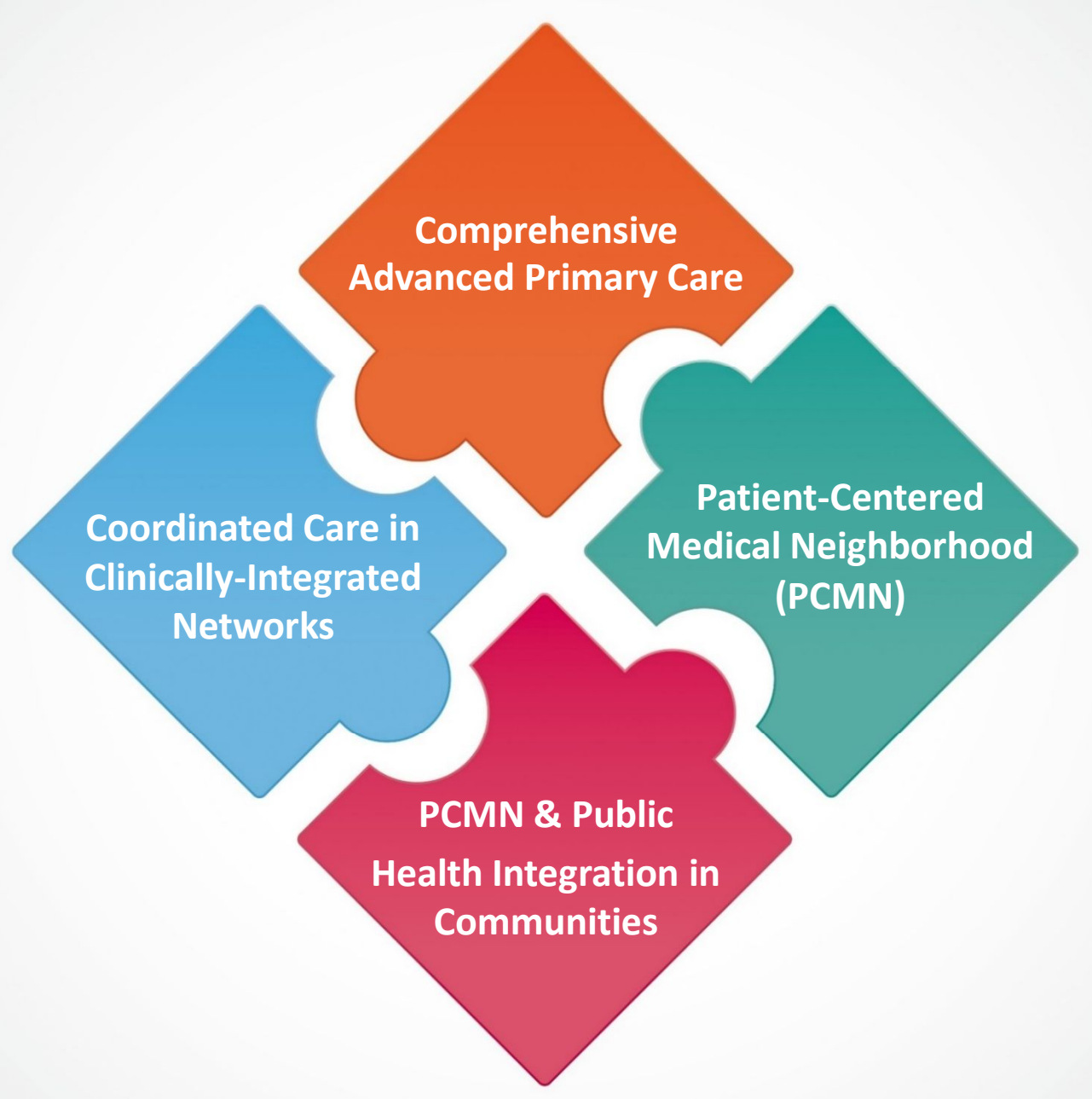




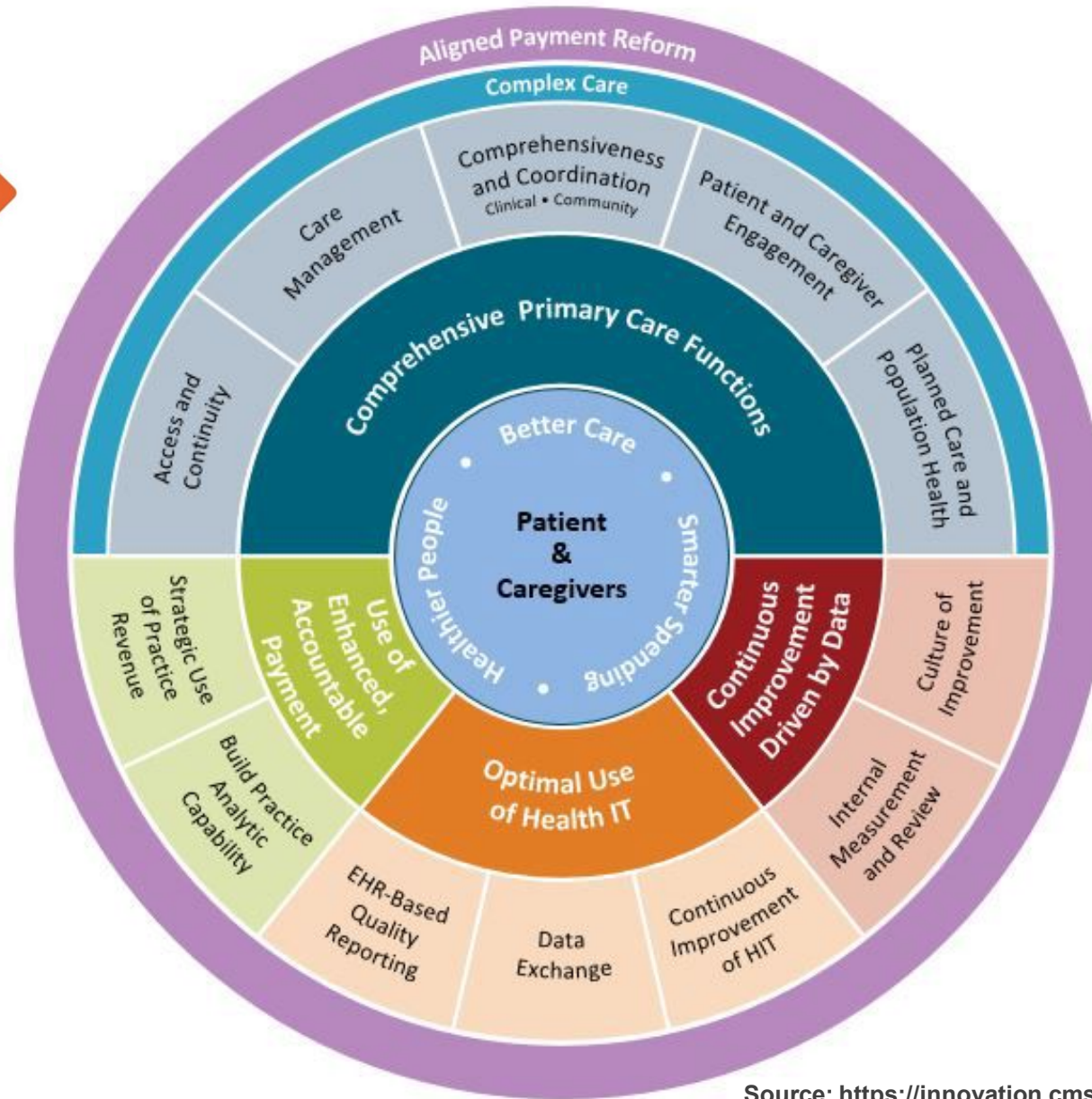
**HealthTeamWorks<sup>®</sup>**

**Effective Population Health  
Management**

**Putting The Puzzle Pieces Together**



# Advanced Primary Care – CPC+ Logic Model



# Attributes of Advanced Primary Care Foundational to Population Health Management

- Primary Care Access & Continuity
- Care Management
  - Patient empanelment and attribution
  - Patient risk stratification
  - Disease/chronic condition-specific registries
- Care plans for all high-risk patients
- Care coordination
  - Providers in the delivery network (yours & others)
  - Community-based Organizations
- Proactive patient-population health management outreach
  - One form of patient engagement

