continuous value enhancement. The model focuses on the health and per capita cost of a defined population and includes patient care experience initiatives through which consumers define their own needs and concerns as a core component. The population health and performance improvement process is able to achieve significant and measureable results in communities because of several unique attributes. (See Figure 1)

“By definition, population health is holistic. It views the world as a system and looks for patterns and connections within this system. It analyzes problems—such as health care quality and safety or chronic disease—in context and looks to the patterns and pervading variables to develop the best solutions,” states David B. Nash, MD, MBA, FACP, Dean, Jefferson College of Population Health, Thomas Jefferson University.

L. Casey Chosewood, MD MPH, Director, Office for Total Worker Health®, NIOSH at the Centers for Disease Control and Prevention leads a team that researches strategies to comprehensively advance the safety and health of workers. He notes, “At NIOSH, we define Total Worker Health as policies, programs and practices that protect workers from job-related hazards first, but also go on to promote prevention efforts that ultimately can advance worker well-being, on and off the job. Employers who opt for wellness programs in the absence of adequate workplace safety and health protections are not applying the principles of Total Worker Health — and they’re certainly not doing workers any favors.”

Paula Lantz, Chair, Planning Committee for Advancing the Science to Improve Population Health, Roundtable on Population Health Improvement concurs that a uniform agreement on the definition of



**Learning health care system** — A health care system in which science, informatics, incentives and culture are aligned for continuous improvement and innovation, with best practices seamlessly embedded in the care process, patients and families active participants in all elements and new knowledge captured as an integral by-product of the care experience.

population health doesn’t exist. And while this group’s work is guided by “the health outcomes of a group of individuals, including the distribution of such outcomes within the group,” the industry needs to coalesce.

Adam Perlman, MD, MPH, Associate Professor of Medicine, Duke University Health System, Executive Director of Duke Integrative Medicine and past Chair of the Academic Consortium for Integrative Medicine and Health believes “the next wave of population health will fuse the core tenets of integrative healthcare to guide next-gen population health improvement innovations, implementation and expansion.” “Experts in the field at The Bravewell Collaborative developed the following definition of “Integrative Healthcare” (vis-à-vis: population health) to guide its implementation and expansion,” further states Perlman.

Mindful integrative leaders at The Bravewell Collaborative believe that by shifting the focus of our health care system to prevention, health maintenance, early intervention and patient-centered care, integrative medicine holds the power to not only transform the economic models that impede our present health care system but to vastly improve public health, which is essential to our nation's future.

**Evolving the model**

There’s no disputing the value of population health programs. But how can they be measured? Next-gen leaders are keeping a mindful eye on Value on Investment (VOI) vs. Return on Investment (ROI) regarding the full value of workforce health — the economic value of a healthier working population.

“There’s a growing body of evidence suggesting that when organizations

**Integrative Healthcare is an approach to care** that puts the patient at the center and addresses the full range of physical, emotional, mental, social, spiritual and environmental influences that affect a person's health. Employing a personalized strategy that considers the patient's unique conditions, needs and circumstances, Integrative Healthcare uses the most appropriate interventions from an array of scientific disciplines to treat illness and heal disease and help people regain and maintain optimum health. Underlying these principles is the recognition that all care rests on an open and compassionate relationship between patient and provider and that to achieve the best results, patients need to be empowered to become fully engaged in their own care.

invest in population health/culture of wellness programs, they see better business returns and greater profitability, compared to peer companies that have not made such investments or that provide ad hoc programs,” states Ronald S. Leopold, MD, MBA, MPH, Chief Medical Officer, Lockton Companies.

So, why aren't more organizations realizing that the health of the workforce is vital to the health of the American economy — especially when the evidence is so compelling? It requires a mind-set shift.

“Companies need to regard the money that they dedicate to creating better health for their workforce and their families not as a cost impacting their bottom line, but as an investment in growing their top line owing to healthier, happier and more productive employees,” states James B. Couch, M.D., J.D., FACPE, Senior Physician Executive for JHD Healthcare Partners, LLP.

