

Population Health NEWS

Catching Up With



Katherine Schneider, M.D., M.Phil., FAAFP, serves as CEO of Delaware Valley Accountable Care Organization (DVACO), a multipayer ACO comprised of 16 hospitals and 2,000 physicians, covering approximately 300,000 lives in the Greater Philadelphia region. DVACO is a joint venture of Jefferson Health and Main Line Health System. Her career has spanned the intersection of population/community health, value-based care transformation, primary care and health information technology.

- Chairman of the Board, National Association of ACOs
- Member, KLAS Advisory Board
- Member, NCQA Population Health Advisory Committee
- Diplomate, American Board of Family Medicine; Clinical Informatics, American Board of Preventive Medicine
- Former Executive Vice President/Chief Medical Officer, Medecision
- Former Senior Vice President, Health Engagement, AtlantiCare
- Former Chief Medical Officer, Integrated Resources for the Middlesex Area, Middlesex Health System, Conn.
- Former Member, AMA Council on Scientific Affairs, National Physician Leadership Council of VHA, National Advisory Council, Agency for Healthcare Research and Quality (AHRQ)
- Named one of "Ten Women Leaders to Watch," *Modern Healthcare*, 2017
- Named one of Most Influential Women in Health Information Technology, *Health Data Management*, 2016
- B.S. degree, biochemistry, Smith College
- Master of philosophy degree, epidemiology, Columbia University
- Medical degree, Columbia University

Population Health News: *How does population health integrate with accountable care?*

Katherine Schneider: My motto is that ACOs are all about the "C" part of the acronym. If we don't change the care model at an individual level, then we will not achieve improvements in outcomes, which include the health of a population, the care experience and smarter spending. I also view population health as a set of tools that we are integrating into the delivery system for data-driven quality improvement and care coordination. It is a viewpoint that expands beyond the four walls and timespan of a provider visit to include what happens to/for/by people 24/7, 365 days of the year regardless of where they are.

Population Health News: *How do you embed chronic disease management in a delivery system?*

Katherine Schneider: While I get annoyed when people say it's all about the incentives, it certainly is a foundational prerequisite to have meaningful incentives aligned with better chronic disease care processes and outcomes. But you also have to teach providers new skills and give them tools. I like to use the analogy of surgeons learning to use laparoscopes decades ago.

Last but not least, you need to address what should be embedded directly in a delivery system. Successful "embedding" really means transformative disruption of historical workflows of clinical practice, such as redistributing tasks to multidisciplinary teams working at the maximal scopes of their licenses. If this level of change is required of clinicians, then ensure that the rest of the system is also expected to change to support better outcomes (i.e., benefit designs which promote adherence to chronic disease self management rather than the other way around). Ultimately, we need to make doing the right thing the easiest default choice for care teams and patients. We still have a lot of work to do.

Population Health News: *How do you deliver value to all stakeholders?*

Katherine Schneider: While the "DV" in our name technically stands for Delaware Valley, we are all about "delivering value" (and also about explaining to non-locals that this name actually means Greater Philadelphia). Our contractual outcomes matter of course—delivering on improving the triple aim for purchasers and people/patients and delivering value-based revenue directly back to our participating providers.

For our non-profit health system owners, this is the first time in history that the business model is aligning with the mission to improve health. We invest a great deal in enabling, assisting and accelerating foundational transformation that will be required for our diverse provider network to not only survive, but also to thrive in that future state. That work goes far beyond any specific contract.

Population Health News: *What initiatives has DVACO adopted to promote community health improvement?*

Katherine Schneider: There are numerous examples of incredible initiatives by our delivery systems to address social determinants of health, everything from operating an onsite urban farms to safety net services targeted at vulnerable populations. Our delivery systems don't just "have" an ACO, they also "are" one. That being said, centralized functions that sit within the actual DVACO joint venture are focused on coordinating care, including with other community providers and social services.

We believe that not letting high-risk people fall through the cracks of an incredibly complex and fragmented healthcare region is DVACO's sweet spot for community health improvement. We have driven real-time data sharing and preferred partnerships outside of our "owned" delivery systems to reduce fragmentation and improve patient safety. We are also unabashed advocates for primary care access as a key driver of community health status.

Population Health News: *How has your experience as executive vice president/chief medical officer at Medecision contributed to heading up an ACO?*

Katherine Schneider: From a leadership journey perspective, I found it incredibly valuable and mind opening to work in a setting very different from my previous ones. I drank from the proverbial fire hose and gained insight into many new tools and processes, including the software development life cycle, product and project management, clinical informatics, technology architecture, strategic sales and a much more virtual team environment. These not only made me a much smarter population health technology customer but also a much more well-rounded leader.

I also spent about half my time on the road getting to see first-hand the strategies, opportunities, achievements and challenges of a wide array of risk-bearing entities of every size and shape (health plans, ACOs, IPAs) all over the country during a period of unprecedented change.