Friday, Week 7: Future of Prevention at Scale and Public Health Management

Off the back of a pretty horrendous meeting in London this week, I'm finding it a bit dark and foggy this week, particularly in the area of 'prevention at scale' and 'population health management'. Here's a quick map of what I think Prevention at Scale and Public Health Management look like (bottom of this blog). Let me know what you think. I'm looking to develop a better shared-understand of what it is we say we are trying to achieve in these initiatives.

Prevention at Scale

Everyone should have heard this term by now, it is the basis of prevention within many Sustainability and Transformation Partnerships (STPs). The idea behind "prevention at scale" is that you should pursue prevention interventions when you can make a difference at a 'population level'. The second element of prevention at scale is the thought that we should enlist everyone in our health and care system to 'make every contact count' and that this massive workforce across the NHS, social care, and elsewhere will enable 'prevention at scale'.

This is the idea anyway. In a previous blog, I have set out the reality of that in terms of Reach, Compliance and Efficacy — [Three Cold Hard Numbers](#). Decide for yourself what is and isn't 'prevention at scale'. And let me know what you thing, please!

Population Health Management

This is a 'newer' idea. Borrowed from the American 'Accountable Care Organisation' idea,

we've created Integrated Care Systems here in the UK. An important component of Integrated Care Systems is the idea that one can and should implement a 'whole of population' health management programme. Leave aside the differences between American and UK health care systems for the moment (not to mention the different definitions of 'population'), the idea I want to discuss here revolves around what Population Health Management is meant to achieve.

Population Health Management is meant to 'digitally transform' primary care into a far more proactive health care service through the identification of patients at risk (risk stratification of 'the population') and grouping them into intervention groups (segmentation) through which an 'integrated care service' can more effectively intervene to reduce disease and disease progression (productivity gains and cost savings returned back to the health provider).

Two Problems and an Omission

Problem 1: Primary Care can prevent disease, but if they are 'only' dealing with about 20% of the population their leverage is greatly reduced from universal public health prevention offers and of course the costs of what are termed Secondary Prevention are considerably more than Primary Prevention (public health).

Problem 2: Secondary Care — deals with maybe 4% of the population therefore their leverage is minuscule compared to Primary Prevention and their costs are astronomical by comparison.

I've not produced any real evidence here, that isn't the point of this blog — I've used a very accepted 80:20 rule that applies both to health expectancy (80% is determined from 'wider determinants' beyond the direct reach of the health sector) and population health management reach in which 80% of the health sector's reach is found in primary care (Secondary Prevention) and 20% in Secondary Care (Tertiary Prevention). Add back in the idea that the entire health care sector is only 20% of the solution (has only 20% of the leverage), then the numbers in terms of leverage are 80% Primary Prevention, 16% Secondary Prevention and 4% Tertiary Prevention.

The point of this blog and of the systems map below is to begin a conversation about prevention at scale and population health management. Is this the best way to go? Are there any other options? What are we aiming to achieve and to we have even a slim hope of achieving it, or are we deceiving ourselves? Let's discuss.

Kumu Model of where Prevention at Scale Meets Population Health Management

I've used [Kumu](). It is a soft System Modelling tool, and you can set up an account for free to build and share your own thinking — and if this is useful, give it a try there are hundreds of models online.

This futures blog

This blog is about how we create 'healthy places' and what our possible 'futures' could be given current trends and momentum within society, the economic and political systems, and the environment. I use the plural 'futures' intentionally, because our future is not pre-determined (I hope), we can and should work towards the future we want. This blog aims to generate discussion (maybe even some debate) around 'Healthy places futures' in the hope that if we all put our minds to it, a collective vision may emerge, which would inform any strategy we might put in place to get us to our preferred future. We'll be leaning on heavily on futuring tools found on our Shaping Tomorrow hosted website: phd.shapingtomorrow.com.

The future is already here — it's just not very evenly distributed (William Gibson 1993).