Q. What Do You Foresee as the Most Important Trend in Population Health Management for 2015?

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Electronic medical records are accepting more and more patient-generated data, which add important information and provide patient context. We no longer need to predict what might happen to populations; instead, we can ask what is happening with each person served. Managing “groups of people with conditions” can shift to individuals engaged in care specific to them and in partnership with members of their care teams. Providers want to know medications being taken, symptoms being managed and decisions being shared. Using data standards or tethered personal health records, providers can ask questions, and each patient’s responses can go into the care record. What does this mean? Along with analytics, we will be able to use the patient’s responses, identify probability of illness and learn what might help the care team act on problems or intervene before problems arise.

This will likely manifest first in post-acute care management where data standards and interoperability are more common practices. But a patient’s ability to view, download and transmit data to any provider of their choice means that care team members in payer, coaching, specialty, long-term post-acute care, community health and alternative health roles will be informed and more able to engage in shared decision making. As each care team member communicates using secure email and other data standards (mandated in Meaningful Use), new and important information will help patients do as much as they can for themselves, get access to the right care and say “no” to unnecessary care.