

Pathways to
Population
Health
Case Studies

University of
Arkansas for
Medical
Sciences



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[100 Million Healthier Lives](#) (100MLives) is an unprecedented collaboration of change agents across sectors who are working to transform the way we think and act to create health, well-being, and equity. As part of 100MLives, the [Robert Wood Johnson Foundation](#) generously funded Spreading Community Accelerators through Learning and Evaluation (SCALE), which began in January 2015 and ended its second iteration in April 2019. The second iteration of SCALE, SCALE 2.0, included the initiative SCALE Health Care (now known as the Pathways to Population Health, or P2PH). P2PH is committed to providing a clearer and more coherent understanding of what it means for health care organizations to be on the journey toward population health. Five organizations partnered together to make P2PH become a reality: American Hospital Association (AHA) / Health Research & Educational Trust (HRET), Institute for Healthcare Improvement (IHI), Network for Regional Healthcare Improvement (NRHI), Stakeholder Health, and Public Health Institute (PHI). The development of these case studies would not be possible without these organizations, whose active engagement in the movement and open sharing of insights and feedback have allowed us to spread learnings to the field.

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Introduction

The P2PH initiative began with the vision of a health care system focused on treating the whole person by building synergy across the domains of population management and community well-being creation. While health care organizations are committed to improving health outcomes for the populations they serve, they rarely have a concrete path to building and deepening awareness of the multifaceted factors that affect health and well-being and perpetuate health inequity. Thus, the P2PH partners (Network for Regional Healthcare Improvement, Stakeholder Health, American Hospital Association, and the Public Health Institute) came together to make the pathways clearer.

The P2PH Framework (pictured below) helps health care organizations understand key concepts and terms; describes four portfolios of work that contribute to improvement; and identify the levers vital to accelerating progress. By balancing each of the four portfolios, with a goal of equity at the core, organizations can chart a path to meaningful and sustainable change. The P2PH Compass helps health care organizations catalogue current population health efforts and identify opportunities to make practical and sustainable advances. These, as well as other resources, are available at www.ihl.org/p2ph.



This collection of case studies outlines the impressive work of health care change agents in utilizing the P2PH Framework, Compass, and other resources to advance in their population health improvement efforts. The narratives highlight various approaches for increasing the efficiency and effectiveness of conversations with population health stakeholders and developing practical plans to improve health and health equity for populations, grounded in the foundational concepts of the P2PH initiative.

University of Arkansas Medical Sciences Case Study

Summary

The University of Arkansas for Medical Sciences (UAMS), Arkansas' only academic health sciences center, is charting a path forward in their state as they make strides in population health. Serving a range of rural and urban environments, UAMS is aware that geographic and other barriers in rural and underserved communities affect quality of life and well-being for Arkansans, who have some of the worst health outcomes and highest poverty rates in the U.S.¹

UAMS encountered challenges in generating motivation and will around a mission to transform health care to focus on enhancing both the patient experience in the clinical care setting and on improving the day-to-day lives of individuals and populations no matter where they are in the state. Driven by the shift to value-based care and a more centralized state effort around health equity, the UAMS Office of Population Health strove to adopt a whole-person perspective to understand the complex health care needs of their population. They successfully united key health system stakeholders around the P2PH Framework and Compass; determined which areas of well-being to prioritize; and moved forward with initiatives to address disparities in various social determinants of health.

The P2PH Story

Using the P2PH Compass to Inform the Vision

While conceptually it was easy for system leaders to see how environmental and social factors influenced the health of an individual, it was difficult for UAMS to pinpoint a definition of population health that could bring together disparate parts of the organization working towards the same goal. With population health management topics and activities underway in silos across the organization, they struggled to answer the question: "What is the right combination of partners and dose of activities to convene around?"

In an effort to employ a more concrete, implementation-focused curriculum, the Director of the Office of Population Health facilitated an exercise using the [P2PH Compass](#) with executive leaders and shared learnings across an integrated clinical enterprise executive team. This team comprised the medical center CEO, CFO, COO, Chief Quality Officer, Chief Safety Officer, Chief Nursing Officer, Chief Medical Officer, care management director, and the chief of staff. Each sector was recognized for its unique role in improving health for its constituents through a combination of clinical and community-based initiatives addressing the most prevalent health problems in the region.

Building a [Community of Solutions](#) requires a deliberate and coordinated cross-sector approach to addressing environmental and clinical factors that affect high-risk patients. It would focus on key areas such as maternal and child health, opioid-related substance use disorders, and obesity and diabetes management. Collecting and aggregating responses from executive leadership touching on different areas of necessary work highlighted the greatest areas of need and where they intersected across previously divided lines.

Although each stakeholder brought a different lens, average score responses showed a consensus on their greatest area of need in the Community Health and Well-Being Portfolio. Their executive leadership team identified Portfolio 4 (Communities of Solutions) and the "anchor institution"² components to be a priority area for improvement. This recognition helped bring an emphasis to the UAMS strategic vision for 2029³ to:

- Improve the health and wellness of all Arkansans
- Improve health care quality and the patient experience at a lower cost
- Become the employer of choice
- Ensure a diverse workforce to meet the health care needs of Arkansans

The practice of taking the P2PH Compass served as a unifying method to bring together work already underway and chart a path toward a more collaborative and community-focused future.

