

Population Health Management: You may be doing more than you think.....

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Daniel is a nurse by background and continues to work shifts at his local hospital's ICU. Building on his practical nursing experience, he has spent the past 16 years delivering technology-enabled transformation programmes across health and social care.

I heard it once said that if you have seen one ICS...you have seen one ICS! And in some ways that is very true—people, places and priorities are rightly different across England. And whilst I would agree uniqueness brings a kaleidoscope of innovation possibilities, I think it is safe to say some things are also the same.

Integrated Care Boards (ICBs) became statutory in July of this year. A critical part of what these newly formed ICBs will do, and do differently, is to determine their local population health strategies and how digital will enable and accelerate their work to improve health and social care outcomes.

Aligning effort

For every programme of work I have been involved in, I never cease to be amazed by how much duplication of projects or initiatives exist within a single region. One particular health and care partnership I worked with in 2020 was running a frailty programme focusing on frail elderly, creating interventions to reduce the progression from moderate to severely frail. As this

work evolved, it became clear that there were several other similar projects looking at frailty. Within six months we had identified a further five frailty related initiatives. Had this been clear from the outset, we would have had the chance to align, rationalise, accelerate and scale the efforts.

Spending time understanding the initiatives currently underway, the goals/objectives, and the progress of plans, provides invaluable insight into what is working, or not working, and why. Moreover, it offers an opportunity to combine work where it makes sense and pause to review where the objectives are not clear and/or sufficient progress is not being made. Right now, resources are more stretched than I have ever seen, and it is therefore all the more necessary to prioritise high impact work across the region.

Is digital supporting your needs today?

Taking stock and appraising what empowering technology you have across the ICS, and whether it is sufficient to support your needs today and tomorrow, will allow thoughtful decisions to be made regarding investments in technology. Undertaking large digital programmes is both expensive and time consuming and can come at a significant opportunity cost. Getting the most out of what you already have can help ensure energy and resources are focused on delivering better outcomes for your populations today. What is crucial, as you look to drive population health and health equity, is the ability to create a linked dataset.

Linked data

In our health and care systems an individual's data is recorded in several separate systems (acute, primary care, community, social care, mental health). Each provider will hold a piece of the picture where they have provided services, but they will not have data on how individuals have interacted with other services.

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With a linked dataset, you can truly understand what is happening to an individual across the entire spectrum of health and care services and appreciate the outcomes of care provided. At an aggregate level, it is possible to identify unwarranted variation; for example, where uptake of vaccines may be low in a particular ethnic group. One could also uncover an unmet need, such as an individual's hospital blood test records a high HbA1C (marker of uncontrolled blood sugar), but there has been no follow up in primary care to investigate possible diabetes.

Linked data can offer a powerful tool when presented to those on the front line—providing meaning to what they see and allowing creative approaches and interventions to address challenges. I have been fortunate enough to see the impact of this approach across a number of ICSs addressing a range of local challenges through the delivery of the NHSE Population Health Development Programme. The programme used snapshots of linked data to support the identification of small cohorts of individuals enabling multidisciplinary teams to focus their energy and deliver targeted interventions.

200 Prevented hospital admissions

£400K Savings for local healthcare system

In this sense, starting small enables the work to be agile, move at pace, maintain motivation, and provide proof points to the value of linked data. This can then be celebrated, communicated, and will serve to build momentum to scale and sustain. There are plenty of great examples of where simple linking of data, and engagement with health and care professionals around a problem they are motivated to address, has created new ways of working and meaningful outcomes.

North Central London ICS linked primary care data, local Patient Tracking Lists (PTLs), and indices of deprivation data. Building analytics over this rich dataset allowed multidisciplinary teams at the PCNs to holistically understand how the wait impacts individuals' lives and create a range of interventions—improving the health of individuals on the list so they can 'wait well', making decisions on prioritising up the lists, or in some cases removal from lists where a procedure was not the optimal treatment.

Luton Children and Adults Community Health Services used data-driven analytics to better predict, intervene and manage its frailty population. Linking community with acute (A&E attendances, unplanned admissions, hospital discharges) data, they were able to identify and predict people with severe and moderate frailty

in need of additional support, which resulted in over 200 prevented hospital admissions and in excess of £400,000 in savings for the local health and care system.

What next?

I am hugely excited by the increasing role data and technology has in driving improvements in [the quintuple aim of healthcare](#). The evolving field of data science and the use of machine learning (ML) will play an increasingly important role as we look to better understand and predict risk in our populations. However, we should be wary of getting distracted and losing focus when there is so much opportunity and ability to move fast by keeping it simple and appreciating the power of a linked dataset.

So, my advice to the new frontier of integrated care—take a look at what you have today both in terms of programmes of work and the technology you have to enable it. Think about the ability to link data and put it in the hands of those on the front line who are best placed to understand it and use it to focus their efforts on improving the health and care of individuals across our communities.

You probably already have what you need; you just need to find it.



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