



RealPHN

**Real Population Health™
Operating Manual**

2022

Harry Spring

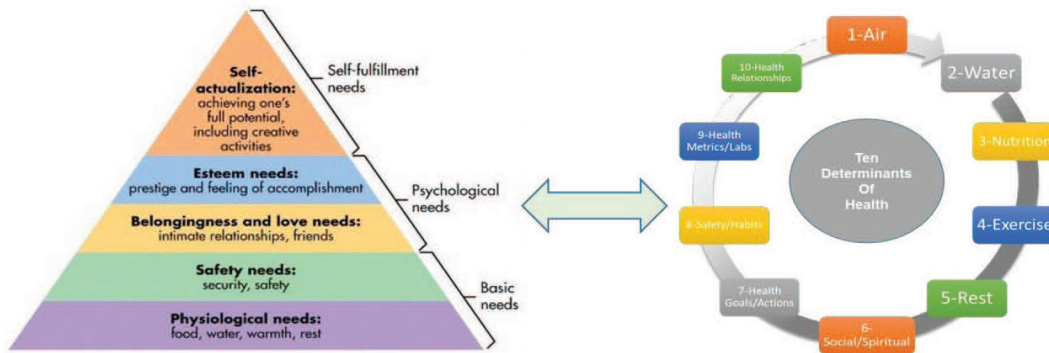


Executive Summary

The Operating Manual presents several strategic structures with operating details. Below is a summary of the Manual's sections:

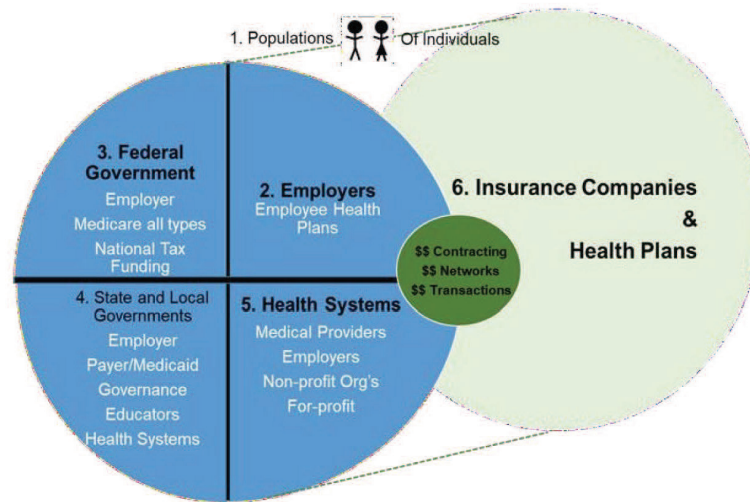
1. Section 1 - Individuals And Health - It All Comes Down To Individual Health, One-On-One, Over Time.

Health and healthcare. As old as Maslow. As basic as air, water, food, etc.



2. Section 2 - Six Healthcare Stakeholders:

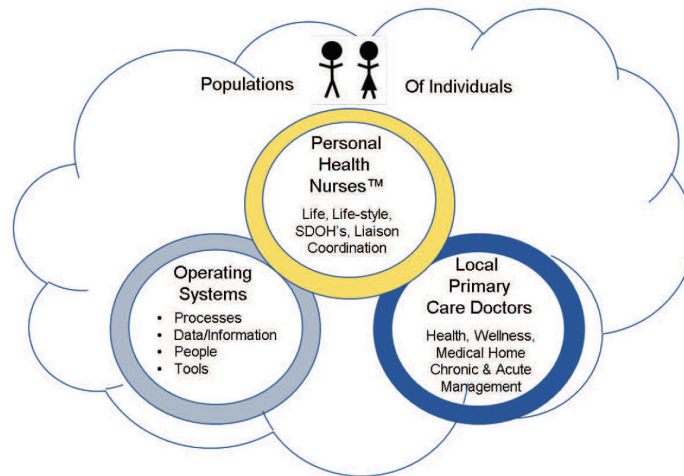
Six identified stakeholders are diagramed below with the general structure of current operations and discussed in depth in Section 2 with fascinating results.



