



# Population Health Working for Individual Patient Care

PRISM 2010

January 21, 2010



# Goals: Participants will be able to...

- Apply population-based strategies and tools to care for individual patient
- Improve connectivity with colleagues in community health and preventive medicine

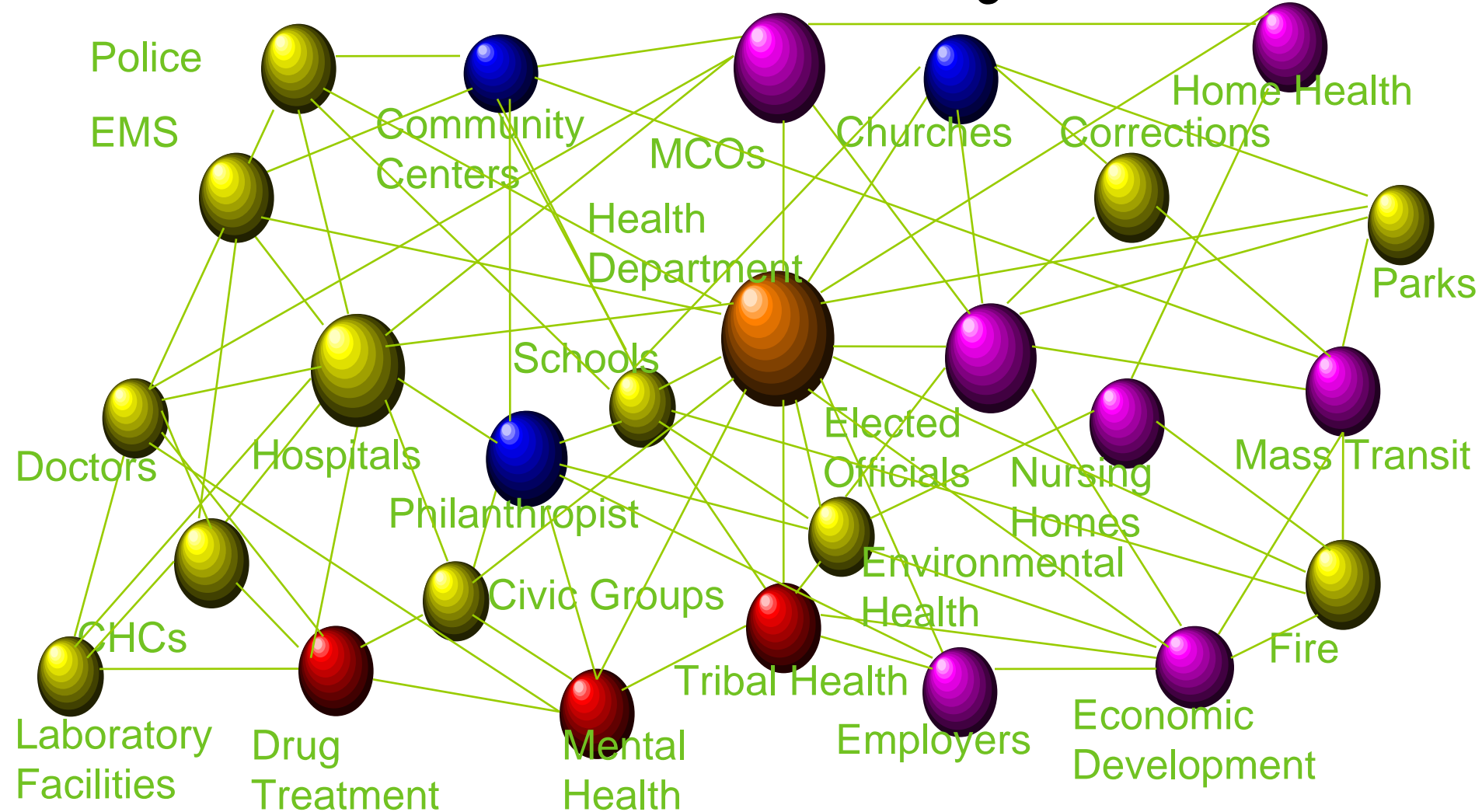


# Connecting the Dots: PRISM 2010

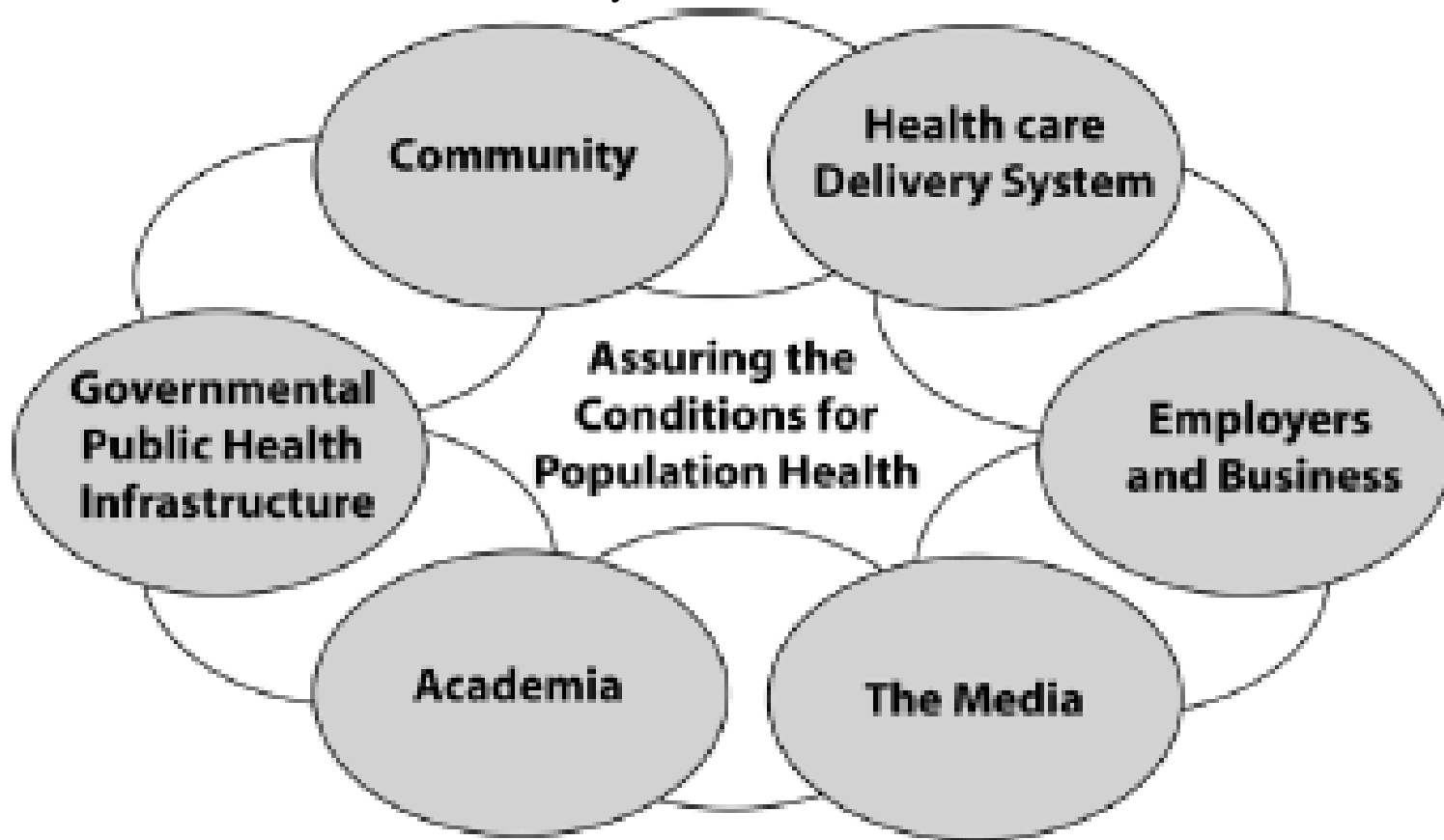
- Use patient case to apply concepts from today's sessions
- Interactive
  - Success depends on you and your “team”
  - Okay to help your neighbor & build community
  - All ideas are valued



# The Public Health System



## Healthy People in Healthy communities: Actors in the Public Health System



# Chronic Care Model

**Community**

**Resources and  
Policies**

**Health System**

**Health Care Organization**

**Self-  
Management  
Support**

**Delivery  
System  
Design**

**Decision  
Support**

**Clinical  
Information  
Systems**

**Informed,  
Activated  
Patient**

**Productive  
Interactions**

**Prepared,  
Proactive  
Practice Team**

**Improved Outcomes**



# The Expanded Chronic Care Model: Integrating Community Health Context



“I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person’s family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick. I will prevent disease whenever I can, for prevention is preferable to care.”

Attributed to Llasagna in JAMA 300(24):2918



## “Ms. Fuscina”

54 y.o. female

Slip & Fall: R wrist fx  
& R ankle fx

PMH: Diabetes, HTN,  
Asthma

SH: 40 pk yr cigs, part-  
time retail clerk, lives  
alone

# How do you/we help her?

Acute Episode?



Pre and Post event?





# Prevention



# Acute Episode





# Post-recovery/Long-term



# Tools

- Institute for Healthcare Improvement (IHI):