# Coordinated Care in Clinically Integrated Health Services Networks



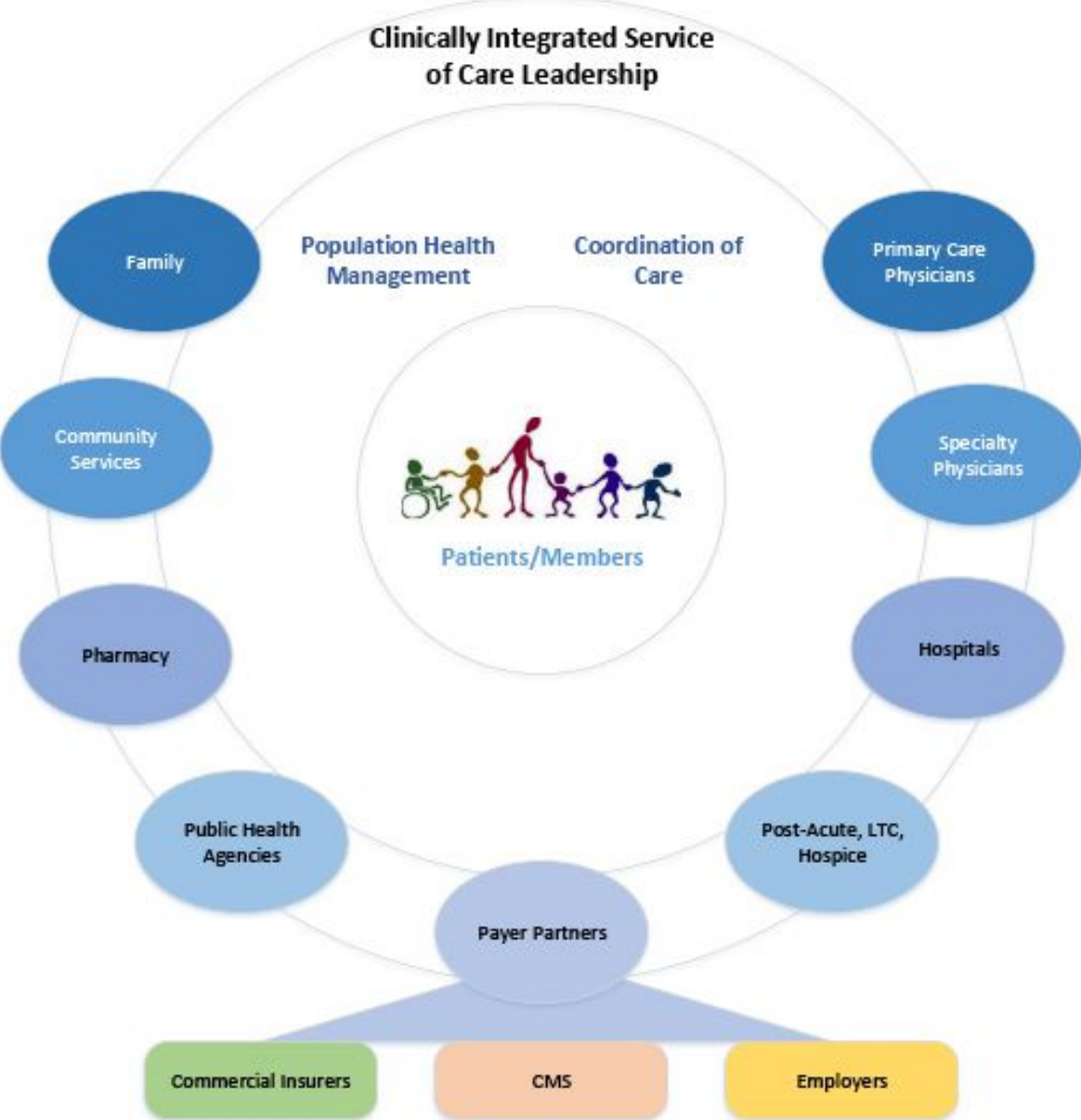
Source: <http://pcmhcongress.com/medical-neighborhood>

# Coordinated Care in Health Services Delivery Networks

- Case management and care coordination
- The right care at the right time by the right provider, supported by the right data in the right environment