3. Section 3 - Personal Health Nurse™ Structure:

The Personal Health Nurse™, with operating support and integration with Local Primary Care Doctors, establishes an ongoing relationship with individual clients.

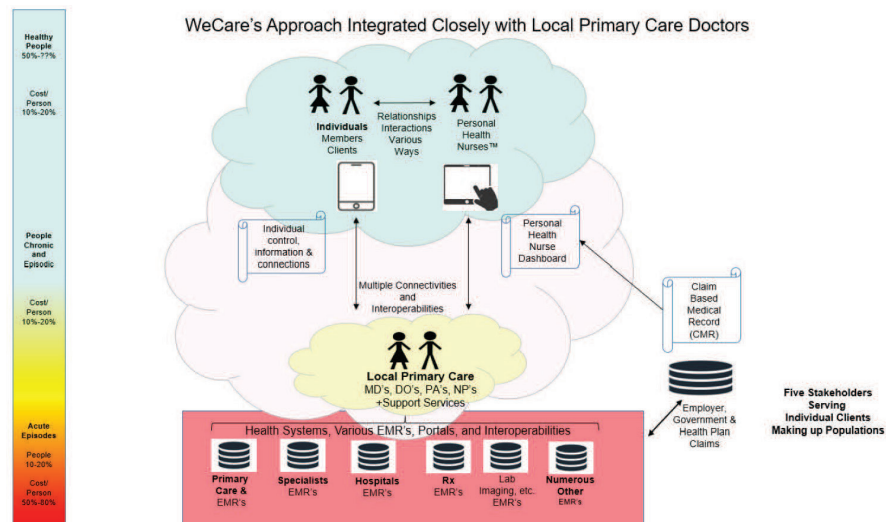
Section 3 reveals extensive details on characteristics, roles, success measures, tools, and other aspects of the key success variable, Personal Health Nurses™.



4. Section 4 - Primary Care Doctors:

Primary Care Doctors are mission-critical to successful Population Health. The diagram below illustrates the fit of individuals, Personal Health Nurses™, Primary Care Doctors, and health systems.

Shown below is the RealPHN model of individual Client Health focused with PHN™ dashboard.



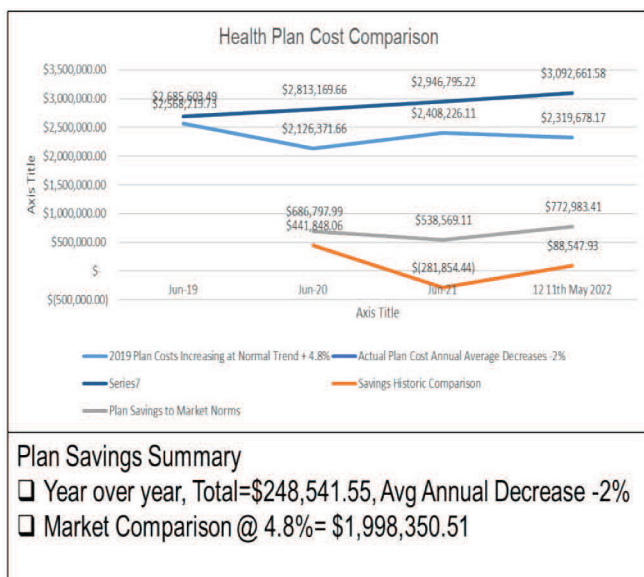
5. Section 5 - Ten Real Population Health™ Plan Management Strategies:

Ten proven recurring plan management strategies that produce Triple Aim results. This is a highly distilled view. System and operational details are extensive and have long-term success proof.