Challenge: For UAMS, it was important to assemble a comprehensive team of relevant stakeholders to weigh in on the strengths and weaknesses of the organization and complete the Compass assessment. However, engaging community organizations and people with lived experience at every stage remains challenging for UAMS. The root of the challenge lies in the desire to have a unified and precise plan prior to identifying potential community partnerships.

Mitigation: To meet this challenge, UAMS leveraged their Patient and Family-Centered Care Advisory Council. The Office of Population Health regularly meets with this Council to discuss work in progress. In addition, UAMS has drawn on the methods of colleagues in the College of Public Health to partner and collaborate more effectively with several community stakeholders.

What They Have Done

With clear priority areas around Community Health and Wellbeing (Portfolio 4) emerging from the Compass exercise, key figures in the organization steered focus toward action that truly embodied their mission of improving the health and health care of Arkansans. As one step, UAMS decided to join the P2PH Portfolio 4 Deep Dive call series led by the [Democracy Collaborative](#). The call series focused on actionable steps organizations could take toward becoming an “anchor institution”¹ with a focus on local hiring, purchasing, and investment. UAMS was already connected to P2PH as a Pioneer Sponsor, and campus leaders were keenly interested in building connections with organizations already doing this work. Their participation facilitated further information gathering and coaching from the Democracy Collaborative on how to identify stakeholders and approaches to change by connecting with other organizations in the state with expertise in population health. Using P2PH as a basis, they began to overcome competition in favor of a community-focused effort.

In 2018 UAMS convened their first Social Determinants of Health Task Force, bringing together disparate parts of the campus. This led to four distinct sets of actions to further advance their population health journey:

1. Align the ways we ask about SDOH across the health care enterprise.
2. Survey community organization assets across the state in different SDOH domains, including but not limited to: food security, transportation, and housing insecurity
3. Technologically connect with health care delivery partners to build a community health network.
4. In the area of Medicaid managed care, pursue contracting based on social determinants of health.

With these focus areas in mind, the organization began working with a group of internal stakeholders to develop and implement forward-thinking population health initiatives. Equipped with tools for relationship building and place-based strategies from public/private partnerships that improve communities, UAMS continues to advance conversations with health-focused organizations across the state. They are exploring possible mechanisms for communication between health care providers collecting SDOH data in the clinical setting and community partners and social services.

In addition to these external efforts, UAMS also took the opportunity to turn their focus inward. As the largest

public employer in the state, UAMS felt a responsibility to provide the best quality of life for not only their constituents but for their employee population as well. With significant time and financial investment from the university chancellor, their health equity steering committee and leadership team worked to move all workers to a living wage. In addition, to address widespread issues of food insecurity, they established a food pantry open to both employees and students of the university. Employees and students can receive ingredients for meals to feed themselves and their entire household, showing the university's commitment to making sure the whole family unit has access to healthy meal options. In further efforts, a cross-cutting UAMS team collaborated to help mitigate disparities in the provision of health care services for LGBTQ+ individuals by developing IT infrastructure to collect sexual orientation and gender identity (SOGI) data at medical centers. Each of these community-focused efforts demonstrates the power of collective vision and action towards improving population health.



Promotional imaging for *Stocked & Reddie*, the new UAMS food pantry that opened in July 2019. Photo credit, Bryan Clifton

What's Next

To create innovative population health management programs, UAMS directed resources from clinical care, information management, care coordination, new models of health care funding, and community partners. Now that the groundwork has been laid for actionable population health efforts, UAMS's work is mainly focus on the successful launch and maintenance of the population health initiatives mentioned above. While challenges still exist, multidisciplinary committees are in place to address emergent issues and adapt to suit the evolving needs of their target populations.

Lessons and Implications

This case study underscores the importance of convening cross-sector stakeholders to start to speak the same language around population health and understand the connections between clinical and environmental factors that affect it. The UAMS Office of Population Health agreed that the exercise of taking the P2PH Compass was a crucial step towards building will toward a unified approach to a balanced strategy. Through discussions with service-line directors, health system leadership, and community-based health organizations, an understanding emerged of the limits of clinical population health management. Leaders were motivated to use a whole-person perspective to meet the needs and priorities of the populations they serve. This focus allowed them to settle on priorities and move forward with actions targeted at becoming an anchor institution and SDOH, living wage, food insecurity, and SOGI.

Appendix & Organizational Background

University of Arkansas for Medical Sciences (UAMS) is Arkansas' only academic health sciences center, comprising clinics and research and educational programs, including six regional centers across the state.⁴ Their mission is to improve the health, health care, and well-being of Arkansans by:

- Educating current and future health professionals and the public;
- Providing high-quality, innovative, patient- and family-centered health care and also providing specialty expertise not routinely available in community settings; and
- Advancing knowledge in areas of human health and disease and translating and accelerating discoveries into health improvements.⁴

UAMS became involved in P2PH as a Pioneer Sponsor. UAMS learned about P2PH through IHI and their other existing relationships in health equity work.

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