ESSENTIALS

AT WORK: POPULATION HEALTH AND CARE TRANSITIONS

Carlos Rodriguez, Jr., CPHQ
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Carlos Rodriguez has an adventurous spirit. With a career strategy to simply "go where people need the most help and wherever I can provide the most value," it's no wonder he works in healthcare and, in it, the burgeoning fields of population health and accountable care.

His altruism led him to actively participate in NAHQ's Population Health and Care Transitions Work Group, helping develop competencies he describes as "an aggregation of skills, knowledge, and abilities that quality professionals use and learn to perform their jobs." Core competencies are essential to performing one's job well, he says, and thus provide marketable skills for healthcare quality professionals.

His involvement in the work group allowed him to network with others specializing in population health and care transitions. "It was a reaffirming learning experience, and I plan to keep in touch with several team members and continue to pick their brains for advice," he says. Overall, "volunteering with NAHQ has opened my eyes to different perspectives of improving quality—in different parts of the healthcare system [and] in different parts of the country," he says. "Volunteering also allows me to 'pay it forward' by passing on my knowledge and experience to others."

PROFESSIONAL BACKGROUND

After earning a master's in health administration in 2006, Rodriguez began his career at Ascension Health System in Austin, TX, serving first as quality improvement (QI) coordinator at one of its community hospitals, and then as governance project administrator for four governing boards and six committees for Seton Healthcare Family, an Ascension local system.

Still, he was restless. By early 2012, he was hearing rumors of a growing movement in population health and accountable care—just as his views on patient care were changing. "I started to learn that a large majority of people being treated in the hospital and the emergency room could have avoided their visit, so I decided to pursue a career helping people stay out of hospitals," he says.

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> **"Being a member of NAHQ has served me well in my professional career. As a member, I have access to valuable resources and informational news, and a network of like-minded colleagues in the healthcare field."**

Later that year he joined the medical service corps of the U.S. Navy Reserves in Austin, and in June 2013, he took a position at Ascension Health's new accountable care organization (ACO), Seton Health Alliance, to head up its quality measurement program and provide administrative support to various clinical subcommittees.

Today, nearly 2 years later, he feels comfortable on the "bleeding edge" of healthcare. His ACO continues to grow, well outpacing two others in the Austin area, although he hesitates to describe the ACO model as either *popular* or *proliferating* quite yet. For now, he enjoys his daily fast-paced environment, which includes monitoring quality metrics, conducting health data analytics, developing clinical care pathways, and drafting reports for providers.

"I set up infrastructure for population health management for about 2,000 providers—a total of almost 100,000 covered lives," Rodriguez explains. He serves on a three-person clinical integration team that provides quality metrics and reports to other in-house teams that

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> **"Seeing a CPHQ designation after someone's name tells me that they speak my language and truly understand aspects of quality in healthcare."**

either contract with or engage directly with two large primary care provider groups, some independent primary care providers groups, and several specialty provider groups serving mostly commercial insurance patients and Medicare patients.

"I mainly work with the provider groups serving patients and am pretty far removed from the patient population," he says. "We focus on HEDIS measures and clinical measures in the Medicare Shared Savings Program, and work with vendors to calculate those measures. However, our primary focus is making sure we get shared savings. Once that is met, we go on into more diverse metrics, such as a quality metrics dealing with coordination of care."

CHALLENGES

Rodriguez notes that ACOs face several challenges. One challenge is determining exactly who gets the shared savings for providing patient care. Although providers within ACOs work hard to establish patient loyalty to ensure shared savings, they don't yet have a clear-cut formula for distributing those savings among primary and specialty physicians. It isn't a problem now, but may become one as the ACO model spreads, he says.

Another challenge is that although most of ACO providers focus on quality-based care (versus volume-based care), there currently exists no consensus on how best to define *good quality* in population health. "We have many different metrics that give us some idea of quality, but a lot of discussion and debate still surrounds this issue," Rodriguez says. "It may take a few years to get that sorted out."

For now, working in population health is a bit like working for a startup company, he says. "You need to be prepared to be a jack-of-all-trades in a space where there are a lot of unknowns and things are evolving rapidly," he says. This requires "constantly educating yourself on new trends in the industry by reading trade journals and learning about healthcare finance and revenue cycle so that you can translate quality improvement work into pay-for-value results."

Rodriguez adds that although he was able to transfer many core competencies "from my days in quality on the inpatient side," he learned statistical methods and complex analytic formulas either on the job or by educating himself. His new competencies allow him to make measurement adjustments on the fly, and to validate and filter data correctly, which is especially needed when reports are outsourced.

"The ACO model seems to be catching on, particularly as we continue to see more focus on population health and policies and regulations that encourage ACO contracts with commercial payers," he says. "All the attention validates that we're on the right track with ACOs, although we haven't seen the full impact of the model yet."

As such, he warns NAHQ colleagues considering entering this sector to gear up for a "wild-wild-west environment" and to stay adaptable when it comes to developing tools to measure and report quality data for government or commercial payers.

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