Minalkumar Patel, MD MPH, Senior Vice President and Chief Strategy Officer, Horizon Blue Cross Blue Shield of New Jersey believes population health investments that facilitate real-time, shared clinical decision-making at the point of care can help people achieve personal health goals and live their best lives.

### **Game Changers in Action**

“Large employers are taking more control over health care costs and quality by pressuring changes to how care is actually delivered based on the results from the 2017 Health Plan Design Survey sponsored by the National Business

Group on Health,” states Jane Sarasohn-Kahn, Health Economist/Advisor, Huffington Post. “Health care cost increases will average 5% in 2017 based on plan design changes. The major cost drivers, will be specialty pharmacy, high-cost patient claims, specific conditions such as musculoskeletal/back pain, medical inflation and inpatient care.”

Recently, 20 large U.S. companies co-created a game-changing C-Suite leadership group designated as the Health Transformation Alliance (HTA). Its goal is to break with existing marketplace practices that are costly, wasteful and inefficient — all of which have resulted in employees paying higher premiums, copayments and deductibles.

“The current health care system is unsustainable and it costs too much,” says Glenn Steele, M.D., Ph.D, Vice Chairman of the HTA. “Our goal is to improve the way corporations provide health care benefits in an effort to create better health care outcomes for their employees. By coming together to share expertise, the companies seek to make the current multilayered supply chain more efficient.”

**Necessity Prompts Strategic Adaptation**  
With the current State of the Industry in America, necessity prompts strategic adaptation. The bottom line is that the C-Suite needs to take aggressive action on the “current state” of population health culture of wellness outcomes to ensure “future state” hard returns. Their focus needs to drive avoidable health care costs, the full value of workforce health and advanced mind-body-health-

wellbeing programs that address employee health and safety.

Improvement is of the utmost importance. It no longer matters whether costs arise from occupational illnesses and injuries or non-work-related “health span” problems as long as the issues are resolved and quantify value. As we move the needle to show financial impact of population health outcomes using VOI metrics currently available — and recognize that IT data capabilities are constantly evolving — the data analytics will have to mirror integrated programs.

### **A Path Forward — High-Value Personalized Care Support**

The future state of population health must include an integrated behavioral health component with tracking measures that tie to business performance. Purchasers willing to invest need to report efficacy up the chain of command. Behavioral health will take on a personalized, proactive, patient-driven care approach that will become part of a broader offering to include 24/7 personalized care support advocacy services.

Patrick J. Kennedy, former U.S. Representative of Rhode Island and Founder of the Kennedy Forum thinks people with mental health conditions and addictions are just like you and me, but they're managing what is essentially a chronic disease from which they can recover, get better and live full, long, happy lives.

“Looking to the future, employers are bolstering investments in mental and behavioral health and in the financial

# A Game Changing Gem - High Tech, High Touch and Scale

It's through Tiatros' extensive high-tech/high-touch scalable clinician-moderated, peer-group psychotherapeutic programs, support and inspiration that enables physician-led population health achievement, bend chronic disease care cost trends, reduce direct behavioral health services provision costs - and return happy, healthy people to whatever matters most to them.

Tiatros is a cloud-based digital therapeutics company that targets the critical role that behavioral health plays in collaborative, comprehensive chronic care coordination.

