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Population Health Management: An Approach to Improve the Integration of the Health Care and Public Health Systems

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In a country that needs more rural physicians, the 26.1% of sponsoring institutions that are producing no rural physicians are providing a low return on investment. Themes of accountability within medical education have been around a long time, but we seem to have made fitful progress. Could the overt measurement of cost and value make us realize that we now need to make more rapid progress?

Disclosures: None reported.

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Population Health Management: An Approach to Improve the Integration of the Health Care and Public Health Systems

To the Editor: The Institute of Medicine released a report titled Primary Care and Public Health: Exploring Integration to Improve Population Health that called for the creative collaboration of health care and public health systems for the purpose of improving population health. The report stated, “The traditional separation between primary health care providers and public health professionals is impeding greater success in meeting their shared goal of ensuring the health of populations.” This call to action is timely as we deliver care in our transformed health care system. Hence, I maintain that one approach to answer this call involves actively intervening with the health of populations via population health management (PHM). PHM is a tool “used to describe a variety of approaches developed to foster health and quality of care improvements while managing costs.” PHM utilizes various management approaches that address the prominent disease, contributing lifestyle factors, and resultant disability issues, for instance, via integrating interventions that require input from systems that consider the determinants which most significantly affect the health of the target population, such as employees or diabetes patients within a health system’s service area.

PHM makes ethical sense on paper but I argue that its implementation in any health care or public health system is challenging and requires a culture change and a development of skills not necessarily taught in medical education, including engaging community-based participation, or collaboration with nonmedical professionals. Similarly, public health education which addresses community health issues via a population lens needs to teach professionals to expand the practice of their skills to a setting other than the community, but to include an environment that could be a large employer corporation, health system, or hospital. Both stakeholders need to learn to integrate their philosophies and operations since their desired outcome is the same—a healthy population. Since the health care and public health systems are currently unable to implement this approach alone, an integrative method offered by PHM is required and possibly a reinvigoration of the call to reunite medical and public health education.

Furthermore, PHM has the potential to contribute to the evaluation of the effectiveness of our reformed health care system since it allows for assessing the efficiency of health care delivery, while striving to improve quality of care and reduce costs. The overarching goal of PHM is to keep populations healthy via an integrative, preventive approach so it is a model that should be embraced by the health care and public health systems, as well as their respective educational systems that produce these practicing professionals.

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