# Patient-Centered Medical Neighborhood (PCMN)

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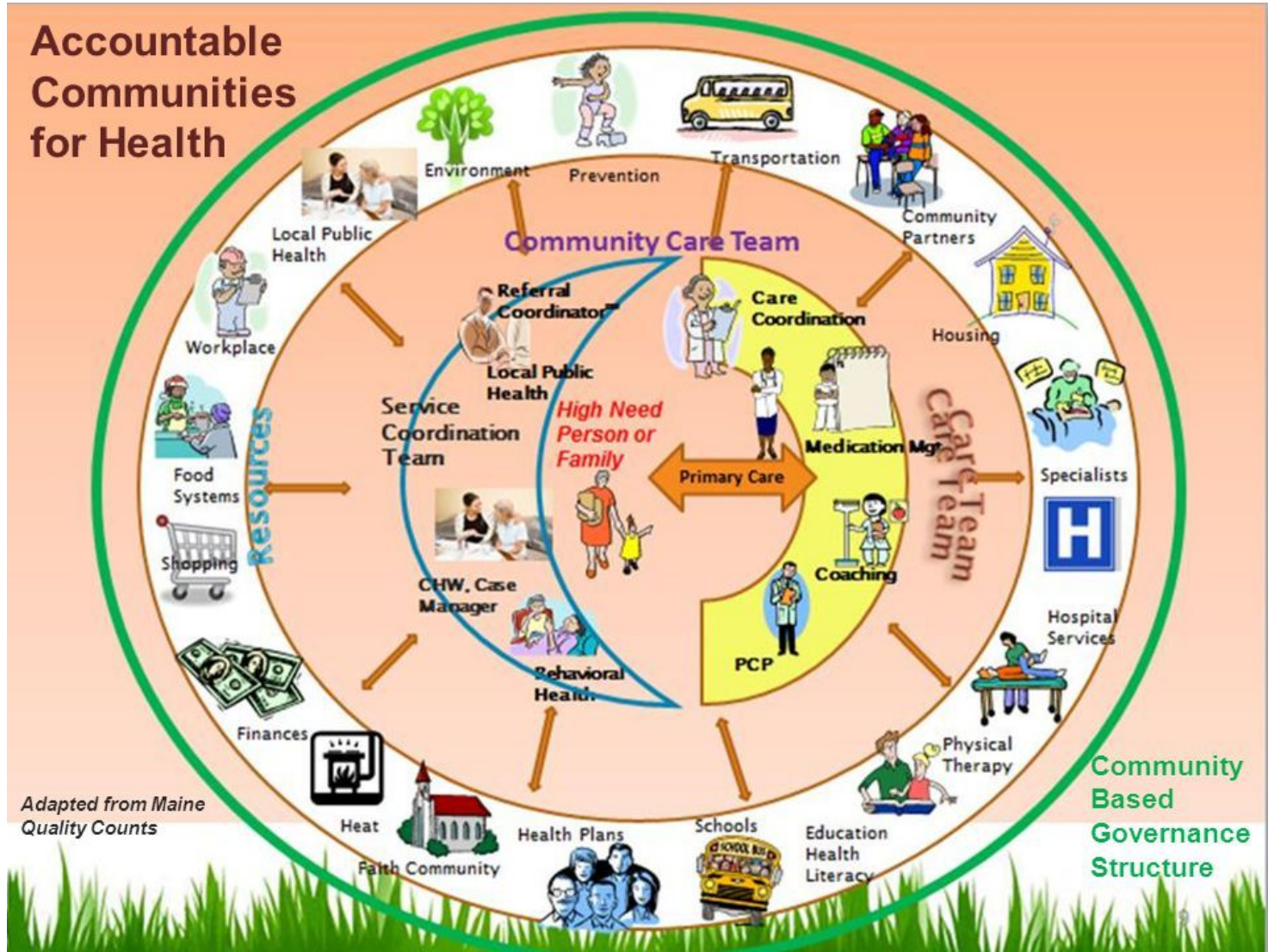


# Patient-Centered Medical Neighborhood (PCMN)

- Coordination of care and services across the multi-network health services delivery system and community-based services



# Integration of The PCMN & Public Health System at the Community Level



# Integration of The PCMN & Public Health

- Focus on the social determinants of health
- There may never be effective integration of efforts until funding is integrated



# CMMI Accountable Health Communities Model