- Offers an expanding portfolio of online clinician-moderated, peer-group psychotherapeutic programs that employ the evidence-based CBT+ framework
  - Delivered under the supervision of a licensed clinician, typically over eight sessions
  - Leverage the therapeutic power of peer groups who share common health challenges and common health and life goals to develop and practice beneficial behavioral changes
  - Patients access psychotherapeutic programs over any Internet-connected device, typically from the comfort of their own homes.
  - Monitor patients' emotional state and moods using artificial intelligence/natural language analytic capabilities to improve adherence, best practices and outcomes
  - Safely engage the patient and family from anywhere
  - Admit patients from any point of care and create their Tiatros CarePod
- 
- Assemble collaborative chronic disease/mental health care team across systems of care
  - Collect healthcare data from any source
  - Create a single, improvable, accountable care plan

## Meaningful Distinctions

Kimberlie Cerrone, MS, MBA, JD, Founder and Executive Chairman of Tiatros Inc. - a digital therapeutics company that offers a portfolio of online clinician moderated, peer group psychotherapeutic programs that employ the framework of a form of evidence-based psychotherapy called Cognitive Behavioral Therapy plus Wellness, or CBT+: "1) Gives physicians the power to influence what they consider to be their patients' most fundamental, least addressed determinant of health; 2) Delivers measurable improvements to the critical markers of treatment experience, patient engagement, protocol compliance and care team participation; and 3) End users - clinicians, patients, family members,

and the other non-clinical influencers of a patient's social determinants of health alike, tell us that we make them feel more connected, empowered and in control of mind-body-health-wellbeing realization"

## New Market Entrant — Value Proposition Summary

Tiatros Inc. is a digital health pioneer that delivers a chronic care management solution that enables doctors to integrate evidence-based behavioral health care services for the major psychiatric illnesses, including depression, anxiety, panic disorder, eating disorders including obesity, addiction and insomnia to patients' chronic disease care outside of the hospital and clinic

using any internet-enabled device. Doctors create private social networks around each patient, called Tiatros CarePods, to foster collaborative psychotherapeutic care programs and build longitudinal relationships among the entire care team, including other clinicians, the patient, their family and non-medical caretakers.

## Endnotes

Depression, anxiety, panic disorder, addiction, eating disorders, including obesity, and insomnia are all treatable with a form of psychotherapy called Cognitive Behavioral Therapy Plus Wellness, or CBT+. CBT+ is in widespread use in the United States and around the world. It has been studied for over 40 years, with thousands of empirical studies documenting its safety and efficacy. We know that 80% of people who complete a course of CBT+ therapy have a full and sustained recovery. The problem is that not that we don't know how to treat these mental illnesses. CBT+ is a very effective treatment for these disorders, but it is not available to most Americans or to most people around the world. Tiatros' mission is to deliver evidence-based psychotherapeutic services to tens of millions chronic disease patients, and to get them to complete their course of care. If Tiatros succeeds, then 80% of these patients will have a full and sustained recovery and the overall cost of chronic disease care in the United States will plummet.

wellbeing of their workforce. Influencing physical well-being is a top-three priority among 85% of employers, followed by improving employee engagement in healthcare decision making for 65% of companies, emotional/mental wellbeing among 59% and financial security and wellbeing for 58% of employers,” further stated Sarasohn-Kahn.

“Employers have recognized that the mental status of their workforce plays a major role in the health, productivity and safety — and bottom line — of their businesses,” said Larry S. Boress, President/CEO, Midwest Business Group on Health and executive director of National Association of Worksite Health Centers. “The simultaneous presence of mental health and other medical conditions can double or triple the total cost of care,” further states Boress.

There were \$220 billion in behavioral health costs in 2014, according to a recent presentation at the National Press Club by Alan Weil, editor in chief of Health Affairs. While the price tag is staggering, the percentage of all health expenditures tied to mental health and substance abuse treatment is small (6.4% and 2.2%, respectively).

“The tide is changing in integrative health (population health). I view it through a lens of physical, emotional and mental connectedness as well as guided, personal care transitions and sustained engagement that will achieve optimal care transitions across the continuum, moving from prevention to the treatment of the most acute and severe conditions in order to realize a mindful presence (or self-actualization) of mind-body-health-wellbeing in life,” notes Perlman.

