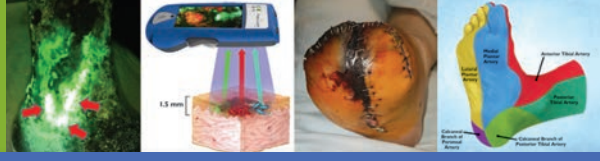

What's Next: Population Health Management

Now is the time to position yourself for the coming changes.

BY JEFFREY LEHRMAN, DPM

The fee-for-service model that we have worked in for our whole careers is going to end. Population health management, alternative payment models, and other programs that track and reward both quality and decreased costs are next. Our reimbursement will be based less on how much of what we do, and more on how effectively we do it and the outcomes we achieve.

Population health management focuses on data. This usually involves a system that processes clinical, financial, and outcome data. Aggregating this data from multiple sources into one location can help to identify those patients that are at the highest risk for complications and the costs associated with them. Some of these systems even employ software that provides stratification profiles for individual patients. This should help us to provide better care that is more preventative in nature, rather than reactionary. Reimbursement models on the rise reward practitioners who achieve better outcomes and decrease costs. This is best accomplished by preventing pathology before it occurs.

For podiatrists, one area where we can do a much better job of prevention is diabetic foot ulcers. Preventing just one ulcer, rather than attempting to heal it after it occurs can significantly improve the quality of life of a patient, maybe even save their life or their leg, and save thousands of dollars in healthcare costs. Preventing a diabetic foot ulcer requires care of our patients while they are in our offices, and close monitoring of them when they are not.

In Our Offices

The good news for podiatrists is that many of us already have diabetic foot ulcer prevention in mind when seeing our at-risk patients. Using newer techniques and taking what many of us already do a step further can achieve better outcomes and position us for success in the world of population health management. Doing so can allow us to transition what we do in our practices to population health management. Taking a basic diabetic foot exam further allows us to perform a truly comprehensive diabetic foot exam. This goes beyond the lower extremity vascular, neurologic, integumentary, and orthopedic exams.

A diabetic foot exam that is truly comprehensive allows us to identify areas of concern, and address them before they become a real problem.

A diabetic foot exam that is truly comprehensive should include a biomechanical analysis. With technology that is now available, this goes beyond just watching a patient walk up and down the hallway. We now have imaging devices that patients walk on that identify areas of increased plantar pressure. This allows us to identify areas that are at higher risk to ulcerate and offload them before they do.

Our vascular evaluation has evolved as well, born of a need to identify small vessel disease that is often not detected by palpating pedal pulses, or using an arterial doppler. Spatial frequency domain imaging is a new tool that allows us to assess tissue oxygen saturation and hemoglobin concentration using biomarkers, allowing us to identify areas of pre-ulceration before they are detectable on physical exam.

Our neurologic exam also looks different than it did twenty years ago, with the advent of smaller, more user-friendly tools, such as the VibraTip that assesses vibratory sensation with a consistent frequency and amplitude. This is a far cry from the tuning fork that too many of us are still using.

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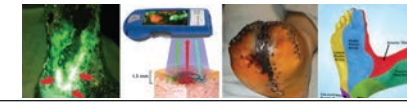

Population Health *(from page 75)*

dress them before they become a real problem. This type of evaluation not only informs the provider, but also the patient. Providing the patient with handouts regarding their own findings helps to empower and educate them, and also improves their own engagement in necessary steps to prevent pathology. Everything that has been described here that we can be doing in our offices not only helps us to embrace population health management, but also helps us in today's reimbursement model. We see this when an encounter with a diabetic foot exam meets the requirements of an evaluation and management service or adding in the components of a truly comprehensive diabetic foot exam increases the level of an evaluation and management service.

Out of the Office

To truly engage in population health management, we must have tools that allow us to monitor patient data between visits. Many of us only see our diabetic patients every two months or so, but we know pathology can develop much more quickly than that. We now have devices that allow us to monitor critical markers that can predict ulceration before it occurs. An example is a device used in the patient's home that patients place their feet on that monitors temperature. An area of increased, abnormal temperature can be identified as a "hot spot", an area at risk for ulceration, and addressed by means of local care and offloading before it ulcerates. There are also shoe inserts that detect areas of increased pressure that can help in a similar manner. When this type of feedback allows patients to see areas of concern themselves, it helps to engage them in the activities needed for prevention.

Employing these technologies positions us for success with population health management concepts and can help us from a practice management standpoint in today's reimbursement model as well. Depending on the technology, the new remote physiologic monitoring CPT codes may be an option with these monitoring devices, which can provide a nice addition to a current practice. Furthermore, information gleaned from this type of monitoring may better identify patients who would benefit from the therapeutic shoe program for persons with diabetes. Some think of the burdensome documentation requirements with this program, which goes back to the population health management concept. When providers of different types are engaged in the same population health management program, the type of information and paperwork exchange that is necessary with the diabetic shoe program can be simplified and expedited.

A standardized approach and one that embraces technology and efficiency is now a must.

We Need to Be Prepared

The way that we get paid is changing. It is changing to a model that increases our accountability. A standardized approach and one that embraces technology and efficiency is now a must. We must have a proactive approach that allows us to identify patients at the highest risk and prevent pathology before it occurs. This can all be better accomplished when working together in an organization that processes and shares data and helps us improve outcomes and decrease costs. These improved outcomes will help us in today's reimbursement model, help us when payers are more discerning about whom they will allow on their panels, and position us for success with population health management. PM

Dr. Lehrman operates Lehrman Consulting, LLC, is a consultant to the APMA Health Policy and Practice Department, serves as an expert panelist on Codingline, and is a Certified Professional Coder. Follow him on Twitter @DrLehrman