  - <http://www.ihl.org/IHI/Topics/ChronicConditions/AllConditions/Tools/>
  - <http://www.ihl.org/IHI/Topics/ChronicConditions/AllConditions/Resources/>
- HRSA Knowledge Gateway:  
<http://www.healthdisparities.net/hdc/html/home.aspx>

# Tools

- MaineHealth:

<http://www.mainehealth.org/>

- DCPM – Lifeline Institute:



# Community Resources and Policies

- Identify community resources and build partnerships/referral links
- Encourage patients to participate in community programs and organizations
- Advocate for effective health & public policy change and support/join advocacy organizations (e.g., MMA/MOA, Specialty Society, HPP)

# Division of Community & Preventive Medicine (DCPM)

## VISION

Academic Center of Excellence in  
community and preventive medicine  
encompassing health promotion &  
primary, secondary, and tertiary prevention

## DCPM Purpose

To increase the capacity of health care providers (primary care physicians, nurses, specialist physicians, allied health care professionals and others) to prevent illness and unintentional injuries among Maine residents.

# DCPM Focus

- Populations and population-based interventions
- Cross departmental and multidisciplinary work
- Translation of research into practice
- Integration of community and health services components of the Care Model
- Integration of teaching, research, and community service



DCPM brought to you by:

- DCPM Website:  
[http://www.mmc-  
dcpm.org/](http://www.mmc-dcpm.org/)

The Bingham Program

MaineHealth

Maine Medical Center

Family Medicine

Internal Medicine

Pediatrics

Psychiatry

Nursing

# DCPM Infrastructure

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In-Kind & Per Diem Support prn