A huge concern is that many serious cases go untreated. For example, about 2.8 million of roughly 6.9 million adults with serious mental illnesses in the U.S.

do not receive any mental health treatment, Mark Olfson, M.D., a mental health services researcher and research psychiatrist at Columbia University, noted at that same event. There could be several explanations as to why so many people with behavioral health issues are falling through the cracks, beginning with the stigma long associated with these conditions and some payers are reluctant to invest when the analytics don’t support the efforts.

“I think it stems from a mental health perspective. We need to help people do those things that are important to not only avoid becoming depressed or getting anxious, but as our positive psychology friends would emphasize, making sure that people are happy and fulfilled and have a sense of gratitude in their lives,” said Perlman.

And so I think being more proactive about “whole-person” mental wellness, if you will, is something that we’ll hopefully see more of... and then I also think that, of course, the continuum continues on from there in regards to the level of personalized care support that someone could get, depending on the degree of mental distress that they’re under,” Perlman adds.

### **The Game Changer Strategy at Work**

Population health management has been around for decades, but only recently has gained the unyielding attention from mainstream healthcare enterprises and provider organizations. These early adopters are taking aim at the value of population health culture of wellness improvement innovations and their speed to value/speed to return.

“Everyone in health care is talking about population health. These two simple words - Population Health - describe a systematic approach to promote well-

ness and prevention, manage chronic diseases and generally improve the health and wellbeing of our citizens,” states David B. Nash, MD, MBA, FACP, Dean, Jefferson College of Population Health, Thomas Jefferson University. “Population health is changing the landscape of health and healthcare delivery.”

“Social determinants have the most significant collective impact on health outcomes much more than sick care,” states Paul Grundy, MD, MPH, IBM’s Chief Medical Officer and Director, Healthcare Transformation Healthcare Life Science Industry. “We must continue to address the social determinants of health in our neighborhoods and fully integrate the medical-behavioral aspects of the healing process if we truly want to improve the breadth and depth of patient-centered care and promote the nation’s health,” further states Grundy.

Though population health traditionally is not considered a major focus of employers, a myriad of forces is driving these organizations and their strategic alliance partners to address the medical, behavioral, social and non-medical factors that determine health span outcomes and workforce productive advantage.

### **Ahead of the Pack**

IBM Watson Health and Prevea Health are pulling ahead of the pack in the population health space by integrating high-value personalized care support into their vision and business models to help people live their best lives. What’s unique about these two game changers is that they jointly walk and talk using their own products and services for their own employees.

Prevea Health continues its physician-led population health innovations across its more than 21 locations designed to extend the reach of the physician and care team beyond the office or hospital. IBM Watson Health’s capabilities help Prevea



Health track-manage larger groups of patients while giving them effective tools for self-management, including risk assessments, which guide the patient through self-discovery to realize real-time health span achievement.

## Understanding Impediments to Improvement

According to State of the Industry Situation Analysis research conducted in August-September 2016 by the Informed Opinion Leadership Action Group, key impediments were noted:

- Failure to include a root-cause/behavioral health analysis.
- Misaligned, reimbursement models and non-integrated medical and behavioral health payment methods.
- Insufficient analytics and the inability/lack of desire to dig deep for trends
- Lack of primary care inclusion in complex care management solutions.
- Lack of value-focused comparative effectiveness outcomes research.
- Insufficient use of or access to telemedicine capabilities via remote consults for behavioral health issues.
- Inability to provide the glue to transition employees to embrace personalized care support with behavioral health interventions.
- Lack of “Vulnerability Index” reporting, which measures the balance of an individual’s mix of “unmentionables” — life-context conditions like financial stress or caring for an aging parent — and patients’ ability to cope with these conditions.
- Inability to implement new ways of working within an enterprise-wide “culture of achievement” that improves the quality of life and economic wellbeing of the organization, its workforce and stakeholders in the community.

## On the Horizon: Personalized Care Support

Organizations are acknowledging the technologic advances that are transforming the diagnostic abilities of health care providers, which are evolving into personalized care support systems to unify fragmented delivery of care. Now we need to identify appropriate technologies and merge them into a new model.