Ten Plan Management Strategies for At-Risk Stakeholders		
2. Plan Design	5. Health Improvement, Safety, and Medical Management	8. Risk Management
3. Finance, Budgeting, and Reporting	6. Direct Health System (all levels) Relationship Management	9. Administration
4. Data Control and Analytics	7. Pricing, Contracting and Networks	10. Compliance
1. Membership		

6. Triple Aim Successes:

Triple Aim successes have occurred over the past few decades when applying the available levels of Real Population Health™. Those successes will continue to advance with refined processes, systems, and adoption.



Cammack Health **AON** **Sustained Focus Yields Results for Adventist HealthCare**

Adventist HealthCare's experience proves that sustaining a culture of well-being over the long term means healthier employees and costs that are consistently below the national average.

Highlights of AHC's results include:

- AHC's average annual compounded trend from 2011 to 2015 was 2.9% versus 7.3% for AHIP (America's Health Insurance Plans) and 6.6% for Milliman².
- AHC's per member per year costs are more than 30% lower than Cammack Health's 2015 hospital survey median³ which included data from 89 health systems and 160 hospitals. Based on AHIP's cost trends for the last five years, AHC on average has saved \$4.3 million annually based on their lower trends.
- In 2015, AHC realized a return on investment of 437% on its investment in utilization review and personal health management.
- In 2015, AHC captured 65% of total inpatient spending and 73% of outpatient spending within their domestic network.
- 84% of eligible plan members who were contracted work closely with personal health nurses (PHNs), versus less than 25% nationally.
- Among members engaged with PHNs, compliance with evidence-based metrics exceeds regional National Committee for Quality Assurance (NCQA) data in every category.
- From 2013 to 2015, the number of members seeing primary care physicians has remained consistent due to AHC's continued wellness initiatives, while the number seeing specialists decreased by 6.5%.

AHC's achievements demonstrate the power of sustained commitment and offer insights other organizations can use to create a high-performing health plan and advance their journey to the Triple Aim.

Garrett Metal Detectors Stories

Meals on Wheels Delaware Stories

1. Lady stuck in ICU. Hospital won't discharge due to complexity of discharge for someone who's in hospice. Nurse arranged place to go for end of life. Avoided going on a vent.
 2. Vet couldn't get from car to clinic for needed tests. Nurse resolved that problem. In process determined his walker was too large to get through doors in his home plus no safety bars in house. Nurse resolve those problems.
 3. Numerous examples of mailboxes being down and no able to get mail, hearing aid batteries need replacing, utilities turned off, smoke alarms need batteries, housing problems, domestic problems, homelessness.
1. Employee, no money, not on the employer plan, diabetic, dangerous blood sugar levels. Nurse arranged appointment with Hope Clinic, the employee came back and said, "they treated me like family, I got the medicine I need, you saved my life".
 2. Employee in counseling, making no progress, Nurse arranged alternate Doctor who succeeded with the employee.
 3. Employee with suspected nerve disordered. Had been to local hospital, no diagnosis, transferred to downtown hospital, still no verification. Nurse met family at home, arranged appointment with University Medical Center. Proper diagnosis and treatment plan. Employee back a work.

7. Three Key Definitions:

a. **Population Health** defined by the National Institutes of Health in 2003:

NIH defines “The health outcomes of a group of individuals, including the distribution of such outcomes within the group, and we argue that the field of population health includes health outcomes, patterns of health determinants, and policies and interventions that link these two.”

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447747/>

b. **Nursing** defined by the International Council of Nurses in 2002:

“Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups, and communities, sick or well, and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people”.

<https://www.icn.ch/nursing-policy/nursing-definitions#:~:text=Definition%20of%20Nursing,ill%2C%20disabled%20and%20dying%20people>

c. **Primary Care** defined by the American Academy of Family Practice:

“Primary care is the provision of integrated, accessible healthcare services by physicians and their healthcare teams who are accountable for addressing a large majority of personal healthcare needs, developing a sustained partnership with patients, and practicing in the context of family and community.”

<https://www.aafp.org/about/policies/all/primary-care.html#:~:text=Primary%20care%20is%20the%20provision,context%20of%20family%20and%20community>