

**Health Information Technology Policy Committee
Meaningful Use (MU) Workgroup
Population Health Session
July 29, 2010
*Conceptual Comments as Background,***

The focus of this testimony revolves around 2 primary questions:

- **What population health effects should public health agencies expect as the nation moves toward meaningful use (MU) of certified EHRs?**
- **How can governmental public health agencies leverage these MU efforts and investments and the goals of a learning health system to improve population health?**

The *HIT Strategic Framework* document makes reference to population health in numerous places. A foot-note defines population health as:

“Population health includes quality improvement, biomedical research, and routine and emergency public health preparedness and response.”

The scope of this session is not as broad as this foot-note. At another date, some issues (e.g., biomedical research) may be dealt with by the Meaningful Use Workgroup or the HIT Policy Committee. Today’s focus will be on the phrases “quality improvement ... and routine and emergency public health preparedness and response”. Certainly some discussion may touch on other pieces of this Framework definition but we seek to limit the scope.

To provide some guidelines to our invited testifiers, the Workgroup attempted to give more clarity to the meaning of population health. Admittedly imperfect, each panelist was provided the following definitions to assure a consistent context for discussion:

- **Population health:** a conceptual approach to measure the aggregate health of a community or jurisdictional region with a collective goal of improving those measurements and reducing health inequities among population groups. Stepping beyond the individual-level focus of mainstream medicine, population health acknowledges and addresses a broad range of social determinant factors that impact population health. Emphasizing environment, social structure, and resource distribution, population health is less focused on the relatively minor impact that medicine and healthcare have on improving health overall.
- **Governmental public health:** a core infrastructural entity that organizes an extended community (i.e., health care delivery system, schools, social services, academia, and legislative/regulatory and justice systems) to improve population health

Others have differing opinions about the meaning, required infrastructure, and target population(s) when discussing population health. The following table provides some examples of how varying responsibility perspectives may define the targeted population. The primary focus of this session is the shaded governmental line. Since governmental public health is defined as the core of an

extended community infrastructure, many public health actions will both contribute to and/or leverage responsibilities described on other lines.

Population Health Approaches by Responsibility Perspective *(this hearing will primarily focus on the shaded line)*

Responsibility	By whom	Target Population	Description	Examples
Societal	Broad public-private coalition	Everyone	Resource distribution, environmental, and social determinant factors affecting the population's within a community	Societal responses to: 1) obesity, 2) an oil spill, or 3) general health disparities
Governmental	Local, state, federal, and WHO	Everyone	Public health agencies that focus on the entire population	Targeted efforts to immunize against H1N1. Identifying and controlling an outbreak of E coli Post marketing surveillance and management of rosiglitazone adverse events
Accountable Care Organization (ACO)	Hospital, primary care physicians, specialists and other medical professionals in a medical referral region.	ACO member's patients	Services provided under fee-for-service, but organization's members coordinate care for shared patients with the goal of meeting and improving on quality benchmarks.	Joint care accountability and shared cost savings from quality and efficiency gains for patient outcomes
Health care organization (HCO)	Quality coordinators, providers and ancillary staff	HCO patients	Quality improvement efforts within the HCO, focused on the HCO population	Care quality and efficiency and patient cared for in a specific HCO
Case Management	Insurer	Insured patients	Population selected for complexity, cost of care and desire to improve outcomes and reduce overall expenses	Patients with diabetes and cardiac co-morbidities who may be offered specific in-home services

MU measures and criteria present an opportunity to integrate efforts across the table rows, creating a more societal perspective. The same population may be represented on multiple rows, suggesting a potential for coordination. The HIT Strategic Framework provides a rationale for that coordination. That document is included in your packet to guide development of your testimony.

Governmental public health organizations invited to testify today have authority over their respective jurisdictions. That authority comes with a responsibility to convene, collaborate and contribute to the societal responsibility described in the table, by enhancing public health capacity. Speaking with and on behalf of the spectrum of health and health care system participants in their jurisdiction is a governmental role. Governmental public health agencies and their various populations (or population perspectives) will be affected by rapid information flows promoted by adoption and meaningful use of certified EHR products. The front line public health practitioners who participated in the planning of these sessions and those invited to testify will hopefully provide a vision of an learning health care system that optimizes knowledge generation throughout the interoperable system described in the strategic framework.