

CLINICAL POPULATION MANAGEMENT

PHASE TWO | STEP 2

Start exploring your population data.

This step simply involves starting to evaluate the valuable data accruing in your population registry. Once you've built a disease module, enrolled your population, and begun entering disease activity measures and dates performed, you can begin extracting meaningful real-time information about that disease population. You and your practice team can now begin seeing accurately and perhaps for the first time:

- How many patients in your practice have this disease.
- How many of them are lacking assessment data in the registry.
- How many with assessment data in the registry are overdue for their next assessment.
- How many and who have high, moderate, low, or controlled disease activity.

Important if using more than one signal measure: Combining signal measures will distort your population data, so *always* assess (and print out) the data from each of them *separately*. You'll see variances in the numbers on overdue assessments and disease activity levels from one signal measure to the next, but that's okay. These discrepancies are actually useful and will be addressed in future steps.

SORTING OPTIONS

Here are some sorting options you can try out:

- Sort by any column alphabetically, highest to lowest disease activity or vice versa, oldest to newest assessment date, year of disease onset, or good or bad prognosis.
- Perform serial sorts, as in "all my patients with high disease activity by most recent assessment date."
- Sort to identify patients with no assessment recorded in your registry.

DON'T LET THE DATA DISCOURAGE YOU

If you don't like the numbers you're seeing in this data, don't be discouraged. Walking away from Clinical Population Management (CPM) at this point won't change your population data – it'll just ensure that you can't see it anymore, and therefore can't do anything to improve it.

You may be encouraged to know that nearly every physician involved in piloting this approach to CPM expressed surprise and dismay at their initial registry data. For most, the percentages of overdue assessments and patients with high disease activity were *significantly* greater than they had anticipated. Not surprisingly, this elicited strong reactions from these highly respected chronic care clinicians.

"Even though I was the only one looking at my data, I felt embarrassed."

"I thought I was a pretty good doctor, but apparently that's not the case."

"I felt like throwing in the towel and retiring."

Learning that other pilot participants were generating similar registry data helped to diffuse the personal discouragement. It became evident that the underlying issue wasn't bad doctors, but rather good doctors impeded by poor systems of care – systems that these physicians are now improving through CPM. The proof? Their population registry data is consistently improving, and if you continue implementing CPM yours will too.