A whole-person health approach to population health may be the key to further improve care quality and outcomes while supporting health equity towards care transformation goals. However, whole-person population health requires data on all health determinants — something organizations widely underutilize.

During a March 24 advisory call, sponsored by Illumina, a panel of senior healthcare executives shared how their organizations are considering knowing the whole-person and opportunities in advancing population health and health equity goals.

Three key takeaways:

1. **Patient-reported information paired with technology can be a gateway for incorporating genomics into preventive care.**

   The most important data for population health management goals reflects the needs, preferences and values of patients. These attributes, however, are difficult to infer from claims data. The vice president for population health and clinical optimization at a 40-hospital mid-Atlantic health plan noted, “We engage in a lot of patient-reported data collection. Obesity, for example, is one of the biggest population health challenges that we have, but we have little visibility into it from claims. We collect self-reported data on weight and also behavioral health symptoms. This helps us identify people upstream, before things get off the rails and there’s a need for an intense episode of care.”

   Patient-reported information alone, however, doesn’t always qualify patients for guideline-driven genetic screening tests for BRCA for hereditary breast and ovarian cancer risk or for CDC Tier 1 conditions. By combining patient-reported data with technology, healthcare systems can flag individuals who could benefit from genetic screenings and alter their approach to health maintenance in meaningful ways. As the system director of technology strategy at an eight-hospital Western health system commented, “In the future, I’d like to see our systems say, ‘Mary has a family history of breast cancer. She is X years old and she hasn’t had the proper screenings to potentially catch something early on.’ Then we could direct the patient to the proper genetic testing. In this way, I think we could move the needle and catch health issues earlier on.”

2. **Data, technology and genomics are useful for stratifying population risk and improving outcomes, but implementation challenges remain.**

   Risk stratification of patients is making it easier for healthcare providers to address social determinants of health. One 13-hospital mid-Atlantic health system identifies patients who are at risk of care gaps by marrying EMR and claims data. With this information, the organization then takes proactive steps to engage. “Some patients need more intensive outreach than a telephone call. We may need to send a community health worker to the home to prevent avoidable hospital readmissions and to connect patients with a primary care practitioner and specialists who can help them with chronic disease management,” the senior vice president of population health said.
When it comes to both mental and physical health, genetics is an important driver that can’t be overlooked. However, patient involvement is critically important when using genomics to improve population health. “Given a person’s genetics, we believe with 80 percent reliability that it will lead to a particular medical or mental health condition down the road,” the executive vice president and chief strategy officer at a Southern healthcare system said. However, we need to involve patients in discussions about their care path and how far they want to explore the link between genetics and their health. “It’s new territory for all of us to learn about. We want to be cautious, but we also want to learn in a controlled environment.”

**Genomics can inform population health discussions that extend beyond cancer centers.** Genomic testing promises to bring a whole new level of precision to medicine. “It saves time, reduces waste, improves treatments and optimizes the patient experience and outcomes. I think that’s where some of the value is being demonstrated most profoundly right now,” the executive at the mid-Atlantic health plan said.

Using genomics as a tool for preventive care is a high priority for health leaders. The vice president and chief innovation and transformation officer at a Texas-based medical system with more than 25 community-based clinics commented, “It’s one thing to use genetics post-episode, but can we also use it to get ahead of the episode? I think ultimately how we drive down the cost of care is by preventing care from having to happen in the first place. My previous CEO here always said, “I’m not worried about what’s occurring with the population today. We can clinically deal with that. What I’m worried about is a second, third, and fourth generation. How do we get ahead of things and address them before they truly become issues?”

One promising solution is creating a population-health oriented system that overlays the existing healthcare IT infrastructure. This system would utilize genomic and family history data to identify episodes with a high probability of occurring and then it would navigate individuals through their potential healthcare risks and create diets, exercise plans and a whole world around them to lower the risk.

Knowing patients more deeply and honoring the individual by using data can guide healthcare decision-making, decrease the burden of disease, increase wellness and improve health equity. As the executive vice president and chief strategy officer of the Southern healthcare system observed, “You can’t control genetics, but there is information we can learn from it. I dream of a healthcare system where we can use that data to change the path of a patient’s life.”

To learn more about Illumina and how genomics could support your population health goals, click here.

To learn more about Becker’s virtual events, click here.