## Starting with the End in Mind – Best Care at Lower Cost

According to National Academy of Sciences, Roundtable on Value & Science-Driven Health Care report in 2012: “the quality of care depends not only on the effectiveness of a given treatment but also on the way that treatment is delivered. Thus it is necessary to build knowledge about different methods of delivering care and provide clinicians and health care organizations with tools to improve care processes.” A mindful learning health care system is noted below.

Best care at lower cost is the end game. “Engaged patients are central to an effective, efficient and continuously learning system. Clinicians supply information and advice based on their scientific expertise in treatment and intervention options, along with potential outcomes, while patients, their families and other caregivers bring personal knowledge on the suitability—or lack thereof—of different treatments for the patient’s circumstances and preferences. Both perspectives are needed to select the right care option for the patient. Communication and collaboration among patients, their families and care teams are needed to fully address the issues affecting patients,” states Mark D. Smith, Chair, Committee on the Learning Health Care System in America, President and CEO, California HealthCare Foundation.

Mindful Innovations in Behavioral Health All too often, patients are treated only for their physical conditions and not the accompanying behavioral issues. But those

with behavioral health issues (which include mental health and substance use conditions) often return to the doctor again and again with similar physical problems related to the untreated behavioral condition — driving up costs. What if people had access to quality, effective behavioral health care located at the same site as their existing primary care provider? Integrated care for behavioral health in primary care settings, particularly at the same location, has been proven to help increase patient screening and treatment, leading to high-quality care and better, personal health outcomes.

In an effort to contain the costs associated with the treatment of those with behavioral health issues, the concept of personalized care support (PCS) begins to emerge. This movement is an approach to health and outcomes maximization, cost-effectiveness and personalization that focuses on helping people reach their health and wellbeing goals as defined by them — not their provider.

Health is the product of many behaviors, cultural influences and community relationships that lie in the settings of everyday life and yet most of our health spending goes to the healthcare industry narrowly focused on “wellness” (prevention in disguise) and sick care. “Given the rising cost of care, combined with ageing populations with multiple chronic conditions, this narrow focus has created an increasingly expensive and inaccessible healthcare system that demands sustenance at all costs but is ultimately unsustainable. We need to take a long, hard look at whether the well-intentioned quest to support health through the lens of disease has detracted from supporting other activities that have the potential to create health in the settings of everyday life,” said Dr Pritpal S Tamber MBChB, President, Communities Creating Health, Creating Health Collaborative.

Health is a means to what's important — caring for family, enjoying friends and hobbies, succeeding at a job, living long enough to see grandchildren grow, or concentrating in a classroom. How, then, do we understand and value the health of a community based not just on exercise rates or prevalence of diabetes, but on its ability to help people attain what matters to them?" The answer lies in evolving population health into the game-changing personalized care support approach to support the health and lives of organizations' most value asset. Their people.



### **About the Author**

Les C. Meyer, MBA is a principal of HPI Advisors, LLC who chairs the Informed Opinion Leadership Action Group. He is a Leadership Board Member at the Business Performance Innovation (BPI) Network and a member of its sister organization, the Chief Marketing Officer (CMO) Council and Member, National Academy of Sciences, Roundtable on Population Health Improvement, Health Enhancement Research Organization (HERO) Employer-Community Collaboration Committee, Senior Fellow Emeritus,

Jefferson School of Population Health and Member, Robert Wood Johnson Foundation Leadership Network.

Les C. Meyer is a serial entrepreneur, global executive leader and MBA with extensive experience in mindful innovation and self-actualization. His work focuses on transforming health and performance improvement through innovation leadership. He has worked with many organizations to help them achieve an optimal healthy workplace and workforce and achieve functional wellbeing outcomes via science-based mind-body-health-wellbeing, resilience, vitality and sustainability next practices.