Q. How Can Population Health Management Align With Bundled Payment Models?

Bundled payment models continue to expand across service lines, providers, payers and employers. Similar to these models, population health management helps organizations decrease the total cost of care, improve patient outcomes, illuminate clinical variation across providers and mirror the key objective of CMS of putting patients first. Both strategies are driving hospitals and health systems to not only provide but also integrate care within and outside hospital walls, as well as define a clinical episode beyond the initial patient hospitalization to include all post–acute, care services received.

CMS has been extending the length of bundled payment episodes, and I expect this to continue once CMS releases the details for the Bundled Payments for Care Improvement (BPCI) advanced model later this year. For example, the Comprehensive Care for Joint Replacement Model (CJR) includes 90 days of care, as does the Episode Payment Models (EPMs) mandate for acute myocardial infarction (AMI) and coronary artery bypass graft (CABG). The Oncology Care Model (OCM) covers six months of services.

In addition, both Medicare and Medicaid are expanding beyond procedural or episodic bundles to evaluate proposals for chronic disease bundles, such as AMI, diabetes, chronic kidney disease, chronic obstructive pulmonary disease (COPD) and asthma and behavioral health. The shift to these bundles supports the population health management strategy of caring for patients across a care continuum, including services received at physician offices, medications, wellness and prevention and testing.

With bundle episode lengths increasing and the list of clinical episodes growing, population health management will continue to align with the implementation of bundled payments, hopefully resulting in improved outcomes and an enhanced patient experience.

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