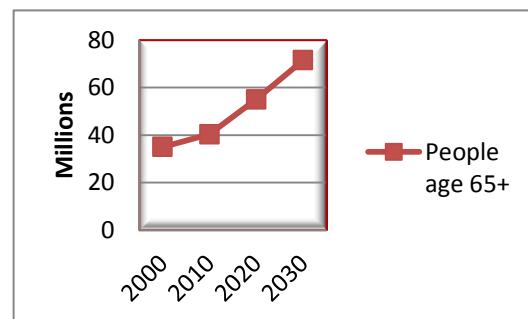


## Pop Health: Target Improvements beyond an Apple a Day

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November, 2015

**Population Health:** As we begin to concentrate our efforts on population health, our interventions need to go way beyond healthy eating advice. But at the same time, we cannot take on the entire population at once; we must narrow our approach and target those segments of our population that will make the greatest impact.

**Where to start?** It should come as no surprise that America's population is aging. Additionally, CMS estimates that nearly 70% (or 35 Million) Medicare beneficiaries have 2 or more chronic conditions. In response to this data, CMS acknowledged that the work that occurs behind the scenes to coordinate care is substantial and not paid for in the current reimbursement model. Furthermore, CMS recognized that the work done by the entire healthcare team is valuable and necessary as we move into a model of care that focuses on improving population health. Therefore, in January 2015, CMS began paying for Chronic Care Management (CCM) as part of comprehensive care coordination programs. Unfortunately, according to a Modern Healthcare article published in October (Dickson, 2015), only 100,000 Medicare beneficiaries have received this service thus far.



**Target Practice:** It is time to take aim at practice models and begin transforming into a population health model. Begin with CCM and you will receive reimbursement while building your care coordination program. To determine your potential revenue, you can plug your numbers into the revenue calculator found at [www.crossTX.com](http://www.crossTX.com), our partner in bringing technology solutions to your program. Next, note that CCM is paid on a per beneficiary per month model and incorporates all of the non-face-to-face time spend by your healthcare team. Gain an understanding of how much time your staff spends on behind the scenes work? Talk to your RNs and other practice staff to ascertain which patient populations they spend the most time coordinating care. You may already have your first targeted population that you need to build a program around. I can assist you in a full assessment and help you determine next steps.

For more information on implementing a Chronic Care Management program, watch the recorded webinar "Are Your Physicians Leaving Money on the Table" found under Thought Leadership on our website [www.HealthTechS3.com](http://www.HealthTechS3.com) and feel free to reach out to me if I can be of any assistance as you assess your potential for implementing a care coordination program.

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