

# Population Health Risk Readiness

## Self-Assessment

### 1. Board and Senior Leader Commitment

Will the organization be able to withstand the pressure of a multi-million dollar investment intended to reduce fee-for-service utilization of inpatient and outpatient services? Are hospital and pop health leadership really on the same page?

**Definitely Yes**-----**Definitely No**

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### 2. Physician Relationships

What is the primary care playing field in your market? Mostly employed, mostly independent, aligned, adversarial? It will be critical to achieve a sense of primary care physician ownership of population health as a concept/initiative to succeed.

**Already on board**-----**Never get there**

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### 3. Competitive Landscape

What external forces are driving the pace of change in your market? Is a competitor moving aggressively into population health/risk contracts/ACO development?

**No rush**-----**Already behind**

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## 4. Technology

To what degree is your clinical data integrated between various care settings? Are you able to combine clinical, administrative, pharmacy and claims data in a single repository? Can you aggregate, analyze and perform prospective analytics on that data?

**We've got it all**-----**We're on paper**

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## 5. Data

What experience does your organization have receiving, processing and analyzing claims data? Do you own a health plan? Do you have experience analyzing data on a population? Your employee health plan?

**Extensive experience**-----**What's claims data?**

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## 6. Care Transformation

What infrastructure exists today to aggressively manage those stratified into your highest risk/expense categories? Have you implemented a Patient Centered Medical Home or similar model? Do you have nurse coaches, RN care advisors, social workers, pharmacists or other clinicians? Is their target list and daily work standardized across practices and locations?

**Fully deployed clinical model**-----**Nada**

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# 7. Financial Plan

Do you know how much your organization is spending in aggregate on what is or will become your pop health structure? Have you analyzed/estimated what achieving reductions in utilization will cost as your efforts progress? Are you able to target your pop health investment toward lives attributed to your network? Is there enough opportunity for growth to at least offset the lost revenue?

No idea-----Plan in place

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# 8. Payer Contracts

Who are your major payors? How much interest exists in your market for pay-for-performance, gain sharing or risk contracts? Do you have any of these in place now? How much experience do you have negotiating these types of agreements?

Have value/risk contracts-----all FFS

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# 9. Insurance Landscape

What are the predominant lines of business in your market? Commercial fully insured, ASO (self-funded), traditional Medicare, Medicare Advantage, Government Exchange, Commercial Exchange, Individual, Small Group, Medicaid (expansion state?)?

Mostly commercial-----Mostly government

High MA-----Traditional Medicare

Fully insured-----ASO (self-funded)

Medicaid expansion-----High self-pay

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## 10. Risk Experience

What experience does your organization have managing risk? Do you actively manage medical risk for your self-funded employee plan? Do you participate in the Medicare Shared Savings Program (MSSP)? Do you have existing commercial, Medicare Advantage (MA) or Medicaid risk contracts?

**Significant experience**-----**Little or none**

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## 11. Communication

How effective is your ability to achieve bi-directional communication with providers participating in your network? Employees v. affiliates? Is there a formal structure in place with standardized and uniform content?

**Consistently dependable**-----**No structure**

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## 12. Compensation (economic alignment)

What is your provider compensation model? Does it have existing incentives for performance beyond productivity? Is the model uniform across all primary care providers? What is required to change it? Is there a mechanism for including physicians in establishing ideal incentive alignment?

**Good to go**-----**Oh no**

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