The Pandemic Exposes Clear Opportunities for Population Health in the United States

Mitchell Kaminski, MD, MBA, and Alexis Skoufalos, EdD

Keywords: population health, pandemic, coronavirus, value-based care, social determinants of health

THE CORONAVIRUS OUTBREAK was declared a public health emergency by the US Department of Health and Human Services and the World Health Organization (WHO) at the end of January 2020, before WHO finally declared it a pandemic on March 11, 2020.¹ This “extraordinary event” calls for coordinated public health efforts to contain the contagion. In addition to its destructive health impact, the novel coronavirus is revealing how a population health approach, combined with a value-based reimbursement paradigm, could improve our ability to respond to a public health crisis.

How does a health care system not yet optimized for value-based care prepare to manage a catastrophic public health need? Within our current patchwork, how can uniform health care policies that address a whole-person approach be implemented across 50 states? Who should fund and build greater intensive care unit capacity? Should profits be generated from testing for coronavirus? Does a focus on public health during a pandemic represent socialism, defined by Merriam-Webster² as “...advocating collective or governmental ownership and administration of the means of production and distribution of goods”? In this context, is socialism a bad word?

The novel coronavirus has the potential to hurt everyone, particularly members of our health care workforce, regardless of their education or income level. However, the impact is greater on those who struggle to get the basics: food, shelter, and a steady job.³ Homeless citizens are unable to practice basic protections such as washing their hands regularly and avoiding crowds. Children living in poverty depend on school-provided breakfasts and lunches, which are now in jeopardy. Our existing mental health infrastructure likely will struggle to manage this crisis, because quarantine and social distancing may exacerbate feelings of isolation. The already strapped tribal programs for Native Americans are underfunded.

Unemployment has quickly become an issue, as service jobs are lost because of containment strategies and general contraction of the economy. Lack of basic health insurance is compounding an already difficult situation. More than 70

million Americans are uninsured or underinsured, and more than half of Americans receive their health insurance under employer-supported plans⁴; even those who have insurance may not be fully covered for testing, telehealth, or other services. Primary care, supported by a population health model and in conjunction with community agencies and public health practitioners, could be given resources and rewards to promote interventions that address important social determinants of health. Our national health system would be better prepared for the next public health crisis.

As we come to the realization that the US will not go back to “business as usual” in the foreseeable future, we can identify which principles of population health should be accelerated to advance our health care system:

- 1) We must address “what matters to people” regardless of their age, gender, race, and social status. We can only be prepared for the next global challenge with a person-centric approach.
- 2) Health insurers must work with the government and state insurance regulators to adjust policy and cost-sharing requirements on an emergency basis, so people are not left without proper care.
- 3) Primary care must be recognized as the backbone of an efficient, comprehensive health delivery system. In addition to being better prepared for acute needs, chronic needs also must be addressed for the long-term health of our population.
- 4) We must address social determinants of health by creating networks of community organizations fueled by coordination platforms that help mitigate health care inequities.
- 5) Waste in the health care system must be reduced. This requires eliminating unnecessary testing and procedures, medical errors, and poorly coordinated care.
- 6) Prices must reflect the value of the care or services being provided rather than reflect what the market will bear. Price transparency must be practiced to avoid “surprise bills”.

- 7) Technology platforms, which provide information transparency to both providers and patients and offer world-class care coordination, telehealth services, and seamless communication, should become a centerpiece of convenient patient-centered options for care.
- 8) We will need shared action – even between traditional competitors – to address the issues critical to population health, with organizations (public and private systems, employers, plans, communities, and providers) working together.

The Jefferson College of Population Health has been an advocate for a focus on prevention and moving upstream; to shut off the faucet rather than mop up the floor. We will reemphasize the crucial role of collaboration and partnerships that address social determinants of health and improve societal well-being. With support from our partners, we will help health professionals build the bridge between health and health care – as we have been doing for more than a decade.

Author Disclosure Statement

The authors declare that there are no conflicts of interest.

Funding Information

No funding was received for this article.

References

1. World Health Organization. WHO Director-General's Opening Remarks at media briefing on COVID-19 - 11 March 2020. <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19—11-march-2020>. Accessed April 6, 2020.
2. Merriam-Webster. Socialism. <https://www.merriam-webster.com/dictionary/socialism>. Accessed April 6, 2020.
3. Human Rights Watch. US: Address impact of Covid-19 on poor; virus outbreak highlights structural inequalities. March 19, 2020. <https://www.hrw.org/news/2020/03/19/us-address-impact-covid-19-poor#>. Accessed April 6, 2020.
4. Collins SR, Bhupal HK, Doty MM. Health Insurance Coverage Eight Years After the ACA: Fewer Uninsured Americans and Shorter Coverage Gaps, but More Underinsured. February 7, 2019. <https://www.commonwealthfund.org/publications/issue-briefs/2019/feb/health-insurance-coverage-eight-years-after-aca>. Accessed April 6, 2020.

Address correspondence to:
 Mitchell Kaminski, MD, MBA
 Jefferson College of Population Health
 901 Walnut Avenue, 10th Floor
 Philadelphia, PA 19107
 USA

E-mail: mitchell.kaminski@jefferson.edu