Tossing the Script: How a New Population Health Accreditation Program Could Shake Up the Industry

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Population health is on the rise, providing a growing set of strategies and tools to improve health outcomes across communities. It is a fast-growing industry, projected to expand 16% annually through 2025. In academic medical centers, there has been a rapid increase in new departments focused on population health.

And now, it is the focus of a new National Committee for Quality Assurance (NCQA) accreditation program, replacing the longstanding Disease Management Accreditation program. In September of this year, Evolent Health became the first organization to earn Population Health Program Accreditation from NCQA.

This new Population Health Program Accreditation is major news for the field for two reasons. First, it provides further proof that population health has arrived as a discipline. It’s been a buzzword for decades, but there hasn’t been consensus around what it means to have a population health program.

Some organizations might advertise themselves as offering a population health solution, but they’re delivering one or two pieces of the puzzle—as a technology platform, or clinical programs that focus only on patients who incur high costs or high utilization.

With the new NCQA accreditation, we now have a clear bar for what it takes to deliver a comprehensive program to achieve outcomes that meet the needs of a specific population. What are the specific needs of your unique population? How do you integrate data from various sources, then use it to identify high-risk patients? What evidence-based programs are you running to intervene with specific groups of these patients? How do you engage providers? How do you track your outcomes? To earn accreditation, you need to have answers to such questions and then back them up with documentation.

Second, this new program signals that NCQA will not abide by the status quo for much longer. By sunsetting Disease Management Accreditation—it stopped accepting applications for that program in November 2019—NCQA is pushing the industry to move on from a model that has become outdated. Disease management (DM) programs will need to evolve to the more robust population health approach (no small undertaking) or somehow get by without a new accreditation that payers and partners will likely demand.

A New Paradigm

A generation ago, disease management likely seemed an innovative approach. With the digitization of medical data, plans could more easily target patients for improvement based on their disease and a defined set of criteria. Rather than sifting through paper records, they could query databases for specific groups of members—for instance, those with diabetes who have prescriptions for insulin and a hospital visit in the past year. Disease managers could then reach out to long lists of these members and offer education about how to better manage their disease.

DM has since been eclipsed by population health approaches. Where DM shines a spotlight on narrowly defined groups of members, population health programs detect the most high-risk members regardless of their specific health problems. Where DM addresses the disease, population health looks at individuals beyond their conditions and addresses important life factors that influence outcomes, such as financial burdens, behavioral health issues and lack of housing or transportation. Where DM often targets members who have already incurred high health care costs and utilization, population health programs can identify those at risk of future costs.

Spurring Industry Change

The new Population Health Program Accreditation will provide more than NCQA’s stamp of approval. It will open the doors to more opportunities—or at least keep the doors open. That’s because some payers require that health plans maintain NCQA accreditation. For example, many state Medicaid agencies require that managed care organizations (MCO) be NCQA accredited. This includes at a minimum complying with NCQA health plan standards in quality improvement, network management, utilization management, credentialing/recredentialing, member experience, and now, population health management.

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MCOs or health plans that seek out partners to delegate population health activities will have an advantage if the partner already has earned Population Health Program Accreditation. A partner with this accreditation will provide the health plan with “auto-credit” for certain delegated activities, alleviating some of the burden during the Health Plan Accreditation renewal survey. The plan also won’t be required to perform as much oversight of the work that the NCQA-Accredited partner is performing on its behalf. As a result, there’s less work for the plan.

While these opportunities are attractive, some DM programs will need to transform themselves to meet the new Population Health Program standards. Having two or three disease-focused programs and managing high-cost, high-utilization patients will no longer be enough. To operate in a value-based world, they will have to take care of an entire population, including the pediatric population, women who are pregnant, those at end of life and others. At Evolent, we have about 25 clinical programs, which makes it easier to develop a true population health strategy and manage the complexity of diverse populations while meeting state and regulatory requirements.

To achieve a return on investment, new population health programs will also need to tailor their approaches to individual members. At Evolent, before we even outreach to a patient, we understand their level of risk in various domains, past health history, gaps in care, the medications they are taking, and more. With advanced analytics, we can use a multitude of data points to predict the best method to engage them and the level of support they will likely need. Patients who are motivated to change might agree to care management after a short phone call. Others may be more inclined to engage if their provider initiates the conversation and then hands off to a Care Advisor. Having this information in real-time improves the patient's odds of success while at the same time helping us get the most from our care management resources.

Instead of the scripted phone calls traditionally used in DM programs, population health interventions also need to meet members’ specific circumstances. Not every member with diabetes and hypertension will require extensive services from a registered nurse. They might benefit from a community health worker or social worker to help them make a doctor’s appointment, find transportation or get copay assistance for medications.

This approach—finding the most “impactable” members of a population and tailoring interventions to their needs—isn’t easy, but it’s effective. At Evolent, inpatient admissions were reduced by 66%, ED visits dropped by 51% and medical spend decreased by 48% among rising-risk patients with multiple chronic diseases in a care management program, versus those in a matched control cohort.

With its new Population Health Program Accreditation program, NCQA is sending a clear message that the discipline of population health has come of age and that focusing on the disease alone is not sufficient. The focus is now on behaviors, events and the social determinants of health of complex human beings within the context of their illnesses. Rather than wait for the industry to catch up, these new standards will push the industry forward, and ultimately improve the health of communities.