# ELEMENTS THAT SUPPORT PAYMENT REFORM FOR POPULATION HEALTH

AcademyHealth

AcademyHealth's Payment Reform for Population Health (P4PH) initiative examines ways payment reform can support community-wide population health improvement. Throughout the course of the project, the team identified four major elements that influence the way health care purchasers, plans, and providers can support sustainable funding strategies that bolster non-clinical community-wide population health. These elements include shared data collection, analysis and evaluation, a trusted environment where collaboration across sectors is possible, alignment of clinical and community resources, and payment and financing models that incentivize investments in social determinants of health. This issue brief outlines key aspects of one of the elements: shared data collection, analysis, and evaluation. To learn more, visit www.academyhealth.org/P4PH.

Shared Data Collection, Analysis, and Evaluation
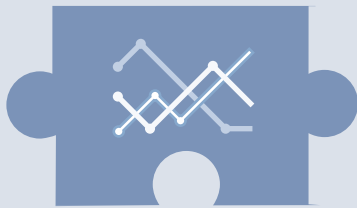
Health systems need data to understand where to focus investments in non-clinical support services—access to aggregated data from multiple sectors can assist health systems in targeting their efforts. Additionally, the ability to track individual patients across multiple social services areas (e.g., health, housing, employment) is critical in order to assess the overall needs of a community, identify high-need populations, understand the gaps in capacity, and evaluate the success of joint efforts.

In order to achieve these goals, health systems must overcome barriers including logistical, financial, and legal challenges to integrating clinical and non-clinical data.

On the logistical side, such data integration requires a sufficient and adequately trained workforce with the necessary expertise. Collaborating partners also must decide which metrics (existing or to be developed) are needed to track and use for evaluation and accountability.

Financially, integration efforts also often require significant investments in internal health information technology (e.g., electronic health records) as well as linkages across systems (e.g., state or regional health information exchanges). However, the lack of "real time" availability of both clinical and non-clinical information as well as data-sharing privacy and security concerns may limit the speed and ease of access for community partners to use multiple data sources to inform patient care and larger system-wide decisions.

Other, less tangible, but equally important barriers include the need for a shared vision, commitment to collaboration, and mutual trust in data sharing between health systems and their community partners.

Health systems interested in data integration across sectors must explore:

- The population-level metrics that are most useful to track investments in non-clinical support.

- How to leverage electronic health records and other sources of clinical data to both identify complex patients and connect with outside data sources to gain a more complete perspective of overall population health.

- The need for a centralized data warehouse to facilitate multi-sector data integration.

- The social services sectors able to most easily integrate with clinical data as well as those needing additional technical support to facilitate integration.