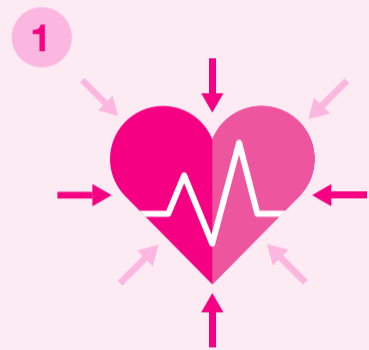


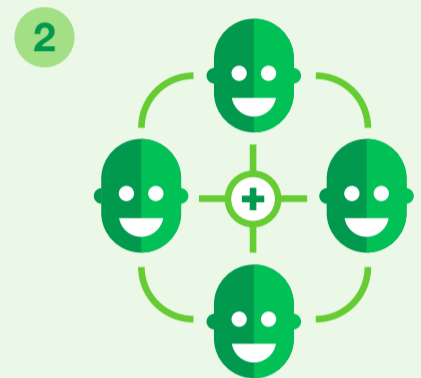
# The trend from community to population-based healthcare

Community-based healthcare made great advances toward improving health within given geographies. Now, leading practitioners are moving beyond place to think in terms of special groups of people, or populations. This move to population-based healthcare requires new ways of thinking, as highlighted in a recent industry report that points to five key considerations:



## 1 Focus on high-risk groups.

People with complex and/or chronic conditions – the “super-users” of healthcare – account for a disproportionate amount of overall health costs, so keeping them healthier can produce disproportionate savings, too.

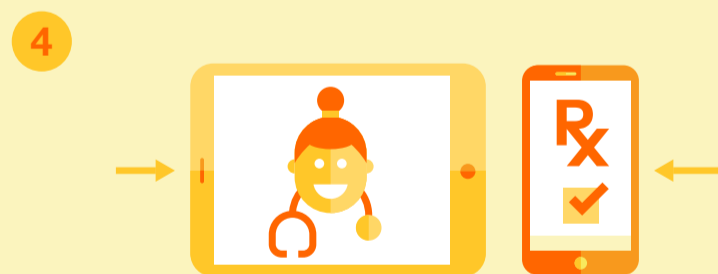


## 2 Ditch the silos, integrate your team.

Multi-faceted organizations and partnerships will have to much more thoroughly align on everything from patient care to payment models.

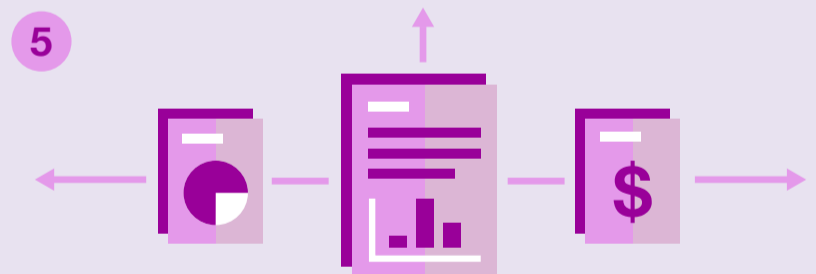
## 3 Develop new skills in your workforce.

Don't expect physicians to simply pick up additional roles; let them concentrate on care, and consider developing “population health managers.”



## 4 Make it easy for patients to engage.

Center your access to physicians around the patient – not just the physician's office – by expanding leading-edge mobile and telemedicine options.



## 5 Make your data useable, accessible.

Data is abundant; understanding is not. Physicians and administrators need simplified access to a patient-centered view of care data, in real-time, including cost implications.

Sources: What is community health? – NIH.gov | How values-based care is changing population based health. – US News | Community-based primary health care – AMOS | Making the transition to population health – Becker's Hospital Review | 3 Population Health Management Strategies to Cut Costs – Health IT Analytics

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